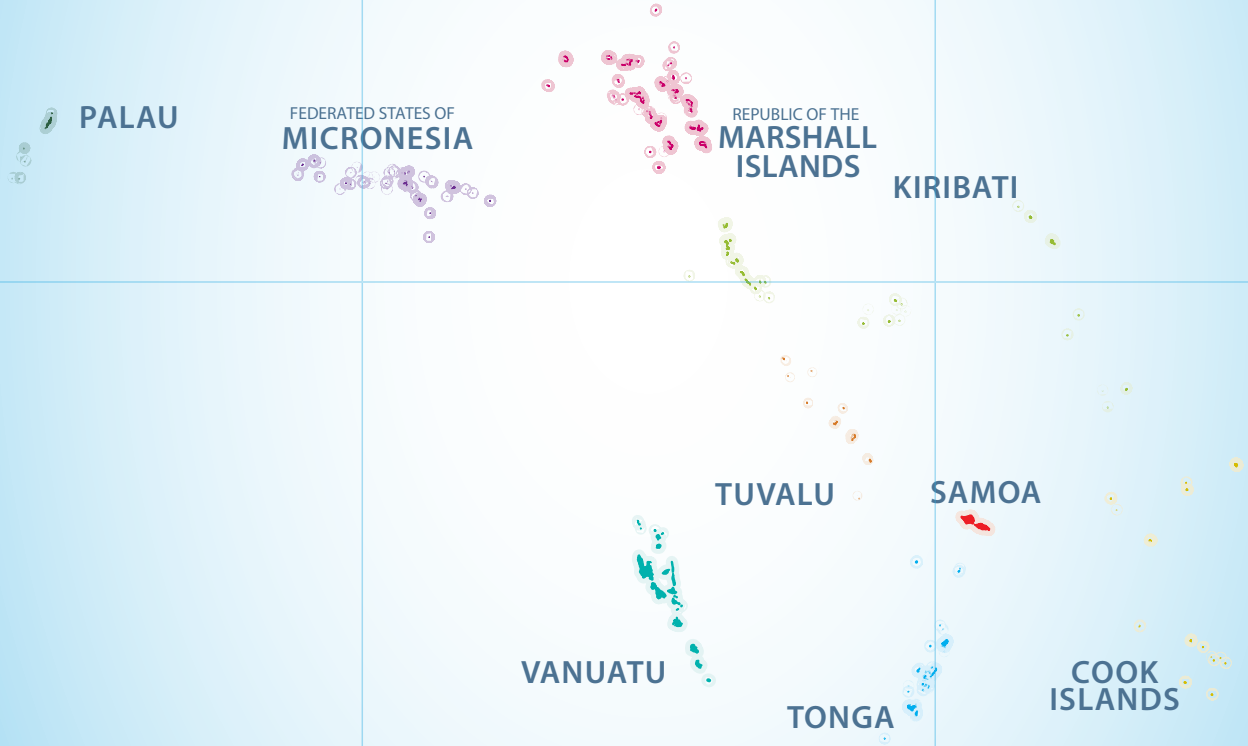
PACIFIC MULTI-COUNTRY MAPPING AND BEHAVIOURAL STUDY: HIV AND STI RISK VULNERABILITY AMONG KEY POPULATIONS

THE FEDERATED STATES OF MICRONESIA



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Acknowledgements

The *Pacific Mapping and Behavioural Study: HIV and STI Risk Vulnerability among Key Populations – The Federated States of Micronesia* was conducted in 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 was part of a larger research effort that covered nine Pacific countries.

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Abbreviations

AHD	Adolescent Health Service
AIDS	Acquired immune deficiency syndrome
ARV	Antiretroviral drugs
CCM	Country Coordination Mechanism
CWC	The Chuuk Women's Council
DFAT	Australian Department of Foreign Affairs and Trade
FSM	Federated States of Micronesia
FSW	Female sex workers
HIV	Human immunodeficiency virus
IDU	Injection Drug Users
IFRC	International Federation of Red Cross and Red Crescent Societies
IPPF	International Planned Parenthood Federation
MHMS	Ministry of Health and Medical Services
MSM	Men who have sex with men
NGO	Non-governmental organisation
PLHIV	People living with HIV/AIDS
RA	Research assistant
SD	Standard deviation
SPMS	South Pacific Marine Services
SPC	Secretariat of (the Pacific Community)
STI	Sexually transmissible infection
TB	Tuberculosis
TG	Transgender
UNFPA	United Nations Population Fund
VCT	Voluntary counselling and testing
Y4C	Youth for Change

Inclusion criteria

Participant inclusion criteria

Female sex workers:

Any female aged 17 years and over who has exchanged sex (oral, anal and/or vaginal) for money or other items of value, over the past 12 months and is currently residing or working in the study area.

Transgender people and MSM:

Any male aged 17 years and over who has had any sexual contact (oral/anal sex, hand jobs, 'rimming', etc.) with a male or transgender person, regardless of his/her gender identity or sexual identity or orientation, over the past 12 months, and is currently residing in the study area.

Seafarers:

Any male aged 17 years and over who is engaged in working on a ship that is docked or based in the study area.

Definitions relevant to all participant groups

Regular partners:

Any sexual partner who the participant considers to be their main or regular non-paying partner. This person could be a spouse, boyfriend or girlfriend.

Casual partners:

Any sexual partner who is not a regular partner or a paying partner.

Commercial partner:

Any sexual partner who has paid the participant money or goods in exchange for sex.

The Joint UN Programme on AIDS defines sex workers to include "female, male and transgender adults aged over 18 years who sell consensual sexual services in return for cash or payment in kind, and who may sell sex formally or informally, regularly or occasionally". Sex work varies between and within countries and communities. Sex work may vary in the degree to which it is more or less "formal" or organized, and in the degree to which it is distinct from other social and sexual relationships and types of sexual-economic exchange. In accordance with article 34 of the Convention on the Rights of the Child which ensures the protection of all children from all forms of sexual exploitation and sexual abuse, reference is made to sexual exploitation of children for young people below the age of 18.

Executive summary

- The Federated States of Micronesia (FSM) has low prevalence generalised HIV epidemic. This study collected data from two populations considered to be particularly vulnerable to infection: transgender/men who have sex with men, and female sex workers.
- It was estimated that there are 340 transgender and men who have sex with men in the states of Chuuk and Pohnpei. This estimate includes men who have sex with men but who might identify as heterosexual.
- Service providers and key informants estimated that there are 40 female sex workers in Pohnpei and at least 250 female sex workers in Weno and the outer islands of FSM.
- This study captured the first ever behavioural survey and interview data from men who have sex with men and transgender in FSM.

Transgender and men who have sex with men

- Fifteen transgender/men who have sex with men (TG/MSM) took part in a behavioural survey and five took part in in-depth interviews. All respondents selected MSM as their sexual identity, and 73.3% participants described themselves as women. The interviews revealed nuances in gender/sexual identification.
- 73% of survey participants experienced low self-esteem, and 66.7% felt suicidal because of their sexual identity.
- I46.7% said their families were unaware of their sexual identity, 33.3% are ignored by their family. Interviewees tended to have fraught relationships with their families They reported abuse by family and suffered the effects of alienation and isolation. At least one of the young interviewees had contemplated suicide.
- The mean age of sexual debut was 17.67.
- The interviewees were all in, or had previously been in, committed relationships. Two had engaged in casual sex and were also paid for sex. Survey respondents all indicated they were currently single.
- All of the TG/MSM in the survey had ever had sexual intercourse. All respondents reported having had at least one regular male sexual partner during the previous 12 months with whom they had anal intercourse.
- A majority had between 1 to 3 casual male partners and 53.8% had at least one paying male partner in the previous 12 months. Ten (91%) of the 11 participants reported having had sex with a female partner (vaginal or anal) in that period.
- Condom use was reported as inconsistent with both survey respondents and interviewees. The majority of respondents used condoms only ‘sometimes’ with regular (80.0%), casual (90.0%) and paying partners (80.0%).
- 10% used a condom on the last occasion of anal intercourse with a casual male partner and 20% used a condom on the last occasion with a paying male partner.
- Lubricant use was low: 30.0% reported using lubricant on the last occasion of anal intercourse with a regular partner, 20.0% used lubricant with a casual partner, and only one (20.0%) of five respondents used lubricant on the last occasion of anal

intercourse with a paying male partner. Interviewees said that when they used lubricant it was usually household creams or coconut oil and that they either did not know what water/silicone based lubricant was or found it difficult to obtain.

- All 15 respondents reported drinking alcohol in the preceding four weeks, 93.3.%) drinking alcohol at least once a week. The young interviewees were dangerously heavy drinkers who often drank to unconsciousness. Thirteen (87%) respondents reported they had engaged in anal or vaginal intercourse after taking alcohol and / or drugs which left them feeling not in control.
- Seven (46.7%) respondents reported they had been sexually assaulted in the previous 12 months. A 'stranger' (n=3) was most frequently cited as the perpetrator.
- A majority of participants knew how to access health services for HIV and STI testing (n=11, 78.6%), and how to access condoms (n=12, 85.7%), and health-related information (n=7, 50%), but no respondent knew where they could access support services.
- 20% of participants reported having ever had an HIV test, only one of whom had been tested in the previous 12 months. Two had received their results and were reportedly HIV negative.

Female sex workers

- Forty-two women, who receive money and goods in exchange for sex took part in the survey and nine completed in in-depth interviews.
- The mean age of survey respondents was 25. Survey respondents reported first receiving money or goods in exchange for sex from 12 to 30 years of age. Interviewees started selling sex between 14 and 16 years old or started in their late teens or early 20s after they had children and needed the money for necessities or things they wanted.
- The women typically lived in large households with their extended families and most were single mothers whose partners had left.
- 81% of respondents reported they were not employed
- Sex workers tended to work independently and met their clients on the street and at bars and stores. Clients were almost always local men.
- For both interviewees and survey respondents, the locations where sex occurred was in hotels, the client's house, outside and in the client's car.
- Interviewees reported that the amount they receive as payment is related to what the clients earn. 72.5% of survey respondents indicated that their paying partner decides the amount paid, and 27.5% said that they themselves decide how much they are paid.
- The median number of paying partners in the last 12 months for respondents was 3.5 partners. Interviewees tended to have regular paying partners.
- Condom use is low. In the past 12 months. 64.1% of respondents reported 'never' using condoms for vaginal intercourse and 80% for anal intercourse
- On the last occasion of vaginal intercourse with a paying partner, 20% of women reported using a condom and none of the women used a condom on the last occasion of anal intercourse with a paying partner.

- The families of the interviewees were unaware that they take money for sex, and they were very concerned that their families would find out and they would face violence and expulsion from their home as a consequence.
- Most of the interviewees had been physically and sexually assaulted by family members and/or boyfriends. 69% survey respondents reported being sexually assaulted in the preceding 12 months.
- 38.1% of respondents reported drinking alcohol at least once a week in the preceding 4 weeks. A number of vulnerabilities were associated with drinking for interviewees, including physical assault and using sex work to enable heavy drinking
- 76% had not accessed a health service for information or services related to condoms, family planning, HIV and STIs or sexual assault in the last 12 months
- 57% reported ever having had an HIV test, and 19% had an HIV test in the previous 12 months.

Capacity assessment

- Currently there are no targeted programs for men who have sex with men, transgender, or female sex workers. Some members of these populations may be served by sexual and reproductive education for youth or by women's programs provided by the Chuuk Women's Council (CWC) and Youth for Change (Y4C)..
- While there are currently no targeted programs for FSWs and TG/MSM, CWC has previously run a successful FSW peer education program and is supportive of new programs for both FSW and MSM/TG in Chuuk.
- While significant groundwork is needed before MSM and TG can be effectively engaged in Pohnpei, there have been previous activities conducted with FSW. Service provider staff will require training before they can safely and effectively engage with TG and MSM.
- There are currently no targeted funds available for the development and delivery of programs for MSM/TG and FSW.
- Service providers expressed a need to participate in forums which would enhance learning opportunities and information sharing with peer and international organisations.
- At the state level, more administrative support is needed to run programs effctively
- The supply chain for condoms and lubricant is erratic and systems need improvement. In addition, there is a clear need for an understanding of the importance of lubricant to HIV prevention, and to improve access to lubricants for vulnerable populations.

2 Introduction

2.1 Background to the research

This research was carried out as a response to the need for greatly increased, contextualised information about the vulnerability to HIV of transgender/men who have sex with men, sex workers and seafarers in many Pacific countries. The study will:

1. Constitute an operational baseline for the implementation of the Integrated HIV/TB Multi-Country Grant in the Pacific and for the Pacific Regional Sexual and Reproductive Health Programme.
2. Provide quantitative and qualitative data to inform relevant interventions aiming at reducing the HIV and STI risk vulnerability of key populations.
3. Consolidate and generate specific evidence of barriers to prevention, improve effectiveness of prevention interventions, and develop a strong advocacy case for legal and social transformation.

The key specific aims of the *Multi-Country Mapping and Behavioural Study: HIV and STI Risk Vulnerability among Key Populations* are:

- Estimate population sizes of vulnerable groups: sex workers, transgender/men who have sex with men (and, in some countries, seafarers) through a variety of methodologies.
- Identify demographic and behavioural factors that represent risk practices in each of these groups, as well as access to services and experiences of stigma, discrimination and violence through a quantitative survey
- Identify social and structural determinants influencing these risk factors, that can be facilitators or barriers for the uptake of HIV and STI prevention, care and support services, and barriers to accessing services, through in-depth interviews.

3 Federated States of Micronesia

The Federated States of Micronesia (FSM) is an island nation located in the North Western Pacific Ocean. A total of 607 islands, 65 of which are inhabited, are divided in to four constituent states: Kosrae, Pohnpei, Chuuk, and Yap. The capital of FSM is Palikir, which is located in a mountainous region of the main island of Pohnpei (World Health Organisation, 2011a).

FSM has a total population of 102,843 as of 2010, a decline of 4,178 people since 2000 due to migration (SPC, 2010). The population density is highest in Chuuk with 49% of residents, followed by Pohnpei with 11% (SPC, 2010). There are a dozen language groups and several ethnic groups. Nearly 23% of the population live in urban towns and cities. Colonia in Yap, Weno in Chuuk, Kolonia in Pohnpei and Lelu in Kosrae, serve as the business, administrative and transport centres for their respective states (FSM Division of Statistics, 2011; UNDP, 2015).

A former United States Trust Territory, FSM gained independence in 1986 and is now an independent country in a Compact of Free Association with the United States. The current compact, (approved in 2004), provides US$2 billion over the subsequent 20 years and commits the United States to continue to provide many services, including defence, health services, and assistance in the event of natural disasters (Government of FSM, n.d.). FSM is dependent on development assistance, which was 41.7% of the gross national income in 2013 (UNDP, 2015). Economic activity is dominated by the public sector, with over 50% of the labour force employed in public administration or state-owned enterprises. Subsistence farming and fishing also significantly contribute to the economy. In 2014, fishery licensing fees accounted for 22% of government revenue (International Monetary Fund, 2015).

The Division of Health at the national level of government has primary responsibility for health services, including health programs, but does not have a direct role in their provision. Each state maintains its own health services, each with a central hospital, peripheral health centres, primary health centres, and aid posts. There are also six private clinics and one private hospital in the country(World Health Organisation, 2011b). The states are responsible for programs and activities directed at prevention and control of HIV and STI, and in each state, there are HIV/STI, family planning and MCH co-ordinators (World Health Organisation, 2011b). HIV prevention efforts are guided by the National HIV & STI Strategy (2013-2017) (Government of the Federated States of Micronesia, 2013)

FSM has a low prevalence of HIV, with 46 cases cumulatively from to 1989 to 2014, most of whom have since died (FSM National Department of Health and Social Affairs, 2015). Since the first case was detected in 1989, the number of cases have been slowly increasing. Currently, there are an estimated nine people living with HIV in FSM, of which, six are receiving HRT. The majority of cases have been associated with heterosexual transmission (N=30, 67% of all cases), and 6 have been associated with male-to-male-sex (8%); 6 mother to child (8%); 2 injecting drug users (5%), 1 bisexual (0.2%) and 1 unknown. All states have reported cases, with 23 in Chuuk, 16 in Pohnpei, 4 in Kosrae, and 2 in Yap. Cases have been identified as acquired both locally and overseas (FSM National Department of Health and Social Affairs, 2015)

There has been a high ratio of deaths from AIDS to the known cases of HIV infection, which indicates that the prevalence of HIV in the FSM population remains under-reported. Monitoring the prevalence of HIV is also limited by the mobility of the FSM population. People frequently travel between FSM, Guam, Hawaii and the US mainland, and this mobility is also an identified risk factor for HIV (GARP 2008).

Those populations considered most at risk include men who have Sex with Men (MSM), sex workers, overseas travellers and injection drug users (FSM National Department of Health and Social Affairs, 2015). A behavioural survey of female sex workers in 2011 identified behaviours which may enhance vulnerability to HIV (Chuuk Resource Centre, 2011), as did surveys among young people, antenatal women, remote populations and policemen (Russell et al., 2007; Secretariat of the Pacific Community, n.d). These behaviours include high levels of transactional sex, forced sex, in addition to multiple partners and low condom use. Very few respondents in the surveys had correct knowledge of HIV transmission or had sought help from a health worker for STI symptoms. Chlamydia prevalence was endemic among antenatal women sampled (Chuuk Resource Centre, 2011; Russell et al., 2007; Secretariat of the Pacific Community, n.d).

3.1 Transgender and men who have sex with men

Homosexuality in FSM is largely hidden and MSM are highly stigmatised. Although homosexuality is not criminalised, there are no laws prohibiting discrimination against people based on their sexual orientation or gender identity (Government of the Federated States of Micronesia, n.d.; Kaleidoscope Australia, 2015). As the community in general tends not to acknowledge the existence of men who have sex with men, prevention programs are not offered to MSM and services do not meet their specific health needs. However, the national HIV/STI Strategic Plan recognises identifies MSM as a priority population and steps have been made through the Chuuk HIV and STI Program to identify their health needs (Government of the Federated States of Micronesia 2015).

Research about the attitudes, sexual practices or risk behaviours of transgender and men who have sex with men has not been carried out in FSM. However, 6 of the 46 HIV cases (8%) have been identified in MSM, and 1 in a bisexual individual, providing impetus for targeted prevention initiatives (Government of the Federated States of Micronesia 2015). At present there is no information available on the transgender population in FSM.

In 2001, two cases of locally acquired HIV were diagnosed in two Chuukese men who reported unprotected anal intercourse with a common male sex partner from Chuuk who later died from AIDS-related illnesses. It is considered likely that the third man acquired HIV while outside of Chuuk (Russell et al., 2007). Following the diagnoses, a behavioural survey was held among 333 island residents, in which, 11 of the 69 men surveyed (16%) reported having sex with another male. Forty-five men and 15 women had more than 2 sex partners in the previous 12 months; 9 (20%) were men who had sex with men, and 8 of these 9 men also reported having had female partners in the past 12 months. Nearly 60% of men with multiple partners reported condom use ‘some of the time’ (Russell et al., 2007).

Information on TG/MSM is also gleaned from surveys among youth. An SGS survey of youth in Pohnpei in 2008 indicated that 7 (3.6%) of the male youth reported ever having sexual contact with another man. Of these 7, 2 reported condom use at last sex with a male partner.

Eleven male youth reported ever having transactional sex, 2 of whom used a condom the last time they had transactional sex (Secretariat of the Pacific Community, n.d). Another behavioural survey among youth in Kosrae in 2010 found a similar number engaging in sex with men, with 7 (4%) reporting they had sex with another male in the previous 12 months (Secretariat of the Pacific Community, 2011).

3.2 Female sex workers

As in many other Pacific countries, there is a widespread denial that local women engage in sex work in FSM, or it is seen to be concentrated among a handful of young women and seafarers on fishing vessels. However, research indicates that sex work in Chuuk is strongly driven by unemployment and poverty and is not isolated away from the community – most young women meet their clients on the street and have sex with them in private houses (Chuuk Resource Centre, 2011; Sladden & Vulavou, 2008). Clients are often youth, government workers, and business men (Chuuk Resource Centre, 2011).

A 2010 behavioural survey of FSW in Chuuk (Chuuk Resource Centre, 2011) found that most women sell sex for economic reasons, with 66% of FSW surveyed indicating they engage in sex work to make money, and 23% did so because they enjoyed it. Due to poor employment opportunities in the region, very few women who sell sex had any other form of income or paid work (14.5%), those who were employed received low wages which they need to supplement with income from sex work. The women were young, over 80% of respondents were aged between 15 and 24 years. High levels of forced sex were identified amongst respondents.

The Chuuk behavioural survey (2011) also found low levels of knowledge of prevention, poor access to condoms and high risk sexual behaviours. Women had low health seeking behaviours regarding testing and treatment for all STIs, confirming the need to create opportunities for sex workers to access confidential health services free from discrimination and stigma.

Sex work in FSM is mostly independent with workers arranging their own business. Some sex workers in Weno are very loosely connected and usually consist of small groups of friends. Women involved are often frightened of being identifiable as a sex worker, and of family and others knowing that they receive payment for sex (McMillan, 2013). Legislation as well as social stigma and discrimination drives sex work underground. Sex work is illegal in Chuuk and Pohnpei, but not in Yap and Kosrae. Chuuk criminalizes both clients and sex workers. Prostitution includes ‘engaging in or agreeing or offering to engage in sexual conduct with another person, and engaging in any lewd act between persons, for money or other consideration, either as the person paying or the person receiving the money or other consideration’. In Chuuk and Pohnpei soliciting and the operation of organized premises for the purposes of prostitution are offence (Godwin, 2012).

4 Methodology

This study employed a variety of methods in a cross-sectional (snapshot) design. Survey participants for each of the target groups were recruited through convenience snowball sampling. Fieldwork was undertaken between June and July 2016 in Chuuk (Weno) and in

Pohnpei. Two local research assistants were hired and trained by the Team Leader to assist in the collection of data from FSW and MSM/TG in Weno, Chuuk.

4.1 Population size estimation

A mapping exercise estimated the size of the MSM/TG and sex-worker populations in Pohnpei and Chuuk. Population estimates and mapping exercises were conducted with representatives from the target populations themselves (MSM/TG) and with members of service provider organisations who engage with FSWs and MSM/TG.

In Chuuk, a focus group meeting aimed at estimating the MSM/TG population was held with representatives from the target population. There are no service data for MSM or transgender, and service providers currently have no direct engagement with this population. Therefore, MSM and transgender themselves are the most reliable available sources of information on the size of the local MSM and transgender population.

In Pohnpei, a meeting was held with key informants from service provider organisations and youth peer programs to estimate the number of MSM and transgender in Pohnpei. As there are no MSM or transgender individuals networked with any of the organisations or individuals involved in service provision, it was not possible to access members of this population through local partner introductions. Consequently, this estimate was based on the numbers of MSM or transgender in various villages around the island (i.e. visible to key informant service providers).

An exercise to estimate the size of the FSW population in Chuuk was undertaken by key informants who had worked on previous FSW surveys, a sex worker, ex- peer educator and service provider representatives. A FSW focus group was not possible as FSW were not prepared to participate in a session with others who they did not know. There is insufficient service provider data for the multiplier method to be employed.

In Pohnpei, the size of the FSW population was estimated by HIV program staff who had previously been involved in the provision of outreach testing for FSW in bars.

4.2 Behavioural survey and interviews

A behavioural survey captured quantitative information from key populations about sexual behaviour, mobility, drugs and alcohol, STIs, and stigma and discrimination, as well as access to and assessment of services. In-depth interviews with members of these key populations collected qualitatively rich data, which described personal circumstances and experiences over a range of issues.

Snowball recruitment was initially seeded by MSM, TG and sex workers who were known to the Chuuk research assistants (RAs). Potential participants were provided with information about the study and invited to take part in the survey. Participants who took part were asked to invite others who, if they were interested, could contact the RAs and arrange a suitable meeting. RAs were familiar with a number of FSW as they had engaged with that population for previous surveys. One RA had extensive networks as she had worked as a FSW peer educator for a number of years. Surveys took 20 to 40 minutes to complete.

Survey participants were also invited to take part in an in-depth face-to-face interview. Selection of FSW interviewees aimed at capturing the experiences of women from a range of ages. All FSW interviews were conducted in Chuukese and translated, post interview, by the

research assistant and the Team Leader. Some interviews were digitally recorded, but as the presence of a recording device was inhibiting answers, and at the request of the interviewee, the recorders were turned off for half of the interviews and extensive notes were taken.

MSM and transgender interviewees were interviewed in a private room at the hotel where the Team Leader was staying. The MSM and transgender interviewees all spoke English and chose to be interviewed by the Team Leader. The interviews took between 20 to 40 minutes, three were digitally recorded and the fourth interviewee requested that notes be taken instead.

All participants received a $10 payment to thank them for their time.

4.3 Institutional capacity assessment

In-depth interviews with key informants in service provider and other key organisations, including government personnel, healthcare workers, and NGOs, assessed the capacity of the existing institutions to undertake activities to reduce HIV-risk vulnerability among MSM, transgender and female sex workers.

4.4 Ethics approval

Ethical approval for the project was obtained from the University of New South Wales Human Research Ethics Committee. Approval to conduct the research was also obtained from the Secretary for Health and Social Services, Federated States of Micronesia.

5 Results

5.1 Population size estimation

5.1.1 Methods

The hybrid method of estimating the population size of key affected communities in small countries involves asking a group of key informants and members of the target population about population numbers, requiring specificity about the whereabouts and numbers of people in different locations, and ensuring that any individuals identified have not been duplicated in the counting.

5.1.2 Transgender and men who have sex with men

MSM/TG in Pohnpei

A meeting was held in Pohnpei with key informants from service provider organisations and youth peer programs to estimate the number of MSM and transgender in Pohnpei. Key informants were hesitant to estimate as they had no firsthand knowledge of MSM/TG. However, they were able to estimate numbers based on extrapolation from the number of MSM/TG in villages they are familiar with. Based on this, it is estimated that there are 60 men who have sex with men (including men who may identify as heterosexual) on the main island of Pohnpei (table 1). This may be a conservative estimate as a 2008 Youth behavioural surveillance survey in Pohnpei indicated that 3.6% of those surveyed had ever had sex with another man

MSM/TG in Chuuk

Key informants in the MSM /TG population estimate process in Chuuk were all members of the target population. A focus group meeting was conducted with MSM/TG living in different villages in Weno. This group counted MSM and transgender who they knew or were acquainted with, and consulted together to ensure there was no double counting. The group also provided information on how many 'straight' male sex partners they had, and numbers of heterosexual identified men who had sex with men were extrapolated from those figures. The focus group members were aged between 16 and 24 years, and came from a range of villages around the island. Older MSM who had been invited to the meeting could not attend due to family responsibilities. The focus group members were more familiar with young MSM and transgender than with older members of that population. They noted that there were many young MSM and transgender still attending school. Because the group were not familiar with MSM or TG outside of Weno, they could only estimate the Weno population. Furthermore, their estimate was likely to better reflect the younger population.

They estimated that there are 280 MSM/TG living in Weno (Table 1). This estimate included a count of 36 young MSM or transgender who are still in school.

5.1.3 Female sex workers

FSW in Pohnpei

In Pohnpei a meeting was held with HIV program service providers who had previously recruited FSW to test for HIV and STIs by visiting bars where FSW are known to work. The service providers estimated that there are 40 female sex worker in Pohnpei.

This count represents only FSWs who work from a number of bars around Pohnpei Island.

FSW in Chuuk

In Chuuk, despite a history of engagement with FSW, a FSW focus group was not viable because FSW do not want others, not even other FSW, to know that they take money for sex. This made it impossible to have a group meeting to bring FSW from different villages together. In addition, most FSW we interviewed said they only know one or two other FSW.

The FSW population estimate in Weno was conducted among a group of key informants that included service providers with a history of professional engagement with FSW, researchers who had recruited participants for previous FSW surveys, a sex worker and ex-peer educator. Between them, this roundtable group felt they were acquainted with most FSW on Weno, and also those from outer islands who visit Weno. They estimated that there are 250 plus female sex workers in Chuuk: 200 on Weno and another 50 known on outer islands (table 1).

The estimate of FSWs from islands other than Weno, was based on the number of FSW who sometimes come to Weno, and who the panel members are aware of. The panel noted that there will be other FSW who do not leave their islands and villages, and who the panel members are therefore not aware of. In addition, the panel group pointed out that they were less familiar with the youngest FSWs and those who had taken up sex work in the past 3 years (that is, in the time after the last survey and the cessation of the FSW peer program). Because of this the panel believe that 250 is a very conservative estimate.

Table 1: Population size estimation

Informants	Location	MSM/TG N	Sex workers N
FSW service provider roundtable group	Pohnpei	-	40
FSW service provider and key informant roundable group	Weno & outer islands in FSM	-	250+
TG/MSM service provider roundtable group	Pohnpei	60	–
TG/MSM target population focus group	Weno	280	-
Total Pohnpei and Weno		**340**	**290**

5.2 Behavioural survey

5.3 Results

6 Transgender and men who have sex with men

6.1.1 Description of the sample

Fifteen self-identifying transgender (TG) and men who have sex with men (MSM) provided survey data. In describing their gender, 11 (73.3%) participants described themselves as women while 4 (26.73%) described being men.

Participants were also asked to describe their sexual identity (Table 2). Of all the options available, all 15 respondents selected MSM as their sexual identity.

Table 2: Sexual identity

	Frequency	Percent (%)
MSM	15	100.0
Transgender / fa'afafine / fakaleiti / avakavaine	0	-
Gay / homosexual	0	-
Bisexual	0	-
Heterosexual / straight	0	-
Asexual	0	-
Queer	0	-
Pansexual	0	-
Total	**15**	**100.0**

The age of participants ranged from 16 to 49 with a mean age of 29.2 (SD=11.64) and a median age of 27. There was variation in the education levels of respondents, ranging from never having been to school through to University. A majority of respondents had been educated to a secondary level or higher (**Error! Reference source not found.**).

Table 3: Highest level of education

Level of education	Frequency	Percent (%)
Never been to school	1	6.7

Pre-primary / primary	3	20.0
Pre-secondary / Secondary	7	46.7
Polytechnic / Diploma	1	6.7
University / college	3	20.0
Total	**15**	**100.0**

In responding to the question about relationship status, all 15 respondents reported being single (Table 4).

Table 4: Relationship status

	Frequency	Percent (%)
Currently single	15	100.0
Have a boyfriend	0	-
Have a girlfriend	0	-
Currently married	0	-
Total	**15**	**100.0**

A majority of participants reported living with other relatives or living alone (Table 5). It would appear that very few participants were living with their sexual partners.

Table 5: Who participants were living with (N=15)*

	Frequency	Percent (%)
Other relatives	8	53.3
Live alone	4	26.7
Friends	2	13.3
Parents	1	6.7
Siblings	0	-
Children	0	-
Other female partner	0	-
Boyfriend / husband	0	-
Co-workers	0	-

* Multiple answers possible

A majority reported not being employed. The two people who were employed were working in full-time positions (Table 6). When asked to indicate their main job, the two people who were employed reported being in professional work while the other respondent reported being a teacher.

Table 6: Employment status

	Frequency	Percent (%)
Not employed	13	86.7
Full-time employed	2	13.3
Part-time or casual employment	0	-
Self-employed	0	-
Total*	**15**	**100.0**

6.1.2 Sexual history and practice

All 15 participants reported ever having had sexual intercourse (anal or vaginal). Participants reported their first occasion of sexual intercourse occurring between the ages of 14 and 22, with a mean age of sexual debut being 17.67 (SD=2.41). Of the 14 participants who answered the question about having more than one sexual relationship during the same period in the previous six months (concurrent partnerships), nine (64.3%) affirmed that they had.

6.1.2.1.1 Sex with male partners

Participants were asked to report on the types of sexual activity they had engaged in during the last occasion they had sex with a male partner (Table 7). The most common type of sexual activity that occurred on the last occasion was masturbating one's partners and fellatio ion the receptive position. For most sexual practices there was an even level of reciprocity between participants and their partners with the exception of masturbation and fellatio for which respondents appeared more likely to be receptive.

Table 7: Types of sexual activity on last occasion of sex with a male partner (N=15)*

	Frequency	Percent (%)
Handshake (you masturbated him)	12	80.0
Handshake (he masturbated you)	6	40.0
Oral sex (you sucked his penis)	11	73.3
Oral sex (he sucked your penis)	7	46.7
Intercrural sex (his penis between your thighs)	7	46.7

Intercrural sex (your penis between his thighs)	7	46.7
Anal intercourse (your penis inside his anus)	7	46.7
Anal intercourse (his penis inside your anus)	9	60.0

* Multiple answers possible.

6.1.2.1.2 Types and numbers of male partners

Participants were asked how many male sex partners they had in their lifetime and in the last 12 months. The most commonly reported number of male sex partners in the 12 months prior to the survey was 1 to 3 partners and in their lifetime a majority reported fewer than 11 partners (Table 8).

Table 8: Number of male sexual partners

Number of male partners	**Lifetime** **N (%)**	**Last 12 months** **N (%)**
1 to 3	5 (33.3)	8 (53.3)
4 to 10	5 (33.3)	5 (33.3)
11 to 49	4 (26.6)	2 (13.4)
50+	1 (6.7)	0
Total*	**15 (100)**	**15 (100.0)**

All participants were asked how many of their male sex partners with whom they had anal intercourse in the preceding 12 months were regular partners, casual partners and paying partners (Table 9). All respondents reported having had at least one regular male sexual partner during the previous 12 months with whom they had anal intercourse. A majority had between 1 to 3 casual male partners during that period and at least one paying male partner.

Table 9: Number of regular, casual, and paying male sexual partners with whom participants had anal intercourse in the 12 months prior to the survey

Number of partners	**Regular partners** **Frequency (%)**	**Casual partners** **Frequency (%)**	**Paying partners** **Frequency (%)**
None	0	5 (33.3)	6 (46.2)
1 to 3	13 (86.7)	9 (60.0)	5 (38.4)
4 +	2 (13.3)	1 (6.7)	2 (15.4)
Total	**15 (100.0)**	**15 (100.0)**	**13[1] (100.0)**

[1] Missing data N=2

6.1.2.1.3 Condom and lubrication use for anal intercourse with male partners

Condom use with the three different types of male partners in the last 12 months is shown in Table 10, and was generally low. With regular partners most respondents reported the use of condoms 'sometimes'. A majority used condoms 'sometimes' with their casual male partners and 'sometimes' with their paying partners. Condom use on the last occasion of anal intercourse with each partner type was also low. With regular male partners, 26.7% respondents reported using condoms on the last occasion, while only 10.0% reported condom use on the last occasion with casual male partners, and one (20%) of five respondents used a condom on the last occasion with a paying male partner.

Table 10: Consistency of condom use with different types of male partners in the last 12 months

Regularity of condom use	Regular partners N (%)	Casual partners N (%)	Commercial partners N (%)
Never	3 (20.0)	0	1 (20.0)
Sometimes	12 (80.0)	9 (90.0)	4 (80.0)
Almost every time	0	0	0
Every time	0	1 (10.0)	0
Total	**15 (100.0)**	**10 (100.0)**	**5[1] (100.0)[1]**

[1] Missing data N=2

All participants were asked whether they used lubricant the last time they used a condom regardless of partner types, to which none of the respondents answered in the affirmative.

6.1.2.1.4 Female partners

Eleven (73.3%) participants reported ever having had sexual intercourse (vagina or anal) with a female partner. These participants reported having had sex with between 1 and 25 female partners in their lifetime. Ten of the 11 participants reported having had sex with a female partner during the 12 months preceding the survey. Numbers of female partners in that period ranged from 1 to 20, with a majority reporting 1 or 2 regular female partners in that period and 0 to 2 casual female partners (Table 11).

Table 11: Number of regular and casual female partners in the last 12 months

Number of female partners	Regular partner N (%)	Casual partner N (%)
0	0	5 (50.0)
1 to 3	7 (70.0)	5 (50.0)
4 to 10	3 (30.0)	0
5+	0	0
Total*	**10 (100)**	**10 (100.0)**

Of the 10 participants who had sex with a regular female partner in the 12 months preceding the survey, the vast majority reported using condoms 'sometimes' for vaginal intercourse and for anal intercourse. None of the 10 participants reported using condoms on the last occasion of vaginal or anal intercourse with a regular female partner (Table 12). With casual female partners, a majority also reported using condoms 'sometimes' for vaginal and anal intercourse (Table 12). None of the five participants who had casual female partners reported condom use on the last occasion of vaginal or anal intercourse with a casual female partner.

Table 12: Consistency of condom use with different types of female partners in the last 12 months

Regularity of condom use	Regular partners Vaginal intercourse N (%)	Regular partners Anal intercourse N (%)	Casual partners Vaginal intercourse N (%)	Casual partners Anal intercourse N (%)
Never	2 (20.0)	3 (30.0)	1 (20.)	1 (20.)
Sometimes	8 (80.0)	7 (70.0)	4 (80.0)	4 (80.0)
Almost every time	0	0	0	0
Every time	0	0	0	0
Total	**10 (100.0)**	**10 (100)**	**5 (100.0)**	**5 (100.0)[1]**

6.1.2.1.5 Obtaining condoms and reasons for not using them with male and female partners

Fourteen participants (93.3%) reported knowing what a condom was prior to the survey, amongst which 11 knew where to obtain condoms. Participants who had ever used condoms were asked where they had last obtained them. The place where condoms were most commonly reported to be sourced from included a health clinic (**Table 13**).

Table 13: Where participants last obtained condoms for sex with male or female partners

	Frequency	Percent (%)
Health clinic	9	75.0
Client	1	8.3
Hospital	0	-
NGO	0	-
Friend	0	-
Pharmacy	0	-
Never obtained condoms	0	-
Condom dispenser	0	-
Peer educator / outreach worker	0	-
Other (CWC)	1	8.3
Total	**12**	**100.0**

The most commonly reported reasons for not using condoms with male and female partners included condoms not being available (Table 14).

Table 14: Reasons for not using condoms with male and female partners*

	Male partners N=14 (%)	Female partners N=9 (%)
Condoms were not available	10 (66.7)	6 (66.7)
Condoms take away pleasure	2 (14.3)	1 (11.1)
Do not like condoms	2 (13.3)	1 (11.1)
Difficulty obtaining condoms	1 (7.1)	0
Partner objected	1 (7.1)	2 (22.2)
My partner/s and I are faithful	0	0
Not necessary	0	0
Condoms are too expensive	0	0
Used other prevention methods	0	0

* Multiple answers possible.

6.1.3 Sexually transmissible infections including HIV

Eleven (73.3%) participants had ever heard of diseases that can be transmitted sexually, among whom six reported having had symptoms of a sexually transmissible infection (STI) in the past 12 months. Four participants reported having had genital discharge in the 12 months preceding the survey, three reported genital ulcers or sores, and six reported ever having had pain while urinating. These six participants were asked what they did the last time they had any of these symptoms (Table 15). The most common response was to do nothing. None of the 15 participants reported having ever been diagnosed with a sexually transmissible infection (STI), which is consistent with their response of doing nothing when they experienced symptoms.

Table 15: What participants did the last time they had STI symptoms (N=6)*

	Frequency	Percent (%)
Did nothing	5	83.3
Never noticed these symptoms	1	16.7
Visited a private clinic	0	-
Visited an STI clinic	0	-
Visited a hospital	0	-
Visited a health care worker	0	-
Talked to a friend	0	-
Received traditional treatment	0	-
Got medicine from pharmacy	0	-

* Multiple answers possible.

Thirteen (86.7%) participants confirmed having heard of HIV or the disease called AIDS prior to the survey. The most commonly reported sources of information about HIV and AIDS were posters / billboards and pamphlets / leaflets (Table 16).

Table 16: Sources of information about HIV and AIDS (N=13)*

	Frequency	Percent (%)
Posters / billboards	13	100.0
Pamphlets / leaflets	12	92.3
NGO program	4	30.8
School	4	30.8

Workplace	2	15.4
Friends or family	1	7.7
Newspapers / magazines	1	7.7
Television	0	-
Radio	0	-

* Multiple answers possible. Includes only those respondents who reported having heard of HIV or AIDS

The 13 participants who had previously heard of HIV or AIDS were asked a series of questions to assess their knowledge of HIV and its transmission. Correct responses are shaded in Table 17. Correct knowledge across the questions was generally high, ranging from 76.9% correct to 100% correct. Three of the 13 participants answered all 10 questions correctly while almost 70% of respondents answered at least eight of the ten questions correctly. The lowest score recorded was for two participants who answered six questions correctly, which is still relatively high. None of the respondents reported knowing anyone infected with HIV.

Table 17: Knowledge about HIV and AIDS*

	No n (%)	**Yes n (%)**	**Don't know n (%)**	**Total N (%)**
Can a person get HIV from mosquito bites?	10 (76.9)	3 (23.1)	0	13 (100)
Do people get HIV because of something they have done wrong?	11 (84.6)	2 (15.4)	0	13 (100)
Can a person reduce the risk of getting HIV by using a condom every time they have sex?	3 (23.1)	10 (76.9)	0	13 (100)
Can a person get HIV by sharing food with someone who is infected?	8 (61.5)	5 (38.5)	0	13 (100)
Can the risk of HIV transmission be reduced by having sex with only one uninfected partner who has no other partners?	3 (23.1)	10 (76.9)	0	13 (100)
Can a healthy-looking person have HIV?	3 (23.1)	10 (76.9)	0	13 (100)
Can people be cured from HIV by a traditional healer?	13 (100)	0	0	13 (100)
Can a pregnant woman infected with HIV or AIDS transmit the virus to her unborn child?	3 (23.1)	10 (76.9)	0	13 (100)
Can a woman with HIV or AIDS transmit the virus to her newborn child through breastfeeding?	1 (7.7)	12 (92.3)	0	13 (100)
Can a pregnant woman take medicine to reduce the risk of transmission of HIV to her unborn child?	2 (16.7)	10 (83.3)	0	13 (100)

* Includes only those respondents who reported having heard of HIV or AIDS.

6.1.4 Stigmatising attitudes towards people living with HIV

Despite high knowledge about HIV and its transmission, there was evidence of stigmatising attitudes towards people with HIV from at least half of the respondents. Indeed, on all three questions a majority endorsed the stigmatising attitude (Table 18).

Table 18: Attitudes towards people living with HIV amongst participants*

	No n (%)	Yes n (%)	Don't know n (%)	Total N (%)
If a relative of yours became ill with HIV, would you be willing to care for him or her in your household?	7 (53.8)	6 (46.2)	0	13 (100)
If a member of your family had HIV, would you want it to remain secret?	5 (38.5)	8 (61.5)	0	13 (100)
Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV?	7 (53.8)	6 (46.2)	0	13 (100)

* Includes only those participants who reported having heard of HIV or AIDS.

6.1.5 Stigma and discrimination observed in the community

Participants were also asked questions about evidence of stigma that they had observed in the community. None of the respondents, aside from one, personally knew someone who had experienced stigma and discrimination because of having HIV or because they were suspected of having HIV (Table 19). This result is consistent with none of the participants knowing someone with HIV, and therefore ought not to be taken as evidence of there being no stigma and discrimination.

Table 19: Evidence of stigma and discrimination observed in the community (N=9)*

	No n (%)	Yes n (%)	Don't know n (%)	Total N (%)
Do you personally know someone who has been denied health services in the last 12 months because he or she is suspected to have HIV or has HIV?	12 (92.3)	1 (7.7)	0	13 (100)
Do you personally know someone who has been denied involvement in social events, religious services, or community events in the last 12 months because he or she is suspected to have HIV or has HIV?	13 (100)	0	0	13 (100)
Do you personally know someone who has been verbally abused or teased in the last 12 months because he or she is suspected to have HIV or has HIV?	13 (100)	0	0	13 (100)

* Includes only those participants who reported having heard of HIV or AIDS.

Participants reported on the reactions of various people to their sexual identity (Table 20). Some participants had experienced stigmatising attitudes, particularly from family members and from other people. Almost one half of respondents reported that each of these groups of people were unaware of their sexual identity. Aside from two people, no other respondents

reported that the respective groups of people shown in Table 20 (i.e. family, others, and co-workers) were supportive of their sexual identity, which appears to be problematic.

Table 20: Reactions of family members and other people to participants' sexual identity*

	Reaction of family members N=15 (%)	Reaction of other people N=15 (%)	Reaction of employer or co-workers N=2 (%)
They don't know at all	7 (46.7)	6 (40.0)	0
They ignore me / refuse to talk to me	5 (33.3)	5 (33.3)	1 (50.0)
They criticized / blamed / verbally abused me	4 (26.7)	4 (26.7)	1 (50.0)
They support my identity	2 (13.3)	0	0
They conduct violence / physical abuse on me	2 (13.3)	3 (20.0)	0
They lock / restrict me	0	NA	NA
They kicked me out of the family / group	2 (13.3)	1 (6.7)	NA
They force me to work more	1 (6.7)	9 (60.0)	0
They gossip about me	NA	NA	2 (100.0)
They fired me from work	NA	NA	0

* Multiple answers possible. NA=not applicable

6.1.6 Emotional and physical well-being

Participants were asked to indicate whether they had experienced any of a list of thoughts and feelings because of their sexual identity in the preceding 12 months. The most commonly reported responses included having low self-esteem, and feeling suicidal (Table 21). These results are cause for concern.

Table 21: Participants negative thoughts and feelings about their sexual identity in the last 12 months (N=15)

	Frequency	Percent (%)
I have low self-esteem	13	86.7
I feel suicidal	10	66.7
I feel ashamed	4	26.7
I blame myself	3	20.0
I feel guilty	2	13.3

I feel I should be punished	1	6.7
I blame others	0	-

* Multiple answers possible.

Participants were asked to indicate whether they had engaged in or avoided certain events or activities because of their sexual identity (Table 22). There were generally around 40% of participants who had taken certain actions or avoided certain events or activities. The most commonly reported actions taken included deciding not to get married and not to have children, withdrawing from education/training, and isolating oneself from family and/or friends.

Table 22: Participants actions as a result of their sexual identity in the last 12 months (N=9[1])

	Frequency	Percent (%)
I decided not to get married	4	44.4
I decided not to have children	4	44.4
I withdrew from education/training	4	44.4
I have isolated myself from my family and/or friends	3	33.3
I decided to stop working	0	-
I have chosen not to attend social gathering	0	-
I decided not to apply for a job or for a promotion	0	-
I decided not to have sex	0	-
I avoided going to a hospital when I needed to	0	-
I avoided going to a local clinic when I needed to	0	-

* Multiple answers possible. [1] Missing data N=6

Participants were asked whether they had been raped or forced to have sex in the preceding 12 months. Seven (46.7%) participants answered in the affirmative; that they had been sexually assaulted in that period. When asked who was responsible for the sexual assault the responses included a stranger (n=3), casual partner (n=1), family member (n=1), a paying partner (n=1), and work colleague (n=1).

6.1.7 Access to health services

All participants were asked whether they knew where they could access a range of health services. A majority knew where to access all of the services shown in Table 23 except for support services for which none of the respondents knew where to access.

Table 23: Knowledge about accessing health services

	No n (%)	Yes n (%)	Don't know n (%)	Total N (%)
Condoms	2 (14.3)	12 (85.7)	0	14 (100)
Health-related information	7 (50.0)	7 (50.0)	0	14 (100)
Support	14 (100)	0	0	14 (100)
HIV and STI testing	3 (21.4)	11 (78.6)	0	14 (100)
HIV and STI treatment	3 (21.4)	11 (78.6)	0	14 (100)

Seven (46.7%) participants knew of a local organisation providing information or services related to condoms, HIV and STIs, or sexual assault. When asked what the names of any of these organisations were, the following were reported: CWC and COM.

For all of the services presented in Table 24, participants were more likely not to have used the service than to have used the service. The highest level of participation was 26.7% for two of these services.

Table 24: Connection with HIV-related and other health services

	No n (%)	Yes n (%)	Not applicable / Don't know n (%)	Total N (%)
In the past 12 months, have you been contacted by a volunteer or outreach worker from a local organisation that provides information or services related to condoms, family planning, HIV and STIs or sexual assault?	3 (20.0)	4 (26.7)	8 (53.3)	15 (100)
In the past 12 months have you visited a health service for information or services related to condoms, family planning, HIV and STIs or sexual assault?	12 (80.0)	3 (20.0)	0	15 (100)
In the past 12 months, have you been given condoms through an outreach service, health clinic or drop-in centre?	5 (33.3)	4 (26.7)	6 (40.0)	15 (100)
Have you ever participated in an HIV peer education program?	12 (80.0)	3 (20.0)	0	15 (100)

The 3 participants who reported visiting a health service for information or services related to condoms, family planning, HIV and STIs or sexual assault, were asked for feedback on their experiences with the service (Table 25). The three respondents were generally satisfied and would use the service again.

Table 25: Feedback about the health service*

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Total
	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
The service was easy to access or find	0	0	0	0	3 (100)	3 (100)
The health worker I saw was friendly and easy to talk to	0	0	0	0	3 (100)	3 (100)
I felt uncomfortable and embarrassed	2 (66.7)	1 (33.3)	0	0	0	3 (100)
The service was confidential and I felt my privacy was respected	0	0	0	0	3 (100)	3 (100)
I could get what I needed e.g condoms, contraceptives, HIV and STI test, etc	0	0	0	0	3 (100)	3 (100)
I would use the service again if I needed to	0	0	0	0	3 (100)	3 (100)

* Includes only those participants who reported using the service. [1] Missing data N=1, [1] Missing data N=2,

6.1.8 HIV testing

Seven (46.7%) participants believed it was possible for someone in their community to get a test to find out if they are infected with HIV, and all knew where to go to receive the test. Only three participants reported having ever had an HIV test and one of these people had an HIV test in the twelve months prior to the survey. That person received the HIV test at a hospital / government health service. The three who had ever had an HIV test were asked whether they received their results that last time they were tested, to which two reported that they had received results. Both these respondents reported that based on those results their HIV status was HIV negative.

6.1.9 Alcohol and drug use

All 15 respondents reported drinking alcohol in the preceding four weeks, with a majority indicating that they drank alcohol every day (Participants were asked whether they had taken a range of drugs during the preceding 12 months. The drugs that were reported to have been used in the period included marijuana (n=11), KAVA (n=3), and Crystal (n=1). When asked whether in the previous four weeks they had engaged in anal or vaginal intercourse after taking alcohol and / or drugs which left them feeling not in control, 13 participants responded in the affirmative.

Table 26). Those who drank alcohol were asked how many drinks they had the last time they drank alcohol, with the number ranging from one drink to 24 drinks, which may be plausible. Five drinks was the median number consumed on the last occasion of alcohol use, which appears to be realistic.

Participants were asked whether they had taken a range of drugs during the preceding 12 months. The drugs that were reported to have been used in the period included marijuana (n=11), KAVA (n=3), and Crystal (n=1). When asked whether in the previous four weeks they had engaged in anal or vaginal intercourse after taking alcohol and / or drugs which left them feeling not in control, 13 participants responded in the affirmative.

Table 26: Alcohol use in the past four weeks

	n (%)
I never drink alcohol	0
Never in the last 4 weeks	0
Less than once a week	1 (6.7
At least once a week	6 (40.0)
Every day	8 (53.3)
Total	15 (100.0)

7 Female sex workers

7.1.1 Description of the sample

Forty-two women who sold sex in exchange for money or goods provided survey data. The age of the women ranged from 16 to 39, with a mean age of 24.93 (SD=5.91) and median age of 23.5. Most of the women had been educated to at least a primary level (Table 27).

Table 27: Highest level of education

Level of education	Frequency	Percent (%)
Never been to school	4	9.5
Non-formal education	2	4.8
Pre-primary / primary	18	42.8
Pre-secondary / secondary	13	30.9
Polytechnic / Diploma	3	7.1
University / college	2	4.8
Total	**42**	**100.0**

In responding to the question about relationship status, the majority of women reported being 'single' or widowed or divorced or separated (Table 28).

Table 28: Relationship status

	Frequency	Percent (%)
Currently single	21	50.0
Widowed / divorced / separated	13	31.0
Have a boyfriend but not married	5	11.9
Currently married	3	7.1
Have a girlfriend	0	-
Total	**42**	**100.0**

Thirty (71.4%) reported having children – amongst whom the most popular number of children reported was two and then five. Ten women had five or more children with one woman reporting having nine.

Women were most likely to report living with other relatives, parents / in-laws, or to be living alone. Despite most of the women having children, only one woman reported living with children, which is somewhat perplexing (Table 29).

Table 29: Who participants were living with (N=42)*

	Frequency	Percent (%)
Other relatives	22	52.0
Parents / in-laws	7	16.7
Live alone	4	9.5
Siblings	3	7.1
Husband	2	4.8
Children	1	2.4
Other male partner	0	-
Boyfriend	0	-
Friends	0	-
Co-workers	0	-
Other (no text provided)	10	23.8

* Multiple answers possible.

Women were asked whether they were employed, to which the majority reported that they were not (Table 30). It appears that the women do not consider selling sex as employed work.

Table 30: Employment status

	Frequency	Percent (%)
Not employed	34	81.0
Full-time employed	5	11.9
Part-time or casual employment	2	4.8
Self-employed	1	2.4
Total	**42**	**100.0**

The eight women who reported being employed were asked what paid work they were involved in. Fifty percent of these women reported working in retail (Table 31).

Table 31: Type of paid work (N=8)*

	Frequency	Percent (%)
Retail	4	50.0

Government	2	25.0
Sewing	1	12.5
Hospitality	0	-
Other (NGO)	1	12.5

* Multiple answers possible.

7.1.2 Sexual history and practice

All forty-two women reported ever having had sexual intercourse. The age at which they first had sexual intercourse ranged from 11 to 23 years of age. All of the women acknowledged receiving money or goods in exchange for sex in the past 12 months. The age at which they reported first receiving money or goods in exchange for sex ranged from 12 to 30 years of age, which indicates that some of the women were not adults at the time they commenced sex work.

7.1.2.1.1 Numbers of male partners

When asked how many male sex partners they had in their lifetime, the responses ranged from 1 to 100 male partners with a median of 6 and mean of 12.5 partners (Table 32). It may be the case that many of the women do not consider male clients as male partners. The number of male sex partners reported in the last 12 months ranged from 1 to 20, with a median and mean of 5 partners. Eleven of the 20 women who answered the question about multiple concurrent partners (MCPs) (i.e. more than one sexual partner during the same period), confirmed that they had MCPs in the previous six months.

Table 32: Number of male sexual partners

Number of male partners	**Lifetime**	**Last 12 months**
	N (%)	**N (%)**
1 to 3	10 (23.8)	15 (35.7)
4 to 10	19 (45.2)	24 (57.2)
11 to 49	11 (26.2)	3 (7.1)
50+	2 (4.8)	0
Total*	**42 (100)**	**42 (100.0)**

7.1.3 Condoms

Thirty-three (78.6%) women had ever heard of a condom, amongst whom only 10 women had ever used a condom. Twenty-seven women reported knowing where they could obtain condoms, to which the most commonly reported responses included having never obtained condoms, peer education, and hospital (Table 33).

Table 33: Where condoms were last obtained

	Frequency	Percent (%)
Have never obtained condoms	9	33.3
Peer education	4	14.8
Hospital	4	14.8
Health clinic	3	11.1
NGO	3	11.1
Friend	2	7.4
Client	2	7.4
Total	**27**	**100.0**

7.1.4 Sex with paying male partners

When asked how many paying partners they had in the 12 months preceding the survey, answers ranged from 1 to 10 partners with a mean of 3.52 (SD=2.19) and a median of 3. These low figures seem implausible especially from the women who reported one paying partner. One possible explanation for the low figures is that some women may be seeing predominantly repeat customers. There may also be some underreporting of the actual number of paying partners they had sex with. When asked how many paying partners they had on the last day that they had paid sex, the figures were not dissimilar to the numbers for the last 12 months, with number of paying partners ranging from 1 to 6 with a mean of 2.35 (SD=1.67) and median of 2. This result supports the hypothesis that the women are likely to be seeing repeat customers as well as underreporting.

7.1.4.1.1 Types of sexual practices with paying male partners

Women were asked what types of sexual contact they had with paying partners during the preceding 12 months (Table 34). The most common practice was vaginal intercourse followed by masturbating the client, and being masturbated by the client.

Table 34: Types of sexual activity on last occasion of sex with a paying male partner (N=42)*

	Frequency	Percent (%)
Vaginal intercourse	39	92.9
Handshake (you masturbated him)	20	47.6
Handshake (he masturbated you)	20	47.6
Oral sex (he licked your vagina)	18	42.9
Oral sex (you sucked his penis)	13	31.0
His penis between your thighs or breasts	13	31.0

Anal intercourse	10	23.8

* Multiple answers possible. [1] Missing data N=1.

7.1.4.1.2 Where sex with paying male partners takes place

Women were asked where they had sex with their last paying client (Table 35). The most common response was at the homes of their clients, as well as hotels, outside, in the car.

Table 35: Where sex occurred on the last occasion of paid sex

	Frequency	Percent (%)
Hotel	15	37.5
His house	12	30.0
Outside (e.g. bushes, beach, etc)	6	15.0
Car	5	12.5
My house	1	2.5
Other (reported: someone else's house)	1	2.5
Total	**40[1]**	**100.0**

[1] Missing data N=2

7.1.4.1.3 Who decides how much money she receives?

When asked who decides how much they get paid when having sex with a client (multiple answers were possible), the majority of women indicated that it is typically decided by their clients and, to a lesser extent, themselves. This result suggests that the amount is often negotiated (Table 36).

Table 36: Who decides how much the woman gets paid for sex with a client (N=40[1])*

	Frequency	Percent (%)
Paying partner decides	29	72.5
I decide	11	27.5
Agent / pimp decides	0	-
Manager of the business (e.g. Madam in brothel)	0	-

* Multiple answers possible. [1] Missing data N=2

7.1.4.1.4 Condom use and lubrication for vaginal intercourse with paying male partners

Condom use with paying clients was low for vaginal and anal intercourse (Table 37). A majority of women reported 'never' using condoms for vaginal intercourse and anal intercourse in the past 12 months. On the last occasion of vaginal intercourse with a paying partner, four women reported using a condom and none of the women used a condom on the last occasion of anal intercourse with a paying partner. None of the 10 women who had anal intercourse with a paying partner reported using lubricant on the last occasion of anal intercourse.

Table 37: Consistency of condom use for vaginal and anal intercourse with paying male partners in the previous 12 months

Regularity of condom use	Vaginal intercourse N (%)	Anal intercourse N (%)
Never	25 (64.1)	8 (80.0)
Sometimes	12 (30.8)	1 (10.0)
Almost every time	2 (5.1)	1 (10.0)
Every time	0	0
Total	**39[1] (100.0)**	**10[2] (100.0)**

[1] Includes only women who reported having vaginal intercourse with clients. [2] Includes only women who reported having anal intercourse.

Sixty-eight women responded to the questions about why they had not used condoms all of the time in the preceding 12 months. The most common responses included condoms not being available, partner objecting, condoms taking away pleasure, and not liking condoms (Table 38). Thirteen women reported having had sex without a condom because the paying partner paid extra money for no condom to be used.

Table 38: Reasons for not using condoms for vaginal and/or anal intercourse with paying partners*

	Paying male partners N=41 (%)
Condoms were not available	28 (68.3)
Partner objected	10 (24.4)
Condoms take away pleasure	7 (16.7)

Do not like condoms	7 (16.7)
Used other prevention methods	1 (2.4)
Difficulty obtaining condoms	2 (4.9)
My partner/s and I are faithful	1 (2.4)
Never heard of condoms	0
Not necessary	0
Used other protection methods	0
Condoms are too expensive	0

* Multiple answers possible.

In response to the question about how often it was difficult to get paying partners to use condoms, a majority reported 'none of the time' or 'a little of the time' (Table 39). Nonetheless, some women reported having difficulty in getting clients to use condoms.

Table 39: Level of difficulty in getting clients to use a condom

	Paying male partners **N (%)**
I did not try and get my clients to use a condom	1 (2.5)
None of the time	19 (47.5)
A little of the time	4 (10.0)
Some of the time	9 (22.5)
A lot of the time	1 (2.5)
All of the time	6 (15.0)
Total	**40[1] (100.0)**

[1] Missing data N=2

When asked who usually supplies the condom for sex with paying partners, about two-thirds of the women reported that they never use a condom. About one quarter of the women appear to rely on their paying partner to provide a condom, with only three women reporting that they provide the condom. There appears to be a stronger culture of condom use among the paying partners than the women themselves (Table 40).

Table 40: Who usually supplies the condom with paying partners?

	Paying male partners N (%)
I never use a condom	26 (65.0)
Client provides the condom	11 (27.5)
I provide the condom	3 (7.5)
Owner / manager of the place	0
Total	**40[1] (100.0)**

[1] Missing data N=2.

7.1.5 Sex with regular male partners

Thirty (71.4%) women reported having had sex with a boyfriend or husband in the previous 12 months.

7.1.5.1.1 Condom use with regular male partners

Participants were asked how often they had used condoms for vaginal intercourse and anal intercourse with their regular male partners in the last 12 months (Table 41). Condom use was low for vaginal and anal intercourse, as generally expected for sex with regular partners, with a majority reporting 'never' using condoms with their regular male partner. The patterns of condom use appears remarkably similar to condom use with paying partners, which suggests a habit in their condom use and perhaps not being entirely clear on why they are using condoms.

On the last occasion of vaginal intercourse with their regular male partner, three women reported using a condom, while one woman reported using a condom on the last occasion of anal intercourse and two women reported using lubricant.

Table 41: Consistency of condom use for vaginal and anal intercourse with regular male partners in the previous 12 months

Regularity of condom use	**Vaginal intercourse[1] N (%)**	**Anal intercourse[2] N (%)**
Never	21 (70.0)	15 (78.9)
Sometimes	8 (26.7)	4 (21.1)
Almost every time	1 (3.3)	0
Every time	0	0
Total	**30 (100.0)**	**19 (100.0)**

[1] Includes only women who reported having vaginal intercourse. [2] Includes only women who reported having anal intercourse.

Among the women who had a regular male partner and who did not use a condom on every occasion of vaginal or anal intercourse with their regular partner/s, which includes all 30 women, they were asked why they had not used condoms (Table 42). A range of responses were endorsed with the most common being condoms not being available, condoms taking away pleasure, partner objecting, and not liking condoms.

Table 42: Reasons for not using condoms for vaginal and/or anal intercourse with regular male partner/s*

	Regular male partners **N=30[1] (%)**
Condoms were not available	20 (66.7)
Condoms take away pleasure	7 (23.3)
Partner objected	7 (23.3)
Do not like condoms	6 (20.0)
Difficulty obtaining condoms	2 (6.7)
My partner/s and I are faithful	2 (6.7)
Used other prevention methods	1 (3.3)
Not necessary	0
Never heard of condoms	0
Used other protection methods	0
Condoms are too expensive	0

* Multiple answers possible. [1] Includes only those women who had a regular male partner and did not use condoms all the time

7.1.6 Sex with casual male partners

Eighteen (42.9%) of the women reported having had sex with a casual non-paying male partner in the previous 12 months.

7.1.6.1.1 Condom use with casual non-paying male partners

Participants were asked how often they had used condoms for vaginal intercourse and anal intercourse with their casual male partners in the last 12 months (

Table 43). Condom use was low for vaginal and anal intercourse with casual male partners, with a majority of the women reporting 'never' using a condom and none of the women reporting always using a condom.

Only three women reported using a condom on the last occasion of vaginal intercourse with a casual male partner and one woman reported using a condom on the last occasion of anal intercourse with a casual partner. None of the women reported using lubricant on the last occasion of anal intercourse with a casual male partner.

Table 43: Consistency of condom use for vaginal and anal intercourse with casual male partners in the previous 12 months

Regularity of condom use	Vaginal intercourse N (%)	Anal intercourse N (%)
Never	9 (50.0)	8 (57.1)
Sometimes	8 (44.4)	6 (42.9)
Almost every time	1 (5.6)	0
Every time	0	0
Total	**18 (100.0)[1]**	**14 (100.0)[2]**

[1] Includes only women who reported having vaginal intercourse. [2] Includes only women who reported having anal intercourse.

7.1.7 Alcohol and drug use

Thirty-six women reported drinking alcohol in the preceding four weeks (Table 44). Of those who reported drinking alcohol in that period, nearly half had done so at least once per week. In responding to the question about the number of drinks they consumed on the last occasion that they drank alcohol, responses ranged from 1 to 12 drinks, which seems plausible.

Table 44: Alcohol use in the past four weeks

	N (%)
I never drink alcohol	6 (14.3)
Never in the last 4 weeks	3 (7.1)
Less than once a week	13 (31.0)
At least once a week	16 (38.1)
Every day	4 (9.5)
Total	42 (100.0)

Participants were asked whether they had taken a range of drugs during the preceding 12 months (Table 45). Only two drugs were reported to have been taken during that period including marijuana, for which about half the sample had taken, and kava.

When asked whether in the previous four weeks they had engaged in anal or vaginal intercourse after taking alcohol and / or drugs which left them feeling not in control, 29 women (69.0%) responded in the affirmative.

Table 45: Use of recreational and illicit drugs in the past 12 months (N=40[1])*

	N (%)
Marijuana	20 (47.6)
KAVA (sakau / ava / awa)	6 (15.0)
Inhalants (e.g. sniffing glue, paint, petrol, spray can)	0
Crystal / Ice (methamphetamine)	0
Cocaine	0
Heroin	0
Freebase	0
Ecstasy / MDMA	0
Amphetamine (Speed)	0
Other ('CWC')	1

* Multiple answers possible. [1] Missing data N=1

7.1.8 Sexually transmissible infections including HIV

Thirty three women reported ever having heard of diseases that can be transmitted sexually, and 34 women reported having had symptoms of a sexually transmissible infection (STI) in the past 12 months. Twenty four women reported genital discharge in the 12 months preceding the survey, 12 reported genital ulcers or sores, and 32 reported ever having had pain while urinating. These 34 women were asked what they did the last time they had any of these symptoms, which generally included doing nothing or talking to a fiend about it (Table 46).

Fourteen women reported ever having been diagnosed with a sexually transmissible infection (STI), which included Chlamydia (n=6), Gonorrhoea (n=2), and Syphilis (n=1).

Table 46: What participants did the last time they had STI symptoms (N=34[1])*

	Frequency	Percent (%)
Did nothing	22	64.7
Talked to a friend	5	14.7
Never noticed any of these symptoms	4	11.8
Visited a hospital	1	2.9
Visited an STI clinic	1	2.9
Received traditional treatment	1	2.9

Visited a health care worker	0	-
Visited a private clinic	0	-
Got medicine from pharmacy	0	-
Other (drank more water)	1	2.9

* Multiple answers possible. [1] Includes only those women who reported having had STI symptoms.

Forty women (95.2%) reported having ever heard of HIV or the disease called AIDS prior to the survey. There were a range of reported sources of information about HIV and AIDS, the most commonly reported being school, pamphlets / leaflets, friends or family, and posters / billboards (Table 47). Three women reported knowing someone who was infected with HIV.

Table 47: Sources of information about HIV and AIDS (N=40)*

	Frequency	Percent (%)
School	15	37.5
Pamphlets / leaflets	15	37.5
Friends or family	14	35.0
Posters / billboards	13	32.5
NGO program	7	17.5
Radio	4	10.0
Workplace	3	7.5
Television	2	5.0
Newspapers / magazines	2	5.0

* Multiple answers possible. Includes those women who reported having heard of HIV or AIDS.

7.1.9 Knowledge about HIV and AIDS

The women who had previously heard about HIV (n=40) were asked a series of questions to assess their knowledge of HIV and its transmission. Correct responses are shaded in

Table 48. Correct knowledge was reasonably high, with each question being answered correctly by a majority. Eight women answered all 10 questions correctly and about two-thirds of the women answered at least eight of the questions correctly. The lowest number of correct answers was four, which was the case for two women.

Table 48: Knowledge about HIV and AIDS (N=40)*

	No n (%)	Yes n (%)	Don't know n (%)	Total N (%)
Can a person get HIV from mosquito bites?	31 (77.5)	7 (17.5)	2 (5.0)	40 (100)
Do people get HIV because of something they have done wrong?	37 (92.5)	3 (7.5)	0	40 (100)
Can a person reduce the risk of getting HIV by using a condom every time they have sex?	12 (30.0)	27 (67.5)	1 (2.5)	40 (100)
Can a person get HIV by sharing food with someone who is infected?	35 (87.5)	4 (10.0)	1 (2.5)	40 (100)
Can the risk of HIV transmission be reduced by having sex with only one uninfected partner who has no other partners?	17 (42.5)	23 (57.5)	0	40 (100)
Can a healthy-looking person have HIV?	7 (17.5)	33 (82.5)	0	40 (100)
Can people be cured from HIV by a traditional healer?	36 (90.0)	2 (5.0)	2 (5.0)	40 (100)
Can a pregnant woman infected with HIV or AIDS transmit the virus to her unborn child?	10 (25.0)	29 (72.5)	1 (2.5)	40 (100)
Can a woman with HIV or AIDS transmit the virus to her newborn child through breastfeeding?	9 (22.5)	31 (77.5)	0	40 (100)
Can a pregnant woman take medicine to reduce the risk of transmission of HIV to her unborn child?	8 (20.0)	31 (77.5)	1 (2.5)	40 (100)

*Includes those women who reported having heard of HIV or AIDS.

7.1.10 Stigmatising attitudes towards people living with HIV

There were a range of attitudes indicated by the way women responded to the three questions. While a slight majority reported that they would be willing to care for relative who was with HIV, a sizeable majority indicated that they would not buy fresh vegetables from someone they knew had HIV. Somewhat surprisingly, the question that in many jurisdictions shows evidence of stigmatising attitudes was responded to in a non-stigmatising way by a majority of the women, who reported that if a family member had HIV they would not want it to remain a secret (Table 49Table 18**Error! Reference source not found.**).

Table 49: Attitudes towards people living with HIV amongst participants

	No n (%)	Yes n (%)	Don't know	Total N (%)

			n (%)	
If a relative of yours became ill with HIV, would you be willing to care for him or her in your household?	19 (47.5)	21 (52.5)	0	40 (100)
If a member of your family had HIV, would you want it to remain secret?	26 (65.0)	14 (35.0)	0	40 (100)
Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV?	28 (70.0)	12 (30.0)	0	40 (100)

* Includes only those women who reported having heard of HIV or AIDS.

7.1.11 Stigma and discrimination observed in the community

Participants were also asked questions about evidence of stigma that they had observed in the community (Table 50). Based on their responses, and although endorsed by a minority of the women, there is some evidence of stigma and discrimination in the community across all aspects covered by these three questions.

Table 50: Evidence of stigma and discrimination observed in the community

	No n (%)	Yes n (%)	Don't know n (%)	Total N (%)
Do you personally know someone who has been denied health services in the last 12 months because he or she is suspected to have HIV or has HIV?	35 (87.5)	5 (12.5)	0	40 (100)
Do you personally know someone who has been denied involvement in social events, religious services, or community events in the last 12 months because he or she is suspected to have HIV or has HIV?	32 (80.0)	8 (20.0)	0	40 (100)
Do you personally know someone who has been verbally abused or teased in the last 12 months because he or she is suspected to have HIV or has HIV?	35 (87.5)	5 (12.5)	0	40 (100)

* Includes only those women who reported having heard of HIV or AIDS. [1] Missing data n=1.

Participants were asked whether they had been raped or forced to have sex in the preceding 12 months. Twenty nine (69.0%) of the 42 women answered in the affirmative; that they had been sexually assaulted in that period. When asked who was responsible for the sexual assault, multiple answers were possible, the women indicated it was a family member (n=13), boyfriend or husband (n=9), stranger (n=9), casual partner (n=4), friend (n=3), family friend (n=2), man who paid for sex (n=2), and Police (n=2).

7.1.12 Access to health services

All participants were asked whether they knew where they could access a range of health services (Table 51). Aside from health-related information for which a majority know where

to access, access to all four other services were not known by a majority. And almost 80% of the women did not know where to access condoms, which may help to explain why levels of condom use are so low. There is clearly scope to improve knowledge about accessing these health services for this group of women.

Table 51: Knowledge about accessing health services

	No n (%)	Yes n (%)	Don't know n (%)	Total N (%)
Support	24 (57.1)	18 (42.9)	0	40 (100)
Health-related information	14 (33.3)	28 (66.7)	0	40 (100)
HIV and STI testing	26 (61.9)	16 (38.1)	0	40 (100)
HIV and STI treatment	29 (69.0)	13 (31.0)	0	40 (100)
Condoms	33 (78.6)	9 (21.4)	0	40 (100)

[1] Missing data n=5.

Twenty five women (59.5%) knew of a local organisation providing information or services related to condoms, HIV and STIs, or sexual assault. When asked what the names of any of these organisations were, the following names were mentioned: Chuuk Women's Council (CWC), and CWC Public Health.

The 25 women who knew of a local organisation providing information or services related to condoms, HIV and STIs, or sexual assault were asked about their experience with each of the services shown in Table 52. For all of the services presented in Table 52, only a minority experienced these services. Only 12% of these women had been given condoms.

Table 52: Connection with HIV-related and other health services

	No n (%)	Yes n (%)	Not applicable n (%)	Total N (%)

In the past 12 months, have you been contacted by a volunteer or outreach worker from a local organisation that provides information or services related to condoms, family planning, pregnancy, HIV and STIs or sexual assault?	17 (68.0)	8 (32.0)	0	25 (100)
In the past 12 months have you visited a health service for information or services related to condoms, family planning, HIV and STIs or sexual assault?	19 (76.0)	6 (24.0)	0	25 (100)
In the past 12 months, have you been given condoms through an outreach service, health clinic or drop-in centre?	22 (88.0)	3 (12.0)	0	25 (100)
Have you ever participated in an HIV peer education program?	15 (60.0)	10 (40.0)	0	25 (100)

Of the six women who had visited a health service for information or services related to condoms, family planning, HIV and STIs or sexual assault, they generally rated their experience as positive and all of these women would use the service again (Table 53).

Table 53: Feedback about the health service

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Total
	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
The service was easy to access or find	0	1 (16.7)	1 (16.7)	4 (66.7)	0	6 (100)
The health worker I saw was friendly and easy to talk to	0	0	1 (16.7)	5 (83.3)	0	6 (100)
I felt uncomfortable and embarrassed	0	1 (16.7)	4 (66.7)	1 (16.7)	0	6 (100)
The service was confidential and I felt my privacy was respected	0	0	1 (16.7)	4 (66.7)	1 (16.7)	6 (100)
I could get what I needed (contraceptives, condoms, HIV and STI test, etc)	0	0	1 (16.7)	5 (83.3)	0	6 (100)
I would use the service again if I needed to	0	0	0	6 (100)	0	6 (100)

* Includes only those women who reported using the service.

7.1.13 HIV testing

Twenty-three women (56.1%) believed it was possible for someone in their community to get a test to find out if they were infected with HIV and all of these women knew where to go to receive such a test. Twenty-four women reported having had an HIV test, from which eight

women reported having had an HIV test in the 12 months prior to the survey. These eight women reported that their test was carried out through a hospital / government health service (n=7), and an NGO clinic (n=1). Eighteen of the 24 women who had ever had a test confirmed that they had received their test results. Based on these results all 18 women reported being HIV-negative.

7.2 In-depth interviews

7.2.1 Transgender and men who have sex with men

In-depth interviews were conducted with four interviewees who were born male and had sex with men. One identified as transgender, one as a girl and the other as both boy and girl. The fourth interviewee described himself as a gay male. The interviews took place in a private hotel room in Weno, Chuuk, and were all held in English.

The ages of the interviewees ranged from 16 to 46. One was still at school and the others were not in formal employment, but two helped to take care of infirm family members or helped around the house. The last interviewee was a 'party girl' and heavy drinker who lived with her boyfriend and three friends.

The interviewees had sex with men and were all in, or had previously been in, committed relationships. Two engaged in casual sex and were also paid for sex. Those who had obtained condoms found this relatively easy, but only one got them from a clinic, whereas the others got them from friends, where supply may have been less reliable. The youngest interviewee had never used them. Water or silicone based lubricant was not available, and three interviewees did not know what it was. During sex interviewees used coconut oil or other oils or household creams for lubrication (many such oils will compromise the condom). Among the three youngest interviewees STI and HIV knowledge was very poor and only one had received some education about these topics.

Three of the interviewees had fraught relationships with their families and were discreet about their gender/sexual identity or kept it hidden from their family. Only one lived at home, whereas the others had left either to attend school or to avoid an unhappy home environment. No interviewee considered bringing a partner home as they were afraid of being beaten by their family, or said this would be shaming. The oldest interviewee had returned from overseas to live with extended family who knew he was gay.

The young interviewees were dangerously heavy drinkers. They were also subject to abuse (sometimes physical) from family and suffered the effects of alienation and isolation. At least one of the young interviewees had contemplated suicide at times.

7.2.1.1 Gender and sexual identity

Each interviewee used different terms to describe their gender identity: "transgender" (Cindy), 'I feel like a girl' (Terry), "a girl and a boy" (Allen) and "male" (Stevie). In Stevie's case, his gender identity was paired with his sexual identity, and he described himself as a gay male. 'He was "happy to be a man", but also identified as a woman when engaging in sexual activity:

> In my mind when I have sex with a man, I am a woman [Stevie, 46 years]

Like the others, Allen realised he was attracted to other males at a very young age. Allen describes his gender as both a boy and a girl:

> I act like a girl and a boy [Allen, 16 years]

Terry enjoys hanging around with friends, both girls and other TG/MSM, but Terry's mother doesn't like her to associate with TG/MSM. At 18 she started to express her gender identity by dressing as a woman when she went out, but she was beaten by her father and brother:

> They understand who I am. They don't like it…they gave me some punishment…my father and my older brother want to fight with me [Terry, 21 years]

Terry's fraught relationship with her family was very painful and distressing to her, and she found it difficult to talk about. To avoid as much trouble as she can, Terry tries not to be 'visibly' TG, and usually wears shorts and t-shirt, but she would like to wear dresses all the time:

> I feel like a girl…I am small…I wear girl's clothes, and I stay with my friends they are girls [Terry 21 years]

Cindy, who identifies as transgender, lives and dresses as a female. She started wearing dresses at age 16. Cindy is very feisty and insists her family have to accept her choices, and be:

> OK with it…They have to be. I tell them it is not their business [Cindy, 20 years]

However, while she seldom shies from confrontation, Cindy is fearful of one particular uncle who regularly verbally abuses her. Her family are aware that she has a sexual relationship with her boyfriend who she has been with for two years. Their relationship is volatile - she drinks alcohol every night and he smokes 'lots' of marijuana - resulting in 'lots of dramas' with him and her friends.

7.2.1.2 Sexual behaviour

All of the interviewees had sex exclusively with men, usually with men who were heterosexual-identified. Aside from Stevie, the interviewees all currently had boyfriends. Stevie and Cindy had casual sexual encounters with other men, whereas the other two interviewees were both in their first relationship with male partners. Interviewees kept their relationships a secret and had only told close friends because of family and/or community disapproval. Only Cindy expressed her gender identity openly and defiantly, and her family were aware of her relationship. Two interviewees reported getting paid for sex and this was usually in the context of drinking sessions.

Stevie described FSM as being more conservative and less accepting of MSM compared with Guam. When he lived and worked in Guam, he felt that he did not have to keep his boyfriends a secret, and this it was in Guam where he chose to 'come out' as gay. In FSM, Stevie and his partners have to be very discrete, and he says that he limits the number of partners he has in order to avoid malicious gossip and social stigmatisation. Even though his family are aware he is gay, he felt it would be too confronting for them to see him with his partners:

> At the moment I'm staying with family. They know I'm gay but they don't want to see the men. They say; 'Take care of yourself. You have to look after yourself. Don't go out too much'. So I stay home. I don't want to upset them. Otherwise I would be out all the time, you know, having fun… [Stevie, 46 years]

He does not bring any partners home as this would be shameful and would upset his family:

> I would feel ashamed. They don't want to see me with a man [Stevie, 46 years]

Stevie has sex with men, and has had many 'one night stands'. Mostly, Stevie meets men at a bar or on the street where they pick him up in their car:

> They know me, even when I don't know them. I look, and if I like him then I go

Stevie chose sexual partners who were heterosexual identified 'straight' men because

> I prefer a man – not one like me. [Stevie, 46 years]

Terry and Allen both have boyfriends who they also describe as straight. They keep their relationships a secret from their families and had only told close friends that they have a boyfriend. Terry and her partner have been together for three months and he is her first boyfriend. She has never had sex with a girl and has never thought of doing so.

Allen has been together with her boyfriend for a year, both are aged 16. She had not told family or friends she has sex with him and only "me and my boyfriend know". According to Allen, they have "lots of sex".

Cindy has had many casual sexual encounters, some of whom were straight men. She has also has had a series of boyfriends but is looking for "forever love".

Two interviewees also described getting paid for sex from men. Alcohol is closely associated with paid sex for these interviewees, and sexual partners are picked up in bars. One of the interviewees says that she rarely has any money but likes to go drinking so others have to pay for her drinks. Stevie also meets men in bars where they pay him for sex either with money or with alcohol

> Some guys pay me – if they want to - but mostly not. Or they say "buy yourself a drink" [Stevie, 46 years]

However, Stevie says he does not drink a lot and this ensures he is in control of his sex life:

> I'm going to choose - the ones I want [Stevie, 46 years]

All interviewees first sex was with males, with the exception of Allen who wanted to experiment with sex with a girl. Two of the interviewees first had sex at a young age, including Allen who was 15 years old. Her first partner was a girl, but she doesn't think she will have another girlfriend as she has always known that she likes boys. She just wanted to experiment and see what it was like. Cindy was even younger when she first had sex - at age 12 she had oral and anal sex with an older friend who had given her marijuana and alcohol.

Stevie and Terry were aged in their early 20s when they first had sex. Stevie first had sex at 24 years with a man the same age as him who was in a relationship with a girl. Terry's first sex partner was also of the same age as her (20 years), and was a male friend. She has never had sex with a girl, nor wanted to do so.

7.2.1.3 Condom use

Condom use by Stevie and Cindy appeared to be sporadic, whereas Terry usually used condoms and Allen never used them. Allen says that there "is none" and does not know

where to obtain them. No one has ever counselled him about condoms and he didn't know about HIV or STIs. In school he was taught about condoms, although he learnt that they were:

> to stop girls getting pregnant [Allen, 16 years]

Stevie and Cindy said that they or their partners used condoms 'sometimes" if they are available. Stevie found it easy to get condoms, and he picks them up at the hospital. He doesn't mind carrying them around. Cindy obtained her condoms from her brothers, but she said she didn't really understand about STIs or HIV and was not sure what the condoms are for.

Stevie occasionally worries about STIs. He learnt about condoms in Guam and laments the lack of flavoured options in Chuuk. He explains to his partners about condoms and says:

> they are happy enough [to use condoms]. They just want to have fun [Stevie, 46 years]

Terry and her boyfriend said they usually use condoms on a regular basis, but on two occasions they didn't because they didn't have any. Terry's boyfriend usually supplies them, but Terry initiates condom use:

> I tell him to use the condom because I know about HIV AIDS [Terry, 21 years]

Terry went to an SPC run workshop in 2011, but before that she didn't know about condoms. He knows where to get them and says she can access them easily enough;

> From friends at school and from other people I know [Terry, 21 years]

Lubricant was unavailable. Stevie did not use lubricant and Terry said he had never seen packs of water or silicon-based lubricant. Terry and her boyfriend used cosmetic lotions for lubrication. Allan had never heard of lubricant.

7.2.1.4 HIV and STI testing

Only Stevie had visited a clinic for a routine test for HIV/STIs, which he underwent a few months ago in Weno. He was also the only interviewee who was aware of where he could get tested.

Cindy had been tested for STIs, but this occurred only after developing symptoms (including a fever). She is unsure what she was diagnosed with, but the doctor at the hospital told her that it was from having sex with men. Cindy does not really understand about STIs or HIV or prevention and has never had any education about these issues. She is however, interested in finding out what she needs to know.

Allen had no knowledge about prevention or STI testing and Terry had never tested for HIV and STIs and didn't know where he could get tested.

7.2.1.5 Stigma

Homosexuality is highly stigmatised in FSM. Only one interviewee felt that his family had accepted his sexual identity, but even they did not want to see actual evidence of his sexual identity. Stevie originally came from an outer island where he says his mother recognised his vulnerability and tried to protect him from situations where he many have been picked on or abused:

> My Mom didn't want me to stay at the men's house with the other boys [Stevie, 46 years]

However, like the other interviewees, Stevie was unable to be open with his family about his relationships with men. For Allen, the pressure of having a non-traditional sexual and gender identity that is not accepted by his family or community was considerable, and at age 16 he had already developed a heavy drinking habit and considered suiciding.

The interviewees faced violence from others for not fulfilling the masculine roles expected of them. Terry, for example said that she was beaten by her father and brothers for any overt expression of her femininity. She feels that her family and neighbour's judgement of her is only ever negative, and that she is an easy target because as anyone who attacks him is seen as justified:

> if what I am doing is good, they are jealous of me. If someone fights me then I always get the blame [Terry, 21 years]

One interviewee said that a boyfriend had been "violent and jealous" [Cindy], but other than this relationship, she had not been abused by her sexual partners. Stevie said that he has never been treated badly by any of his sexual partners. All the attendees at the focus group meeting said that they had been sexually abused or raped.

Close friends were the only people who the interviewees disclosed their relationships with. These friends were also usually TG/MSM and they gained support and comfort from them. Unfortunately, two interviewees were discouraged from hanging out with other MSM/TG by their families, which compounded their feelings of isolation.

7.2.2 Female sex workers

Ten in-depth interviews were conducted with women who identified as sex workers. One interview was terminated early because the interviewer was concerned that she was not mentally competent. Interviews were conducted in Chuukese by the FSM Research Assistants (RAs) and translated immediately post-interview. One interview was conducted in English. The interviews took place in a private hotel room in Weno, Chuuk.

Although the interviewees agreed to have their interviews digitally recorded, they were all clearly ill at ease and nervous about the presence of a digital recorder. One interviewee explained that she was reminded of TV exposés in which journalists attempted to trick people or get them in to trouble. After the first five interviews, the RAs stopped using the recorders and took notes instead. Interviewees were noticeably more relaxed and forthcoming in the interviews.

Of the nine complete interviews, the interviewees were aged between 16 and 34 years old and all lived in Weno. The women typically lived in large households with their extended families, and were often responsible for looking after the younger children in the family, including their own. Most of the women were single mothers whose partners had left them. Almost invariably the families of the women were unaware that they take money for sex, and they were very concerned that their families would find out and they would face violence and expulsion from their home as a consequence.

Some interviewees described rape and violence perpetrated by their family as preceding involvement in sex work: they felt tainted by that abuse, saying that after being raped they felt that they had nothing to lose by taking money for sex.

The women tended to work independently, and had sex with local men. Payment is often determined by the women themselves and is related to what the clients earn. Very wealthy or important men will decide how much to pay, but usually pay considerably more than other clients.

Heavy drinking is known to exacerbate a range of vulnerabilities associated with sex work (Li, Li, & Stanton, 2010), and the one interviewee who described accepting alcohol in exchange for sex, and using sex work to enable heavy drinking, also described sexual and physical abuse from the young men who were her clients. Other women for whom heavy drinking was tied up with sex work also worried about being filmed or photographed as some films of local women having sex have been sold and circulated in Chuuk. One interviewee found that photographs of some young men assaulting her were being circulated amongst people who she knew.

7.2.2.1 Sexual behaviour

Sexual partners were local men who gave the women cash and/or goods for sex. Most of the women did not have a boyfriend and were single mothers who had been abandoned by their partners. They were generally motivated to do sex work to provide for themselves and their children. They tended to have regular clients, and less occasionally 'one-off' clients that they met in bars, stores or on the street. Regular clients were often preferred because an income was more consistent and less time looking for clients gave the women more time to look after their children. Sex occurred in outside in bushes, in cars, and hotels.

The interviews mostly started selling sex between 14 and 16 years old or started in their late teens or early 20s after they had children and needed the money for necessities or things they wanted. Bess had sold sex at age 15 for money, betel nut and cigarettes. A slightly older friend who has regular clients suggested it, and introduced her to a young man in his twenties. They had sex outside her school and she bled heavily and:

> I passed out and a teacher and the principal had to take me to the hospital. They called my parents [Bess, 16 years]

At the hospital they asked her if she was raped so she had to confess to her mother that she had had sex "because I wanted to get some money".

Bess's mother no longer talks to her about it

> "My mother didn't want anyone else to know. We don't talk about it anymore. [Bess, 16 years]

However, clients may swap information about which girls are available as another man has approached her recently and offered her money for sex, but she refused

> I don't really know if… maybe he heard that I'd done it before [Bess, 16 years]

Anne, who is 25 years old had two regular clients – one who worked in a store and the other in a hotel. Her clients phone her and come and pick her up and they have sex in his car. She

only has sex for money and gets paid USD$20 each time. She believed that there is no other way for her to earn money and likes sex work:

> This [sex work] is the only way for me to get money. I like it [Anne, 25 years]

Twenty dollars is also the amount that Diane is given when she sells sex and Ilona is paid $30 to $50. They both had regular clients who also gave them betel nut, cigarettes, marijuana, alcohol and other gifts. Diane's two clients were both office workers and Ilona's were a taxi driver, a businessman, a store owner and a policeman. Diane calls her customers when she needs money, or they will call her. She has two children to support after the father left them -although he lived with them for a while, he left them and is now married to another woman. He does not support his children in any way and she no longer sees him.

Diane also has casual clients, and the payment is the same; $20 and betel nut and cigarettes. She heard through word of mouth about men who will pay for sex and then she approached them. However, she was very discrete as she doesn't want her friends to know that she is selling sex:

> I only go to talk to them when I am alone and no one else will know [Diane, 29 years]

Two of the regular clients that Ilona sees picked her up when she was out walking and the retired client is a neighbour who approached her:

> He asked her for sex and I said no. Then he offered me a cell phone and money and clothes [Ilona, 18 years]

Like most of the others, Chloe is also a single mother who sells sex to provide for her son after the father of her child left them. He moved to the US to continue his education and neither he nor his family offer support. Chloe has two regular sex partners, and she has been seeing them each for two years. These men also call her when they want her and pay her $300 each time, and it is they who decide how much she is paid. Both clients are government workers and she has told no-one that she sees them, including the FSWs who introduced her to these men:

> After [my boyfriend] left I needed money for me and my son… these two men they pay big money for sex, and I went to see them. I waited until no one else would know. It's my secret [Chloe, 22 years]

Chloe was the only interviewee who had disclosed to her mother that she was doing sex work. She found it difficult to come up with reasons to explain why she had money. At first she told her that a relative in Hawaii had sent it for her and her son, but eventually she told her mother the truth

> She [mother] was angry at me, but she still spent my money [Chloe, 22 years]

She recently found out that her mother is also a sex worker and has been doing sex work since her husband died.

Jill has five regular clients who she met when walking around the street by herself. She has sex with clients in the hotel, in the car and sometimes in the bushes when they drink outside. Jill has also made friends with eight other sex workers she met when drinking with clients, and they sometimes swap clients with each other when they are not available

> We sometimes swap clients if we can't go when the client wants us [Jill, 22 years]

Jill and her brother look after their younger siblings and are not formally employed. He sometimes goes fishing and she brings in money from sex work, most of which she spends on food for the household. She hides what she does from her brother and tells him that she has other work elsewhere. Jill is concerned that he may find out what she does and the harm it would cause to their relationship

> he wouldn't accept it; he wouldn't trust me anymore [Jill, 22 years]

Gemma and Fiona also work as sex workers to support their children and to get things they want or need. Gemma has two regular clients who call her when they want her and Fiona sees one man regularly and seeks other clients for money. Gemma and her sister share a client who is as a taxi driver and she sets the price at $40. She started sex work after approaching a storeowner when she needed money

> I didn't have money I went to his store. I asked if he could help me out and he told me that he would give me money if I had sex with him [Gemma, 22 years]

Fiona also met her first client in a store – a businessman – who she followed and asked for money. He asked her what she needed the money for and she told him that she needed a soda:

> He gave me a $1 for the drink and he gave me a number and said to give him a call when I got off work. After work I went home and had a shower and told him to come and pick me up. We went to a hotel. He gave me $50 and we had sex. That was my plan…I wasn't surprised we went for sex – maybe he was [Fiona, 26 years]

This man became a regular client and is the father of Fiona's child but he left and now works in Guam. He does not send them any money so she found another regular client through her best friend who is also a sex worker:

> My friend had a nice new phone I asked her where she got it. She told me that a man gave it to her… I saw the guy and I liked his car, so I asked him for a lift [Fiona, 26 years]

Fiona has a competitive relationship with her friend to get things they want from this client. She introduced herself to the man, told him what she could offer, and got $100 and a cell phone for intercourse and a blowjob

> I said to him "I like your phone". I told him "what my friend can do, I can do - and maybe some things she doesn't do too… I went back and told my friend "I do it better than you, so I got more than you"". She is my best friend. Sometimes we work together - go to find men [Fiona, 26 years]

No one in Fiona's family knows she gets money for sex. She tells them that her friend has given her things but worries that her family might find out what she has been doing because

> They would make me stop and then I would have no way to get money [Fiona, 26 years]

She likes what she does and enjoys competing with her friend:

> I like sex work because I feel popular. When the client pays me more than my friend it makes me think I must be better than her [laughs] [Fiona, 26 years]

Heather also enjoys her work, with some reservations

> Mostly I enjoy it. But every now and then I worry and think that what I'm doing isn't right [Heather, 34 years]

Ilona too says that she likes sex work because

> I can get what I need and it makes me feel good [Ilona, 18 years].

She gets sexual pleasure from some clients as well as money, and says that she prefers one of her clients who is good at oral sex and "does most of the work". This client is also generous with gifts and money and she calls him if she feels like sex:

> If I feel horny I call him. If he's waiting for his money I let him pay later, at the end of the month, because he is a good client [Ilona, 18 years]

7.2.2.2 Sexual violence and abuse

The lives of the women interviewed had been punctuated by sexual violence and abuse, and they reported distressing stories of rape and abuse, often by family members and occasionally, clients. These assaults have all gone unreported, with one exception. In some cases, the women said that after being raped they felt worthless and unmarriageable (i.e. not a virgin) and this led them in to sex work. Diane for example, started selling sex not long after she was raped by a distant uncle

> I was no longer a virgin. I thought I'm useless and no-one will ever want to marry me [Diane, 29 years]

Her sister saw it happen but her uncle had threated them both so they too were scared to tell anyone

> I was at home and I had a towel on when I came out from the shower. Suddenly he was there, and grabbing me [Diane, 29 years]

Recently, one of her clients moved in with Diane, he wasn't working so she continued doing sex work, but she had to sneak out. When she became pregnant, he assumed it was his child, and he beat her up and forced her to jump into the mangroves. She later miscarried. After her brother saw that she had been beaten, he told her to move out and she moved back with her family.

Anne was also raped by an uncle when she was younger. He told her that he would beat her if she told anyone and so she has kept it quiet. She hasn't escaped violence as her Aunt beats her and treats her badly after discovering that she has sex for money. She was the only one in her family to provide an income after the death of her mother and feels she has little choice but to continue.

Jill and her sister were raped by their father and, as a result, he was imprisoned when she was 16 years old. Her mother left the family and without any protection, she was raped again, this time by an uncle who was "just like dad". He gave her $50 and told her not to tell anyone, and that if she did he would kill her. Jill started drinking alcohol and having sex for money after this. Jill and her sister have moved in with another uncle who they feel safe with.

Ilona started working as a sex worker at 14 years old, the same year she was raped by her uncle who is a policeman. He was visiting from another island but each time he returned he wanted to have sex with her. He gave her money and told her not to tell.

> He wanted sex and I said yes because its' no use saying no, because he already raped me and I'm not a virgin anymore [Ilona, 18 years]

She only told her eldest sister about the rape, and did not report it to the police. She is unable to get away from her uncle as he still turns up when he comes to Weno to get his pay check.

> He picks me up in the car. We have sex in the car and he gives me $20. I can't say no to him because otherwise he would beat me up. [Ilona, 18 years]

The sixth interviewee who disclosed stories of abuse, 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 house nearby and the people heard me screaming and helped me when I ran to them. The next day I was all bruised and sore from the rocks. They had been pushing me into the rocks. My shoulder was hurt badly [Heather, 34 years]

After this happened, Heather was told by others that there were pictures of her "going around". One of the men had photographed the assault on his phone and circulated images of her with clothes ripped off. She felt helpless and did not report it as she believed that would only draw more attention to the photographs and exacerbate her shame:

> I didn't go to the police. I was scared of my family finding out. The pictures had already gone around. I couldn't stop anyone seeing them. [Heather, 24 years]

7.2.2.3 Condom use

The interviewees 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 few women did not know where to get condoms, but those who did had got them from the Chuuk Women's Council or less occasionally, from the hospital. Condoms could also be difficult to obtain if they lived too far from the clinic, or because of inconsistent supply at the clinic. One woman did not care about the consequences if her sexual partner did not use condoms, and some did not know how to use them or where to get them from.

Two interviewees had learnt about safe sex from an outreach worker and from attending the SPC 'Stepping Stones' program and another had been counselled by a health worker when she was treated for genital herpes.

Sex work is often closely intertwined with alcohol, which contributes to vulnerability and risky behaviours. Interviewees often met sexual partners in bars when they were drinking and when drunk they were less likely to wear condoms. Heather for example, has a good knowledge of HI prevention and good safe sex intentions, but is often very drunk and is unlikely to remember to use a condom.

> Me and my friends would go out drinking and drink heavily. The first time I did it the guy was buying me drinks and I ended up passed out drunk. We had sex, but I knew that we were going to have sex. He gave me money then. Mostly I used the money

> for alcohol. The guys I had sex with were around the same age as me - young guys - I met them at the bars and out drinking [Heather, 24 years]

Another interviewee reported that she meets clients when out drinking with her friends. She is a heavy drinker and is unsure if the clients wear condoms or not;

> sometimes I'm too drunk and can't remember. I think they [clients] don't use them when I'm that drunk [Jill, 22 years]

However, Jill has no trouble getting condoms and really tries to use them;

> I'm the one who brings them – one night I even went to the hospital in the night to get some [Jill, 22 years]

If the men did not want to wear condoms, Ann did not try to force them because they will not pay her. Ann said that she is happy to use condoms, but this is to prevent unwanted pregnancies and she did not mention STIs. She is the one who carries condoms, so if she is unable to get to the clinic, or if the clinic has no supply, they do not use them.

Fiona and Gemma said they use condoms 'sometimes', if they are available. Both women are usually motivated to get condoms – Fiona gets them from her friend whereas Ann collects them from the CWC, although the clinic sometimes runs out of stock. Her clients will use condoms if she brings them, and some even ask her if she has any. She prefers to pick condoms up from CWC because

> It's closer and there aren't many people there [Ann,25 years]

Other interviewees do not use condoms. Diane lives too far from the main centre of her village and there are no condoms available where she lives. She knows she can get condoms from CWC if she can get into town, but she's not motivated to make the effort as the one time she tried to use a condom she didn't know how

> I had it but I didn't really know how to do it [Diane, 29 years]

And Bess, who sold sex once when she was 15 years didn't use a condom and doesn't know how to use them. She had heard that you could go to the hospital to get condoms, but she has never been there. Ilona's partners -the regular clients and the uncle who raped her- started out using condoms, but they no longer do. Her uncle doesn't bring them and she never asks him. It's not important to her whether he uses condoms or not, and she has no choice over the sex.

Chloe doesn't use condoms with her boyfriend or her clients. Although she has never asked them to use a condom, she is sure they wouldn't want to use them. They rely on the withdrawal method for contraception. Chloe says she would like to use them but feels she has no say:

> Yes, I want to ask them to use condoms, but I know they won't want to [Chloe, 22 years]

7.2.2.4 HIV and STI testing

Of the nine FSW interviewees, two had been tested for HIV and STIs and seven had not. There was little awareness of the need for routine HIV/STI screening, and one of the two who had been tested for HIV did so because she had STI symptoms. Gemma, who had learnt

about safe sex through outreach educators was the only interviewee who had sought routine testing, but only on one occasion. She had tested negative for HIV but positive for chlamydia.

Four of the women had been diagnosed and treated for an STIs: two for chlamydia, one for herpes and the other unknown. Fiona who had been diagnosed with herpes, had been captured for routine STI testing at the antenatal clinic when she was pregnant. The others all demonstrated positive health seeking behaviour by visiting the clinic to have their symptoms investigated. However, it appears they were not offered HIV tests when they attended the clinic. As many of the women had limited knowledge of HIV and HIV prevention, they were unlikely to ask for an HIV test.

Three women had received some HIV/STI education. One woman said she was interested in learning more about safe sex – Bess – but she does not know where to go to find out about it.

7.2.2.5 Stigma

Sex work is highly stigmatised in FSM, and women engaging in it were not only marginalised but also vulnerable to physical assault. The interviewees in this study were primarily assaulted and abused by their families but also by boyfriends and clients. All of the women tried to hide that they are a sex worker from their family, and if they told anyone, it was close friends, sisters, or other sex workers.

The women are particularly vulnerable to attack because they feel that they cannot turn to authorities for help. One of the women had been raped by an uncle, a policeman, when she was 14 and he continues to return to see her for sex. She is very scared of him. Another interviewee regularly saw a policeman as a client. Heather who had been assaulted by a group of men and had been photographed having her clothes torn off when she refused sex, had not gone to the authorities as she feared that her history of sex work would be revealed to her family.

Many of the women had been sexually abused as children. Some of the women reported feeling helpless and worthless after being raped and felt they had nothing to lose by taking up sex work. In all cases bar one, the perpetrators were not punished or held to account for the assaults, and threatened the young women with murder or violence if they disclosed. In some cases, the abuse is ongoing. Instead of being helped and supported, the women continued to be marginalised and vulnerable to further attack.

The interviewees could find no support in family and this compounded their isolation. Although the women all lived with their families, they did their best to keep their work a secret from them for fear of judgement and violence. If their families did find out they were selling sex, they were beaten. Ann and Gemma, whose families are aware they sell sex, are both regularly beaten by their aunts and treated badly. Violence is a feature of Gemma's life. Her family regularly beat her up because she sells sex. Her aunt insists that she must stop but she doesn't want to because that is the only way to earn money to support her children:

> [Sex work is] good because I can buy what I need. Sometimes I'm tired but I still need to do it. I still need to go to them when they call me [Gemma, 19 years]

Some of the women had children to local men, including clients, who had abandoned them. Without child support from their children's fathers, they were reliant on income from sex work.

Interviewees were also concerned about relationships with their families breaking down if they discovered they were selling sex, and they would be kicked out of the home

> they might kick me out and I'd have nowhere to stay [Ilona, 18 years]

Jill worried that her family would find out what she does. She shares the care of the younger children in the family with her brother and discovery of her actions would cause damage to their relationship

> he wouldn't accept it; he wouldn't trust me anymore [Jill, 22 years]

A few interviewees gained support from their friends, including other sex workers and one woman had joined an informal group of other sex workers. One interviewee reported that no one has ever been violent to her or caused her trouble as a result of sex work. However, this woman had also been abandoned by the father of her children and her motivation to sell sex partly centred on her need to provide for her child.

7.3 Capacity assessment of HIV organisations and service

7.3.1 Organisational mapping

Organization capacity assessments and service provider interviews were undertaken in the states of Pohnpei and Chuuk. Therefore, only the National Government HIV program and organizations within these two states are discussed here.

National Government HIV program

The FSM National HIV program is responsible for the coordination of HIV prevention, treatment and management activities, policies, surveillance, and securing and providing funding and technical support for national and state programs. The HIV programs within the Departments of Health Services of the states have primary responsibility for the planning and delivery of services for their own populations. The national and local governments currently do not provide any targeted programs for men who have sex with men (MSM), transgender (TG) or female sex workers (FSW).

FSM's HIV prevention efforts are guided by the National HIV & STI Strategy (2013-2017). The National HIV Program is funded by the US Federal Funds through CDC and the Health Resources and Service Administration (HRSA) department to support HIV prevention, surveillance, and comprehensive care for STIs, and to support those infected with HIV. The Global Fund also historically has provided additional programs and capacity building in governance, program management and coordination, and prevention and access to HIV treatment and care. There is also a single but substantial grant allocation from UNFPA to fund sexual and reproductive health activities for the general population.

HIV and STI data is collected at the state level and sent to the national surveillance officer at the National HIV program who collates and disseminates the data. The data collected tends to be driven by donor reporting requirements. Given the multiple donors with differing reporting requirements and limitations in the information system this task can be demanding and complex. There is no data routinely collected on vulnerable populations, reportedly due to guidance needed on how to do so, given the hard to reach character of the populations.

Pohnpei State

Pohnpei State has a local HIV program housed within the state Public Health services. The program conducts outreach, talks and workshops, condom distribution, pre-test counselling, arranges outreach testing and refers clients for testing to the Pohnpei Public Health service. There is a youth peer program, and also a school based youth program. In Pohnpei State the lack of a data clerk to input and compile reports hinders the ability to use and share data that is collected. It was reported that an attempt was made in 2013 to collect MARP data, however it was not possible as they were unable to reach vulnerable populations.

Youth for Change (Y4C) was established in 2008 and registered as an NGO with Pohnpei State Government in 2012. The core work of Y4C is the delivery of programs on HIV and STI prevention, reproductive health and substance and alcohol abuse to 12 - 34 year olds in the state of Pohnpei. The organisation has wide reach to all 5 of the municipalities within the state and reported reaching over 200 young people in 2015. Y4C does not target men who have sex with men (MSM), Transgender (TG) or Female Sex Workers (FSW) with their

programs and were not aware of reaching any people within these populations through recent activities. Reasons for not reaching these populations were cited as the lack of mandate and funding to do so. However, they believed that peer education for MSM/TG and FSW in FSM is required. It was reported that misconceptions and stigmatising attitudes in the community generally pose a challenge to HIV prevention activities though some recent positive shifts in attitudes have been witnessed.

Y4C collaborates with state and national partners including the State HIV Program, Micronesian Red Cross, Pohnpei Youth Council, Department of Education, National Department of Public Health, and the College of Micronesia to provide peer education.

Chuuk State

Chuuk State has a state HIV program housed within the state Public Health Service. The program includes a youth peer education program with high school students on Weno (capital of Chuuk), a Personal Responsibility Education Program which targets 10 -12 year olds in elementary school, HIV, STI and TB testing including pre and post-test counselling, contact tracing, referrals of rape cases and condom distribution.

The Chuuk Women's Council (CWC) which was established in 1984 is an umbrella non-government organisation of 64 women's chapters across the Chuuk state. Their core work focuses on health education including HIV and STI prevention, gender equality, sexual and reproductive health rights, environmental advocacy, and economic empowerment. CWC is the only NGO providing HIV and STI prevention services in Chuuk. A board comprised of health personnel and community members provides oversight of the organisation. The chair of which is the Chief of Public Health in the Chuuk Government.

The organisation works in partnership with the local and national government, UNFPA, UNWOMEN, ABD, WHO, University of Guam, United Women of Marshall Islands and donors. CWC is currently an NGO HIV representative to the government and member of the Pacific Islands Jurisdictions AIDS Action Group (PIJAAG).

7.3.2 HIV and STI prevention activities in FSM

7.3.2.1 HIV and STI testing, counselling and treatment

HIV testing and treatment takes place at the centrally located state hospital. However, geography and transport challenges were cited as being barriers to people in rural and outer islands accessing the hospital. All biological samples are analysed at the state hospital laboratories. Both, CWC and Y4C refer general clients to local clinical services for HIV and STI testing and treatment when required. In addition, approximately 3- 4 years ago Pohnpei State HIV program tested 17 FSW through mobile testing at local bars. This was seen as successful and well received however the activity ceased due to lack of funding, and the need for staff to conduct the activities after hours (i.e. in their own time).

7.3.2.2 Condom distribution

Condoms are provided to each state Public Health Service by the National Family Planning Program. State Public Health Services are responsible for the local distribution of condoms. Both CWC and Y4C reported distributing approximately 100 condoms each in 2015 to

women and youth during peer education and HIV and STI workshops. This relatively small number of condoms distributed was attributed to stock outs and receiving expired condoms. It was reported that lubricants are not available.

7.3.2.3 Peer education

Y4C delivers a successful youth peer education program in Pohnpei, with 60 peer educators who receive refresher training by the CWC advisors and the state HIV program bi-annually. The peer education program does not specifically target MSM/TG or FSW and program staff are not aware of any members of this population being reached by current activities. All peer educators are volunteers and receive a small stipend. Peer educators are involved in the organisations decision making processes including electing the governing body.

CWC deliver a peer education for youth and sexual health education for women, the activities were designed in consultation with the HIV program in the Chuuk State Public Health Service. The CWC peer education predominantly focuses on youth however they reported that one female peer educator is an ex-sex worker who maintains her connections to the FSW population. CWC previously ran a successful female sex worker (FSW) peer education and condom outreach program, which ceased when the (Response Fund) funding ended. However, the organisation has maintained contact with some of the female sex workers who are invited to attend CWC HIV education activities. CWC would like to revitalize the FSW peer education program.

7.3.2.4 Strategic health communication

Y4C provides HIV and STI outreach prevention activities for youth and reported distributing 520 print materials to youth in 2015. It was reported that reaching communities is hindered by transportation limitations, and the dispersed nature of the population, even around the main island.

CWC carries out HIV/STI awareness workshops and condom distribution within their community centre. CWC has also translated a range of HIV and STI information leaflets into Chuukese which are distributed at the community centre and through workshops. The organisation does not currently target men who have sex with men (MSM) or transgender (TG) through their programs. However, they reported last year reaching approximately 25 MSM and 20 Transgender through general activities. In addition, CWC reported reaching approximately 50 FSW last year through the dissemination of HIV and STI information and outreach activities, referrals for HIV and STI testing and provision of condoms. The need to engage newer and younger FSW in their activities was raised.

The State HIV programs also conduct outreach activities on World AIDS Day and during school and church events, including events on outer islands.

7.3.2.5 Advocacy and legislation

CWC advocates for women's rights with a focus on CEDAW including educating community members on the convention. CWC has also conducted advocacy and consultations with community leaders and other stakeholders to discuss the importance of providing services to vulnerable populations. One example of the organisations involvement in advocacy is in supporting the recent Age of Consent Law, which criminalised sex with females aged 13 – 18 years of age.

In 2010 the Chuuk State program along with Adolescent Health Department and another (now defunct) NGO held some focus group meetings with MSM and TG. Furthermore, in 2010 CWC conducted a sex worker survey entitled "Special Girls" which reportedly helped repudiate some commonly held myths about sex work in Chuuk.

7.3.2.6 Other support services

CWC has a community drop-in centre which is reported to be popular and well used, including by populations considered vulnerable. Information on HIV and STI is made available in Chuukese, workshops and education sessions are regularly held at the centre, condoms are made available (when they are in supply), and there is a peer educator room. CWC has private rooms available for meetings and encourages use by members of vulnerable groups.

7.3.3 Cross-cutting organisational strengths

- FSM has good communications mechanisms through regional networks such as the Pacific Islands Jurisdiction AIDS Action Group (PIJAAC) and strong partnerships at the national and state levels.
- Previous activities with FSW in both Pphnpei and Chuuk demonstrate that there is a willingness to undertake HIV and STI education activities and testing by FSW.
- There is some knowledge of FSW risk and protective behaviours as a result of the FSW survey carried out in 2010.
- CWC and Y4C Organisations have well established and effective governance structures and a wide reach within their respective states.

7.3.4 Cross-cutting organisational capacity-building needs

- There is currently no funding available to develop and deliver targeted programs to MSM/TG and FSW.
- Little is known about MSM and TG populations who are extremely hidden and hard to reach.
- Reporting from State to National level is often delayed due to lack of capacity at State level, especially where programs lack a dedicated staff member to manage, collate and report data.
- Program implementers require capacity building in ways to engage with members of key populations.

- Program implementers require support in ways to collect data with key populations.
- Strengthening of supply chain of condoms and lubrication is required.
- There is a need to improve understanding of the role and importance of lubrication in HIV prevention and access to lubricant for distribution to vulnerable populations amongst program implementers and decision makers.
- It was reported that trainers of peer educators and program implementers would benefit from capacity building in peer education training (with respect to the inclusion of vulnerable populations), broadening their HIV knowledge through attending summits and forums and sharing of experiences with other countries and peer organizations.
- Technical support is required in reporting, financial tracking and data analysis (previously provided by SPC) to support the timely delivery and evaluation of programs and reports.
- Synthesis and simplification of different donor reporting requirements would enable FSM to more effectively comply with reporting obligations.

FSM has affiliations with the US and Japan and as such is benefiting from their volunteer programs. The country is also well connected to the Guam Public Health Department and the University of Micronesia who may be able to provide technical support and collaborate on initiatives.

7.3.5 Further steps to assist key populations

- Given adequate program funding, the Chuuk Women's Council (CWC) is well positioned and to deliver programs of targeted HIV/STI prevention and support services to FSW and likely also to MSM/TG in Chuuk. CWC based FSW peer programs have been successful in engaging FSW in the past, and FSW readily participated in this survey.
- While alcohol and substance abuse, poverty and gender violence are important issues for FSW, primacy should be given to basic prevention: condom outreach, peer education, and safe and confidential access to HIV and STI testing and counselling. HIV prevention initiatives for FSWs should focus on ensuring access to and delivery of prevention resources, rather than 'diversion' from sex work.
- MSM and TG in Chuuk need condoms and lube, HIV and STI information, counselling and social support services, and would be best served by the provision of a safe place to meet for workshops, information and resource
- Specific issues facing MSM and TG in Weno (that impact on vulnerability to HIV) are likely to include mental health, substance abuse, violence and stigma, and social and geographical isolation, as well as STI and HIV knowledge. There are many very young MSM and TG in Weno and there is a need for social and other support services to be available in schools.
- MSM and TG in Weno proved to be keen to engage with the survey and workshops and a program targeting this group is viable. An important consideration will be how to reach and include MSM and TG who live on islands other than Weno.

- There is currently sufficient information known about where FSW operate, and how to begin to access FSW, to begin outreach education, information and testing services and condom delivery to FSW in Pohnpei. More information would be required to further develop an FSW specific program in Pohnpei. Conducting a behavioural survey would not only provide some of that information, but would also extend contact and engagement with FSW in Pohnpei.
- Nothing is known about MSM and TG in Pohnpei, except that they are highly stigmatised. Before an appropriate program could be developed it would be preferable to attempt to engage MSM and TG by inclusion in information workshops and/or in a data collection project. Initial engagement can be expected to be a slow process. Discretion and the attitudes of the local data collectors are crucial at this sensitive first stage, and staff will need training on working with vulnerable populations.
- Planning and funding of a program for MSM and TG in Pohnpei will have to take account of the spread of village communities around the island and the distances that outreach services would need to cover. Any program will need access to reliable transport and adequate fuel.
- Lubricant is rarely available in FSM and all HIV and STI prevention services need to be aware of the need to ensure that MSM and TG have access to lubricant as well as condoms.

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ANNEX1: UNAIDS GARP data needs

DATA – FSM

Indicator relevance: Topic relevant, indicator relevant, data available

Data measurement Tool:

Please specify data measurement tool:

Data collection period:

Additional information related to entered data. e.g. reference to primary data source (please send data to My Documents if possible), methodological concerns:

Sample Size: n/a

Number of Survey Respondents: 42

Sex Workers

	All	Males	Females	<25	25+
Percentage (%) Percentage of sex workers who answered "Yes" to both questions	**7.1 %**		**7.1 %**	**4.3 %**	**10.5 %**
Numerator Number of sex workers who answered "Yes" to both questions	**3**		**3**	**1**	**2**
Denominator Total number of sex workers surveyed	**42**		**42**	**23**	**19**
Percentage (%) Percentage of sex workers who answered "Yes" to question 1, "Do you know where you can go if you wish to receive an HIV test?"	**88.1 %**		**88.1 %**	**82.6 %**	**94.7 %**
Numerator Number of sex workers who replied "yes" to question 1	**37**		**37**	**19**	**18**
Denominator Total number of sex workers surveyed	**42**		**42**	**23**	**19**
Percentage (%) Percentage of sex workers who answered "Yes" to question 2 "In the last 12 months, have you been given condoms?	**7.1 %**		**7.1 %**	**4.3 %**	**10.5 %**
Numerator Number of sex workers who answered "Yes" to question 2	**3**		**3**	**1**	**2**
Denominator Total number of sex workers surveyed	**42**		**42**	**23**	**19**

1.8 PERCENTAGE OF FEMALE AND MALE SEX WORKERS REPORTING THE USE OF A CONDOM WITH THEIR MOST RECENT CLIENT

	All	Males	Females	<25	25+
Percentage (%) Percentage of female and male sex workers reporting the use of a condom with their most recent client	**9.5 %**		**9.5 %**	**4.3 %**	**15.8 %**
Numerator Number of female and male sex workers reporting the use of a condom with their most recent client	**4**		**4**	**1**	**3**
Denominator Number of sex workers who reported having commercial sex in the last 12 months	**42**		**42**	**23**	**19**

1.9 Percentage of sex workers who received an HIV test in the last 12 months and who know their results

	All	Males	Females	<25	25+
Percentage (%) Percentage of sex workers who received an HIV test in the last 12 months and who know their results	**19.0 %**		**19.0 %**	**26.1 %**	**10.5 %**
Numerator Number of sex workers who have been tested for HIV during the last 12 months and who know their results	**8**		**8**	**6**	**2**
Denominator Number of sex workers who responded to the questions	**42**		**42**	**23**	**19**

1.11 PERCENTAGE OF MSM REACHED WITH PREVENTION PROGRAMS

	All	<25	25+
Percentage (%) Percentage of MSM who answered "Yes" to both questions	**0 %**		
Numerator Number of MSM who answered "Yes" to both questions	**0**		
Denominator Total number of MSM surveyed	**4**		
Percentage (%) Percentage of MSM who answered "Yes" to question 1, "Do you know where you can go if you wish to receive an HIV test?"	**75.0 %**		
Numerator Number of MSM who replied "yes" to question 1	**3**		
Denominator Total number of MSM surveyed	**4**		
Percentage (%) Percentage of MSM who answered "Yes" to question 2 "In the last 12 months, have you been given condoms? "	**0 %**		
Numerator Number of MSM who answered "Yes" to question 2	**0**		
Denominator Total number of MSM surveyed	**4**		

1.12 PERCENTAGE OF MSM REPORTING THE USE OF A CONDOM THE LAST TIME THEY HAD ANAL SEX WITH A MALE PARTNER

	All	<25	25+
Percentage (%) Percentage of men reporting the use of a condom the last time they had anal sex with a male partner	**0 %**		
Numerator Number of men reporting the use of a condom the last time they had anal sex with a male partner	**0**		
Denominator Number of respondents who reported having had anal sex with a male partner in the last six months	**4**		

7.4 ?.?? PERCENTAGE OF MSM WHO RECEIVED AN HIV TEST IN THE LAST 12 MONTHS AND WHO KNOW THEIR RESULTS

	All	<25	25+
Percentage (%) Percentage of MSM who received an HIV test in the last 12 months and who know their results	**0 %**		
Numerator Number of MSM who have been tested for HIV during the last 12 months and who know their results	**0**		
Denominator Number of MSM who responded to the questions	**4**		

1.13 PERCENTAGE OF TRANSGENDER REACHED WITH PREVENTION PROGRAMS

	All	<25	25+
Percentage (%) Percentage of TG who answered "Yes" to both questions	**36.4 %**	**50.0 %**	**20.0 %**
Numerator Number of TG who answered "Yes" to both questions	**4**	**3**	**1**
Denominator Total number of TG surveyed	**11**	**6**	**5**
Percentage (%) Percentage of TG who answered "Yes" to question 1, "Do you know where you can go if you wish to receive an HIV test?"	**90.9 %**	**100.0 %**	**80.0 %**
Numerator Number of TG who replied "yes" to question 1	**10**	**6**	**4**
Denominator Total number of TG surveyed	**11**	**6**	**5**
Percentage (%) Percentage of TG who answered "Yes" to question 2 "In the last 12 months, have you been given condoms? "	**36.4 %**	**50.0 %**	**20.0 %**
Numerator Number of TG who answered "Yes" to question 2	**4**	**3**	**1**
Denominator Total number of TG surveyed	**11**	**6**	**5**

1.14 PERCENTAGE OF TRANSGENDER REPORTING THE USE OF A CONDOM THE LAST TIME THEY HAD SEX

	All	<25	25+
Percentage (%) Percentage of TG reporting the use of a condom the last time they had sex	**36.4 %**	**16.7 %**	**60.0 %**
Numerator Number of TG reporting the use of a condom the last time they had sex	**4**	**1**	**3**
Denominator Number of respondents who reported having had sex in the last 12 months	**11**	**6**	5

7.5 1.15 PERCENTAGE OF TRANSGENDER WHO RECEIVED AN HIV TEST IN THE LAST 12 MONTHS AND WHO KNOW THEIR RESULTS

	All	<25	25+
Percentage (%) Percentage of TG who received an HIV test in the last 12 months and who know their results	**9.1 %**	**0 %**	**20.0 %**
Numerator Number of TG who have been tested for HIV during the last 12 months and who know their results	**1**	**0**	**1**
Denominator Number of TG who responded to the questions	**11**	**6**	**5**

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