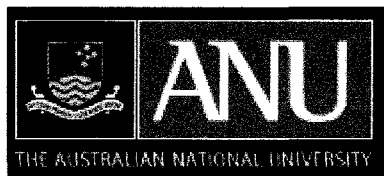


Bridging The Gap:

The Changing Reproductive And Sexual Expectations Of Fijian Men

Miliakere Mate Kaitani

A thesis submitted for the degree of Doctor of Philosophy of the
Australian National University



The Australian National University

October 2003

CHAPTER 9

RISK BEHAVIOURS

9.1 INTRODUCTION

The growing concern about sexual issues such as STI including HIV/AIDS, and teenage pregnancy has increased the importance of understanding reproductive health behaviour and identifying the factors that influence risk behaviours. Reported HIV/AIDS cases have more than doubled in Fiji in the last decade and reported incidence of STI continues to increase among the Fijian male population. This is shown on Table 2.4 and 2.4 in Chapter 2.

It is very important to understand why some individuals do not protect themselves against infections and to also understand why some men engage in risk-taking sexual behaviour. In an effort to provide an understanding on the risks involved in contacting STI including HIV/AIDS and in practicing unsafe sex in Fiji, this chapter examines the factors that influence risk-taking behaviours. Risk behaviours discussed in this chapter include casual sex, having multiple partners, having coitus with prostitutes, and sexual assaults including incest and child molesting, rape, and the 'convoy'.

9.2 CASUAL SEX

Casual sex is a common practice in Fiji today. The younger age at maturity, the decreasing age of first sexual intercourse, and the increase in age at first marriage contributes to increase in incidence of casual sex. As discussed on Chapter Five, casual sex was not encouraged in the Fijian community before European contact. It was only acceptable for chiefs to engage in such sexual endeavours and it was prestigious to bear a child for the chief even if out of wedlock. Today this perception extends to economic wealth and not only chiefly status.

Although there is a general assumption that first sexual intercourse occurs after marriage, my survey last year showed that about 60 per cent of the young men have premarital coitus experience. Involving in casual sex is secretive because once known that a man is having an affair with a young woman, the woman's relative, especially the males, can force him into marrying the woman. This is due to the shame the woman's family can have, for the woman would be seen as a loose girl and assumed to be available for any men. The institution that

tries to force a man into marrying a young woman, is less practical today, allowing Fijian men to have premarital sex with little chance of being forced by their partner's relative into marrying her.

Fijians in urban areas are no longer in the closed village communities they once lived in. What a girl does in another suburban area has a low possibility of filtering to her immediate family. As a result adolescents and young adults engage in premarital sex without the knowledge of their parents and their immediate relatives. Parents are ignorant of their children's sexual relationships and assume that because of the cultural and religious taboos, their children can never fail them, and will never have premarital sex. Parents and household heads also play a double standard; they would never allow their children to have premarital sex or to bring their dates home, but would allow their relatives to bring casual date to their homes and sleep for the night or spend the weekends with them.

Having a steady girlfriend is not very common amongst Fijian adolescents. Casual sex is very common. The most common meeting place to get a partner for casual sex, or one nightstand off, is at nightclubs. To some men the sole purpose for going into nightclubs is to try and get girls for one-night affairs.

"I go to the night club for the three F (FFF)" (22yr old)

The three 'Fs' is a common slogan in Fiji and I was told that it stands for 'fix, fuck, and forget'. During a FGD I asked the group who are in their 11th grade- or Form 5 and whose age ranged between 16 and 18, if they knew the meaning of the three Fs. They stated that they did and that some refer to it as 'F cube' or 'F³'. They see the behaviour as a normative behaviour and thought that it is an accepted behaviour and that is one of the main reason for going to nightclubs is to have casual sex and friend one night affair partners.

Incidence of casual sex is common amongst STI patients. Interviews with some patients who attended the Suva clinic showed that most of those infected were infected through casual, unprotected sex. Some of the informants did not even know the names of their partners. Those who knew their partners stated that their affairs were mostly one night's affair and they were not regular partners. My survey showed 72 per cent of the young men who have

had coitus do not have a partner. This could reflect the high percentage of casual sex taking place amongst indigenous Fijians.

In analysing the survey data having casual sex is defined as having sex with someone you do not know, and having sex with a friend who is not your girlfriend. In the analysis the behaviour is classified as current behaviour, this is because it took place in the last six months prior to the interview. The analysis is a subset of the total data. It only includes young men who are sexually active. This is because these young men are at risk of being involved in risk behaviour in the six months before the interview.

Table 9.1: Cross-tabulation analysis of percentage distribution of those currently engage in casual sex by selected socio- demographic status of respondents

Dependent Variables	Independent Variables				Results and significant
	<i>Age at interview</i>				
				<i>Percent(total)</i>	
Engage in casual sex	15-19	20-24			X ² :10.927 ; d.o.f: 1; P<0.01
Yes	64.0	36.0		41.5 (214)	
No	49.3	50.7		58.5 (302)	
Percent	55.4	44.5		100 (516)	
	<i>Education status at interview</i>				
				<i>Percent(total)</i>	
Engage in casual sex	<i>Jnr sec. or less</i>	<i>High school & above</i>			X ² : 6.268; d.o.f: 1; p<0.01
Yes	27.1	72.9		41.5 (214)	
No	17.9	82.1		58.5 (302)	
Percent	21.7	78.3		100 (516)	
	<i>Age at first sex</i>				
				<i>Percent(total)</i>	
Engage in Casual sex	<15	15-16	17-18	19 yrs+	X ² : 35.111; d.o.f: 3; p<0.01
Yes	29.9	49.1	16.8	4.2	
No	24.8	31.1	26.8	17.2	
Percentage	26.9	38.6	22.7	11.8	
	<i>Area of childhood upbringing</i>				
				<i>Percent(total)</i>	
Engage in Casual sex	<i>Urban</i>	<i>Rural</i>			X ² : 4.197; d.o.f: 1; p<0.025
Yes	51.9	48.1		41.5 (214)	
No	60.9	39.1		58.5 (302)	
Percentage	57.2	42.8		100 (516)	

Source: Computed from 2001 RSHKB Survey of Men in Fiji.

Table 9.2: Logistic Regression Coefficient Parameter estimates of selected explanatory variables on currently engaged in casual sex

	MODEL I				MODEL II				
	<i>B</i>	<i>S.E</i>	<i>Sig.</i>	<i>Exp(B)</i>	<i>B</i>	<i>S.E</i>	<i>Sig.</i>	<i>Exp(B)</i>	<i>N</i>
Age					-.188	.163	.248	.829	516
Years of Education			.220				.059		
1-8yrs				1.000				1.000	13
9-10yrs	1.244	.892	.163	3.470	4.315	1.653	.009	74.793	104
11-12yrs	.233	.393	.554	1.262	-.514	1.026	.617	.598	244
13-15yrs	.445	.265	.093	1.560	-.724	.661	.262	.476	316
> 15 yrs	.066	.258	.799	1.068	-.592	.533	.267	.553	145
Are you currently a student									
Yes				1.000				1.000	435
No	-.344	.089	.000	.709	1.070	.591	.070	2.916	81
Years lived in Suva			.157				.011		
Life time				1.000				1.000	112
<3 yrs	-.083	.297	.780	.920	1.713	.605	.005	5.545	187
3-5yrs	-.156	.258	.545	.855	.243	.558	.663	1.275	111
6-10yrs	.443	.293	.130	1.557	.904	.624	.148	2.468	166
10+ yrs	.372	.250	.138	1.450	-.394	.500	.430	.674	246
Mothers occupation			.011				.044		
Professional				1.000				1.000	133
Service	-.131	.275	.635	.877	-.587	.534	.272	.556	160
Others	.054	.252	.830	1.056	-.195	.433	.652	.823	137
Unemployed/decease	-.883	.274	.001	.414	-1.368	.491	.005	.255	392
Age at first coitus			.000				.049		
<15 yrs				1.000				1.000	139
15-16years	1.595	.399	.000	4.928	1.975	1.089	.070	7.205	199
17-18 years	1.864	.388	.000	6.451	2.284	.9150	.013	9.818	117
19 years and over	.943	.413	.022	2.567	1.406	.802	.080	4.080	61
Received useful info. from counsel./rel. leaders									
No				1.000				1.000	264
Yes	.144	.179	.420	1.155	.672	.391	.085	1.959	252
Received useful info. from the media									
No				1.000				1.000	117
Yes	.832	.214	.000	2.297	1.040	.478	.029	2.830	399
It's a man's right to have sex with his wife/partner			.002				.016		
Strongly agree				1.000				1.000	175
Agree	-.679	.384	.077	.507	-1.388	.692	.046	.250	95
Neither	.653	.340	.055	1.922	1.104	.679	.104	3.016	101
Disagree	.707	.248	.004	2.028	.654	.561	.250	1.906	68
Strongly disagree	-.149	.287	.602	.661	-.684	.498	.170	.505	77

Conti.

Men should make their own decision on choosing a partner										
.000										
.005										
Strongly agree					1.000				1.000	218
Agree	1.648	.475	.001	5.197	2.393	.726	.001	10.946		171
Neither	.681	.483	.159	1.976	2.508	.814	.002	12.285		67
Disagree	.844	.521	.105	2.325	1.407	.889	.113	4.085		29
Strongly disagree	.462	.616	.453	1.587	2.890	1.064	.007	17.991		31
A girl should be a virgin till marriage										
.168										
.009										
Agree					1.000				1.000	279
Disagree	-.052	.209	.062	.949	1.705	.566	.003	5.502		97
Neither	-.479	.275	.804	.619	1.038	.647	.109	2.822		140
Premarital sex is okay if with a prostitute										
.209										
.000										
Agree					1.000				1.000	101
Disagree	-.259	.310	.403	.772	-1.363	.640	.033	.256		343
Neither	-.444	.260	.088	.641	-2.541	.617	.000	.076		72
Premarital sex is okay if both partners agree but don't have love.										
.001										
.002										
Agree					1.000				1.000	160
Disagree	-.919	.257	.000	.399	-1.924	.545	.000	.146		249
Neither	-.643	.234	.006	.526	-1.521	.554	.006	.219		107
Premarital sex is okay if based on love										
.007										
.005										
Agree					1.000				1.000	220
Disagree	.668	.228	.003	1.950	1.568	.497	.009	4.796		163
Neither agree nor disagree	.216	.245	.377	1.242	1.501	.573	.009	4.486		133
CONSTANT					-9.995	22.82	.662	.000		

Source: Computed from 2001 RSHKB Survey of Men in Fiji.

Note:: The adjusted odds ratio for the reference category is 1.

Bi-variate analysis on Table 9.1 showed that younger men (64 per cent) aged 15-19 are more likely to be engaged in casual sex as compared to their older counterparts (36 per cent) aged 20-24. This could be because men at older ages have a more steady relationship with their girlfriends therefore are less likely to be having coitus with women who are not their girlfriend.

Education status has a significant influence on engaging in casual sex. About 73 per cent of the young men who stated that they had engaged in casual sex in the six months before the interview had high school or tertiary education. This result could have been influence by the proportional distribution of the education status of the respondents.

Logistic regression is used to analyse and identify the factors that influence young men to engage in casual sex. Analysis. Table 9.2 shows a selection of variable that have been regressed against the dependent variable. The variables not shown in Table 9.2 have no significant influence on engaging in casual sex. Logistic regression is used because the dependent variable is a dichotomous variable. Using the significance level of $p \leq 0.05$ the analysis shows that the number of years a young man has spent in Suva has a significant influence of his practising casual sex. Young men who have lived in Suva for less than 3 years are about five times more likely to currently engage in casual sex compared to those who were brought up in Suva. This could be a result of these young men getting exposed to the new culture and wrongly interpret that it is a norm.

It is common practice among young Fijian men to talk about their sexual adventures and discuss it with the village boys when they visit their villages. Young men normally talk about how easy it is to get 'beautiful' girls in the city. Young men moving into Suva would think that such behaviour is acceptable in Suva and so practice what they have learnt from the relative who are also their peer.

Other socio-demographic factors that significantly influence engaging in casual sex include mother's occupation, and age at first coitus. Young men whose mothers have professional occupation are more likely to be involved in casual sex than those who are unemployed and those in all other categories of occupation. Young men whose mothers are unemployed or have passed away have about 75 per cent less chance of having casual sex as compared to those whose mothers are in professional occupation. Unemployed mothers spend more time with their children and supervise their children while professionally employed women spent less time at home but more at work and there is less supervision for their children. This is one reason, why, as stated by a young man during informal discussion, children of professional mothers engage in risk taking behaviour.

The age at first coitus influences young men to engaging in casual sex. Young men who stated that they had first coitus before the age of 15 are less likely to be engaging in casual sex as compared to those who had first coitus at older age. It must be noted that these young men are within the expected age at first and some have had coital experience of between 1-2

years. This could be a reason why those who had first coitus at age 17-18 years are seven times more likely to be engaged in casual sex than those that had coitus before the age of 15.

Variables assessing young men's knowledge of risk behaviour and their knowledge of safe sex have no significant influence on their engaging in casual sex. However the source of useful information has a significant influence on the practice of casual sex. Young men who stated that they received useful information from the media are about three times more likely to engage in casual sex than those who stated that they did not receive useful information from the media. This indicated that information young men assume are useful reproductive and sexual health behaviour information obtained from the media encourages young men to engage in risk taking behaviour.

The attitude variables that have a significant influence on young men's sexual behaviour and influence engaging in casual sex are shown in Table 9.2. Attitudes are measured with statement questions. Some statements on premarital sex influence behaviour while others do not. Young men who agree that premarital sex should be based on love are about four times less likely to be engaged in casual sex compared to those who disagree and to those who neither agree nor disagree. Those who agree that premarital sex is okay if both partners agree but do not love each other have about 80 per cent more chance in engaging in casual sex compared to those who disagree. Young men who agree that premarital sex with prostitutes is okay are more likely to engage in casual sex.

As discussed in Chapter Five casual sex has been practiced in Fiji for more than a century (Thompson 1908). Today with the changing social environment young people have more social events together encouraging the development of intimate relationships. Social gathering for the family, the church, sports, schools, and evening outings to watch movies, and go dancing encourage young men to engage in casual sex when the opportunity is there. The factors discussed above are some of the factors that influence young men to engage in casual sex. To decrease the risk these influences should be addressed.

9.3 MULTIPLE PARTNERS

In the era of HIV/AIDS having multiple partners is a sexually risk behaviour because HIV can be spread through sexual intercourse. In Fiji blood testing is not common and although incidence of STI infection is rapidly increasing, known cases of HIV infection is not well established and monitoring and addressing the needs of infected individuals is not established.

Below is a case that could justify why having multiple partners in Fiji is risk behaviour.

'In February 2001 a young women in her mid 20s was diagnosed to be HIV positive. She was asked to identify her partner. Her partner was a soldier. The two are from the same village and when the man was contacted it was realised that he was very sick in hospital. It was not known than that he was HIV positive. His test result arrives a few days before he died and on his death bed, he informed the medical team that in the last six months he had prior to his death to had had seven different female sexual partners. The medical team tried to identify the six women and traced the young man's movement six months before his death. Non of the six women one was able to be identified.'

The above case indicates that there are people at large in the community who could be HIV positive but have never been tested and the practice of having multiple partners can increase the risk. Below is a summary of an interview with a STI patient at the Suva STI Clinic.

Mosese a Fiji Institute of Technology student related how his group have sexual adventures during the weekends. This is a group of young men aged between 19-26 years, leaving in a suburb at the outskirts of Suva. The group is made up of about 15 young men. Every evening they would meet outside the community shop and discuss their sexual adventures the week before. They compete for leadership in the group. The individual who have sex with the most number of women would lead the group for the week. An n empty house in the suburb was used for accommodating their sexual partners for the night. He related that on some occasions they would 'convoy' (gang sex) the woman if her male partner agrees. The group's motto is to have a change of partner every time and that was seen by Mosese to be an achievement.

The above example shows that young Fijian men engage in having multiple sexual partners and some see this as proving to others that they are macho man. When young Fijian men gather and talk the most common topic of discussion is their sexual adventures and women. Peers do encourage young men to engage in sexual adventure but the extent of the influence will be assessed in the bi-variate and logistic regression analysis discussed below.

Table 9.3: Cross-tabulation analysis of percentage distribution of those currently engage in having multiple sexual partners by selected socio- demographic status

Dependent Variables	Independent Variables				Results and significant
	<i>Age at interview</i>				
	<i>15-19</i>	<i>20-24</i>	<i>Percent(total)</i>		
Engage in multiple partners					
Yes	52.8	47.1	50.2(259)		X ² :1.348. ; d.o.f: 1; Not significant
No	58.0	42.0	49.8(257)		
Percent	55.4	44.6	100 (516)		
.....					
	<i>Education status at interview</i>				
	<i>Jnr sec. or less</i>	<i>High school & above</i>		<i>Percent(total)</i>	
Engage in casual sex					
Yes	50.9	50		50.2(259)	X ² : .028; d.o.f: 1; Not significant
No	49.1	50		49.8(257)	
Percent	21.7	78.3		100 (516)	
.....					
	<i>Age at first sex</i>				
	<i><15</i>	<i>15-16</i>	<i>17-18</i>	<i>19 yrs+</i>	
Engage in Casual sex					
Yes	30.5	37.5	21.6	10.4	X ² : 3.732; d.o.f: 3; Not significant
No	23.3	39.7	23.7	13.2	
Percentage	26.9	38.6	22.7	11.8	
.....					
	<i>Area of childhood upbringing</i>				
	<i>Urban</i>	<i>Rural</i>			
Engage in Casual sex					
Yes	56.0	44.0		50.2(259)	X ² :.299; d.o.f: 1; Not significant
No	58.4	41.6		49.8(257)	
Percentage	57.2	42.8		100 (516)	

Source: Computed from 2001 RSHKB Survey of Men in Fiji.

More than 50 per cent of the young men who are sexually active stated that they are currently engaging in having multiple partners. This is measured as young men having more than one sexual partner in the last six months prior to the interview. This includes for men who might change girlfriends in the last six months and those who have two or more partners at one given time. The bi-variate analysis shows that age at the time of interview, age at first coitus, education status and area of childhood upbringing have no significant influence on young men's engaging in having multiple sexual partners.

Table 9.4: Logistic Regression Coefficient Parameter estimates of selected explanatory variables why respondents have multiple partners.

	MODEL I				MODEL II				<i>n</i>
	<i>B</i>	<i>S.E</i>	<i>Sig.</i>	<i>Exp(B)</i>	<i>B</i>	<i>S.E</i>	<i>Sig.</i>	<i>Exp(B)</i>	
Age					.387	.174	.026	1.472	516
Years of Education			.642				.001		
1-8yrs				1.000				1.000	6
9-10yrs	-.455	.891	.609	.634	2.069	2.451	.399	7.918	38
11-12yrs	.343	.386	.374	1.409	1.087	1.159	.348	2.965	169
13-15yrs	.226	.259	.384	1.253	2.271	.843	.007	9.692	210
> 15 yrs	.333	.250	.184	1.395	2.763	.705	.000	15.84	93
Religiosity							.001		
Committed				1.000				1.000	272
Moderate	-.633	.287	.027	.531	-1.40	.656	.000	.091	181
Not committed	-.452	.299	.130	.636	-1.77	.660	.007	.170	63
Religion			.013				.000		
Catholic				1.000				1.000	75
Methodist	.881	.332	.008	2.413	3.278	.765	.000	26.51	224
Seven day Adventist	.166	.266	.534	1.180	2.669	.635	.000	14.43	52
AOG	.286	.361	.428	1.331	.846	.774	.275	2.330	87
Others	.759	.317	.017	2.136	2.916	.772	.000	18.48	78
Mother's occupation			.002				.029		
Professional				1.000				1.000	67
Service	.144	.272	.596	1.155	.841	.579	.146	2.318	82
Others	.881	.266	.001	2.414	1.622	.576	.005	5.063	87
Unemployed/decease	-.281	.249	.259	.755	.128	.546	.814	1.137	280
Father's occupation			.000				.004		
Professional				1.000				1.000	166
Service	1.529	.333	.000	4.613	.675	.782	.388	1.963	118
Others	.634	.347	.067	1.886	-1.19	.880	.176	.304	172
Unemployed/decease	1.081	.329	.001	2.949	-1.81	.786	.818	.835	60
Who you currently reside with?			.050				.086		
Parents				1.000				1.000	241
Own home	.252	.236	.285	1.286	-.542	.541	.317	.582	25
Friends	1.097	.472	.020	2.994	1.450	.941	.123	4.261	17
Hostel/boarding	.225	.524	.668	1.253	.031	1.135	.978	1.032	127
Relatives	.644	.267	.016	1.905	.925	.561	.099	.397	106
No. of years lived in Suva			.000				.000		
Lifetime				1.000				1.000	70
<3 years	.435	.290	.133	1.546	1.780	.604	.003	5.930	110
3-5 years	1.141	.266	.000	3.131	2.857	.637	.000	17.41	68
6-10 years	-.212	.296	.473	.809	.680	.637	.285	1.975	112
More than 10 years	-.305	.253	.228	.737	.674	.569	.237	1.962	156
Receive useful information from relatives									
No				1.000				1.000	266
Yes	-.264	.177	.135	.768	-1.72	.463	.000	.178	250
Receive useful information from the media									
No				1.000				1.000	117
Yes	.254	.211	.229	1.289	1.393	.556	.012	4.027	399

Conti.

Do you discuss repro. and sexual health issues at home									
			.014				.001		
Often				1.000				1.000	70
Sometimes	.635	.285	.026	1.887	2.116	.610	.001	8.294	191
Only when there is trouble	.584	.210	.006	1.793	1.748	.514	.001	5.745	75
Never	.647	.278	.020	1.909	1.866	.585	.001	6.461	180
Premarital sex is if both agree but do not love each other									
			.002				.004		
Agree				1.000				1.000	160
Disagree	.456	.256	.075	1.577	.011	.595	.985	1.011	249
Neither agree/nor disagree	.839	.238	.000	2.314	1.500	.593	.011	4.483	107
Premarital sex is okay if it is with a prostitute									
			.922				.013		
Agree				1.000				1.000	101
Disagree	.115	.309	.709	1.122	-.859	.682	.208	.423	343
Neither agree/nor disagree	.038	.259	.883	1.039	-1.76	.624	.005	.170	72
Premarital sex is never right									
			.142				.091		
Agree				1.000				1.000	145
Disagree	-.393	.254	.121	.675	-1.12	.585	.054	.323	259
Neither agree/nor disagree	-.440	.228	.054	.644	-1.11	.549	.042	.327	112
Men should chose their own partners									
			.001				.025		
Strongly Agree				1.000				1.000	218
Agree	-.139	.386	.791	.870	.690	.711	.332	1.995	171
Neither agree nor disagree	.561	.393	.154	1.752	.265	.760	.727	1.304	67
Disagree	.713	.441	.106	2.040	2.254	.861	.009	9.528	29
Strongly disagree	-.604	.540	.263	.547	.034	1.119	.975	1.035	31
It is okay for a man to have extramarital affair									
			.080				.006		
Strongly Agree				1.000				1.000	41
Agree	.508	.339	.134	1.662	1.626	.734	.027	5.085	40
Neither agree nor disagree	.364	.339	.284	1.438	2.268	.768	.003	9.657	87
Disagree	.002	.246	.995	1.002	-.353	.569	.535	.703	65
Strongly disagree	.698	.283	.014	2.011	1.213	.540	.025	3.364	283
Is having more than one partner acceptable in society									
			.013				.008		
Yes				1.000				1.000	81
No	-.752	.281	.007	.471	-1.81	.582	.002	.164	285
Do not know	-.483	.204	.018	.617	-.840	.433	.052	.432	150
CONSTANT						-10.83	22.99	.638	

Source: Computed from 2001 RSHKB Survey of Men in Fiji.

Logistic regression analysis was used to identify the factors that influence young men to engage in having multiple sexual partners because the dependent variable is a dichotomous variable. A number of variables including socio-demographic variables, knowledge variables and attitude statements on sexual behaviour were up into the analysis. Variables on Table 9.4 are selected variables that after the regression have a significant influence on the decision to

engage in having multiple partners. The variables are divided into three categories namely the socio-demographic variables, the knowledge variables and the attitude factors. The number of years of education young men have has a significant influence on their having multiple partners. Those with 9-10 of education are nine times more likely to engage in having multiple partners as compared to the reference category of 1-8 years of education. Young men with 13-15 years of education are about 10 times more likely to engage in having multiple partners than those with 1-8 of schooling.

Table 9.4 shows that the age at first date has no significant influence on the dating behaviour of young men. However the type of dating partner in the four weeks prior to the interview do have a significant influence on dating behaviour. About 85 per cent of those who had no dates in the last four weeks stated that they have very extensive precoital contact with their dating partners. However those whose dating partners are not their girlfriend are less likely to state that they have very extensive precoital contact. The analysis shows that more than 60 per cent of the young men who have dated but had no coital experience engage in very extensive precoital contact regardless what of the type of dating partner.

Other factors that influence behaviour on having multiple partners is religiosity, the more religious young men are the more likely it is that they engage in having multiple partners. This is contradictory to the general assumption where religiosity reduces the likelihood of engaging in risk taking behaviour. Religion has a significant influence on having multiple partners. Methodists are most likely to have multiple partners followed by Seventh Day Adventists, AOGs then Catholics.

Parents' occupation has a significant influence on having multiple partners. Young men whose mothers have professional occupation are less likely to have multiple partners compared to those in the service sector (2.3 time more likely) and mothers who are unemployed (1.3 time more). Those who live with other relatives and those having own homes are less likely to have multiple partners compared to those living with their parents, while those living with friend are 4 times more likely to have multiple partners. This could be because when living with their relative young men have restriction but with friend they

are free and there is no older individual to counsel or advise them on the moral value and to ensure that they behave as expected in society.

Useful knowledge received from two sources is observed to have significant influence on having multiple partners. Young men who receive useful information from relatives are less likely to engage in having multiple partners while those receiving useful information from the media are more likely to engage in having multiple partners. This indicates that the types of useful information received from the two sources are different as one encourages having multiple partners while the other do not. Discussing sexual issues at home also reduces the chances of having multiple partners.

Attitude to premarital sex influence the chance of having multiple partners. Those who agree that premarital sex with a prostitute are more likely to have many partners while those who agree that premarital sex is okay if both partners agree but do not love each other are less like to engage in having many partners. Young men who agree that the behaviour is acceptable in society are more likely to practice it. This shows that a change in some attitude to premarital sex can reduce the problem of having many sexual partners.

9.4 COMMERCIAL SEX WORKERS

There are different classes of commercial sex worker in Suva. There are female and male CSW. Female CSW have the '*unders*' or the under age, that is those below the age of 16. These are mostly street girls, referred to by some CSW as '*kalavo ni Viti*' or '*the Fiji rats*'. They provide service for about \$10 to \$15 a night. Some CSW stated that these are the group mostly servicing Fijian men. One reason is because they are cheap and at an affordable rate. The second group are those who parade the streets and are picked up by their clients from the streets. There are two particular streets in Suva where CSW parade. The two sexes have different areas of operation. Each worker has a defined boundary and no other sex worker can cross the boundary. About 90 per cent of male sex workers are Fijian men. These are homosexual men who mostly service Indian businessmen and expatriates. These street parading CSW have a rate of between \$50-\$60 per session or per client. The session could last the whole night or could last less than an hour. The third group are nightspot CSW and the final are professional call girls who are the most expensive of the group.

Table 9.5: Cross-tabulation analysis of percentage distribution of those have engage in sexual relationship with a prostitute by selected socio- demographic status

Dependent Variables	Independent Variables				Results and significant
	<i>Age at interview</i>				
Had coitus with a prostitute	<i>15-19</i>		<i>20-24</i>		
<i>Yes</i>	11.9		9.1	11.9	10.7(55)
<i>No</i>	88.1		90.9	88.1	89.3(461)
Percent	55.4		44.6	55.4	100 (516)
	<i>Education status at interview</i>				
Had coitus with a prostitute	<i>Jnr sec. or less</i>	<i>High school & above</i>			
<i>Yes</i>	16.1	9.2			10.7(55)
<i>No</i>	83.9	90.8			89.3(461)
Percent	21.7	78.3			100 (516)
	<i>Age at first sex</i>				
Had coitus with a prostitute	<i><15</i>	<i>15-16</i>	<i>17-18</i>	<i>19 yrs+</i>	
<i>Yes</i>	11.5	11.6	11.1	4.9	10.7(55)
<i>No</i>	88.5	88.4	88.9	95.1	89.3(461)
Percentage	26.9	38.6	22.7	11.8	100 (516)
	<i>Area of childhood upbringing</i>				
Had coitus with a prostitute	<i>Urban</i>	<i>Rural</i>			
<i>Yes</i>	51.9	48.1			10.7(55)
<i>No</i>	60.9	39.1			89.3(461)
Percentage	57.2	42.8			100 (516)

Source: Computed from 2001 RSHKB Survey of Men in Fiji.

CSW do not like Fijian male clients. They explained that most Fijian men are too abusive and too forceful during their business encounter. Some do not pay for the service and in return would physically assault and abuse them. Although Fijians have a negative stigma towards CSW the STI Clinic reported that these CSW frequently visit the clinic for their condom supply and for medical check ups. This indicates that they are aware of the risks they take in engaging in the commercial sex business.

Table 9.6: Logistic Regression Coefficient Parameter estimates of selected explanatory variables on why respondents have sexual relationship with a prostitute

	MODEL I				MODEL II				n
	B	S.E	Sig.	Exp(B)	B	S.E	Sig.	Exp(B)	
Age					.468	.535	.382	1.597	516
Years of Education			.099				.014		
1-8yrs				1.000				1.000	6
9-10=yrs	-.754	1.156	.514	.471	-14.48	4.804	.003	.000	38
11-12yrs	-1.193	.531	.025	.303	-12.30	3.938	.002	.000	169
13-15yrs	-.297	.443	.502	.743	-4.490	2.302	.051	.011	210
> 15 yrs	.004	.444	.993	1.004	-2.468	1.723	.152	.085	93
Religiosity			.082				.085		
Committed				1.000				1.000	272
Moderate	-.029	.444	.949	.972	2.332	1.361	.087	10.30	181
Not committed	.187	.475	.694	1.206	4.407	2.044	.031	82.01	63
Mother's occupation			.178				.061		
Professional				1.000				1.000	67
Service	.084	.417	.839	1.088	.559	1.808	.757	1.748	82
Others	.458	.434	.291	1.581	.417	1.409	.768	1.517	87
Unemployed/decease	1.116	.542	.039	3.054	6.173	2.274	.007	479.6	280
Father's occupation			.029				.034		
Professional				1.000				1.000	166
Service	-.2436	1.029	.018	.088	-.626	2.772	.024	.002	118
Others	-1.799	1.056	.088	.165	-4.49	2.584	.082	.011	172
Unemployed/decease	-1.797	1.041	.084	.166	-7.86	2.795	.005	.000	60
Are use currently a student									
Yes				1.000				1.000	435
No	.199	.373	.593	1.221	-3.76	1.892	.047	0.23	81
Safe sex is having one sexual partner			.365				.003		
Yes				1.000				1.000	81
No	-2.987	13.50	.825	.050	13.52	164.4	.934	74833	285
Do not know	-3.498	13.53	.796	.030	5.657	1642	.973	286.2	150
Receive useful information from counsellor/rel. leaders									
No				1.000				1.000	112
Yes	.677	.295	.022	1.968	2.719	1.366	.046	15.16	156
Receive useful information from relatives									
No				1.000				1.000	266
Yes	.192	.286	.502	1.211	3.044	1.227	.013	20.98	250
Can a person get STI/HIV thru sexual intercourse with an infected person									
No				1.000				1.000	117
Yes	1.739	1.021	.089	5.694	10.55	3.028	.000	38431	399
Premarital sex okay if contraceptive is used			.018				.058		
Agree				1.000				1.000	160
Disagree	-1.688	.616	.006	.185	-6.294	2.725	.021	.002	249
Neither agree/nor disagree	-1.728	.630	.006	.178	-6.076	2.673	.023	.002	107

Conti.

Premarital sex is okay if both partners agree but no love									
			.269				.048		
Agree				1.000				1.000	101
Disagree	-.247	.457	.589	.781	-3.93	2.174	.070	.020	343
Neither agree/nor disagree	-.601	.413	.146	.548	-5.54	2.257	.014	.004	72
It is okay for a man to have extramarital affair									
			.041				.011		
Strongly Agree				1.000				1.000	41
Agree	-.723	.419	.085	.485	-5.17	2.075	.013	.006	40
Neither agree nor disagree	.206	.558	.712	1.229	3.042	2.460	.216	20.93	87
								9	
Disagree	.612	.461	.185	1.843	-.719	1.663	.665	.487	65
Strongly disagree	1.459	.741	.049	4.301	6.075	3.346	.069	434.6	283
Is having more than one partner acceptable in society									
			.017				.016		
Yes				1.000				1.000	81
No	-1.362	.491	.006	.256	-5.79	2.092	.006	.003	285
Do not know	-1.051	.427	.014	.350	-2.26	1.681	.178	.104	150
CONSTANT					-5.354	165.6	.974		

Source: Computed from 2001 RSHKB Survey of Men in Fiji.

The Fijian society does not encourage men to visit CSW. In assessing the current behaviour of young men they were asked if they visited a prostitute in the six months prior to the interview. About 11 per cent of the respondent stated that they did visit a prostitute. Education status and area of childhood upbringing have significant influence on young men to have coitus with prostitutes. A slightly higher proportion of young men brought up in urban areas (51.9 per cent) are likely to engage in coitus with CSW as compared to those brought up in the rural areas (48.1 per cent). The different is however very small.

Logistic regression was conducted to explain what factors influence socio-demographic variables that influence the men to have sexual intercourse with CSW include the years of education. Model I explain the effect of the independent variable before controlling for other factors while Model II controls age. Young men who had only eight or less years of education have a 99 per cent more chance to engage in sexual relationship with CSW as compared to those with more than 8 years of education. Father's occupation has a significant influence on the behaviour to engage in sexual relationship with a CSW. Young men whose fathers have professional occupation have a 99 per cent more chance of engaging in sexual intercourse with a CSW compared to those whose fathers are unemployed and those whose father are employed in the service sector.

The information received and the sources of information significantly influence men's behaviour. Young men who received useful information from counsellors and religious leaders and those receiving information from relatives are more likely to have sexual relationship with CSW as compared to those who do not receive information from these sources of information. This indicated that some information that young men assume are useful could be influencing them to engage in risk taking sexual behaviour. Men who know that safe sex is having one sexual partner have very little chance of having sexual relationship with a prostitute. Knowledge at this point can influence sexual behaviour.

Attitude to premarital sexual behaviour has a significant influence on young men and they are more like to engage in sexual relationship with CSW if they agree that premarital sex is okay if contraceptive is used and if they agree that premarital sex is okay if both partners agree but do not love each other. Men who stated that having more than one partner is acceptable in society have a 90 per cent more chance of having a CSW sexual partner. This indicates that to influence young men not to be involved with CSW, as it is a risk taking behaviour, different approaches must be taken with regards to knowledge and attitude.

9.5 SEXUAL ABUSE

The scope of sexual abuse in Fiji is unknown. However many service providers assert that the actual incidence is much higher than reported. Given the cultural tendency to hide sexual abuse from others, it is difficult to ascertain the accuracy of sexual abuse in Fiji. Sexual abuse discussed below includes incest and child molesting, rape, and the 'convoy'.

Child abuse and sexual molesting seemed to be common. There are a lot of reported cases of sexual abuse, incest, and promiscuity in Fiji today. These cases are of females being sexually abused. There is not one case of incest or sexual assault on young males. My research has revealed that this is also happening to young males and it is kept a secret to both the abused and the abuser. The following are some experiences of some of my informant in my fieldwork this year.

"When I was a child I had my first sexual encounter with a woman much older than me. She came home and we were talking for a while. I suddenly realised when I woke up in the night that this woman was fondling my private part. And then she carried on from there. She is a cousin of mine. I was only 7 years old then. She started kissing me and did all other things to me. I was frightened to tell anyone at home. (17 yr old)

This is a case of a child sexually abused by a relative, one is a case of an informant who was abused by his sister's girlfriend, she was about 10 years older than him, another by a policewoman who was his mother's friend. These are only a few examples of the reality of what is happening to young boys.

This indicates an institutional break down in the traditional Fijian system of looking after the children. The traditional framework of childhood upbringing and the shared responsibility where the extended family is the institution that looks after the children is no longer applicable or safe in the urban Fijian society. It leaves us with the question on what institution can be formulated to replace the extended family that used to care for a child's upbringing and where no sexual abuse can take place. It is at the adolescent stage, peer groups have great influence on the individual's behaviour. Researches have found that peer pressure plays a great role in influencing an individual's behaviour. One of the major influences is the challenge given to young men, by their peer group members. Below is a quote from one of the informants.

"I was 12 years old when my friend, who were much older than me told me that if I do not take part in the convoy, than I was a pufta (gay)." (18 year old)

The case above clearly indicates that pressure has been put on the informant to participate in group-sex, or else he would not be regarded as a man. This indirectly indicates that he will not be accepted in the group. The informant had to take part in-order to be accepted, and to remain in the group. Some boys however reported that they had refused to take part in group-sex with their friends, but they were mere observers. In discussing group sex I observed that most of my informants do not see group or gang sex, convoy, as an indecent act. They see it as an act or a process that all boys take part in or do have to witness in life. It is a process of growing up into manhood. Some are proud of the experience that they went through, because males in the community pride themselves in talking about their experiences during a convoy in the weekend.

The act is called a convoy because men have to line up and take turns in having sexual intercourse with the woman. It is like a convoy of trucks enrooting to a common destination. The convoy is not a new behaviour it existed 30 years ago when I was a university student. A young man would bring a woman and in most cases, against the

woman's will allow his friends to have sexual intercourse with her. As discussed in Chapter Five Fijian women are subject to this abuse because traditionally they have to be passive receivers in society.

Men have different interpretations of this type of behaviour. Some see it as an acceptable behaviour, although it is conducted in secrecy and out of the public. Boys are challenged by their friends to date, or fix a particular girl. They also compete for who dates the highest number of girls in a week.

"There are 11 of us in a group. We always compete for who gets the highest number of girl... One particular boy is winning, he wins most of the time.....We take the girls to this house.....some times everyone will have sex with a girl...CONVOY". (20 years old).

This is a clear indication of the influence that the peer group has on an individual. Competition for multiple partners and group sex is seen as greatly influenced by the peer group.

It is generally assumed and as most of my informants agreed, when a group of males sit together in a casual or informal group, the most common topic of conversation will be women and sex. If a woman walks in their direction flirting comments may be passed to her when walking by, or shared by the group admiring her built and how attractive she is.

When discussion about sex is conducted in groups, the group talked in a symbolic manner and joke about it. As an informant stated in describing a beautiful woman walk pass

"I would refer to a car parking at the car park, and how beautiful it looks..... She could never tell that we were talking about her...."

This young man has a steady girlfriend who is a high school student. They do not have sexual intercourse as he feels she should remain a virgin till they get married.

Men are commonly reported as instigators of rape while women are mostly referred to as victims of rape. Men who are victims of rape are mostly homosexual males. There is therefore very little report on rape.

9.6 SUMMARY

This chapter has shown that there are different factors that influence men to engage in risk taking behaviour. Different socio-demographic factors play different role in influencing

behaviour. There is a changing behaviour pattern and society need to identify the different factors that influence behaviour. Notable is the increase in incidence of risk taking behaviour and the increase in number of CSW.

Knowledge has little influence on practicing risk-taking behaviours. There is also contradicting finding on the effect of the useful information received from different sources. What young men perceive to be useful information from the media is the information that encourages risk taking sexual behaviour. While useful information from relatives discourage them to engage in having multiple partners, useful information from the media on the other hand encourage them to engage in having multiple partners. The different types of information received from different sources therefore influence young men's behaviour in different ways. The source of information must therefore be addressed and the information they disseminate must be accessed to influence young men in a positive way.

Attitude to premarital sex has a lot of significant influence on behaviour. Influencing young men's attitude can influence their behaviour in different ways. Service providers and policy makers must therefore be familiar with the different reaction each attitude can encourage when trying to ensure that young men do not practice sexual risk behaviours.

The study also found out that men are still stereotype and do not report cases of child abuse, incest and sexual rape for fear of being regarded as a person who is not man enough because he does not enjoy the sexual pleasure that is a process of sexual intercourse. This needs to be addressed and young men must learn to share their problem and their sexual assault experiences.

Although this is the first ever study conducted to try and explain the factors that influence young men's behaviour. There are a lot of questions that still needs to be answered in order to obtain a clear view of the different factors that influence sexual risk behaviours. indicated that young men engage in very extensive precoital experiences with their dating partners.

CONCLUSION

10.1 INTRODUCTION

This thesis has examined and explored the factors that influence the reproductive and sexual behaviour of young Fijian men. It has expanded the understanding of young men's reproductive and sexual behaviour and broadened the scope for further research work on reproductive and sexual behaviour among Pacific Island cultures.

Most studies of reproductive health in Fiji have been focused on women and adolescents (Chandra 2000; Bureau of Statistics 1976; Chung 1991; Laquian and Naroba 1990; Naroba 1990; Price 2002; Secretariat of the Pacific Community 2001; Seniloli 1996; 1992; 1990). As observed in Chapter One and Two, there has been a gap in understanding the factors that influence young Fijian men's reproductive and sexual behaviour. This study attempts to bridge this gap by addressing the following three objectives:

1. To provide a historical overview of men's reproductive and sexual behaviour (Chapter Five).
2. To explore the reproductive and sexual health knowledge, attitudes and behaviour of young Fijian men and their use of the available services (Chapter Six, Seven, Eight).
3. To identify the factors that influence young men's risk-taking behaviour (Chapter Nine).

This chapter reviews the findings for each of the objectives above and makes recommendations on future approaches to addressing reproductive and sexual health issues of young men in Fiji.

10.2 SUMMARY OF THE FINDINGS

10.2.1 General overview

In addressing the objectives of the thesis, the study has offered insights into the historical and current sexual behaviour of young Fijian men that have never before been explored. The cultural taboo of discussing sexual behaviour with the opposite sex has been broken because the researcher was an indigenous Fijian female. Highlighted in this study are the changing traditional norms in Fijian society and the factors that currently influence the reproductive and sexual behaviour of young Fijian men.

Most studies have examined adolescents' and women's reproductive behaviour and/or conducted bi-variate analysis to identify the factors influencing sexual behaviour and used only one type of research method, that is using either qualitative or quantitative research methods (see 1.3, 2.9, 2.10). This study has taken a step further and has used both qualitative and quantitative data and has employed multivariate analysis to identify the factors that influence the reproductive and sexual behaviour of young men. A highlight of this approach is the diverse and in-depth information obtained and analysed in the findings (see 4.8.6 and 4.11).

In understanding the historical perspective of young Fijian men's expected reproductive and sexual behaviour since before European contact, this study has shown that most of the sexual norms and values had changed by the beginning of the twentieth century. The changes in traditional norms and values were brought about through the early missionaries (see 5.7), however most Fijians do not realise that what Fijians identify as traditional norms and values of reproductive and sexual behaviour had changed since European contact in the early nineteenth century. Traditional norms that influence reproductive and sexual behaviours are discussed and a comparison of past and present cultural norms are highlighted (see 5.3.1, 5.3.2).

Most young Fijian men are well informed about different expected sexual behaviour norms and values. This study shows that young Fijian men do not perceive parents as an agent for disseminating useful information on reproductive and sexual health behaviours (see 6.2.1). Other sources including mass media, friends, and schools (see 6.2.2) were identified as the main sources of useful information. Myths were also found to influence attitudes and behaviour (see 6.4.1). Available services are not common knowledge so not many young men have ever used the services.

10.2.2 Specific Objectives

Objective 1: *To provide a historical overview of men's reproductive and sexual behaviour*

More research should be conducted to try to identify the factors that influence men's reproductive and sexual behaviours. There is very little research work done in Fiji on reproductive and sexual health behaviour of men and women in general. Very little is known about the historical perspective of the reproductive and sexual behaviours of indigenous Fijians. Behavioural trends and patterns need to be identified in-order to try to address behavioural changes.

As discussed in chapter five, reproductive and sexual culture has evolved over time. The arrival of the missionaries and colonisation was the turning point. Western concepts and values were introduced into a society where reproductive and sexual behaviour were appreciated. The initiation of young boys to become young men was ceremonial. The first incidence of sexual intercourse for women was appreciated and celebrated by the community. This appreciation disappeared and was replaced by social restriction.

Some of the sexual norms in the Fijian society that have existed over the last one and a half centuries are identified in chapter five (see 5.3.2, 5.5, 5.5.1, 5.6.1). Others also discussed have been eliminated from society including the existence of the men's house and the practice of polygamy (see 5.4, 5.5.2). This shows that sexual norms in the Fijian society have changed over the last one hundred and fifty years and it could be concluded that they will continue to change in the future.

The taboo on discussing the topic in public was introduced by the missionaries because of the assumption that sexual acts are sinful acts. The concept of sexuality as a taboo topic in the Fijian culture has been challenged in this thesis. As a female researcher, I was able to discuss the topic with Fijian men. The cultural taboo has been broken and new grounds for open discussion have been established. As a policy adviser stated:

Sex is a difficult topic to talk about and it is difficult to get people to open up to you and give you a rough idea of what is happening. Peer members know how to get to the bottom line of every thing. There are counsellors who are there with ideas.

In a communal village the existence of the 'men's house' shows that sexual activities of young men are monitored by the older men in the community (5.4). The men's house influences fertility control. It controls premarital sexual relationships. The community also has a kinship system that allows respect for certain females in the family. There is a taboo on men and women speaking to each other or being in the same place at one time. The kinship system and structure control socialization. These social controls prevent premarital sex, incest and child abuse (see chapter 5).

Traditional social controls exist in the local communities and have a positive approach to reproductive and sexual health. Thus this is not a new phenomenon as it has been in place in the past. To improve reproductive health, these controls can be reviewed and introduced into the community. As society wants to maintain its traditional values, traditional social controls could be reinforced in communities.

The changing culture has influenced behaviour in different ways. Women have become more restrictive in their understanding of men and men have become more adventurous in their efforts to keep up with the change. Adoption of a mixture of traditional and western values is the underlying problem. Some traditional social controls have disappeared and new controls have been established. But Fijian men still are caught between the past and the future and to acknowledge men's sexual behaviour, we must study the past and also appreciate the new Western values that have been introduced into our culture.

Objective 2: *To explore the reproductive and sexual health knowledge, attitude and behaviour of young Fijian men and their use of the available services*

Although young Fijian men are well informed about some aspects of the issues of reproductive and sexual behaviour, they do not obtain a holistic understanding of the issues. Sources of information are generally available and the public has access to most sources of information. The two main sources of information for young men are friends and mass media. Types of information received differ according to the source of information. This was explored in chapters 8-9.

Although a lot of public services are available, young men do not make a lot of use of the available services. There is still a stigma that the services are for women only and young men are afraid of using the services. Some of them do not know that the services are available. The centres providing free condoms were not known to some of them. The type of knowledge that is passed on to young men is important. This must be explored as knowledge from the media is not censored and can provide the wrong message to young men (see 6.4, 6.5, 6.6).

Parents were identified as poor sources of useful information (see 6.2.1). Young men do not see information from their parents as being useful. Parents therefore need to re-examine the type of information they are relating to their sons and the environment in which the knowledge is disseminated. Young men are well versed with information on STIs including HIV/AIDS (see 6.8), but they have a limited understanding of how the infection is spread and their attitude to practising safe sex is negative in most cases.

Because grandparents were traditionally responsible for educating children on sexual norms in society, the disappearance of the extended family has led to a breakdown in the system (see 5.2.1). Children are not knowledgeable and are not well informed about sexuality. This

is clearly shown through the increase in sexual abuse, incest and promiscuity in Fiji (see 6.4.1, 6.4.2).

The four issues discussed above reflect the evolution of the Fijian traditional and cultural values. It is therefore recommended that sexual and reproductive health education begin at primary level. At the same time, public awareness programs must continue at all levels of society. Secondly visual aids, such as soap operas must be encouraged and shown through the only available free television station. Educating the public through this means will be more effective than the charts and pamphlets used today (see 6.2.2).

Young men's attitudes to reproductive and sexual behaviour have been greatly influenced by religion since European contact and this continues to be so. Most young men conditionally approve premarital sex although it contradicts with their religious belief (see 7.4, 7.4.1, 7.7, 8.2.4). A positive attitude to premarital sex is not culturally acceptable. There is also a changing attitude to dating behaviour. Attitudes to dating are very different from the Western concept of dating (see 7.2, 7.3, 7.3.1, 8.2.2). This contradiction has negative implications on reproductive and sexual behaviour.

The analysis shows that men need to be encouraged to use contraceptives. Young men do not commonly know the natural methods of contraception and there is a need to educate them to have a positive attitude to contraceptive use (see 8.4, 8.4.1, 8.4.2, 8.4.3). The stereotype of the macho man is prominent (see 7.8). This has influenced their attitude to different gender roles (see 7.9).

Objective 3: *To identify the factors that influence young men's risk-taking behaviour*

Most young Fijian men have the attitude that they go to nightspots for the 'three Fs' meaning casual sex (see 9.2). The social setting encourages casual sex, as nightspots are accessible to young people. The second risk behaviour, the convoy is a common practice of young men, where a girl has sexual intercourse with a group of boys (see 9.3). Boys do not see it as rape. It is also a process of sexual initiation to some boys. Young women on the other hand are willing partners of casual sex but they do not agree with the 'convoy'. Risk behaviour programs in Fiji are mostly IEC programs that do little to influence behaviour.

Factors influencing behaviour should be identified and addressed when implementing programs for adolescent men. The age limits for entry into nightclubs and for alcohol consumption is not restricted allowing men as young as twelve to socialise in these places and to consume alcohol. Factors influencing the different risk taking behaviours are different for each behaviour type. The data show that socio-demographic factors influence young men to engage in sex with CSW (see 9.4) as compared to casual sex and having multiple partners (see 9.2, 9.3).

Attitudes and beliefs have a strong influence on risk-taking behaviours. Young men's attitude to premarital sex is a common factor influencing sexual risk-taking behaviour. A policy adviser at a government ministry stated:

There is a need for a policy to be formulated encouraging future couples to have pre-marital counselling.

It is suggested that in trying to educate young men to stop engaging in risk-taking behaviour, one approach that can be taken is to influence their attitude to premarital sex, making them accept that premarital sex is not encouraged and not an accepted norm in Fijian society.

10.3 FUTURE PROSPECTS AND RECOMMENDATIONS

The following quotes are from interviews with two reproductive health specialists working for an international organization with a regional office in Fiji:

1. *We cannot identify the factors that influence the behaviour. It is the behaviour that makes the difference. What are the factors that promote risk-taking behaviour? What works and what does not. (NB)*
2. *A lot is unknown about the Pacific and these needs to be known in order for preventive action to be implemented. This is largely related to sexual network. It is the interaction in different parts of society. (MO)*

The quotes show that there are important unknown factors influencing sexuality that need to be identified. Findings from this study have identified some of these factors, as discussed in previous chapters and below are recommendations for future approaches to address issues of sexuality.

The traditional system responsible for the education of young people, the extended family, is fast vanishing. Society today takes little responsibility to look after the behaviour of the extended family members including young men. This has resulted in young people obtaining misinformation on sexual and reproductive health behaviours. Knowledge is therefore limited due to the narrow sources of information and, as discussed in chapter 6, young men are sometimes misinformed on this taboo topic. This has disrupted the traditional means of controlling sexual behaviour and disseminating human sexuality knowledge. The absence of the 'props' that enforce sexual taboos results in an increase in

risk behaviours. This leads to an increase in casual sex. Two end results are the high incidence of teenage pregnancy and the high incidence of STIs among the indigenous Fijian population. To address these issues, the institutional link that has been broken needs to be replaced. This has disrupted the traditional means of controlling sexual behaviour and disseminating human sexuality knowledge.

Institutions could be designed and reconstructed to educate young men and women about healthy sexuality to replace the waning practices of traditional ceremony, norms, and education. Traditional institutions can be reconstructed or new model institutions constructed to replace the traditional institutions that have been discussed earlier. This includes the construction of an institution, such as the formal education system and religious youth groups, to replace the extended family structure and one to replace the grandparents, who were the media for transferring knowledge to the children. Currently the school or the education sector as an institution is not replacing the extended family members and the grandparents in educating the children on reproductive and sexual health behaviours because the school system and the school curriculum mostly do not allow this to happen.

Policies could be structured to regulate and control behaviour. Given the current situation in Fiji with no age restriction on alcohol consumption and entry into bars and nightclubs, government policies on enforcing an age limit for entry into nightclubs and for alcohol consumption should be introduced. The age of entry into nightspots and the age approved for liquor consumption should be aged twenty-one. Young men are at high risk of casual sex and as observed in this study most young men go to nightclubs for casual sex, and when drunk young men have an excuse to practice risky behaviours. This recommendation will control young men between the ages of fifteen and twenty from entering social environments where risk-taking activities, including casual sex, are encouraged.

There is a double standard on values and behaviour because men cannot differentiate between religious values and cultural values of sexuality. This problem could be resolved through the process of breaking the barriers of cultural and religious taboos. Cultural and religious values must be differentiated, as these are two important institutions that influence sexual beliefs, attitudes and behaviour of young Fijian men today. A step forward in reproductive health could be possible if the message is addressed to the population as a whole including young and old, not just to the high-risk groups when educating people on the changing sexuality norms in society.

In addressing risk behaviours, different approaches must be taken. These include the use of different sources of knowledge such as the media, schools, religious groups and relatives to disseminate knowledge. Service providers must go out to the communities and encourage young men to use the different services available. This could include mobile services available to provide services at different socialising areas including sports grounds, youth centres, nightspots, bar and pubs, and youth rallies. Support from the government and from the Great Council of Chiefs could encourage young Fijian men to use the available services.

This thesis has explored the reproductive and sexual behaviour of young men and observed that although the government is addressing youth by establishing reproductive and sexual health counselling centres within the structure of the Ministry of Health, the needs of youth are not well met. Below is a statement from a female peer educator who is a youth counsellor at the centre:

In my experience I found that many youth take the education process very lightly. They joke about it and pass comments about sex to us. Being in a clinic like this is stigma to the youth. It prevents people coming in for counselling. We cannot run discussion with the youth as we work according to the clinic...we cannot make the centre a youth friendly clinic such as having music to attracting the youth because the office space is shared with the STI clinic.

The quote shows that educating young men using peer educators is not always a success. The research showed that young men prefer men to educate them on some topics and they accept older women to educate them on other topics such as contraceptives, and menstruation period. However young female peer educators, although knowledgeable, are not an acceptable source of information. This indicated that more research is needed to clearly understand other factors that influence reproductive and sexual behaviours of young men. These include the role of the government and the service providers in influencing behaviour, in-depth studies on the types of information received from different sources and how the information is disseminated. A nationwide research project on young men's sexual behaviour is needed.

In reproductive health education and promotion the balance between short-term motivational approaches and long term social changes is a complex and contested one. But in either case, strategies directed at young men will require a thorough understanding of their sexual lives, to which I hope this study has contributed.

REFERENCE

- Abrams D, Abraham C, Soears R and Marks D. 1990. AIDS invulnerability, relationships, sexual behaviour, and attitudes among 16-19 years olds. Series. Abrams D, Abraham C, Soears R and Marks D *AIDS: Individual, Cultural, and Policy Dimension*. Lewes, UK, Falmer Press.
- Ajzen I. 1985. "From intentions to actions: a theory of planned behavior" Kujl J and Beckman J. *Action Control: From Cognition to Behavior*. Berlin, Springer-Verlag.
- Akinnawo E O. 1995. "Mental health implications of the commercial sex industry in Nigeria." *Health Transition Review*. 5(Supplementary):173-177.
- Althaus F. 1998. "Monogamous and at risk of HIV." *International Family Planning Perspectives*. 24(1):2.
- Anderson J, Kann L, Holtzman D, Arday S, Truman B and Kolbe L. 1990. "HIV/AIDS knowledge and sexual behaviour among high school students." *Family Planning Perspectives*. 22:252-255.
- Anderson P B. 1996. "Correlates of college women's self-reports of heterosexual aggression." *Sexual Abuse*. 8:121-132.
- Anderson P B and Aymami R. 1993. "Reports of female initiation of of sexual contact: Male and Female differences." *Archive of sexual behaviour*. 22:335-343.
- Anderson P B and Sorensen W. 1999. "Male and Female differences in reports of women's heterosexual initiation and aggression." *Archives of sexual behavior*. 28(3):243-253.
- Auvert B, Buve A and Langaarde E. 2001. "Male circumcision and HIV infections in four cities in Sub-Saharan Africa." *AIDS*. 15(Supplementary):31-40.
- AVSC International A. 1998a. Literature review for the symposium on male participation in sexual and reproductive health: New paradigms. Oaxaca, Mexico, AVSC International and IPPF/Western Hemisphere Region.
- AVSC International . 1998b. *Men as partners in Pakistan: Punjab Workshop report*. New York, AVSC International. iv.
- Bailey R, Plummer F A and Moses S. 2001. "Male circumcision and HIV prevention: Current knowledge and future directions." *Lancet Infectious Diseases*. 1:223-231.
- Barker G. 1996. *The Misunderstood Gender: Male involvement in the family and reproductive and sexual health in Latin America and the Caribbean*. John D. and Catherine. T MacArthur Foundation Population Program.
- Barker G. 2000. *Boys, Men and HIV/AIDS*. Rio de Janeiro, Instituto Promundo,.

- Barr K. 1995. Poverty and social changes: Pacific vulnerability to HIV/AIDS. *UN HIV/AIDS in the Pacific study*. Suva.
- Basen-Engquist K and Parcel G S. 1992. "Attitudes, norms, and self-efficacy." *Health Education Quarterly*. **19**(263-277).
- Basen-Engquist K, Tortolero S and Parcel G. 1997. "HIV risk behaviour and theory based psychosocial determinants in Hispanic and non-Hispanic white adolescents." *Journal of Health Education*. **28**(Supplementary 6):S44-50.
- Bavadra T and Kierski J. 1980. "Fertility and Family planning in Fiji." *Studies in Family Planning*. **11**(1):17-23.
- Becker S. 1996. "Couples and reproductive health: A review of couple studies." *Studies in Family Planning*. **27**(6):291-306.
- Besharov D J and Gardiner K N. 1997. "Trends in Teen Sexual Behaviour." *Children and Youth service review*. **19**(5/6):341-367.
- Best K. 2000. "Many youth face grim STD risks." *Network*. **20**(3):4-5.
- Binson D and Catania J. 1998. "Respondents' understanding of the word used in sexual behavior questions." *Public Opinion Quarterly*. **62**(2):190-208.
- Blinn-Pike L, Berger T and Rea-Holloway M. 2000a. "Conducting adolescent sexuality research in schools: Lessons learned." *Family Planning Perspectives*. **32**(5):246-251+265.
- Blinn-Pike L, Berger T and Rea-Holloway M. 2000b. "Conducting adolescent sexuality research in schools: Lessons learned." *Family Planning Perspectives*. **32**(5):246-251+265.
- Bongaarts J. 1982. "The fertility-inhibiting effects of the intermediate fertility variables." *Studies in Family Planning*. **13**(6/7):179-189.
- Bongaarts J, Reining P, Way P and Conant F. 1989. "The relationship between male circumcision and HIV infection in African populations." *AIDS*. **3**:373-377.
- Booth H. 2003. "Structural adjustment of the marriage market in Fiji Islands." *Development Bulletin*. **62**(August):118-121.
- Borofsky R. 2000. *Remembrance of Pacific Pasts*. Series. Borofsky R. Honolulu, University of Hawaii Press.
- Boyer D and Fine D. 1992. "Sexual abuse as a factor in adolescent pregnancy and maltreatment." *Family Planning Perspectives*. **24**(1):4-11, 19.
- Brazzell J F and Acock A C. 1988. "Influence of attitudes, significant others, and aspirations on how adolescents intend to resolve a premarital pregnancy." *Journal of Marriage and the family*. **50**(2):413-425.

- Brinson D and Catania J. 1998. "Respondents' understanding of the word used in sexual behavior questions." *Public Opinion Quarterly*. **62**(2):190-208.
- Browne J and Minichiello V. 1995. "The social meanings behind male sex work: implications for sexual interactions." *British Journal of Sociology*. **46**(4):598-622.
- Bryan A D, Aiken L S and West S G. 1996. "Increasing condom use: Evaluation of a theory-based intervention to prevent sexually transmitted diseases in young women." *Health Psychology*. **15**:371-382.
- Bryman A. 1984. "The debate about quantitative and qualitative research: A question of method or epistemology?" *The British Journal of Sociology*. **35**(1):75-92.
- Bulatao R A and Lee R D. 1983. *Determinants of fertility in developing countries: A summary of knowledge*. New York, Academic Press.
- Bumpass L L. 1990. "What's happening to the family? Interaction between demographic and institutional change." *Demography*. **27**:483-498.
- Bureau of Statistics. 1976. *Fiji Fertility Survey 1974 Principal Report*. Suva, Bureau of Statistics.
- Bureau of Statistics. 1989. *Analytical report on the demographic, social, and economic characteristics of the population*. Suva, Government of Fiji.
- Bureau of Statistics. 1998a. "1996 Fiji Census of Population and Housing: Analytical Report Part 1 Demographic Characteristics". Suva, Parliament of Fiji.
- Bureau of Statistics. 1998b. *1996 Fiji Census of Population and Housing: General Tables*, Bureau of Statistics. Parliamentary Paper 43.
- Burns A. 1963. *Fiji*. London, Her Majesty's Stationery Office.
- Burton J W. 1910. *The Fiji of To-day*. London, Charles H. Kelly.
- Byrne G. 1997. *A dialogue between the sexes: Men, women, and AIDS prevention*. Arlington, Virginia, Family Health Institution.
- Caceres C F, Marin B V and Hudes E S. 2000. "Sexual coercion among youth and young adults in Lima, Peru." *Journal of Adolescent Health*. **27**:361-367.
- Caldwell J. 1976. "Towards a restatement of demographic transition theory." *Population and development review*. **2**(3-4):321-366.
- Caldwell J and Hill A. 1988. "Introduction; Recent Developments using Micro-Approaches to Demographic Research" J Caldwell A H, V Hull. *Micro-Approaches to Demographic Research*. London, Kegan Paul International: 1-9.
- Caldwell J C and Caldwell P. 1996. "The African AIDS epidemic." *Scientific American*. **274**:62-68.

Caldwell J C, Orubuloye I O and Caldwell P. 1997. "Male and female circumcision in Africa: From a regional to a specific Nigerian examination." *Social Science Medicine*. **44**(8):1181-1193.

Caldwell P. 1995. "Prostitution and the risk of STDs and AIDS in Nigeria and Thailand." *Health Transition Review*. **5**(Supplementary):167-172.

Catania J, Binson D, Canchola J, Pollack L and Hauck W. 1996. "Effects of interviewer gender, interviewer choice, and item wording on responses to questions concerning sexual behavior." *Public Opinion Quarterly*. **60**(3):345-375.

Catania J, D Gibson, D Chitwood and Coates T. 1990. "Methodological problems in AIDS behavioral research: Influences on measurement error and participation bias in studies of sexual behavior." *Psychological Bulletin*. **108**(3):339-362.

Catley-Carlson. 1998. *Reproductive Health*, <http://www.arha.org.AU/B.html>. 10 April 2000 2000

Cederbaum D. 1998. *Village life in rural Fiji: Tradition in visible everywhere*, <http://www.union.edu/PUBLIC/ANTDEPT/fiji/fjdceh1.htm>. 1/5/2002 2002

CEDPA. 1996. *Gender equity: Concepts and tools for development*. Washington DC, CEDPA.

Chandra D. 2000. *Understanding socio-cultural factors affecting demographic behaviour and the implications for the formulation and execution of population policies and programmes*. Suva, University of the South Pacific. Country report INT/92/P78.

Chandra R. 1990. "Fiji: An overview" Chandra R and Bryant J. *Population of Fiji*. Noumea, South Pacific Commission. **1**: 9-17.

Chung M. 1991. *Politics, tradition, and structural changes: Fijian fertility in the twentieth century*. Doctor of Philosophy. Canberra, Australian National University:

Clark C and Wiederman. M W. 2000. "Gender and reaction to a hypothetical relationship partner's masturbation and use of sexually explicit media." *Journal of Sex Research*. **37**(2):133-141.

Cleland J G. 1975. *A study of infant care and family planning in the Suva area*. Suva, Medical Department.

Clift E. 1997. "Redefining macho: men as partners in reproductive health." *Perspectives in Health*. **2**(2):20-22.

Costa F M, Jessor R, Donovan J E and Fortenberry J D. 1995. "Early initiation of sexual intercourse: the influence of psychosocial unconventionality." *Journal of research on adolescence*. **5**:93-121.

Cullari S and Mikus R. 1990. "Correlates of adolescent sexual behavior." *Psychological Reports*. **66**(3):1179-1184.

Daily Post. 2002. *More males living in Fiji*, <http://www.fijilive.com/news/2003/02/17/17f.htm>. 18th Feb 2003

Dainton M. 1993. "The myth and misconceptions of the stepmother identity: Descriptions and prescriptions for identity management." *Family Relations*. **42**:93-98.

Danforth N and Green C P. 1996. *STDs: Global burden and challenges for control*. Arlington, Family Health International.

Darroch J E, Landry D J and Oslak S. 1999. "Age differences between sexual partners in the United States." *Family Planning Perspectives*. **31**(4):160-167.

Davies C. 1982. "Sexual taboos and social boundaries." *American Journal of Sociology*. **87**(5):1032-1063.

Davies K and Blake J. 1957. "Social structure and fertility." *Economic development and cultural change*. **4**:211-235.

De-jong A R. 1989. "Sexual interactions among siblings and cousins: Experimentation or exploitation?" *Child abuse and neglect*. **13**:271-279.

Delamater J and Friedrich W N. 2002. "Human sexual development." *Journal of Sex Research*. **39**(1):10-14.

Delamater J. 1987. "A Sociological Approach" O'Donohue W T. *Theories of Human Sexuality*. New York, Plenum Press.

deLaRochebrochard E. 2000. "Age at puberty of girls and boys in France." *Population*. **12**:51-80.

Delbanco S, Lundy J, Hoff T, Parker M and Smith M D. 1997. "Public knowledge and perceptions about unplanned pregnancy and contraception in three countries." *Family Planning Perspectives*. **29**(2):70-75.

DiIorio C, Dudley W N, Kelly M, Soet J E, Mbwara J and Potter J S. 2001. "Social Cognitive Correlation of sexual experience and condom use among 13- through 15- year old adolescent." *Journal of Adolescent Health*. **29**(208-216).

DiIorio C D W, Kelly M, Soet JE, Mbwara J, Potter JS. 2001. "Social cognitive correlates of sexual experience and condom use among 13- through 15-year-old adolescents." *JOURNAL OF ADOLESCENT HEALTH*. **29**((3): SEP):208-216.

Dixon-Muller R. 1993. "The sexuality connection in Reproductive Health." *Studies in Family Planning*. **24**(5):269-282.

Dowsett G and Aggleton P. 1999. "Young people and risk taking in sexual relationships" UNAIDS. Sex and Youth: contextual factors affecting risk for HIV/AIDS: A comparative analysis of multi-site studies in developing countries. Geneva, UNAIDS. **1**: 1-56.

Drennan M. 1998. "Reproductive health: new perspectives on men's participation." *Population Reports. Series J: family Planning Program.* 46(Oct):1-35.

Dunne M, Donald M, Lucke J, Nilsson R and Raphael B. 1993. *1992 HIV risk and sexual behaviour survey in Australian secondary schools.* Canberra, Australian Government publishing service.

Dunsmuir W D and Gordon E M. 1999. "The history of circumcision." *British Journal of Urology.* 83(Supplementary):1-12.

Durand A M. 1995. "Sexual behaviour and substance abuse among students in CNMI." *Pacific Health Dialog.* 2(2):24-30.

Edwards S R. 1994. "The role of men in contraceptive decision making: Current knowledge and future implications." *Family Planning Perspectives.* 26(2):77-82.

Eggleston E, Leitch J and Jackson J. 2000. "Consistency of self-reports of sexual activity among young adolescents in Jamaica." *International Family Planning Perspectives.* 26(2):79-83.

Emberson-Bain A and Slatter C. 1995. *Labouring under the law: a critique of employment legislation affecting women in Fiji.* Suva, Fiji Women's Rights Movement,.

Epstein J A, Dusenbury L, Botvin G J and Diaz T. 1994. "Determinants of intentions of Junior High School students to become sexually active and use condoms: Implications for reduction and prevention of AIDS risk." *Psychological Reports.* 75(2):1043-1053.

Ezeh A C, Serouss M and Raggars H. 1996. *Men's fertility, contraceptive use and reproductive preference.* Maryland, Macro International. DHS Comparative Studies No 18 45.

Faulkenberry R, Vincent M, James A and Johnson W. 1987. "Coital behaviors, attitudes, and knowledge of students who experience early coitus." *Adolescence.* 86:321-32.

Fergusson D M, Horwood L J and Lynskey M T. 1997. "Childhood sexual abuse, adolescent sexual behaviors and sexual revictimization." *Child Abuse & Neglect.* 21(8):789-803.

Fijilive. 2000. *Fiji Popular with child sex tourists,*
<http://209.15.162.176/news.php3?art=19/19a.1>. 10/10/2000 2000

Fiji Island Bureau of Statistics. 2003. *Fiji Profile,*
http://www.statsfiji.gov.fj/f_economic.html. 15th June 2003

Fink A. 1986. "A possible explanation for heterosexual male infection with AIDS." *New England Journal of Medicine.* 314:1167.

Finkelhor D. 1994. "The international epidemiology of child sexual abuse." *Child Abuse and Neglect.* 18(5):409-417.

Fisek N H and Sumbuloglo K. 1978. "The effects of husband and wife education on family planning in rural Turkey." *Studies in Family Planning.* 26(1):81-115.

- Fishbein M, & Ajzen, I. 1975. " Understanding and promoting AIDS-preventive behavior: Insights from the Theory of Reasoned Action." *Health Psychology*. **14**: 255-264.
- Fishbein M, Middlestadt S E and Hitchcock P J. 1994. "Using information to change sexually transmitted related behavior: an analysis based on the theory of reasoned action" DiClemente R J and Peterson J L. *Preventing AIDS: Theories and methods of behavioral interventions*. New York, Plenum Press: 61-78.
- Fisher W, Fisher J and Rye B. 1995. "Understanding and promoting AIDS-preventive behavior: Insights from the Theory of Reasoned Action." *Health Psychology*. **14**(255-264).
- Fleiss P M and Hodge F. 1996. "Neonatal circumcision does not protect against penile cancer." *British Medical Journal*. **312**:779-780.
- Forrest J D and Singh S. 1990. "The sexual and reproductive behaviour of American women, 1982-1988." *Family Planning Perspectives*. **22**:206-214.
- Francis L J and Wilcox C. 1996. "Religion and gender orientation." *Personality and individual differences*. **20**:119-121.
- Friedland R H, Jankelowitz S K, Debeer M, Deklerk C, khoury V, Csizmadia T, Padayachee G N and Levy S. 1991. "Perceptions and knowledge about the Acquired-Immunodeficiency-Syndrome among students in university residences." *South African Medical Journal*. **79**(3):149-154.
- Friedman H L. 1994. "Reproductive health in adolescence." *World Health Statistics Quarterly*. **47**(1):31-35.
- Gatu R. 2000. "Solomon Islands: Reaching street children in Honiara." *Pacific AIDS alert bulletin*. **19**(1):11.
- Godina E. 1996. "Human sex determination. An historical review and synthesis - Wells,R." *Journal of Biosocial Science*. **28**(2):255-256.
- Gohel M, Diamond J J and Chambers C V. 1997. "Attitudes towards sexual responsibility and parenting : An exploratory study of young urban males." *Family Planning Perspectives*. **29**(6):280-283.
- Goldberg H and Toros A. 1994. "The use of traditional methods of contraception among Turkish couples." *Studies in Family Planning*. **25**(2):122-128.
- Goldman R. 1999. "The psychological impact of circumcision." *British Journal of Urology*. **83**(Supplementary):93-102.
- Goldscheider F K and Kaufman G. 1996. "Fertility and commitment: Bringing men back in." *Population and Development Review*. **22**(Supplementary): 87-99.

Goodson P, Evans A and Edmundson E. 1997. "Female adolescents and onset of sexual intercourse: a theory-based review of research from 1984-1994." *Journal of Adolescent Health*. **21**:147-156.

Gordon S and Synder C. 1986. *Personal issues in human sexuality*. Newton, Allyn and Bacon.

Gorgen R, Yansane M L, Marx M and Millimounou D. 1998. "Sexual behaviour and attitudes among unmarried urban youths in Guinea." *International Family Planning Perspectives*. **24**(2):65-71.

Government F. 2002. Rebuilding Confidence for Stability and growth for a Peaceful, Prosperous Fiji. Suva. Parliamentary Paper 72.

Government of Fiji. 2003. *Stakeholders to work together on HIV/AIDS prevention*, http://www.fiji.gov.fj/press/2003_02/2003_02_25-03.shtml. 25th Feb 2003

Green C P, Cohen S I and Ghouayel H B-E. 1995. *Male involvement in reproductive health, including family planning and sexual health*. New York, United Nations Population Fund.

Greene M E and Biddlecom A E. 2000. "Absent and problematic men: Demographic account of male reproductive role." *Population and Development Review*. **26**(1):81-115.

Greene M E, Cohen S I and Belhadj E L. 1995. *Male involvement in reproductive health, including family planning and sexual health*. New York, United Nations Population Fund. 104.

Grey I M and Swain R B. 1996. "Sexual and religious attitude to Irish students." *Irish Journal of Psychology*. **17**(3):213-227.

Gruinseit A C and Richters J. 2000. "Age at first intercourse in an Australian national sample of technical college students." *Australian and New Zealand Journal of Psychiatry*. **24**(1):11-16.

Grunseit A, Kippax S, Aggleton P, Baldo M and Slutkin G. 1994. "Sexuality education and young people's sexual behaviour." *Journal of Adolescent Research*. **18**(4):421-453.

Gubhaju B B and Navunisaravi N. 1990. "Trends in fertility and mortality in Fiji based on the 1986 Census." *Asia-Pacific Population Journal*. **4**(4).

Halperin D T, Bailey R and Ronald A. 1999. "Male circumcision and HIV infections: ten years and counting." *Lancet*. **354**:1813-1815.

Hansen G L. 2001. *Recognising sexual myths*, http://www.nnfr.org/adolsex/fact/adolsex_myths.html. 24th July 2003

Hanson S L, Morrison D R and Ginsburg A L. 1989. "The Antecedents of teenage fatherhood." *Demography*. **26**(4):579-596.

Hassan E A and Creatsas G C. 2000. "Adolescent sexuality: a developmental milestone or risk-taking behavior? The role of the health care in the prevention of sexually transmitted diseases." *Journal of pediatric and adolescent gynecology*. **13**(3):119-124.

Hatfield E and Sprecher S. 1986. *Mirror, mirror... The importance of look in everyday life*. Albany, New York, State University of New York Press.

Havanon N, Bennett A and Knodel J. 1993. "Sexual networking in provincial Thailand." *Studies in Family Planning*. **24**(1):1-17.

Hawkes S. 1998. "Providing sexual health service for men in Bangladesh." *Sexual Health Exchange*. **3**:14-15.

Heise L, Ellsberg M and Gottemoeller M. 1999. *Ending Violence Against Women*. Baltimore, Johns Hopkins University School of Public Health, Population Information Program, Report.

Helzner J K. 1996. "Men's involvement in family planning." *Reproductive Health Matters*. **7**:146-154.

Hocart A M. 1952. *The Northern States of Fiji*. Welwyn Garden City, The royal Anthropological Institution of Great Britain and Ireland.

Hofferth S L and Hayes C D. 1987. Risking the future: Adolescent sexuality, Pregnancy and childbearing.

Hollander D. 1996. "Thai program increases men's use of condoms with sex workers." *Family Planning Perspectives*. **22**(4):177-178.

Holman J R and Stuessi K A: 1999. "Adult circumcision: an assessment of health benefits and risks." *Sexually transmitted Infections*. **59**:1514-1518.

Horrocks R. 1997. *An introduction to the study of sexuality*. New York, St. Martin's Press.

Hotchin P, Tapelu' P, Chetty V, Hakwa R and Philip D. 1995. "Knowledge, attitudes and behaviours of reinfected patients- Suva STD clinic, Fiji 1994/95." *Pacific Dialogue*. **2**(2):45-50.

Houben K. 1999. The adoption of medical circumcision in the United States from 1870 to 1920. Master's thesis. Yale University:

Hughes J and McCauley A P. 1998. "Improving the fit: Adolescents' needs and future programs for sexual and reproductive health in developing countries." *Studies in Family Planning*. **29**(2):233-245.

Hull T and Hull V. 1973. "Fiji: a study of ethnic plurality and family planning" Smith T E. *The politics of family planning in the third world*. London, George Allen and Unwin: 168-216.

Hull V J. 1975. *Fertility, Socioeconomic Status, and the position of women in a Javanese village*. Phd Dissertation. Canberra, The Australian National University:

Hunt M. 1974. *Sexual behaviour in the 70's*. Chicago, Playboy Press.

Hutchinson J. 1885. "On the influence of circumcision in preventing syphilis." *Medical Times and Gazette*. 1:542-543.

Ip W Y, Chau J P, Chang A M and Lui M H. 2001. "Knowledge of and attitude towards sex among Chinese adolescents." *Western Journal of Nursing Research*. 23(2):211-222.

Isiugo-Abanihe U C. 1994. "Reproductive motivation and family-size preferences among Nigerian men." *Studies in Family Planning*. 25(3):149-161.

Jessor S L and Jessor R. 1975. "Transition from virginity to non-virginity among youth: a socio-psychological study over time." *Developmental Psychology*. 11:473-484.

Jewkes R, Levin J and Penn-Kekana L. 2002. "Risk factors for domestic violence: findings from a South African cross-sectional study." *Social Science & Medicine*. 55(9):1603-1617.

Jinadu M K and Odesanmi W O. 1993. "Adolescent behaviour and condom use in Ile-Ife, Nigeria." *Clinical nursing research*. 2(1):111-118.

Jinich S, Paul J and Stall R. 1998. "Childhood sexual abuse and HIV-risk taking behavior among gay and bisexual men." *AIDS behavior*. 2:41-52.

Joffe A and Radius S M. 1993. "Self-efficacy and intent to use condoms among entering college freshmen." *Journal of Adolescent Health*. 14:262-268.

Johnson A, Wadsworth J, Wellings K and Field J. 1994. *Sexual attitudes and lifestyle*. Oxford, Blackwell Scientific.

Johnson L S, Rozmus C and Edmission K. 1999. "Adolescent sexuality and sexually transmitted diseases: attitudes, beliefs, knowledge, and values." *Journal of pediatric nursing*. 14(3):177-185.

Johnson W and Delamater J. 1976. "Response effects in sex survey." *Public Opinion Quarterly*. 40(2):165-181.

Kaitani M. 2000. Safe Sex: Knowledge, practice and the contradictions: A case study of Fijian men in urban Suva, Secretariat of the Pacific Community. Discussion Paper 2.

Kang M and Zador D. 1993. "Sexual behaviour and contraceptive practices of year 10 schoolgirls in inner metropolitan Sydney." *Australian Journal of Marriage and Family*. 14:137-42.

Kapamadzija A, Bjelica A and Segidi D. 2000. "Sexual knowledge and behavior in male high school students." *Medicinski Pregled*. 53(11-12):595-599.

Karra M V, Stark N N and Wolf J. 1997. "Male involvement in family planning: a case study spanning five generations of a South Indian family." *Studies in Family Planning*. 28(1):24-34.

Kearney R E. 1980. "Some problems of developing and managing fisheries in small island states" Shand R T. *The island states of the Pacific and Indian Ocean: anatomy of development*. Canberra, Development Studies Centre: 41-60.

- Keesing R M. 1982. "Kastom in Melanesia: An overview." *Mankind*. **13**(4):297-301.
- Kendall-Tackett K A, Williams L M and Finkelhor D. 1993. "Impact of sexual abuse on children: a review and synthesis of recent empirical studies." *Psychological Bulletin* **1**. **13**(1):164-180.
- Kim D S, Lee J Y and Pang M G. 1999. "Male circumcision: a South Korean perspective." *British Journal of Urology*. **83**(Supplementary):28-33.
- Kinsley A C, Pomeroy W B and Martin C E. 1948. *Sexual behavior in the human male*. Philadelphia, W.B. Saunders.
- Kinsman S B, Romer D, Furstenberg F F and Schwarz D F. 1998. "Early Sexual Initiation: The role of peer norms." *Pediatrics*. **102**(5):1185-1192.
- Kirby D, Short L, Collins J, Rugg D, Kolbe L, Howard M, Miller B, Sonenstein F and Zabin L. 1994. "School-based program to reduce sexual risk behaviour: A review of effectiveness." *Public Health Reports*. **109**:339-360.
- Kirk D. 1996. "Demographic transition theory." *Population Studies*. **50**:361-387.
- Klanger B, Tyden T and Ruusuvaara L. 1994. "Sexual behaviour among adolescents in Uppsala, Sweden." *Journal of Adolescent Health*. **14**:468-474.
- Knudsen C O. 1994. *The Falling Dawadawa Tree: Female circumcision in developing Ghana*. Hojbjerg, Denmark, Intervention press.
- Kraft P. 1991. "Age at first experience of intercourse among Norwegian adolescents: A lifestyle perspective." *Social science and medicine*. **33**:207-213.
- Kraft P, Rise J and Traeen B. 1990. "The HIV epidemic and changes in the use of contraception among Norwegian adolescents." *AIDS*. **4**:673-678.
- Ku L, Sonenstein F L, Lindberg L D, Bradner C H, Bogess S and Pleck J H. 1998a. "Understanding changes in sexual activity among young metropolitan men." *Family Planning Perspectives*. **30**(6):256-262.
- Ku L, Sonenstein F L and Pleck J H. 1992. "Patterns of HIV risks and preventive behaviour among teenage men." *Public Health Reports*. **30**(6):131-138.
- Ku L, Sonenstein F L and Pleck J H. 1993. "Neighborhood, family, and work: influences on the premarital behaviors of adolescent males." *Social Forces*. **72**(2):479-503.
- Kunabuli P. 1990. "Population emigration from Fiji" Chandra R and Bryant J. *Population of Fiji*. Noumea, South Pacific Commission.
- Laquian A and Naroba V. 1990. "Family planning in Fiji" Chandra R and Bryant J. *Population of Fiji*. Noumea, South Pacific Commission: 111-119.

Laumann E, J Gagnon, R Michael and Michaels S. 1994a. *The social organization of sexuality: sexual practices in the United States*. Chicago, University of Chicago Press.

Laumann E O, Gagnon J H, Michaels R T and Michaels S. 1994b. *The social organisation of sexuality: Sexual practices in the United States*. Chicago, Chicago press.

Leach F. 2001. *Conspiracy of silence? Stamping out abuse in African schools.*, www.id21.org/insights/insights-gv-special/insights-gv-special-editorial.html. 6th August 2002

Lee R B. 1995. Towards male involvement in population and AIDS programs in the Philippines: Exploring heterosexual dating and sexual behaviour, and condom use among unmarried young males. Doctor of Philosophy. Canberra, The Australian National University:

Lee R B. 1999. "Men's involvement in women's reproductive health projects and programmes in the Philippines." *Reproductive Health Matters*. 7(14):106-117.

Leigh B C, Morrison D M and Tempe M T. 1994. "Sexual behavior of American adolescents: results from a U.S. national survey." *Journal of adolescent health*. 15(2):117-152.

Leitenberg H, M J Detzer and Srebnik D. 1993. "Gender differences in masturbation and the relation of masturbation experience in preadolescence and/or early adolescence to sexual behavior and sexual adjustment in young adulthood." *Archives of sexual behavior*. 22(2):87-98.

Lesthaeghe R. 1983. "A century of demographic and cultural changes in Western Europe: An exploration of underlying dimensions." *Population and Development Review*. 13(4):411-436.

Letamo G. 1993. Modernization and premarital dyadic formations in Botswana. *Proceedings of the International Population Conference*. Montreal, 1: 369-379.

Lindbald F. 1995. "Preschoolers' sexual behavior at daycare centers: An epidemiological study." *Child abuse and neglect*. 19(5):569-577.

Lindberg L D, Ku L and Sonanstein F. 2000. "Adolescents' reports of reproductive Health Education, 1988 and 1995." *Family Planning Perspectives*. 32(5):220-226.

Lock S E, Ferguson S L and Wise C. 1998. "Communication of sexual risk behavior among late adolescents." *Western Journal of nursing research*. 30(3):273-294.

Low C A and Handal P J. 1995. "The relationship between religion and adjustment to college." *Journal of College Student Development*. 36:406-412.

Lucas D. 1994. *World population growth and theory*. Series. Lucas D *Begining population studies*. Canberra, National Center for Development Studies, Australian National University.

Luster T and Small S A. 1994. "Factors associated with sexual risk taking behaviour among adolescents." *Journal of Marriage and the Family*. 56(August):622-632.

- Magnani R J, Bertrand J T, Makani B and McDonald S W. 1995. "Men, marriage, and fatherhood in Kinshasa, Zaire." *International Family Planning Perspectives*. 2(1):19-25,47.
- Magura S, Shapiro J L and Kang S Y. 1994. "Condom use among criminally-involved adolescents." *AIDS Care*. 6:595-603.
- Mahler K. 1997. "Increased risk of STD infection among Peruvian women linked to their partners' sexual practices." *International Family Planning Perspectives*. 23(1):39-40.
- Malungo J R. 2000. Sexual behaviour and networking in the era of HIV/AIDS: Continuity and changes in socio-economic and cultural aspects in Southern Province of Zambia. thesis submitted for the degree of Doctor of Philosophy. Canberra, The Australian National University:
- Marsiglio W and Mott F J. 1986. "The impact of sex education on sexual activity, contraceptive use and premarital pregnancy among American teenagers." *Family Planning Perspectives*. 18(4):151-162.
- Marsiglio W. 1993. "Adolescent Males orientation towards paternity and contraception." *Family Planning Perspectives*. 25(1):22-31.
- Matasha E, Ntembelea T, Mayaud P, Saidi W, Todd J, Mujaya B and Tendo-Wambua L. 1998. "Sexual and reproductive health among primary and secondary school pupils in Mwanza, Tanzania: need for intervention." *AIDS care*. 10(5):571-582.
- Mauldon J and Luker K. 1996. "The effects of contraceptive education on method used at first intercourse." *Family Planning Perspectives*. 28(1):19-24.
- McCauley A P and Salter C. 1995. *Meeting the Needs of Young Adults*. Baltimore, Johns Hopkins School of Public Health, Population Information Program.
- Meekers D and Ahmed G. 2000. "Contemporary pattern of adolescent sexuality in urban Botswana." *Journal of biosocial-science*. 32(4):467-485.
- Meleisea M. 1987. "Ideology in Pacific Studies: A personal View." Hooper A. *Class and Culture in the Pacific*. Suva, University of the South Pacific: 140-152.
- Meschke L L and Silbereisen R K. 1997. "The influences of puberty, family processes, and leisure activities on the timing of the first sexual experience." *Journal of Adolescence*. 20:403-418.
- Meyer-Bahlburg H F L, Dolezal C L, Wasserman G A and Jaramillo B M. 1999. "Prepubertal boys' sexual behaviour and behaviour problem." *AIDS Education and Prevention*. 11(2):174-186.
- Michaels S and Giami A. 1999. "Review: Sexual acts and sexual relationships: Asking about sex in surveys." *Public Opinion Quarterly*. 63(3):Autumn, 1999.
- Miller A S and Hoffmann J P. 1995. "Risk and religion: An explanation of gender differences in religiosity." *Journal for the scientific study of religion*. 34:63-75.

Milos M F. 1992. "Circumcision: A medical and human right issue." *Journal of Nurse Midwifery*. **37**:85S.

Ministry of Information. 2001. *Fiji Today 2000*. Suva, Ministry of Information.

Ministry of National Planning. 1997. *Development Strategies for Fiji*. Suva, Parliament. Parliamentary paper 58.

Moberg D P and Piper D L. 1998. "The Healthy for Life project: sexual risk behavior outcome." *AIDS Education Prevention*. **10**(2):128-148.

Moore M. 1999. "Men in Uttar Pradesh, know little about women's reproductive health needs." *International Family Planning Perspectives*. **25**(2):107.

Moore S M and Rosenthal D A. 1993. *Sexuality in Adolescence*. London, Routledge.

Morris L. 1994. "Sexual behaviour of young adults in Latin America." *Advances in Population: Psychosocial Perspectives*. **2**:231-251.

Morton M, Nelson L, Walsh C, Zimmerman S and Coe R M. 1996. "Evaluation of HIV/AIDS education programs for adolescents." *Journal of community health*. **21**(1):23-35.

Moses S, Bailey R C and Ronald A R. 1998. "Male circumcision: assessment of health benefits and risks." *Sexually transmitted Infections*. **74**:368-373.

Moses S, Bradley J E, Ngelkerke N D J, Ronald A R, Ndinya-Achola J O and Plummer F A. 1990. "Geographical patterns of male circumcision practices in Africa: Association with HIV prevalence." *Journal of Epidemiology*. **19**:693-697.

Mosher W D and Bachrach C A. 1987. "First premarital contraceptive use: United States 1960-82." *Studies in Family Planning*. **18**(2):83-94.

Muller K E and Powers W G. 1990. "Parent-child sexual discussion: perceived communicator style and subsequent behavior." *Adolescence*. **25**(98):469-482.

Murray N J, Zabin L S, Toledo-Dreves V and Luengo-Charath X. 1998. "Gender differences in factors influencing first intercourse among urban students in Chile." *International Family Planning Perspectives*. **24**(3):139-152.

Nahom D, Wells E, Gillmore M R, Hoppe M, Morrison D M, Archibald M, Murowchick E, Wilsdon A and Graham L. 2001. "Differences by gender and sexual experience in adolescent sexual behaviour: implications for education and HIV prevention." *The Journal School Health*. **71**(4):153-158.

Naroba V. 1990. "Fertility trends and differentials in Fiji" Chandra R and Bryant J. *Population of Fiji*. Noumea, South Pacific Commission: 92-110.

Nayacakalou R R. 1955. "The Fijian system of kniship and marriage." *Journal of the Polynesian society*. **64**(1):44-55.

- Nzioka C. 2001. "Perspectives of adolescent boys on the risks of unwanted pregnancy and sexually transmitted infections: Kenya." *Reproductive Health Matters*. **9**(17):108-117.
- Odimegwu C O, Solanke L B and Adedokun A. 2002. "Parental characteristics and adolescent sexual behaviour in Bida Local Government Area of Niger State, Nigeria." *African Journal of Reproductive Health*. **6**(1):95-106.
- Okami P. 2001. "Male, female: The evolution of human sex differences." *Journal of Sex Research*. **38**(1):78-81.
- Okun B. 1997. "Family Planning in the Jewish population of Israel: Correlation of withdrawal use." *Studies in Family Planning*. **28**(3):215-227.
- Oliver M B and Hyde J C. 1993. "Gender differences in sexuality: A meta-analysis." *Psychological Bulletin*. **114**:29-51.
- Orubuloye I O, Caldwell J and Caldwell P. 1992. "Diffusion and focus of sexual networking identification of partners and partners' partners." *Studies in Family Planning*. **23**(6):343-351.
- Orubuloye I O, Caldwell J C and Caldwell P. 1991. "Sexual networking in the Ekiti district of Nigeria." *Studies in Family Planning*. **22**(2):61-73.
- O'Shaughnessy R J. 2002. "Violent adolescent sexual offenders." *Child and adolescent psychiatric clinics on North America*. **11**(4):749-765.
- O'Sullivan L and Byers E S. 1993. "Eroding stereotypes: College women's attempts to influence reluctant males sexual partners." *Journal of Sex Research*. **30**:270-282.
- Oswald H and Pforr P. 1992. "Sexuality and AIDS: attitude and behaviors of adolescents in east and west Berlin." *Journal of Adolescence*. **15**(4):373-391.
- Owuamanam D O. 1995. "Sexual networking among youth in southwestern Nigeria." *Health Transition Review*. **5**(Supplementary):57-66.
- Paradise J E. 2001. "Current concepts in preventing sexual abuse." *Current Opinion in Pediatrics*. **13**(5):402-407.
- Patton M S. 1986. "Twentieth century attitudes toward masturbation." *Journal of religion and health*. **25**:291-301.
- Paul C, Fitzjohn J, Herbison P and Dickson N. 2000. "The determinants of sexual intercourse before age 16." *Journal of Adolescent Health*. **27**:136-147.
- Peterson K, Reuter B and Robinson K. 2000. "Commercial sex between men: A prospective diary-based study." *Journal of Sex Research*. **37**(2):151-160.
- Population Council . 1996. *Male CBD agents' effective at reaching men with family planning messages*, <http://www.popcouncil.org/rhfp/alternatives/en1.1>. 5th December 2000

- Population Council . 2000a. Male CBD Agentd Effective at reaching Men with Family planning Messages. 14/5/2000 2000
- Population Council . 2000b. Male Involvement in Reproductive health Issues. 14/5/00 2000
- Presser H B. 1997. "Demography, feminism, and science-policy nexus." *Population and Development Review*. **23**(2):295-331.
- Price A. 2002. Men as partners- Fiji pilot project: Resource manual.
- Pulea M. 1986. *The family, law and population in the Pacific Islands*. Suva, University of the South Pacific.
- Ravuvu A. 1983. *The Fijian way of life*. Suva, University of the South Pacific.
- Remez L. 1996. "Nevada's licensed sex workers achieve minimal condom breakage rate." *Family Planning Perspectives*. **28**(1):35.
- Reports P. 1986. "Men - New focus for family planning programs." *Population Information Program*. **14**(5).
- Richard R and Van-der-Pligt J. 1991. "Factors affecting condom use among adolescents." *Journal of Community and Applied Social Psychology*. **1**:105-116.
- Rizvi S A H, Naqvi S A A, Hussain M and Hasan A S. 1999. "Religious circumcision: a Muslim view." *British Journal of Urology*. **83**(Supplementary):13-16.
- Robey B and Drennan M. 1998. "Male participation in Reproductive Health." *Network*. **18**(3):11-15.
- Robey B, Thomas E, Baro S, Kone S and Kpakpo G. 1998. Men: key partners in reproductive health. A report on the First Conference of French speaking African countries on Men's Participation in Reproductive Health. Maryland, John Hopkins School of Public Health, Centre for Communication Programs.
- Rodden P, Crawford J, Kippax S and French J. 1996. "Sexual practice and understandings of safe sex: assessing change among 18 to 19 year old Australian tertiary students 1988 to 1994." *Australian Journal of Public Health*. **20**:643-649.
- Rogow D and Horowitz S. 1995. "Withdrawal: A review of the literature and an agenda for research." *Studies in Family Planning*. **26**(3):140.
- Roizen J, Gyneshwar R and Z R. 1992. Where is Planning in Family Planning: Fiji after three decades of family planning programmes. Suva, University of the South Pacific.
- Romer D, Stanton B, Galbraith J, Feigelmen S, Black M M and Li X. 1999. "Parental influence on adolescent sexual behavior in high-poverty setting." *Archives of pediatrics and adolescent medicine*. **153**(10):1055-1062.

Rosenberg J. 2001. "Boyhood abuse increases men's risk of involvement in a teenager's pregnancy." *Family Planning Perspectives*. **33**(4):184-185.

Rosenthal D, Senserrick T and Feldman S. 2001. "A typology approach to describing parents as communicators about sexuality." *Archives of sexual behavior*. **30**(5):463-482.

Rosenthal D A, Moore S M and Brumen I. 1990. "Ethnic group differences in adolescents' responses to AIDS." *Australian Journal of Social Issues*. **1**:77-88.

Rosenthal D A and Smith A M A. 1995. "Adolescents, sexually transmissible diseases, and health promotion: Information sources, preference and trust." *Health Promotion Journal of Australia*. **5**:38-44.

Rosenthal D A and Smith A M A. 1997. "Adolescent sexual timetable." *Journal of Youth and Adolescence*. **26**:619-636.

Rosenthal D A, Smith A M A and deVisser R. 1999. "Personal and social factors influencing age at first intercourse." *Archives of Sexual Behavior*. **28**(4):319-333.

Rossi A S. 1997. "The Impact of Family Structure and Social changes on Adolescent Sexual Behaviour." *Children and youth service review*. **19**(5/6):369-399.

Rwenge M. 2000. "Sexual risk behaviours among young people in Bamenda, Cameroon." *International Family Planning Perspectives*. **26**(3):118-123.

Sahlins M D. 1962. *Moala : culture and nature on a Fijian island*. Ann Arbor, University of Michigan Press,.

Schatz P and Dzvimbo K P. 2001. "The adolescent world and AIDS prevention: a democratic approach to programme design in Zimbabwe." *Health Promotion International*. **16**(2):127-136.

Schofield M. 1965. *The sexual behaviour of young people*. London, Longman.

Schuster M A, Bell R M and Kanouse D E. 1996. "The sexual practices of adolescent virgins: Genital sexual activities of high school students who have never had vaginal intercourse." *American Journal of Public Health*. **86**:1570-1576.

Schwartz I M. 1999. "Sexual activity prior to coital initiation: A comparison between males and females." *Archive of sexual behaviour*. **28**(1):63-69.

Scott-Jones D and White A B. 1990. "Correlates of sexual activity in early adolescence." *Journal of Early Adolescence*. **10**:221-238.

Secretariat of the Pacific Community. 1999. *Fiji Islands population profile based on 1996 census: A guide for planners and policy-makers*. Noumea, Demography and Policy Programme, Secretariat of Pacific Community.

Secretariat of the Pacific Community. 2001. *Population and Development Planning in the Pacific*. Noumea. 1-78.

Senderowitz J. 1995. *Adolescent Health: Reassessing the Passage to Adulthood*, World Bank. Discussion Paper.

Seniloli K. 1990. *Family Planning in Fiji*. Canberra, NCDS, Australian National University. Working Paper 90/2.

Seniloli K. 1992. *The Socio-Economic and Cultural Dimensions of Ethnic Fertility differences in Fiji: The case of two villages in South-East Viti Levu*. Doctor of Philosophy. Canberra, The Australian National University:

Seniloli K. 1996. *Report of the Fertility and Reproductive Health Survey, Fiji 1994-1995*. Suva, Population Studies Programme, University of the South Pacific.

Seymour-Smith M. 1975. *Sex and Society*. London, Hodder and Stoughton.

Shelton J D. 1999. "Prevention first: A three-pronged strategy to integrate family planning program effort against HIV and sexually transmitted infections." *International Family Planning Perspectives*. 25(3):147-152.

Shephard B. 1996. "Masculinity and male role in sexual health." *Planned Parenthood Challenges*. 2:11-14.

Singh S, Wulf D, Samara R and Cuca Y P. 2000. "Gender differences in the timing of first intercourse: Data from 14 countries." *International Family Planning Perspectives*. 26(1):21-28.

Sonenstein F L. 1973. *Adolescent sexuality in contemporary America*. New York, World.

Spingarn R W. 1995. "Condom availability and prevention issues for adolescents." *Current opinion in pediatrics*. 7(4):360-365.

Stigum H, Magnus P, Veierod M and Bakketeig L. 1987. "Impact on sexually transmitted disease spread of increase use by young females." *International Journal of Epidemiology*. 24:813-820.

Tambi M I. 1996. "Men's reproductive health needs." *People and Development Challenges*. 3(6):15-16.

Tangchonlatip K and Ford N. 1993. "Husbands' and wives' attitude towards husbands' use of prostitutes in Thailand" Ford N and Chamratrithirong A. *Proceedings of the Symposium on the Mahidol*. Nakornpathom, Thailand, Exeter British Council Link: 117-134.

Taris T W and Semin G R. 1996. "Parent-child interaction during adolescence, and the adolescent's sexual experience: control, closeness, and conflicts." *Journal of Youth and Adolescence*. 26(4):373-398.

Thompson L. 1940. *Fijian Frontier*. Honolulu, American Council institute of Pacific Relations.

Thomson A and Camburn D. 1989. "Religious participation and adolescent sexual behaviour and attitude." *Journal of Marriage and the Family*. **51**(3):641-653.

Thomson B. 1908. *The Fijians: A study of the decay of Custom*. London, Willam Heinemann.

Thornberry T O, Smith C A and Howard G J. 1997. "Risk factors for teenage fatherhood." *Journal of Marriage and the Family*. **59**(3):505-522.

To T, Agha M, Dick P T and Feldman W. 1998. "Cohort study of circumcision of newborn boys and subsequent risk of urinary-tract infection." *Lancet*. **352**:1813-1816.

Toulemon L and Leridon H. 1998. "Contraceptive Practices and Trends in France." *Family Planning Perspectives*. **30**(3):114-120.

Tyden Y, Norden L and Ruusuvaara L. 1991. "Swedish adolescent's knowledge of sexually transmitted diseases and their attitude to the condom." *Midwifery*. **7**(1):25-30.

Udry J and Campbell B C. 1994. "Getting started on sexual behavior." Rossi S. *Sexuality across the life course*. Chicago, University of Chicago Press: 187-207.

Udry J R. 1990. "Homonal and social determinants of adolescent sexual initiation" Bancroft J and Reinisch J M. *Adolescence and Puberty*. New York, Oxford University Press. **3**.

Ulin P R, Cayemittes M and Metellus E. 1995. Haitian women's role in sexual decision-making. The gap between AIDS knowledge and sexual behaviour change. North Carolina, Family Health International.

UN. 1995. Population and Development: programme of Action adopted at the International Conference on Population and Development. Cairo, UNFPA.

UNAIDS/WHO. 2002. *AIDS epidemic update*. Geneva, UNAIDS.

UNESCO. 2000. *The Big Talk: Ensuring that reproductive health messages fall on receptive adolescent ears*, <http://www.unescobkk.org/infores/recpec/newslet/news98-2-3>. 1st March 2001

UNFPA. 1995. Population and Development: programme of Action adopted at the International Conference on Population and Development. Cairo, UNFPA.

UNFPA. 2003. *Women empowerment and reproductive health: Marriage and the family*, <http://www.unfpa.org/modules/intercenter/cycle/marriage.htm>. 5th March 2003

UNICEF. 1997. A situation analysis of children and women in Fiji 1996. Suva, UNICEF.

United Nations. 1995. Population and Development: programme of Action adopted at the International Conference on Population and Development. Cairo, UNFPA.

- Updegrave K K. 2001. "An evidence-based approach to male circumcision: What do we know." *Journal of Midwifery and women's health*. **46**(6):415-422.
- Utomo I D. 1997. *Sexual Attitudes and Behaviour of Middle-class young people in Jakarta*. Doctor of Philosophy. Canberra, The Australian National University:
- Veramo J. 1995. *Growing up in Fiji*. Suva, Institute of Pacific Studies.
- Visser A P and Vanbilsen P. 1994. "Affectiveness of sex-education provided to adolescents." *Patient education and counseling*. **23**(3):147-160.
- Voss J, Gale J and Porter J. 1987. *Sexuality: A girl's guide*. Melbourne, Mcphee Gribble Publishers.
- Vundule C, Maforah E, Jewkes R and Jordaan E. 2001. "Risk factors for teenage pregnancy among sexually active black adolescents in Cape Town. A case control study." *South African Medical Journal*. **91**(1):73-80.
- Wallerstein E. 1980. *Circumcision: An American Health Fallacy*. New York, Springer Publishing Company.
- Waq V. 1998. The men who risk AIDS. *Fiji Business Magazine*: 28.
- Webb D. 2000. "Attitude to 'Kaponya Mafumo': the terminators of pregnancy in urban Zambia." *Health Policy and Planning*. **15**(2):186-193.
- Wegner M N, Landry E, Wilkinson D and Tzani J. 1998. "Men as Partners in Reproductive Health: From Issues to Action (in Special Report)." *International Family Planning Perspectives*. **24**(1):38-42.
- Weinstein M and Thornton A L. 1989. "Mother-child relationship and adolescent sexual attitude and behavior." *Demography*. **26**:563-577.
- Welling K, Field J, Johnson A and Wadsworth J. 1994. *Sexual behaviour in Britain*. New York, Penguin.
- Werdelin L, Misfeldt J, Melbye M and Olsen J. 1992. "An update on knowledge and sexual behaviour among students in Greenland." *Scandanavian Journal of Social Medicine*. **20**:158-164.
- WHO. 1991. Infertility: A tabulation of available data on prevalence of primary and secondary fertility. Geneva, WHO.
- WHO. 1998. *World Health Report, 1998*. Geneva, WHO.
- WHO/UNFPA/UNICEF. 1999. Programming for Adolescent Health and Development. Report of a WHO/UNFPA/UNICEF Study Group on Programming for Adolescent Health Technical Report Series. Geneva, WHO. 886.

- Willis G, P Royston and Bercini D. 1991. "The use of verbal report methods in the development and testing of survey instrument." *Applied cognitive psychology*. 5:251-267.
- Wilson G D. 1981. "Cross-generational stability in gender differences in sexuality." *Personality and Individual Differences*. 2:254-257.
- Wilson G D. 1987. "Male-female differences in sexuality activity, enjoyment, and fantasies." *Personality and Individual Differences*. 8:125-127.
- Wilson S N. 2000. "Sexuality education: Our current status and an agenda for 2010." *Family Planning Perspectives*. 32(5):252-254.
- Wiswell T E and Hachey W E. 1993. "Urinary tract infections and the uncircumcised state." *Clinical Paediatrics*. 32:130-134.
- Wong C and Tang C S. 2001. "Understanding heterosexual Chinese college students' intention to adopt safer sex behavior." *The Journal of Sex Research*. 38(2):118-126.
- Wood K, Maforah F and Jewkes K. 1998. "How forced me to love him: putting violence on adolescent sexual health agenda." *Social Science and Medicine* 1982. 47(2):233-242.
- Woodward L T. 1963. *The History of Surgery*. Monarch, Derby. Co.
- Zavodny M. 2001. "The effect of partner's characteristics on teenage pregnancy and its resolution." *Family Planning Perspectives*. 33(5):192-199,205.
- Zelnik M and Shah F. 1983. "First intercourse among young Americans." *Family Planning Perspectives*. 15:64-72.
- Zilbergeld B. 1992a. *The New Male Sexuality*. Bantam Books, New York.

APPENDIX 1

QUESTIONNAIRE

Code No.			

SURVEY QUESTIONNAIRE

The Reproductive and Sexual Health Knowledge and Behaviour of Men in Fiji.

This research is conducted to try and identify the social and cultural factors that influence the reproductive and sexual behaviours of males aged 15 to 24 years in Fiji. The aim of the study is to identify the factors influencing the reproductive and sexual behaviours of adolescent and young males in Fiji. In identifying the factors that influence the behaviour of males, the study can be used to plan related programs and to identify the needs relating to reproductive and sexual health services.

The findings from this research will help to improve and better the standard of reproductive health services available to men. It will help to improve the general understanding of how is the reproductive and sexual behaviours of men determined and why different social groups may have different reproductive and sexual behaviour.

I would like to inform you that all of your responses will be treated confidentially and **you should not put your name in the questionnaire**. Your participation and honesty is appreciated in anticipation of the success of this study.

Thank you for taking the time to complete this questionnaire.

A Questionnaire Identification

Questionnaire Number; _____
Date: _____
Interviewer / Self-administered: _____

Prepared by Mili Kaitani, Demography Program, RISS, The Australian National University, Canberra Australia.

PART I. Respondent's demographic characteristics. Please write your responses in the spaces provided. For multiple choice questions please circle the answer of your response.

1. Where do you live in Suva.

1. Samabula	7. Tamavua
2. Nabua	8. Lami/Delainavesi
3. Raiwai/Raiwaqa	9. Valelevu/Kinoya
4. Nasinu	10. Nadera/Nepani
5. Vatuwaqa	11. Other area. Name: _____
6. Nasese	

2. Who are you currently residing with?

1. Staying at my parent's home	4. Living in a hostel or boarding house
2. Staying at my own home or renting a house.	5. Staying with my relatives
3. Living with friends	6. Others (specify) _____

3. How old are you? _____ years

4. Ethnicity.
 1. Fijian (including Rotumans)
 2. Indian

5. Marital Status

1. Never married	4. Separated
2. Married and together	5. De facto union
3. Divorced	

6. If ever-married, at what age were you first married? _____ years

7. Religion

1. Catholic	5. Hindu
2. Methodist	6. Muslim
3. Seventh Days Adventist	7. No religion
4. Other Christian denominations (identify) _____	8. Others (identify) _____

8. How often do you go to church or to religious gatherings?

1. Every day	4. Sometime
2. Every Sunday	5. Rarely
3. I go to every religious gathering	6. Never

19. How much money does your household (family) earn in a week?
- | | |
|--------------------|---------------------|
| 1. Less than \$50. | 4. \$301 - \$500 |
| 2. \$51 - \$100 | 5. More than \$500. |
| 3. \$101 - \$300 | |
20. Where were you brought up as a child?
1. In the village
 2. In a farm/rural settlement.
 3. In town/city.
21. For how long have you been residing or schooling in Suva? _____
22. How many brothers do you have? _____
23. How many sisters do you have? _____

PART II KNOWLEDGE OF REPRODUCTIVE HEALTH

24. Have you ever received any educational information on reproductive and sexual health?
1. Yes
 2. No
25. The statements below mention several sources of information that you might have used to get information on reproductive and sexual health. *Please answer this by circling the score of your choice for each of the following sources, according to the key scores mentioned below.*

Key

1	=	Not useful at all	3	=	Useful
2	=	Not useful	4	=	Very useful

	Use this source Yes(Y)/No(N)	If YES, usefulness of information (Score)			
1. Girlfriend	_____	1	2	3	4
2. Mother	_____	1	2	3	4
3. Father	_____	1	2	3	4
4. Other family members	_____	1	2	3	4
5. Friends (peer)	_____	1	2	3	4
6. Counsellor/religious leaders	_____	1	2	3	4
7. Newspapers/magazines/books	_____	1	2	3	4
8. Radio/ TV/film	_____	1	2	3	4
9. School, (Teacher)	_____	1	2	3	4

26. Is/was Family Life Education offered at your Primary/High school?
1. Yes
 2. No (go to Q29).
 3. Do not know (go to Q29)

39. What is safe sex? (Please circle your choice of answers)

	Yes, safe.	No, not safe.
a. Using any form of contraception during coitus.	1	2
b. Using a condom during coitus	1	2
c. Sexual abstinence	1	2
d. Having one a sexual partner	1	2
e. Preventing pregnancy	1	2
f. Oral sex.	1	2
g. Having sex with a girl when not having her period	1	2

40. Is the use of condoms common in your community?

- | | | |
|--------|----|--------------|
| 1. Yes | 3. | Do not know. |
| 2. No | | |

PART III. GENDER RELATIONSHIPS.

41. In general, among people you know well from your ethnic group, who has higher status?

- | | | |
|--------|----------|--------------------------|
| 1. Men | 2. Women | 3. Both have equal right |
|--------|----------|--------------------------|

42. If you could only have one child, which would you prefer?

- | | | |
|--------|--------------|-----------------|
| 1. Son | 2. Daughter. | 3.No preference |
|--------|--------------|-----------------|

43. How much do you agree with the following statements? (Please tick.)

Key

- | | | |
|-------------------|-------------------------------|----------------------|
| 1. Strongly agree | 3. Neither agree nor disagree | 4. Disagree |
| 2. Agree | | 5. Strongly disagree |

	1	2	3	4	5
a) Becoming a mother is the most important thing a woman can do.					
b). It is a woman's responsibility to provide and use contraception					
c). A couple should discuss contraception before having sex					
d). Good boys carry condoms.					
e) It is a woman's right to choose whether she wants an abortion.					
f). It is best for a girl to be a virgin until she is marriage.					
g). Men should decide on the number of children they can have.					
h). Unmarried men should use contraception if they are having sex.					
i). It is a man's right to have sexual intercourse with his wife/partner.					
j). It is okay for men to have extra-marital affairs.					
k). Women should not have extra-marital affairs.					
l) Men should make their own decision on choosing a partner					
m) A man should be free to have more than one partner.					
n) Dating a person from another race is acceptable.					
o) A Fijian dating an Indian is acceptable.					
p) Marrying someone from another race is not good.					
q) Dating someone of a different religion is not right.					
r) Marrying someone from another religious group is not acceptable.					

PART VI CULTURE AND REPRODUCTIVE HEALTH

51. Who is the head of your family?
- | | |
|----------------|---------------------|
| 0. My father | 3. Myself |
| 1. Mother | 4. Others (specify) |
| 2. Grandfather | _____ |

52. Who in the family is mostly responsible for looking after the children?
- | | |
|----------------------|------------------------------------|
| 1. Women/young girls | 3. Fathers/Men/boys |
| 2. Both parents | 4. All the grown up in the family. |

53. Who in most cases determine the number of children a couple should have?
- | | |
|------------------------------|--------------------------|
| 1. The man's parents | 3. The couple themselves |
| 2. The whole extended family | 4. The wife |
| | 5. The husband. |

54. In a family where domestic violence occurs, who is most often the victim?
- | | |
|-----------------|--------------------------------|
| 1. The man | 4. The men and the children |
| 2. The woman | 5. The women and the children. |
| 3. The children | |

55. The following statements relate to your lifetime experiences and cultural experiences. How much do you agree with the following statement?
- Key*
- | | | |
|--------------------------|--------------------------------------|-----------------------------|
| 1. <i>Strongly agree</i> | 3. <i>Neither agree nor disagree</i> | 4. <i>Disagree</i> |
| 2. <i>Agree</i> | | 5. <i>Strongly disagree</i> |
| | | 1 2 3 4 5 |

a) Girls are expected to look after their young brothers and sisters.					
b) At age 5-12 years, boys do less domestic duties than girls.					
c). Males in rural or village communities do more household duties when compared to those in urban areas.					
d). Men have more free time than women do.					
e). Knowledge on reproductive and sexual health is passed on to the children through their parent and the elderly in the community.					
f). An extended family,(father, mother, children with other relatives living together is common in the rural areas.					
g). Most urban families are made up of the nuclear family (parent and children with no other relatives)).					
h). Young children normally share the same rooms with their parents.					
i). A private room for a married couple is common in the homes.					

56. How can pregnancy be prevented? (multiple response)
- | | |
|---------------------------|--------------------------------|
| 1. Abstaining from sex | 4. Using traditional medicines |
| 2. Using condoms | 5. Using contraception |
| 3. Having one sex partner | |

74. In the last four weeks, which category best describe your dating.
1. I dated a prostitute
 2. I dated a girlfriend
 3. I dated a female friend whom I had known for some time, but was not a girlfriend
 4. A male companion
 5. I dated a female I had just met.
75. In your whole life have you ever had full penetration sexual intercourse with another person?
1. Yes
 2. No (go to Q86)
76. How old were you when you first had sexual intercourse with another person?
 _____years old.
77. With which of the following categories of females did you first experience sexual intercourse?
1. A female prostitute
 2. A female whom I had just met but not a prostitute
 3. A girlfriend/ wife
 4. A female whom I had known for some time, but was not a girlfriend
 5. A male companion
 6. A male prostitute

If you have not had any sexual intercourse in the past six months, please go to Q #.82

78. In the last six months, how many times have you had intercourse with female?
- | | | |
|----------------|---------------|------------------------|
| 1. Once | 4. Four times | 6. Six times |
| 2. Twice | 5. Five times | 7. More than six times |
| 3. Three times | | |
79. Was this with one partner ?
1. Yes
 2. No
80. In the last six months, with how many different females have you had sexual intercourse?
- | | |
|----------|---------|
| 1. One | 4. Four |
| 2. Two | 5. Five |
| 3. Three | 6. Six |
81. In the last six months, with which of the following categories of partners have you had sexual intercourse? (Please circle (1) for Yes and (2) for No)
- | | | |
|---|----|--|
| 1 | 2 | I had intercourse with a prostitute |
| 1 | 2 | I had intercourse with a female whom I had just met, not a prostitute. |
| 1 | 2 | I had intercourse with a girlfriend. |
| 1 | 2. | I had intercourse with a female I had known for some time. |
| 1 | 2 | I had intercourse with a female (please specify) _____ |
| 1 | 2 | I had intercourse with another male. |

82. In general, to which of the following categories do your coital partners belong?
- 1 Prostitute
 - 2 Females whom I just meet but not a prostitute
 - 3 Girlfriends
 - 4 Females whom I have known for some time, but are not girlfriends
 - 5 Other types of female (please specify) _____
 - 6 A male companion
 - 7 Male prostitutes
83. To which of the following categories do your coital partners mostly belong?
(Please check more than one category if necessary).
- 1 A prostitute
 - 2 Females whom I only meet but not a prostitute
 - 3 A girlfriends, who is not a prostitute.
 - 4 Females whom I have known for some time, but are not girlfriends
 - 5 I could not say who my sexual partners mostly are
 - 6 Schoolmates/schoolgirls
84. In all of your sexual intercourse experiences, how often have you used condoms?
- | | | |
|----------|--------------|----------|
| 1 Always | 2. Sometimes | 3. Never |
|----------|--------------|----------|
85. Have you had more than one sexual partner at one time?
- | | |
|--------|--------|
| 1. Yes | 2. No. |
|--------|--------|
86. Is having more than one sexual partner at one time acceptable in your society?
- | | | |
|--------|-------|-----------------|
| 1. Yes | 2. No | 3. Do not know. |
|--------|-------|-----------------|
87. Are there many people in your society that have more than one partner?
- | | |
|-------|-------|
| 1 Yes | 2. No |
|-------|-------|
88. Why do they choose to have more than one partner?
-
89. In which of the relationship is pre-marital sex acceptable?
1. Boyfriend and girlfriend relationship
 2. Dating partner
 3. Future wife
 4. Fiancée
 5. Others (specify) _____
90. Where are gays (homosexuals) mostly found?
1. Rural areas
 2. Urban areas
 3. Both areas

APPENDIX 2

INFORMATION SHEET AND CONSENT FORM

INFORMATION SHEET

I am a Fijian woman conducting a research on the Reproductive and sexual behaviours of men in Fiji. The research I am conducting is for my study thesis. I am currently a Doctor in Philosophy (PHD) student, majoring in Demography, at the Australian National University, in Canberra, Australia. Below is a short explanatory note on the research.

This research is conducted to try and identify the social and cultural factors that influence the reproductive and sexual behaviours of males aged 15 to 24 years in Fiji. The aim of the study is to identify the factors influencing the reproductive and sexual behaviours of adolescent and young males in Fiji. In identifying the factors that influence the behaviour of males, the study can be used to plan related programs and to identify the needs relating to reproductive and sexual health services.

The findings from this research will help to improve and better the standard of reproductive health services available to men. It will help to improve the general understanding of how is the reproductive and sexual behaviours of men determined and why different social groups may have different reproductive and sexual behaviour.

I would like to inform you that all of your responses will be treated confidentially and I do not ask you to give your name, for the focus group discussions or the in-depth interviews. Your participation and honesty is appreciated in anticipation of the success of this study.

Below are my contact addresses in Fiji and in Australia. Please feel free to contact me if you have any queries. I will be in Fiji for a period of six months. I will be happy to answer any question you might have in regards to the research. If you also have any information that you think will be useful for the research please do contact me on the address below. If you feel the need to personally discuss certain issues relating to topic with me, do feel free to give me a call and I will try to help you out.

My contact address in Fiji is

31 Beach Road
Suva Point
Suva
Phone 313917
e-mail: mili_kaitani@hotmail.com

My contact address in Australia is

2 Key Street	Or	Demography Program
Campbell		Research School of Social Science
ACT 2612		The Australian National University
AUSTRALIA		ACTON 0200
Phone (02) 62496264		CANBERRA ACT
e-mail: kaitani@coombs.anu.edu.au		AUSTRALIA Phone
		(02) 61253289

CONSENT FORM

The focus group discussion/in-depth interview you are about to participate in is on the reproductive and sexual health behaviors of men in Fiji. This is a voluntary discussion, so feel free to leave the discussion group/ interview if you do not want to participate.

The information collected in this research is highly confidential and no names will be identified in the data. You are requested to use fictitious names during the discussion/interview. The interviewers will provide name labels to you. Please do read the information sheets given to you before agreeing or disagreeing to participate in the research.

Below is a consent form to be filled in by you, if you agree to participate in the research.

I _____(code number/), agree to participate in this research on the reproductive and sexual health behaviours of men in Fiji. I agree participate in the Focus group discussion/In-depth interview.

Signature or Initial. (This is voluntary)
