

Bridging The Gap:

The Changing Reproductive And Sexual Expectations Of Fijian Men

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



The Australian National University

October 2003

CHANGING TRADITIONAL SEXUAL NORMS AND VALUES

5.1 INTRODUCTION

The Fijian culture has undergone many changes due to the influx of Western culture. These changes have combined the traditional customs and beliefs that are ingrained in Fijian society with the new attitudes that are being introduced. Lifestyle in the Fijian society is changing very fast due to a number of reasons, as Western influence brings in new technology and material goods, along with new ideas about life and how people should live. The increase in Fijian exposure to Western culture has created a conflict between traditional values and the desire to become more modern. It is important to understand the dynamics that this conflict is creating when studying reproductive and sexual behaviour.

To understand the current sexual behaviour it is important to look at the sexual behavioural changes over time. The Fijian sexual behavioural norms have changed overtime since the arrival of the 'white men' in the eighteenth century. The past is an important concept in Fijian culture. Epli Hau'ofa (Borofsky 2000) emphasised the importance of the "past" in native Pacific Island cultures including those of Tonga and Fiji. In these cultures, the specific native words for the past itself refer to the future. The past in the languages of these two cultures means "*the time in front*" when explained in native languages and dialects. In the native Fijian languages, the past is referred to as: *gauna e liu* (Bauan dialect). *Gauna* means time and *liu* means front. *Gauna mai muri* in Fijian denotes the future; *muri* means behind. Language is the medium in which a society's stored knowledge of the past is passed on from generation to generation. The importance of the past in Pacific island societies is part of indigenous philosophy, and hence the thinking and terminology behind the concepts that denote it; "*e liu*," identified that the past is in fact the future. Our ancestors have always acknowledged the importance of the past to learn lessons for the future. The past is a storehouse of knowledge for understanding the future.

In order to understand the current reproductive and sexual behaviour of young Fijian men one must first have a basic understanding of the changes that are occurring in the traditional and cultural norms and values of reproductive and sexual behaviour in society. This chapter identifies some of the cultural norms and values in Fijian society that played an important role in influencing the sexual and reproductive behaviour of Fijian men. The chapter discusses the traditional relationships in the kinship system and the community that encourages and restricts sexual relationships. The traditional marriage system including

polygamy and the importance of virginity for women is discussed. The initiation period for both young men and women is discussed, including the first menstrual cycle and circumcision. The chapter also discuss the concept of the “*Bure ni tagane*” (men’s house), its role and functions in influencing men’s sexual behaviour. Finally the influence of European contact, including Western influence, on the sexual behaviour of men is discussed.

5.2 KINSHIP RELATIONSHIP

The kinship relationship in the Fijian society partially explains the cultural and traditional roles of each individual in the Fijian society. The basic principles underlying the kinship structure vary to a very small degree in the different partners of the Fijian society. I will discuss the principle as observed in the Lau group, my province of origin¹, in particular my village Taira on the island of Vanuavatu, a Polynesian community I will also make some comparisons with the relationship in the interior of Vitilevu, Nasoqo² village in the province of Naitasiri, a Melanesian community. I was born and bred into these two social structures and through experience I have learnt the kinship relationship in the two groups. My knowledge of the two systems and of the associated social behaviour partner is a result of the actual coaching during my earlier years and of the continuous application of the principles that I am now attempting to analyse.

Nayacakalou (1955) stated that males of the same generation their relationship as brother (*veitacini*), both real³ and classified⁴; and cross-cousins (*tavale*), real or classified. Men classify female relatives of the same generation the same way, that is according to whether they are the sister (*ganena*), real or classificatory or cross-cousin (*tavale*) real or classified. For females there is a similar mode of classification of male and female relatives in her generation. A similar mode of classification is made in the first ascending generation between parents and cross-parents⁵ and in the first descending generation between children and cross-children. In this way we distinguish the two types of relationship, lineal and ‘cross’. These are the basis of determining taboos and open relationships within the kinship structure. It is of fundamental important in the social structure.

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1. Lau is the province where was father is originally from. I am from the island of Vanuavatu, in the Lau group (as shown in Figure 2.2).
 2. My mother is originally from Nasoqo village. As Fijians have a patrilineal society. My mother belongs to her father’s clan and is a member of her father’s village.
 3. Children of the same mother and/or the same father.
 4. Children whose mothers are sisters or parallel cousin, or whose fathers are brothers or parallel cousins, or where the mother of one and the father of the others are cross cousin (that is real or classified). The terms classificatory and parallel cousins will be used interchangeably.

Kinship relationship plays an important role as a social control in the Fijian society. In the whole of Fiji the brother-sister (*veiganeni*) taboo plays an important role in influencing the sexual and reproductive behaviour of men. Brothers and sisters are said to be *veitabui*, that is, taboo to each other. They may not come into physical contact and may not address each other except through a third party (although the brother is freer to reproach his sister directly or to command her to perform his bidding). The brother has a corrective and protective authority over his sister. An authority that sometimes supersedes even that of the father or mother. The sister regards her brother as sacred to her, and as one who must be obeyed and whose sanctity is supreme. Reference to certain subjects like sex must not be made by anyone in the presence of both a brother and his sister.

In the *veiganeni* relationship there are a lot of sexual taboos. As a sign of respect there is no open sex discussion in the presence of a *veiganeni*. In some communities in Fiji, such as the Lau groups and in Tokatoka, Tailevu (Nayacakalou 1955), the *veiganeni* have very little direct communication with each other. This symbolises respect that they have for one another. Parents are therefore not able to discuss sex related issues in the presence of both their sons and daughters. This must be done separately for each gender group. In this relationship any form of sexual relationship is strictly forbidden. This is a form of social control that restricts sexual relationships between individual who are related and to control incest.

For the above relationship the males in the extended family ensures female family members observe the sexual behaviour norms of the community. They ensure that the female relatives do not have sexual relationships with others in the community, if such relationship exists and comes to their knowledge they can confront the men and either ask the man to marry their female relatives or warn them to end the relationship. The male relatives could also beat up their female relatives in a bid to warn them to stop such relationship. This shows that men played an important role in ensuring their female relatives uphold the sexual norms and sexual values of the community.

Among the *veitavaleni* or cross cousins, both real and classified, having a sexual relationship is encouraged. This practice is common in most parts of Fiji including Lau, Tailevu (Nayacakalou 1955), and most parts of Vanua Levu (Hocart 1952) . In this relationship as Nayacakalou (1955) discussed, marriage is accepted but not encouraged. Cross cousins of opposite sexes in most parts of Fiji regard each other as “natural husbands and wives”. In the Lau group they treat each other as husband and wives, address each other by the term

watiqu meaning my spouse and are rather inclined to behave with playful familiarity. While sexual indulgence between such persons is not subject to taboo, no sexual familiarity is necessarily involved. However in some parts of Western Fiji immediate cross cousins, that is, those whose parents are immediate brothers and sisters are regarded as brothers and sisters, although they call each other *tavale*. They have respect for each other in the same way, as discussed above, as do for the *veiganeni* and for the *veitacini*.

These traditional kinship ties are important in the Fijian culture. It enables individuals to be able to show respect for one another (parallel cousins), talk about sexual relationships openly (cross cousins), and sets social controls on individual relationships and behaviour. Fijians place high importance on the individual's place within a family and on the importance of the kinship relationships, emphasising both the individual's status within the family and status of the family itself. A person's actions reflect on the rest of the family, so if a young man is acting inappropriately and showing little respect to the importance of his kinship relationships with another family then the people will think that it was the fault of the parents and the extended family.

5.2.1 *Extended family*

The kinship relationships explained above identifies the relationships between individuals in an extended family. The definition of an extended family in a Fijian society includes all blood relatives and those relationships that are created through marriage. The extended family is responsible for enforcing controls on sexual behaviour. The older generation in the extended family educate the young members on the traditional and cultural norms and values, and the expected behaviour in the society. This is generally the responsibility of the grandparents, granduncles and grandaunts, father's sisters and female parallel cousins, and mother's brothers and male parallel cousins. This indicated the different role each kinship member play in the extended family.

The extended family members would encourage a young man in the family to have a courtship relationship with a woman if they think the young woman is worthy enough to be a member of their extended family. The judgement includes her family background, her social behaviour, and her economic and social status. The young woman would try to gain the favour of the women in the extended family of the young man she is courting, as the extended family members have great influence in encouraging or discouraging relationships.

5.3 SEXUAL INITIATION

From birth to puberty children were left to mix with each other. There was no sexual segregation and children ran around the village with no clothes on. At puberty they were dressed, with the women wearing skirts and young men wearing the '*malo*'. In most parts of Lau boys were initiated between eight and thirteen years and the initiation of boys into adulthood centres in the rites of circumcision. Girls were recognised as young women after they have their first menstruation. When a young girl has her first menstrual period the family prepares a feast and celebrates her entry into womanhood. This is still widely practiced in most village communities in Fiji, and it is especially done to the eldest daughters in the family.

5.3.1 *Circumcision- a cultural expectation*

Circumcision in Lau was conducted in groups and this was mostly during the harvest season because they believed that inflammation was less likely to occur when everything in nature was dying (Thompson 1940). However occasionally a youth dies as a result of the operation. The initiation is done in secrecy and away from the village. The operation is done by the medicine man who had learnt of the art through observation and practise. Then the initiated are taken to a men's clubhouse in the village where they were confined for four nights under the doctor's care. After the fourth night the circumcised left the men's clubhouse for the first time and bathe in the sea. They were for the first time given a '*malo*'.

A youth's life changes radically after his circumcision. He was accepted immediately as an adult male in the community and so had all the privileges of a full grown man. Women and girls defer to him and he could begin to have secret love affairs with those who were not taboo to him. In Lau circumcision in Vanua Levu was never an individual affair. Although the concept of initiation was the same it was however conducted in batches on public occasions. It was part of the funeral ceremony of a chief, so it was not identical to Lau. There was beliefs that the boys were '*iloknu*', that was, they were buried with the chief and young men, an adult now took their place.

5.3.2 *Modern concept of circumcision*

Circumcision today still follows the traditional rituals as of the past, that is, after the fourth night a feast is held to commemorate that the young boys' entry into adulthood. Beddings from mats brought in by close relatives are made for the circumcised to sleep on. These are gift give by the relatives to the circumcised. For the first four nights the circumcised do not bath or wet the wound, they are sponged by their aunts who care for them. After the

fourth night a feast is prepared and the circumcised go to the river or preferably to the sea and bathe until the bandage on the wound falls out. The bathing can take hours, until the bandage falls off, as it is believed that if the bandage is not removed after the fourth night the young men will become a troublemaker in the future. At the end of the day the extended family gathers and the feasting takes place. The extended family members bring along the 'vakamamaca', in the form of mats, tapa, or materials (mostly in 2 metres). This is symbolic of dry clothes given to the circumcised to wear after bathing. After the four nite the circumcised less restricted but must continue to bathe in the sea until the wound heals. If far from the sea they bathe in a tub of salt water prepared at home.

They are not longer referred to as "voci" meaning uncircumcised, immature. This occurs at the age of between 5 and 10 years. Circumcision commonly takes place during the school holidays, as the young boys have to be bed stricken therefore not disturbing their school attendance. The younger age of circumcision is related to the age of school entry as parents think that their children would best be circumcised before attending school. Circumcision at birth is not common in Fiji however some parents do allow their sons to be circumcised at birth.

Below is the summary of a discussion with Ben (aged 45) and Dan (aged 40) on circumcision.

Ben and his friend Dan discussed their view on circumcision with me. I informed them about the history of circumcision in Fiji. They were shocked to learn that circumcision was a cultural tradition before Christianity. Dan stated that he thought men were circumcised because of their religious beliefs. Ben informed us that he was taking his 10 years old son to their village in Christmas, because he wanted him to be circumcised in the village. When asked why did he want his son to be circumcised he stated that all Fijian men are circumcised and he does not want his son to blame him (the father) not getting circumcised. He stated that all to be a real man one must be circumcised. It is an important process in a Fijian man's life. When asked why the village he stated that the traditional rituals are important and because he was unfamiliar with the rituals he would prefer that his son be looked after by his extended family in the village. He stated that in the village circumcision is done for a group of cousins so his son will not be alone. I questioned the right of the child to say not to circumcision but Ben insisted that it was the right of the father to ensure that his son becomes a 'real man'. Dan on the other hand was too sensitive to the topic and did not want to contribute a lot to the conversation. He maintained that circumcision today is because of the Christian influence and Fijian men are circumcised because they are Christians.

Most Fijian men today believe that they are circumcised because it is a Christian expectation. Some men stated that to be a "real man" one must be circumcised. The discussion above shows that some Fijian men see circumcision as a process that all Fijian men must participate in. The reason for circumcision, to some young men, is not clear.

5.4 MEN'S HOUSE

Among the tribes in Fiji, where Melanesian blood predominates, the '*bure ni sa*' or unmarried man's house was a universal institution. In the Lau group the strong admixture of Polynesian blood had in some degree broken down the social laws connected with this house, although in most villages the house existed (Thomson 1908; Thompson 1940). Among the interior tribes of Viti Levu the *bure ni sa* existed until recently as part of the social life of the village. The *bure ni sa* was usually the largest house in the village. It was the men's club-house in the day and their sleeping house at night. Women and young boys below the age of puberty were not allowed into the house.

A young man was initiated before becoming a member of the *bure ni sa*. The initiation to manhood was carried out through the process of circumcision⁶ for men as in the Lau group. In an informal interview, during my survey, a woman explained that in 1992, on her first visit with her eldest daughter to her husband's village in the interior of Viti Levu she observed the existence of the men's house. One afternoon her husband went to rest in the big Fijian *bure* in the middle of the house. Their daughter went looking for her father and walked into the *bure* and woke her father. He brought his daughter home and was annoyed with her, telling her that girls were not allowed into the *bure* because that was the men's house. She was surprised to hear of the men's house for there was no men's house in her village and in the surrounding villages in Tailevu. As stated above the practice has long been abolished in many parts of Fiji and for the communities that still had the men's house till the 1990s, the norms and practices associated with it, as will be discussed below, were not enforced and implemented.

The *bure ni sa* played an important role in the control of the sexual behaviour of the youth. At puberty, that was after circumcision, a young man takes his place in the *bure ni sa*. From puberty all the young men were moved to sleep in the *bure ni sa* while the females remained in the care of their parents. In the clubhouse the men watch over each other, while young women slept in their parent's house at night. This action prevented courting and premarital sexual relationship.

When a woman announced that she was pregnant the husband was moved back to the clubhouse if he has a monogamous relationship because a woman was forbidden to have sexual coitus during pregnancy and during lactation. The man was expected to abstain

5. As will be discussed in the later part of the chapter. Also discussed in chapter 8

from having coitus with his wife during lactation periods because if they broke the taboo, the newborn could be crippled or the infant would have health problems. Married men were therefore looked after and guarded upon by other men in the clubhouse who ensured that the taboo was enforced. The prolonged abstinence ensured that the child was well nourished and also meant prolonged child spacing was observed. During this period of abstinence the mother was devoted to the rearing of the child and she was relieved from the more arduous duties in the family house.

The *bure ni sa* formally prevented sexual relationships which are now only forbidden. The young men deserted the *bure ni sa* and slept in their family homes in the village in close proximity to the women. This was an endeavour by the missionaries to inculcate family life it however resulted in the decaying of social morality. The association of young men and women developed the sexual instinct.

5.5 TRADITIONAL MARRIAGE CUSTOMS

Traditionally there was no marriage ceremony as it is today. Match making was arranged by the older members of each tribe and in making marriage arrangements consideration of land and local prejudices gives a tendency towards inbreeding, especially in the alliances of cross cousins. Inbreeding or consanguineous marriage is desirable. The Fijians look upon the marriage of cross cousins as the most natural of all marriages. Not only are the lands held together by such a contract, it is also believed that the blood of the tribe is kept pure. However men have been known to marry relatives of an unmarriageable type such as classificatory sisters or daughters, in cases where they are biologically distant enough (Nayacakalou 1955).

Traditionally if a man wants to marry a woman he would inform his relatives and his relatives would present the *tabua* (whale's tooth) to the woman's relatives asking for approval for marriage. In the olden days the woman is then carried, even if not at her free will her family would use force to take the woman to the man's family home. In most of the eastern parts of Fiji, as in Vanua Levu (Hocart 1952) and the Lau group, the bride is then taken to the groom and a feast is prepared by the groom. In taking the bride to the groom the relative of the bride prepare traditional items, *iyau*, such as mats, nets, clothes, food, and things that specialise in producing, and present them to the groom's relatives. In exchange the groom's relative in return present them with their *iyau*. This is a form of traditional exchange. A lot of exchange of traditional wealth was involved in the presentation of gifts between the two extended families.

Through arranged a person's family chose their spouse. The partner normally came from two different mataqali and often from two different villages (Ravuvu 1983). The parents of the male chose the bride, sometimes with the knowledge of their son, sometimes not. This arrangement is also beyond the decision of the couple involve especially the women. As Ravuvu (1983) explained that if the proposal is not agreeable to one of them (the couple), it is the duty of each member of their own group to persuade them. A young person's plea against such a proposal is not usually listened to. They are expected to do as their parents wish.

The woman is than left with her husband for cohabitation for in four nights. A white tapa sheet is spread on the couple's bed. This is to obtain proof of virginity, as the white sheet must have bloodstains from the breaking of the hymen if the bride was a virgin. The morning after cohabitation the groom informs his relatives if he has deflowered her or otherwise. If the bride was a virgin there was joy in both the bride and the groom's party. The groom's relatives than present a pig and prepares a feast to the bride's family after cohabitation. The presentation of the pig symbolises the status of the girl upon cohabitation. If she was a virgin a small hole is made in the pig to take out the entrails, however if she was not a virgin the pig was split from head to the groin.

The importance of virginity to women was a social control that imposed restriction to sexual coitus before marriage. If the bride was not a virgin the shame was on the bride's relative and mostly on the parents. In Lau a female was from birth expected to have a virgin lock. This was a small portion of hair, on the left, that was never cut since birth. The tresses symbolised that the particular female was a virgin. If a young woman was no longer a virgin she was expected to cut the tresses as a woman having the tresses openly declaring to the public that she was a virgin. A woman without tresses means that she was no longer a virgin. This was not acceptable in society. Some of the traditional processes are still observed however the importance of the virgin lock has almost disappeared but practised on very rare occasion. Women are no longer expected to be virgins before marriage but if such case does occur the process explained above is observed.

5.5.1 Elopement

The introduction of Christianity into Fiji resulted in the changing of some of the cultural norms that influence sexual behaviour in Fiji. The marriage customs of the present day are appropriate to those of Christianity. Love matches are becoming accepted and occasionally

elopement took place. This is not consistent with the Laun culture where elopement is not acceptable. Seniloli (1992) however, observed that in her study that elopement was common.

Elopement, '*veidrotaki*', can take place under different circumstances and for different reasons. Two lovers could elope because the relatives of one of the lovers do not see the lovers as a perfect match. This is common when the girl's relatives disapprove of the match or another man's family has proposed for the girl's hand and her family have accepted. The second is when a young man's friends do a match making and takes the girl to the young man. This is normally done in groups and on most occasions the couple have never communicated. This is done to young men who are too shy to speak to young women. When a couple elope the man takes the woman to his family resident or to his uncle's home and inform the family and friends that he has brought a woman to be his wife. Once they have spent the night under the same roof the man's relatives are expected to inform the woman's relatives that the young man has brought the woman to be his wife.

Below is an example of an elopement where a woman related her experience when she eloped with her husband. Cultural expectation and respect plays an important role in this example.

Mere, now a mother of five related how she got engaged to her husband, at the age of seventeen during her first year at nursing school, after having met him once and spending the night with him. She said they met for the first time at a community fund raising dance and he asked her to come back to his village with him and spend the night at his parent's house, and he would bring her back to her parent's house in the morning. In the night he told her that he loved her and asked her to marry him. When she woke up in the morning his mother saw her and told her that she should stay there with him, so she did not return to her parent's house. Her husband was asked if he wanted to marry Mere, he responded affirmatively, Mere was asked the same question and out of respect for the family she agreed. Her husband's family took a tabua to her family and informed them that she was at their home and asked for approval for Mere to marry their son and to ask for forgiven because they have taken Mere to be their son's wife. When her family accepted the tabua they were traditionally engaged and have been living together since. Mere stated that she did not know her future husband's name until the next morning. She stated that he wanted to marry her because she was young (17years old) and he was getting old (29 years old). She stated that the motivation behind marrying him was because he was good looking (handsome) and more strongly because his mother saw her in the morning and desired that they get married. This she stated destroyed her future career to be a nurse, for she did not return to continue her study because she got married.

In the Fijian culture if a woman stays over at a man's house and his parents sees them in the morning there is strong pressure upon the woman to marry the man if he desires. This is because the couple has probably engaged in sexual coitus and traditionally premarital sexual relationships, especially for women, are not accepted. Therefore to maintain respect the woman is pressured to marry the man if he desires. The above example shows that the Western view of love marriage, based on long term relationships can not always be applied

to the Fijian view of love marriage as in choosing a partner most Fijians youths are still strongly influenced by tradition and parents' influence is strong.

5.5.2 Polygamy

Polygamy in the Fijian society was actually confined to comparatively few men. Thomson (1908) quoted James Calvert as saying that "*Polygamy is actually confined to comparatively few. It is only the wealthy and powerful who can afford to maintain such an expensive indulgence*". Therefore the more powerful and wealthy a chief was, the more wives they were able to acquire. In getting a wife from a different tribe the chief would strengthen their alliance with the wife's tribe, so marriages were also for alliances. Thomson stated that the high chiefs had harems of from ten to fifty women, counting the concubines. The chiefs of inland tribes had five to six wives who cultivated their plantations for them and were more agricultural labourers than wives.

Polygamy was observed to have accommodated men's sexual drive when one of the wives was pregnant or during lactation. As coitus was discouraged during pregnancy and during lactation, a man resorts to the companionship of other wives and leaves the pregnant wife to observe the social restriction against sexual coitus during that period. However those in monogamous relationships, as mentioned above, moved back to the clubhouse until the abstinence period was over.

The changes in the system from a polygamous to a monogamous society had little effect on the social system. Thomson (1908) stated that when the early missionaries broke down polygamy the chiefs did not seem to have a lot of difficulty about it as they were married to their principle wives and the rest of the wives were returned to their families. These women did not wait for long for a husband because there was a certain prestige in marrying a woman who had belonged to a high chief. The discarded wives did not complain because in the harem they were exposed to the jealousy and tyranny of the chief wife and were also subject to daily mortification.

Although polygamy was abolished, the chiefs did not take away with the practice. Until the mid twentieth century, chiefs in some parts of Fiji had only one wife but other women were present in their household as concubines. In an interview with a 75 year old Fijian man in Suva he stated that in the 1940s he could recall that the high chief from Lau had the right to choose any woman he wanted to spend the night with, meaning to have sexual coitus with. The chosen women from within the village and from other villages on the

island or from other islands were groomed by their relatives and sent to the chief. These resulted in the chiefs having children from different women. Looking after the chief's child was prestigious in the community. This practice was also observed on the island of Koro in the mid 20th century, where a great and powerful chief on the island had a barren wife. The chief however had a son to a woman in a different village and another sons and two daughters by another woman in another village. Both the villages were neighbouring villages to the chief's. It was believed that he also had a son from a woman in his own village but because they were parallel cousins this was not acknowledged. This showed that although polygamy was abolished, chiefs and other powerful men in the village maintained the practice indirectly and had concubines instead of wives.

5.5.3 *Western influence*

Today traditional arranged marriage is rare in the Fijian society. Men and women choose their own partners. This transition to love marriages has occurred as a desire to be westernised in society. However many traditional beliefs of marriage are applied to love marriages. These include the power of the parents in deciding the partner of their children and the underlying separation between men and women. Although Fijians are having love marriages because of their desire to become 'Westernised', the western ideas of love relationships that precede marriage are not applicable in Fijian society. This is because separation between men and women does not facilitate these western ideas and the second reason is based on the two cultures conceptual idea of marriage.

Among the Western society the purpose of marriage is a joining of two people who love each other. This is not the purpose of marriage in Fijian society. In Fiji marriage has a functional purpose. Traditionally marriage was used to connect two families. Ravuvu (1983) stated that *"Quite often the two groups had been intermarrying for some generations, and each marriage consolidated and reaffirmed the relationship."* Although marriage today does not hold the same function, it does hold a function purpose. Due to division of labour, men and women need each other, as each have certain duties and from childhood they are taught the duties that their gender requires them to know.

Western influence has had an influence on marriage in the Fijian society, as marriages are no longer a bond between two families due to the changing lifestyle caused by Western influence. The development of better transportation and communication networking system has made people marrying further away from their villages than before. This means that in some cases the families of the couple involved do not know each other. The set

gender roles in a marriage is also changing for women are now also working on wage employment and women through women's right groups are advocating equal opportunities. These changes are more prominent in urban than in rural and villages areas.

5.6 GENDER RELATIONS – CULTURAL MODEL

In studying sexuality it is important to understand the cultural model surrounding the relationship between men and women. In the Fijian culture men and women are supposed to have minimal contact. The type of contact that occurs is regulated by cultural restrictions and the degrees of these separations can be seen throughout their lives. Another important aspect is the domination of men within the separations of sexes. The division between sexes is supported, enhanced, and in part created by the strong theme of patriarchy. Patriarchy has laid the ground works for many of the underlying attitudes that relationships are based on.

The separation between men and women is a strong theme in the Fijian culture. It can be seen in many aspects of their lives. Institutions including church, schools, village life, and parents all set guide lines for minimal contact between different genders under the age of twenty-one and the Fijian culture also has unwritten laws about the interaction of men and women based on how they are related.

The Fijian culture has facilitated the division between men and women in many ways. This includes the division of labour. Men are supposed to spend their days out of the house working in the garden or having a job. Women, as in the Lau group, spend their days taking care of the household and are expected to cook, clean, take care of the children. In the Melanesian culture they are also expected to collect firewood and do some gardening with their husbands. These divisions are strongly recognised and some tasks are considered feminine and some masculine (Ravuvu 1983). If a man cooks for his family he would be teased by the women in the community and told not to do women's work.

The separation between men and women is also seen in where the different sexes sit. Men are traditionally supposed to eat before the women and children. This does not happen in the present day but during meals women sit at the bottom of the tablecloth while men sit at the top. This idea of sitting in different areas is also seen at almost all times when men and women sit together. In ceremonies, church, and any time where *yagona* is present men sit separately from women.

This separation does not remain at a formal level. It underlies interaction throughout the day. When a husband and wife are together in public they do not interact on a personal level. They do not show affection to each other in any public areas, even when in their own home public shows of affection are not accepted. Burton (1910) and Ravuvuv (1983) observed that Fijians counted it a weakness to show any signs of attachment for the wife.

5.6.1 Male Dominance

The Fijian way of life is highly influenced by the attitude that men have higher status than women. Men sit separate from women because they are seen as more important. Positions are inherited and passed down through males and women are able to assume positions only when all the male possibilities are exhausted. Fijians trace their decent through males. Ravuvu (1983) noted that the feeling of belonging to the father's group emphasises the important of the male. Although women are also recognised as important to society, men are seen as the more respected sex.

Respect is resounded throughout daily activities in the Fijian culture. During ceremonies men participate while the women are required to sit behind the men not participating in the function. Ravuvu (1983) stated that females generally occupy a subordinate position in any family situation, and in formal clan or tribal gatherings they expect to assume a lower position than males. This inferior position of women also applies to the relationship between a husband and his wife. Within the household the men also traditionally have higher status. They hold the position of being the head of the household thereby having the final say in decisions and the actions of their wives. This attitude plays a significant role in the relationships between men and women throughout their dating and married lives. The traditional roles are influenced by Western values but there is still an underlying motif of male dominance.

Male domination is a strong theme within marital relations. Men are seen as the more authoritative sex. They are also seen as dominant from the societal viewpoint and this is portrayed within the underlying attitude towards marriage. These attitudes are seen in traditional acts, such as the woman leaving her house to go and live with the man. The extend of male domination is also seen in the way a woman obeys her husband's decision although she might not agree with the decision. Male domination in the Fijian society also comes out as domestic violence. It is not uncommon for a man to hit his wife. Domestic violence in Fiji is widespread and it is another way that male dominance can be seen in the

culture (Veramo 1995; Ravuvu 1983; Secretariat of the Pacific Community 2001; Seniloli 1992).

Male dominance affects the way Fijian men and women conceptualise intercourse and related issues. This is illustrated in a number of ways. One is seen in who initiates the act of copulation. The initiation of intercourse in the Fijian culture is almost always verbalised by the man. Men also feel free to ask women to have sex even if the two of them are not in a relationship. There is also a strong pressure on women to have sex because men feel entitled to pressure women. Coitus in the Fijian perspective happens in a male oriented way and it is focused around the pleasure of the male.

5.7 WESTERN INFLUENCE ON TRADITIONAL CULTURE

The exposures of the Fijian society to other cultures and experience have impacted on the cultural and traditional reproductive and sexual norms and values. Around 200 years ago British missionaries came to Fiji and colonised. Fiji was under the British Commonwealth for 96 years from 1874 to 1970 and is still part of the Commonwealth member countries. During the British ruling of Fiji the English imported Indians to serve as indentured workers on the sugar cane fields. Although Fijians have had a significant amount of exposure to Indian society, this has not had the affect that the influence of Western culture has. This is because Indian culture also supports arranged marriages, and separation between men and women. Therefore they were not exposed to ideas that were different from their own.

The exposure to Western culture has become the most influential factor in indigenous Fijians changing attitude. Fijians feel that they are behind the Western culture in both technological and cultural way, they feel the Western culture is more advanced so they desire to incorporate what they see as Western beliefs, possessions and behaviour into their own culture. The amount of exposure that they have had to Western culture is very limited. The exposure is mostly with wealthy tourists. The other way that they learn (as will be discussed in Chapter 6) about Western culture is through movies, books, magazines, internet and information on globalisation, and songs. This gives them a limited view of Western society since the portrayal within these media is superficial and idealized. Fijians are trying to incorporate as part of their relationships the principles they have been exposed to, therefore adopting a shallow notion of love that is affecting their relationships.

Keesing (1982) examine the influx of Western culture and proposed a view that the qualities that Fijians attribute to traditional ways are actually not the traditional ways but rather ideas that they have adopted to hold on to a piece of their culture. This is happening because people are being faced with Western ways and are losing their customs. Therefore they try to counteract these ideals by grasping to their custom. These allow them to feel that they are retaining their culture although these ideals do not stem from their traditional culture but from beliefs that were based upon outside influence. This argument is relevant to the influence of the church on sexual behaviour. The church informs young people that dating is wrong and it emphasis that the Bible says not to have sex until married.

Meleisea (1987) stated that the traditional culture adopts the ways of the Western culture and many of the ideas that were adopted did not make sense within the culture that they were adopted by. These are self-fulfilling prophesies and the uncritical acceptance of these ideology of development leads to the demolishing of the traditional institution and the creation of new ones with the expectation that society will be better off. This idea is true in the implementation of love relationships. These relationships are not healthy and are creating problems with in the society.

5.8 SUMMARY

Relationship, including sexual relationships, between men and women continue to change as Fiji becomes exposed to increasing amounts of Western culture. Western influence on the traditional values and morals of reproductive and sexual behaviour have influenced and impacted the Fijians since early European contact in the late 1800s. This affects all areas of lives, economically, religiously, and within their daily lives. Although many of the traditional views have remained as influences within their relationships, these are slowly changing as the rest of their lives change.

Sexual relationship in Fiji is retaining many traditional beliefs. There is a strong domination by men seen in the way that intercourse happens and is perceived by both men and women. There is also still a negative stigma toward women who have premarital sexual relations and women who have children born out of wedlock. These traditional values are overriding the attitudes towards relations even as changing ideals are brought in by the influence of Western culture.

KNOWLEDGE ON SEXUAL AND REPRODUCTIVE BEHAVIOUR

6.1 INTRODUCTION

The type of information young men receive is important in determining the attitude and behaviour of the individual. Research findings, as discussed in Chapter 3, have shown that to the youth the main sources of information on sexual and reproductive behaviour is mass media. This includes newspapers, videos, motion pictures, television, magazines, and books. There are other different sources of information available in Fiji and these sources will also be discussed in this chapter.

This study is focused on what is perceived and what is expected to be the sources of reproductive and sexual behaviour information to adolescent and young adult males in the Fijian society. This chapter first discusses the sources of information and examines how useful the information is from the perspective of the respondents. It then examines the respondents' knowledge of sexual behaviour, knowledge of contraceptive methods, and knowledge of available services. Finally the chapter discusses the use of contraceptive methods and the availability of services.

6.2 SOURCE OF INFORMATION

The type of information on reproductive and sexual behaviour that an individual receives depends on the source of information. Different sources of information disseminate different types of information to the audience. Information can be disseminated orally (verbally), in writing or in picture forms, and through observation or by looking at how other people behave. The most common sources of information to young males are through written and pictorial form, and through observations. Parents mostly use the oral form of communication relaying information to their children and the children also observe the parents' behaviour of family members and neighbours and learn from them. Friends mostly use all the three sources of information discussed above.

The survey gathered information on whether the respondents received information on reproductive and sexual health from the following sources, namely, Father, mother, other relatives, friends (including girlfriends/partners), mass media (including newspaper, magazines, books, films, radio, and television), schools, and counsellors and teachers. These were the seven major classifications of sources of information. Respondents were

also asked if they found the information received to be useful at all. A four points scale was given ranging from very useful to not useful at all.

Below is the format of the questions used in the questionnaire to gauge responses. Those stating that they received information from their girlfriends and those stating they received information from friend were put into one group. The same process has been done to those receiving information from the mass media. In the analysis all forms of mass media

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		If YES, usefulness of			
				Yes(Y)/No(N)		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

(items 7 and 8) were classified into one general group namely mass media. This was because in the literature these items generally come under mass media.

The data from the questionnaire was analysed using frequency and percentage, and bivariate cross tabulation on the seven different sources of information as shown in Table 6.1. Respondents were asked to identify one of the four scales ranging from very useful source to not a source of information. In the analysis the scores were divided into two groups, namely useful and not useful. Scores 1 and 2 were classified as 'not useful' and scores 3 and 4 were classified as 'useful'.

Table 6.1 shows the percent of respondents who stated that they did receive information on reproductive and sexual behaviour from the different sources and the percentage that stated that the information they received were useful. Friends (88.3 per cent) and mass media (87.2 per cent) were the two most common sources of information. A slightly smaller proportion (66.4 per cent) of the respondents stated that their father was a source

of information on reproductive and sexual health. Similarly the percentage of respondents who stated that they received information from their mothers, and from counsellors was 70 per cent. For all the sources of information discussed in the analysis more than two thirds of the respondents stated that they received information from these sources.

Table 6.1: Proportion that received information on reproductive and sexual health from different sources and proportion that found the information useful

Source	Received information		Useful information	
	Number	Percent	Number	Percent
Father	546	66.4	0	0
Mother	562	68.4	0	0
Other relatives	587	71.4	409	49.8
Friends	726	88.3	582	70.8
Mass Media	717	87.2	654	79.6
Schools	643	78.2	474	57.7
Counsellors	573	69.7	406	49.4

Source: Computed from the 2001 RSHKB survey (N=822)

6.2.1 *Parents as the source of information*

Although more than half of the respondents stated that they received information from their parents, none of the respondents indicated that the information obtained from their parents were useful. Mothers were stated to be a source of information by 68.4 per cent of the respondents while a slightly lower percentage of 66.4 stated that their father was a source of information. In a Fijian society mothers are responsible for looking after their children and educating them to behave however fathers show little interest in educating their children to behave in a respectable manner, however they are well informed about their children's behaviour and they are the law enforcers in the family. Fathers punish their children if they misbehave.

Young Fijian men indicated that they did not find information they received from their fathers and their mothers to be useful. This could indicate that parents are not educating their children on the importance of the reproductive and sexual health behaviours. On the other hand the children might not see their parents as the tool for disseminating knowledge on reproductive and sexual behaviour. Children might not seriously consider the oral advice that comes from their parents.

Below are extracts from a focus group discussion on parents' role as a source of knowledge. All are taken from focus group discussion. The focus group discussions are numbered with FGD1, FDG2 etc, and each participant is numbered with a, b, c, etc.

Therefore participant FGD3d means that the participant is from focus group discussion three and is identified as participant 'd'.

"My parents do not talk about it at all at home."(FDG1c.)

" My parents do give me advice and this is on a one to one basis with my mother. It is normally on informal basis and not serious talk." (FDG2a.)

"Well in my case my parents only talk about it when there is some problem. This happens to my sisters but not to my brother and me. My sisters get lectured by my mother and on a few occasions they are punished, beaten, because they go out at night and return home very late into the night. For my brother and I our parents do not counsel us. This may be because we do not get pregnant." (FDG4f)

From the above viewpoint it could be assumed that parents do counsel their sons but to a smaller extent as compared to their daughters. The point raised also indicate that young men do not receive useful information from their parents because parents do not talk about reproductive and sexual health behaviours with their sons and when there is discussion it is conducted in an atmosphere of anger and tension with the result that young men do not benefit from the discussions.

In-depth interview and informal discussions with parents indicate that parents are reluctant to educate their children on reproductive and sexual health. Parents feel that their children are not old enough. During interviews some parents felt that their children are not mature enough to be sexually active. These are young men and women or adolescents aged between 13 and 19 years of age. The age at which children become sexually active is not clearly defined by the parents who were interviewed. Some parents based maturity on to age, others according to the educational status or education level in schools. Discussion with parents indicated that parent expect that while their children are in the formal schooling system, that is up to the high school level, their children are unlikely to be engaged in any form of sexual relationship.

The parents wait until it is too late and their children are already sexually active. Below are extracts from three interviews with three different parents.

Case 1:

Manasa, (a highly educated, Fijian father, school teacher, aged 43)

Mili: *At what age do you think we should educate children on reproductive and sexual health?*

Manasa: *"It depends how developed the children are. Parents should first be educated on the topic before they educate their children. We have our eldest son who is in Form 3, and is 14 years old. We always discuss talking about sexual relationships with our son, but we think he is not ready for the talk yet. We will wait for him to mature. Then we will decide on who should do the talking, my wife or me. We will wait till its time... I think my wife will be better to talk to our son because I do not feel easy talking about the topic with my son... We will wait till its time, then we will see who does the talking."*

Case 2:

Mere (a Fijian mother, 52 years old, business woman)

Mili: *Do you talk about sex with your children?*

Mere: *“My daughter is very independent and responsible, so I do not see the need to discuss the issue with her. However I find it easier to talk to my two grown up sons about sex. With my sons I advise them about the right and the wrong types of women. What are the different types of women they can find? They always make fun of what I say. They joke about it a lot. I am very open with my two older sons. My husband does not have the time to talk to the boys as he is busy with our family business.”*

Case 3:

Sala *(a Fijian mother, well educated, lay preacher, strong religious background)*

An informal discussion was generated with a group of friends over a cup of tea. The topic of the discussion was my research topic – Fijian men’s sexual behaviour. After lively and informative discussion with the group, Sala, one of my friends excused herself as it was late in the afternoon and she had to go home. As she stood up to give her last comments were

“I am going to a prayer meeting tonight. Oh No! This discussion has made me unholy”

The first case indicates that some parents think 14 years of age is about the right age when parents’ should discuss sexual relationships with their children. This however depends on how developed the children are with regards to sexuality. The case study clearly shows that some fathers do not see it to be their responsibility to educate their sons on sexual behaviour. In observing the community, it was noted that most fathers spent less time with the family. Some fathers stated in informal discussions that it was the responsibility of the mother to educate the children on moral values and the acceptable behaviour of society. If the children misbehave it is then the responsibility of the father to punish them. The issue is mixed it includes misbehaving, punishment and the importance of the children. These concepts are assumed but perhaps different fathers have different definitions. This could be generalised to most fathers, as it is a cultural norm in the Fijian custom for fathers to discipline their children.

Because it is the responsibility of the father to discipline the children, fathers discipline their sons when they do not conform to the sexual behaviour norms of the Fijian society. This is done through physical punishment or verbal lectures (in a tense environment and using abusive words) about acceptable sexual behaviour. Some young men therefore do not find information from their father to be useful because the way the information is disseminated would influence the receiver’s perception of the information that is disseminated. This is clearly indicated in Table 6.1 showing that none of the respondents found the information on reproductive and sexual health that is disseminated by their parents to be useful to them. This was interesting for although parents do disseminate knowledge the children do not find the information useful. The analysis was cross checked and I also found it surprising that not one of the 822 respondents stated that the information was useful.

Some other reasons why fathers are not informing their children about reproductive and sexual health behaviour were gathered from in-depth interviews and informal interviews. They include fathers putting the responsibility on the mother to educate and discipline the children, and fathers spending less time in the homes because of work commitments, community commitments, religious commitments, and having grog (kava drinking) party groups till the early hours of the morning.

Case study 2 indicates how one mother finds it easier to communicate and educate her two sons on sexual health. As the mother stated, her sons would joke about the matter. This could indicate that some children do not regard the information from their mother to be useful. The other point is that the mother was not really giving her sons sex education, but only telling them which women to avoid. This is sex education to most Fijian parents. Case study 3 shows that the mother would never discuss sexual behaviour in her household, as it is not acceptable in religion. This could be one of the reasons why parents do not give useful information on sexual behaviour to their son.

A schoolteacher stated that pornographic and girlie magazines for men, including the foreign (US, Australian) *Playboy* magazines, are confiscated from students in the school. This was common in the lower form, among boys 14 to 16 years of age. These kinds of magazines do not provide much sex education, as they are mainly titillation and the message that they provide implies that it is acceptable to play around with girls. Such magazines are a common source of information to young men. The type of information related to the public from the playboy magazines is in conflict with Fijian norms.

6.2.2 Other sources of information

Friends (88.3 per cent) and mass media (87.2 per cent) are the two main sources of information on reproductive and sexual behaviour for young Fijian men. Three quarters of the respondents, four fifth stated that they obtained useful information from mass media. Magazines, books, newspapers, videos, and movies were easily accessible to the respondents. They live in the capital city where the above mass media are readily available. Movies and videos are not effectively censored in Fiji. This allows young men to access any type of information they need.

Peer groups can be of different forms. They are formed in schools, in religious groups in the communities they live in, and with other relatives. These different types of peer groups also play different roles in educating an individual on reproductive and sexual knowledge.

In schools boys mix around with those in the same age group and their common interest is education. Members of other peer groups could be having peers who are older or younger than the individuals. The effects such relationships have on the individuals are discussed in chapter seven and eight. It was observed that an individual could have many different types of peer group. This is mostly based on the social functions and social gatherings of the group. A young Fijian male could have a different sets of peers in their area of residence, one set in school, another with relatives and one with their religious group members. This could be a contributing factor to friends being the most common source of information on reproductive and sexual behaviour, for it is generally assumed that when a group of young Fijian men meet their most common topic of discussion will be about girls and sexual experiences.

Mass media is a major source of information on reproductive and sexual health. Young men exchange ideas that they read in magazines. They exchange magazines with their peers. Magazines are available over the counter and there is no age restriction on any type of magazine. This also applies to videos and films. Videos can be purchased by anyone regardless of the age restrictions on them and you can watch any movie regardless of the age restrictions that are clearly printed on the posters in the cinemas. The general availability of the above could be a contributing factor to the research finding, showing that 87 per cent of respondents stated they received information from the mass media. Young Fijian men stated that information obtained from mass media was useful, though it is quite likely that it is in violation of cultural norms.

Schools were also seen as a source of information, with 78.2 per cent of the respondents stating that they received information from school and 57.7 per cent stating that the information received was useful. There are two main ways of disseminating knowledge to young male students: firstly through the school curriculum as discussed below and secondly through male teachers who discipline the male students and teach them moral values and the norms of society.

The study shows that 57.7 per cent of the respondents found the information received from schools to be useful. Schools in Fiji have subjects that include reproductive and sexual health in the syllabus. The two subjects are Basic Science for those between forms one and four (at junior secondary level) and Biology and Family Life Education for the between forms five and seven. While Basic Science is a compulsory subject and has a section called reproduction, Biology and Family Life Education are not compulsory. This

results in students not taking up the subjects at a higher level and missing out on being educated in schools on reproductive and sexual health. This could be the reason why slightly more than half of the respondents found information on reproductive and sexual behaviour received in schools to be useful.

Family Life Education is designed to educate students on sexual and reproductive health. This is an elective course and not all schools choose to teach Family Life Education. Four of the seven schools visited offer Family Life Education. However one school principal stated that the curriculum taught to the students is modified and censored by the administrators. This could be because they assume that knowledge of some sexual behaviour can encourage the students to practise what they are taught. A teacher commented that although Family Life Education is a subject that is in the school timetable to be taught at its allocated time, other academic subjects are taught in its place because Family Life Education is not examined at the end of the year. This indicates the importance of the curriculum to the administrators, as academic and externally examined subjects are preferred to non-examinable subjects.

The survey showed that only 37.6 per cent of the respondents have been offered Family Life Education in school. Interview and FGDs showed that some students who take family life education in school play truant during the lesson and lock themselves up in the rest room in order to miss the contact hour for the lesson. When asked why they played truant, they replied that they do not feel at ease with what is discussed during the classes.

Some religious groups are also active in education and disseminating knowledge of reproductive and sexual health to the community. The Seventh Day Adventist (SDA) church plays an active role in educating the community. They have show groups that go out into schools and community organizations to perform puppet shows miming, and have role play on reproductive health issues. The Catholic churches addresses young married couples but like the Methodist church do not encourage sex education for unmarried youths.

Information received from the above sources discussed is not always educational. In some cases such as television series it does not always promote socially acceptable behaviour. Some series encourage casual and unprotected sex. Informants mentioned the “Shortland Street” as one such television series. This also applies to motion pictures and videos. The information received from playboys could be interpreted as encouraging casual sex. Sex

education books, films, videos, and magazines are almost non-existent in Fiji. Information from peers is not always useful, although the individuals may think it is useful. Some of the information from friends are myths and will be discussed in the later parts of the chapter.

6.3 FACTORS INFLUENCING SOURCE OF INFORMATION

A bi-variate analysis on how age, education, area of childhood upbringing, religion and residential status is related to the different sources of information on reproductive and sexual health is shown on Table 6.2. The table shows that as young men grow older their parents are less likely to be a source of information, while friends and the mass media grow as sources of information. It must be noted that as the individual grow older they tend to spend less time with their parents and more time with friends and peers.

Education is an important factor influencing the sources of information. The analysis shows that 94.6 per cent of those who have attained high school education and above stated that friends and mass media were sources of information to them, compared with only 64.9 and 59.6 per cent respectively for those obtaining junior secondary school level and less. In general there is a clear indication that more of the young men with higher education do receive information from the different sources as compared to those with junior secondary education or less.

The analysis indicates that current residence has a great influence on parents being sources of information. 83.6 per cent of the respondents living in hostels and boarding places indicated that their father is a source of information and 87.1 per cent indicated that their mother is a source of information, while only 57.6 and 59.9 per cent of those living with their father and mother reported that they were a source of information. This is expected as in a Fijian community, before a child leaves home to stay in a hostel or boarding place the parents will see it as a responsibility to advise them on what they will expect when they leave home. They will be advised on the disadvantages of having girlfriends and having sexual relationships. While when the sons are at home, parents assume that they are under their watchful eyes and do not have special sessions to counsel their son. There is not much restriction placed on the sons as compared to daughters.

Table 6.3 shows the bi-variate cross tabulation of socio-demographic variable by those indicating that the information they received were useful. More than 50 per cent of those between ages 15 and 19 years stated that the information they received from each of the sources were useful, while less than 47 per cent of those aged between 20 and 24 years stated likewise. This could indicate that as they grow older young men are likely to learn

Table 6.2: Percentage that received reproductive and sexual health information from the different sources of information, by socio-demographic factors.

<i>SOCIO-DEMOGRAPHIC CHARACTERISTICS</i>	<i>SOURCE OF INFORMATION</i>							
	Father	Mother	Other relatives	Friend	Mass media	School	Counsellor	Total respondents
ALL RESPONDENTS	66.4	68.4	71.4	88.3	87.2	78.2	69.7	822
Age								
15-19	68.8	69.7	71.0	85.4**	83.9**	77.2	69.0	465
20-24	63.3	66.7	72.0	92.2	91.6	79.6	70.6	357
Education								
Jnr sec & below	49.4**	53.4**	52.9**	64.9**	59.8**	48.3**	44.8**	174
High sch & above	71.0	72.4	76.4	94.6	94.6	86.3	76.4	648
Childhood Residence								
Urban	60.7	62.2	65.1	84.8	84.8	73.8	64.0	455
Rural	73.6	76.0	79.3	92.6	90.2	83.7	76.8	367
Religion								
Catholic	65.6**	70.3	58.6**	85.9**	82.0**	71.1**	69.5	128
Methodist	60.4	64.7	69.8	86.7	85.8	77.3	66.8	331
SDA	72.5	71.3	75.0	83.8	82.5	76.3	68.8	80
AOG	67.1	65.8	78.5	89.9	89.9	79.2	70.5	149
Others	77.6	76.9	77.6	95.5	95.5	87.3	76.9	134
Rel. Commit								
Committed	73.7**	74.4**	74.4*	90.8**	88.6**	82.7**	76.1**	422
Moderate	56.4	59.3	65.8	83.1	83.1	70.7	60.6	307
Not committed	66.7	71.0	76.3	94.6	94.6	82.8	71.0	93
Residence								
Parents	57.6**	59.9**	47.0**	85.5**	84.0**	70.1**	61.4**	394
Own	61.0	61.0	53.7	97.6	97.6	90.2	63.4	41
Friend	66.7	63.6	54.5	72.7	72.7	69.7	51.5	33
Hostel	83.6	87.1	47.3	98.0	96.5	91.0	84.6	201
Relatives	68.0	68.6	58.2	83.7	83.7	81.0	77.1	153
TOTAL	546	562	587	726	717	643	573	822

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

Note: (N=822) (* p<.05; ** p<.01);

Table 6.3: Percentage stated that the information received from the sources was useful by socio-demographic factors.

<i>Socio-demographic characteristics</i>	<i>Sources of useful information</i>					
	Other relatives	Friends	Mass media	School	Counsellors	Total
ALL RESPONDENTS	49.8	70.8	79.6	57.7	49.4	822
Age						
15-19	51.6	66.2	75.9	** 63.0	54.2	465
20-24	47.3	76.8	84.3	50.7	43.1	357
Education						
Jnr sec and below	36.8	** 43.1	** 51.1	** 33.9	** 29.3	** 174
High sch and above	53.2	78.2	87.2	64.0	54.8	648
Childhood resident						
Urban	43.5	** 84.8	** 84.8	46.4	** 40.9	** 455
Rural	57.5	92.6	90.2	71.7	59.9	367
Religion						
Catholic	43.8	* 56.3	** 71.9	** 40.6	** 46.1	* 128
Methodist	45.9	62.3	77.0	56.5	45.6	331
SDA	62.5	78.8	77.5	65.0	58.8	80
AOG	54.4	82.6	85.9	58.4	47.0	149
Others	52.2	86.6	87.3	71.6	59.0	134
Religious Commitment						
Committed	51.7	69.2	79.4	62.6	** 79.4	422
Moderate	50.2	70.0	80.5	53.7	80.5	307
Not committed	39.8	80.6	77.4	48.4	77.4	93
Residence						
Parents	76.4	** 55.8	** 76.4	51.8	** 47.0	** 394
Own	90.2	61.0	90.2	56.1	46.3	41
Friend	72.7	54.5	72.7	69.7	51.5	33
Hostel	90.5	75.6	90.5	58.2	43.3	201
Relatives	71.9	57.5	71.9	69.9	64.1	153
TOTAL	409	582	654	474	406	822

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

Note: (N=822) (* p<.05; ** p<.01)

from experience other than depending on other sources of information on reproductive and sexual behaviour.

Table 6.3 shows that education attainment does influence the source of useful information. Less than 16 per cent of those with a less than high school qualification do state that the information received from the different sources are useful while between 53 per cent and 56 per cent of those with high school and above high school attainment found the information from the different sources to be useful. There is very little difference in percentage receiving useful information for those who have education attainments at high school and above high school level. This could indicate that they have a better understanding of the information they received, and that family life education and biology curriculum offered in schools could be a contributing factor as these are only offered at high school level.

Table 6.3 shows that more of those living with their parents (43-46 per cent) stated that the information they receive from each of the five sources of information were useful. Although 90.5 per cent of those living in the hostels stated that the mass media is a source of information, only 27.8 per cent of the respondents stated that the information received were useful.

6.4 KNOWLEDGE OF SEXUAL AND REPRODUCTIVE HEALTH

Information from the survey indicated that there are many sources of information on reproductive and sexual health available to these male youths. In most cases, except for information from parents where no respondents found the information received to be useful, more than 50 per cent of the respondents stated that the information they received were useful. Discussing what young men perceive to be useful included advice on how to approach a woman and ask them for a date. Below is a list of what some men stated were useful information on reproductive and sexual behaviour.

- How STIs are spread from one person to another and how to cure STI?*
- When can a woman become pregnant?*
- What happens if you have intercourse with a virgin?*
- What should a man do during a date, so that his partner will appreciate him?*
- How can a girl be prevented from getting pregnant?*
- Information on how to use condom.*
- Information on how to have coitus.*
- Some positive information on having sexual relationships.*

Information on reproductive and sexual health is readily available to the public in Fiji. There is a lot of IEC in Fiji. This is through the advocacy groups such as the Reproductive and Family Health Alliance of Fiji and the Aids Task Force, some regional and

international organizations, and the government through the Ministry of Health and the Ministry of Education. Most IEC materials are in the form of charts, pamphlets, and available through service providers. Observations from the field have shown that although there is a changing attitude from the service providers, in-depth interviews for young men showed that they are reluctant to visit the service providers who are thought to be mainly female nurses, retired nurses, or homosexuals, who would give them lengthy counselling before the service is provided. Peer educators are also counsellors but most men see peer educators to be too young to share their experience and knowledge so little respect is given to them.

Films and videotapes are readily available to the public, schools have available subjects in the curriculum, and books and magazines are readily available. These sources mostly depict sexual behaviour but contain little discussion of reproductive and sexual health behaviour. Those who receive this information are led to assume that all the information from films, videos and magazines are the norms of society and behaviour.

6.4.1 Myths of sexual and reproductive behaviour

More than 50 percent of the respondents, as shown in Table 6.3, regarded information obtained from friends, mass media, and other relatives as healthy. During the focus group discussions and the in-depth interviews it was observed that not all the information the respondents receive and regard to be useful was indeed useful. Some of the information they received were myths and were misleading and incorrect. Below are two examples of the myths that young Fijian males receive from friends and other relatives.

"If you masturbate straight after having sex, than you can not be infected with STIs or HIV/AIDS."
Male (19)

"I heard this from my girlfriend: After having sex, you will have to jump up and down on the bed if you do not want to get pregnant or straight away after having sex you drink a jug of water to wash down the semen." Male (22)

Through these beliefs young men assume that they can avoid their partner from infections and avoid unwanted pregnancies.. If awareness programs do not reach all youths and such myths are not corrected young men risk seriously reproductive and sexual health problem. Instead myths will continue to be passed on from one individual to another. Respondents after all, identified friends as the most useful source of information.

The myths of sexual and reproductive behaviour need to be documented and awareness programs set up correct the misconceptions circulating in the community. Through discussions with young men it was noted that most of them do the stories they are told and

they have even cited examples of people who have experienced the miracle cures and prophylactics described in the myths.

6.4.2 Obstacles and problems in knowledge dissemination

A discussion with a father is shown below:

Case 1:

Do you discuss sexual and reproductive behaviour and health issues at home?

No. I think it is due to our cultural view this topic is a taboo. I think this is why in our Fijian setting this kind of topic is avoided.

Do you think it is good to discuss sexual and reproductive health behaviours in our homes?

Yes, but I don't think it will work because when we want to talk about it our parents wouldn't listen to us. (19 yr old Male)

Case 2:

Do you discuss sexual and reproductive health behaviour topics at home?

No.

Why not?

We regard it as a taboo because it involves our private parts. It is discussed among older people only or among peers. (22 yr old male)

Case 3:

Do your parents talk to you about reproductive health behaviours?

Yes. My parents travel overseas most of the time. Last year, they sat me down and asked me whether I have a girlfriend. The first time they asked me, I was numb with shock, and I couldn't speak and answer them. But the second time they asked me, I said yes. They advised me about the difficulty of having a family. They told me if I want to have a family, I have to study hard in school and try to be financially secure first before thinking of starting a family. (19 yrs old male student)

Case 4:

Do you discuss about sexual and reproductive health behaviours at home?

No. I only talk about it with my friends. We don't talk about it at home because it is a taboo to our culture. (22 yr old male)

There is indication from the interviews that parents do little to educate their sons about reproductive and sexual health behaviour. A reason commonly accepted in the Fijian society is that it is culturally a taboo to discuss human sexuality in the family arena. In Fijian society it is not only cultural taboo, it is also a religious taboo. These are the main forces discouraging open discussion of sexual behaviour. Chapter Five explains the traditional restriction, taboo, on discussing sexuality. There are relationships in the kinship system that allows for the open discussion on sexuality and this is outlined in the previous chapter.

The examples given above show the difference in attitude of some parents and the attitude of young men towards discussing sexual and reproductive behaviour in the family. The young men know that it is a cultural taboo and can only be discussed with their peers. This is a clear indication that it is a cultural taboo to discuss sexual and reproductive behaviour in the family. Case 3 shows a different approach that the parents try to take, that is in

knowing that their son was sexually active they advised him on the difficulty of having a family, but not on the sexual and reproductive behaviour and the consequences and issues in sexual behaviour. There was no advice on the acceptable behaviour in society. This is a clear indication of how parents try to evade the issues and discussions of sexual and reproductive behaviour with their children. During interviews with parent, both formal and informal, the parents explained the difficulty of discussing sexual and reproductive issues with their children who are of different ages and different gender.

Some of the young men who have refused to participate in the questionnaire survey and refused to have interviews and informal discussions stated that they would not answer the questions because of their religious beliefs. This indicates how religion and religious beliefs have influenced the young men's view on sexual behaviour and knowledge dissemination in society. As a result of the assumed cultural and religious taboo, parents pass the burden to formal educators.

Parents assume that it is the responsibility of the formal educators, teachers in schools, to educate children on reproductive and sexual health behaviour. Schools in Fiji are oriented towards formal academic knowledge and the curriculum covers the biological aspects of sexuality. Family Life Education is also taught in some schools, but not as an-examinable subject and as a result only a few schools offer the subject to their students. The Ministry of Education gives schools a choice among the following range of electives: physical education, music, art and craft, computing, family life education etc. They may choose only two. In a sports and music loving society like Fiji, physical education and music takes priority over other electives. This leaves little chance for family life to be taught to most students in schools.

Negative attitudes of school administrators and educators, and the lack of available resourceful teachers is also a problem. During the field research it was noted that some educators and well-educated administrators were very conservative when addressing reproductive and sexual health needs of adolescents and young adults. At a boys' high school, the research team was informed that only the boys from forms five upwards (that is those who are 17 years old and above) could participate in the survey and prior approval from their parents was needed. Parents of 78 per cent of the target respondents agreed to the request while the 22 per cent that did not reply to the request including those who disagreed and those where request did not reach the parents.

Discussions with teachers in the school revealed that students at lower levels, that is forms three and four (14 to 16 year olds) often have pornographic magazines, including 'Playboy' magazines, confiscated during school hours. The administrators ignore the apparent needs of these teenage boys for more accurate and appropriate reproductive and sexual health information.

The use of religious leaders as family life education teachers is an approach needing further investigation. During the research I observed that in two secondary schools female Christian deaconesses were the family life educators. This in many ways reflects the national situation. In the Ministry of Education, the office in-charge of Family Life Education is a Methodist church minister of religion. Educators view sexual and reproductive health education in school as a religious issue. It is seen as having a close association moral values of sexual behaviour and these are identified with the Christian values, even though Fijian society has heterogeneous religious beliefs and values.

In a large multi-racial school in Suva, the school principal informed me, that the students would not participate in the survey because the questions were too sensitive and the topic is culturally a taboo in the society. The principal stated that permission from the Ministry of Education was needed. The Ministry of Education had granted the researcher permission to conduct the survey in the school. The principal then informed the researcher that because of his religious beliefs and values he would not allow the researcher to conduct the survey in the school. Later discussion with the Vice Principal and the Assistant principal showed that they were both shocked to hear of the Principal's stand. They only commented that most of the students in the school are sexually active and that cannot be denied.

At another school the principal informed me that after consultation with his two assistants, they agreed that they would not allow the interviews to be conducted in the school compound. However they could allow the research team to use their students as informants but all interviews were to be conducted outside the school boundary. The principal informed the researcher they have enough problems with drug use and do not wish to encourage their students to have sexual relationships. The school however offers family life education to students from forms five to seven. When this was pointed out to the principal, he informed me that he controls the units and topics to be taught to the students, because he feels that some sensitive topics should not be taught to the students.

6.5 KNOWLEDGE OF AVAILABLE SERVICES

Knowledge of available services can influence the use of those services. To be able to use the services available an individual must first know that the service is available and where it is available. Respondents in the questionnaire interview were asked if they knew of the following available reproductive health services: the family planning clinics; the reproductive health clinic; and the STD clinic. Two other questions were asked to those who had heard of the available services: whether they know that the services provided were free and if the respondents had ever used the service. Those who did not know of the service skipped these two questions above.

The three services shown in Table 6.4 below are provided and serviced by the Ministry of Health, which is a government department in Fiji. The family planning clinic is part of the Maternal and Child Health Care clinic (MCH). The service is available in every hospitals and health centres in Fiji. The MCH clinic provides free counselling on contraceptive methods and free contraceptive methods to the public. The clinic is generally viewed as a clinic for married women with children and is generally serviced by female nurses. It is not a youth friendly or male friendly service. This general perception does influence the use of the service.

The reproductive health clinic and the STD clinic are the same. The clinic was previously known as the STD clinic before the name was changed to a user-friendly name. The clinic has an STDs clinic and an adolescent counselling centre. The centre is better known as an STD clinic and it is generally assumed that those visiting the clinic have been infected with STDs. The STD clinic treats those infected with STDs, provides counselling and give free condoms to the public.

Table 6.4: Knowledge of the available services, free access and ever used the available service (per cent).

Type of service	<i>Know the service</i>	Those who know the service	
		<i>Is the service free?</i>	<i>Ever used the service?</i>
<i>Family Planning Clinic</i>			
Yes	54.4	89.5	28.0
Total respondents	822	447	447
<i>STD Clinic</i>			
Yes	50.7	83.0	37.2
Total respondents	822	417	417
<i>Reproductive Health clinic</i>			
Yes	44.9	86.2	37.4
Total respondents	822	369	369

Source: Computed from the 2001 RSHKB survey

For all the three services discussed in Table 6.4, there is a clear indication that only about half of the respondents know of the available services. For those that know of the services, more than 80 per cent know that the service is free and less than 40 per cent have ever used the service. The service that is most poorly used by the male youths is the family planning clinic with only 28 per cent of those that know of the service stating that they have ever used the service. About 90 per cent of the respondents who know of the family planning clinic know that the service provided by the clinic is free. Only 28 per cent of those that know of the service have ever used the service. Less than 50 per cent of the respondents knew that the service provided at the STD clinic and the Reproductive Health clinic was free. This indicated that young Fijian men make little use of the services that are available at no cost and they do not take advantage of the situation available to them.

Interviews with young men showed that they do not go to the family planning clinic because of fear that others might know that they looking to obtain free condoms and this could reveal they are sexually active. This implies that there is little privacy in the clinic. Information gathered from a focus group discussion showed that the service providers at the above clinic are not always friendly and they give lengthy advice that the respondents do not want to hear. Below is a story related to the researcher during a focus group discussion session;

Solo an eighteen years old student stated that he goes to the family planning clinic to collect condoms for himself and for friends. He was the only courageous one in the group and did not care about being ridiculed or joked about by the nurses in the clinic. All the while he has been going to the clinic he is told off by the nurses in-charge of the clinic and is always advised to stop having sex. He knows that the nurses always joke about him because he frequently visits the clinic obtain free condoms. This he feels has discouraged his friends from obtaining free condoms from the clinic, because his friends are too shy to approach the nurses.

This could indicate why young men do not want to use the service at the family planning clinics. Young Fijian males seldom visit the clinic because, as discussed in the FGDs, they know that in the clinic is a very public place. The community will come to know that they had been receiving free condoms. As a result they will be ridiculed and looked down upon for being sexually active before marriage.

The reproductive health clinic in Suva is a new user-friendly name for the STD clinic. From observations in the field the researcher observed that not many youths use the adolescent counselling centre. One of the reasons could be that those visiting the clinic were associated with having STDs. Table 6.5 shows that only 44.9 per cent of the respondents know of the reproductive health clinic. There is indication that education qualification influences knowledge of the available reproductive health clinic. As discussed

above, the name change could be an influential factor, as more respondents come to recognise it as a STD clinic.

The percentage of respondents who stated that they have used these available services is less than 20 per cent for each of the services discussed. This reflects the lower participation rate from young men, in free reproductive and sexual health service. Young men were asked in interview and focus group discussions to state why they do not visit these available services. Reasons given included the following: there is no need to visit the service because they are not sick; the service providers are too rude; It is only for women; do not know the service; and too shy to go to the clinics.

Age has a statistically significant relationship with the knowledge of the three available services discussed and the use of the services available. Table 6.5 shows that a higher percentage those at an older age, age group 20-24 years, know of the available services. A high percentage of those at the older age group also know that the service is free. For each of the available services, those aged 20-24 has a higher percentage indicating that they have used the services as compared to those aged 15-19 years. This shows that as the young men become older they become more knowledgeable about the available services and they also use the services.

Education has a statistically significant relationship with the knowledge of the three available services discussed and the use of the services available. Table 6.4 shows that the higher the education attainment, that is for those obtaining a high school level of education or above, more likely they are to know of the available services. A high percentage of those at that have an educational attainment of high school level or above also know that the service is free. For each of the available services, those with an education attainment of high school level or above have a higher percentage indicating that they have used the services. This shows that educational attainment does influence the knowledge and use of the available services.

6.6 USE OF AVAILABLE SERVICES

Fijian men make very little use of the available services. Table 6.4 showed that STD clinic is used the most, with 19.6 per cent of the respondents stating that they had used the clinic. The STD clinic and the reproductive health clinic are generally assumed to be for both males and females, while the family planning clinic is generally assumed to be providing services for women. This could be a reason why only 16.1 per cent of the respondents stated that they have used the service provided at the family planning clinic. Some of the

Table 6.5: Knowledge of available services, free access to the service and ever used the service age, religiosity, education, and area of childhood upbringing.

TYPES OF SERVICES	SOCIO-DEMOGRAPHIC VARIABLES									Total respondents
	Age		Religiosity			Education		Childhood residence		
	15-19	20-24	Com.	Mod	N/Com	Jnr sec	High+	Urban	Rural	
Family Planning Clinic										
Know of the service	46.5	64.7**	55.9	43.3	83.9**	34.5	59.7**	58.5	49.3**	822
Know the service is free	90.7	88.3	92.4	87.2	84.6	85.0	90.2	90.2	88.4	447
Ever used the service	18.1	37.2**	28.8	22.6	34.6	20.0	29.2	30.8	23.8	447
STD Clinic										
Know of the service	41.3	63.0**	48.5	46.3	71.0**	23.0	58.2**	58.0	41.7**	822
Know the service is free	79.7	85.8	85.6	77.5	86.4	77.5	83.6	83.3	82.4	417
Ever used the service	27.1	45.8**	38.3	35.9	36.4	15.0	39.5**	40.5	31.4*	417
Reproductive Health Clinic										
Know of the service	41.9	48.7*	51.4	32.6	55.9**	24.7	50.3**	43.5	46.6	822
Know the service is free	85.6	86.8	91.7	68.0	98.1**	74.4	87.7*	85.9	86.5	369
Ever used the service	27.7	48.3**	38.7	27.0	51.9**	23.3	39.3*	39.4	35.1	369

Source: Computed from the 2001 RSHKB survey

Note: ** -p<0.01, * - p<0.05 (This is from the Chi-squared test);

Com – Committed; Mod – Moderately committed; N/Com – Not Committed;

Jnr Sec – junior secondary school or below; High+ - High School and above

young men during the interviews and during the FGDs stated that they do go to the family planning clinic to get condoms. This is however very rare.

The medical officers at the STD clinic in Suva stated that the clinic commonly provides service for commercial sex workers in Suva. This included both female and male sex workers. They visit the clinic for regular check ups and to obtain their supply of condoms, as condoms are free from the clinic. Some patients to the clinic were regular patients. The clinic is well serviced with one male nurse and one female nurse to attend to the clients.

However anyone who walks up to the clinic is assumed to have a STD. On two occasions, when I asked for the doctor in-charge, I was informed by the student nurses fill in the patients' record card before going in the Doctor's room. This assumption that everyone coming into the clinic was an infected patient reveals one of the barriers to visits for educational or other purposes. This attitude discourages young men from visiting the clinic to collect condoms. This could be an indication that the name STD clinic does indicate that the service provided is only for those with STD infection, while in effect neglecting to make potential users aware of other services provided at the clinic. Other services provided at the clinic included the adolescent reproductive health counselling centre and the peer educators' centre.

Only 1.9 per cent of the respondents brought up in housing settlements had used the STD clinic. This is the lowest proportion of users, compared with those brought up in other areas. Settlements are isolated from villages and towns. They are mostly nuclear families or a closely related extended family unit living together. As Table 6.5 showed it could be assumed that those visiting the STD clinics were there because they thought they might have an infection. By contrast a high proportion, 18.3 per cent, of those brought up in villages have used the STD clinic when compared to those brought up in other areas. It must be noted that other sources of condoms include the health centres, where they are free, and the retail shops and chemists.

6.7 KNOWLEDGE OF CONTRACEPTIVE METHODS

Knowledge of available contraceptive methods will obviously influence men's use of the methods. Men need to be well informed about the contraceptive methods. The Ministry of Health provides contraceptive methods freely through family planning clinics. These clinics are generally assumed to provide services for married women. But today the focus has changed and clinics try to be user-friendly to men and unmarried women.

In the questionnaire interview respondents were asked if they have ever heard of a number of different types of contraceptive. For those that have heard of the method, they were further asked if they know that the contraceptive method is free or not. They were also asked if they or their partner had ever used the contraceptive method. The different types of contraceptives methods discussed in the questionnaire interview are the pill, IUD (loop), injectable, condom, vasectomy, withdrawal, and the rhythm method.

Table 6.6 shows the percentage distribution of respondents who stated that they have heard of the three commonly used female contraceptive methods in Fiji, including the Pills, IUD, and injection methods. Pills the most commonly known method as compared to the other two methods, with 68.5 per cent of the respondents stating that they knew of pills method while only 36.7 per cent and 44.3 per cent knew of the IUD and injection respectively. Pills have been the most commonly used contraception method since the 1970s (Bureau of Statistics 1976)

Table 6.6: Percentage distribution of knowledge of contraceptive method, free access to the contraceptives, and ever used the contraceptive method.

<i>Type of Contraception</i>	<i>Heard of the contraception</i>	<i>Among those who had heard</i>	
		<i>Is it free?</i>	<i>Ever used?</i>
Pills			
Yes	68.5	45.6	5.5
Total respondents	(822)	(563)	(563)
IUD			
Yes	36.7	50.0	3.3
Total respondents	(822)	(302)	(302)
Injectable			
Yes	44.3	49.2	9.9
Total respondents	(822)	(364)	(364)
Condom			
Yes	90.1	69.5	48.0
Total respondents	(822)	(741)	(741)
Vasectomy			
Yes	45.7	44.7	2.1
Total respondents	(822)	376	(376)
Withdrawal			
Yes	37.1	NA	54.4
Total respondents	(822)	NA	(305)
Rhythm			
Yes	31.9	NA	31.1
Total respondents	(822)	NA	(262)

Source: Computed from the 2001 RSHKB survey

Note: -'Ever used the method' includes both the respondent or their partner had ever used the method.

Those who had childhood upbringing in villages had the lowest proportion knowing the available female contraceptive methods as compared to those brought up in other areas. It is interesting to note that those brought up in settlements have the highest proportion knowing the female contraceptive methods.

Table 6.7 shows that there is a statistically significant positive relationship between education qualification and knowledge of available female contraceptive methods. There is a significant positive relationship between age and knowledge of female contraceptive methods. The table also shows that the young men of the Assemblies of God church are better informed about the available female contraceptive as compared to other religious denominations.

It must be noted that knowledge of condom as a contraceptive method has increased since the outbreak of HIV/AIDS. Condom is advertised as a safe sex method, to prevent STDs and HIV/AIDS. Table 6.6 shows the percentage of respondents who have heard of the male contraceptive methods and the natural methods. Condom is well known to respondents, 90.1 per cent of the respondents knowing of condoms. Table 6.7 show that education qualification has a positive relationship with knowledge of condom as a contraceptive method. This indicated that area of residence and education attainments have great influence on young men's knowledge of condom use as a contraceptive method.

Vasectomy is known to 45.7 per cent of the respondents. Age has a statistically significant positive relation with knowledge of vasectomy as a contraceptive method. Although vasectomy has been available in Fiji since the 1960s it was only in the late 1990s that it has become general knowledge to the public. The 1974 Fiji Fertility Survey reported only two (2) cases of vasectomy (Bureau of Statistics, 1976). Only 25.2 per cent of those brought up in villages know of vasectomy, while about 50 percent of respondents in other areas of childhood upbringing know of vasectomy. This showed that knowledge of vasectomy has not been well disseminated to the village communities.

So-called '*natural methods*' are not well known to the respondents. About 37 per cent of the respondents stated that they have heard of the withdrawal method and 32 per cent have heard of the rhythm method. Education qualification and age have a positive relationship with young men's knowledge of these methods. Those brought up in settlements are best informed about the natural methods as compared to those brought up in other areas. The reason for this is not clear from the survey results.

After the questionnaire surveys on a few occasions, the research team had lengthy discussions with individuals who had requested that the calendar method be explained to them. The respondents wanted to know about the safe period for sexual intercourse. It was noted that some requested private discussions while others were more open and asked for explanation openly, in the presences of others. This reflected widespread ignorance and interest about natural methods. I later arranged for an awareness session to be conducted by RFHAF at the schools. This was conducted after approval from school administrators and it proved to be a success.

6.7.1 *Use of Contraceptives*

Condom was stated to be the most commonly used contraceptive method. Table 6.5 shows that 46.6 per cent of those sexually active had used condom, 28.2 per cent stated that they had used the withdrawal method, 21.1 per cent had used the Rhythm method and only 3.6 per cent had used vasectomy. Of the three main types of male contraceptives, condom is the most commonly used contraception method among young Fijian men. However male contraception is seldom used as female contraception has a higher prevalence rate compared to male contraception. The following are some of the reasons gathered from focus group discussions and in-depth interview (both formal and informal) stating the reason why young men do not use condoms:

Do not get any feeling (no sexual pleasure when using a condom)

Too drunk

Shy to collect from the clinics

Do not know where to get condoms

Condoms burst- not reliable

Do not know how to use condom.

Vasectomy is not common, it must be noted that having children in a Fijian society is a symbol of masculinity and Fijian men feel an obligation to have a son. Having a vasectomy is not seen as an acceptable behaviour for young men. In 1980, a close friend of mine, then 22 years old, had a vasectomy operation because he did not want to have children. These are rare occurrences amongst Fijian men. The man now regrets his decision as he now realises that he can never have children.

The withdrawal and the rhythm contraceptive methods are not a commonly used by young Fijian males in urban Suva today. Catholics and Assemblies of God members have a higher proportion, 47.1 and 42.7 per cent respectively, that had used rhythm method as compared to Methodists and SDA church members, having 8.4 and 7.9 per cent respectively. This is contributed by the religious beliefs. Catholics were not encouraged to use modern contraceptives so they resort to the natural methods.

Table 6.7: Knowledge of available contraception by Age and Education attainment

Types of services	Socio-demographic variables									Total respondents
	Age		Religiosity			Education		Childhood resident		
	15-19	20-24	Com.	Mod	N/Com	Jnr sec	High+	Urban	Rural	
<i>Pills</i>										
Know of the contraceptive	60.9	78.4**	69.7	61.9	84.9**	53.4	72.5**	68.6	68.4	822
Know the contraceptive is free	36.7	54.6**	46.6	37.4	62.0**	45.2	45.7	53.5	35.9**	563
Ever used the contraceptive	5.3	5.7	6.5	4.7	3.8	3.2	6.0	3.8	7.6*	563
<i>IUD</i>										
Know of the contraceptive	26.9	49.6**	37.0	30.3	57.3**	27.6	39.2**	43.3	28.6**	822
Know the contraceptive is free	40.0	57.1**	50.0	41.9	64.2*	60.4	48.0	60.9	29.5**	302
Ever used the contraceptive	0	5.6**	2.6	2.2	7.5	0	3.9	3.6	2.9	302
<i>Injectables</i>										
Know of the contraceptive	35.1	56.3**	44.5	41.0	53.8	36.2	46.5*	44.2	44.4	822
Know the contraceptive is free	42.3	54.7*	46.3	43.7	74.0**	50.8	48.8	63.7	31.3**	364
Ever used the contraceptive	7.4	11.9	10.1	8.7	12.0	11.1	9.6	10.4	9.2	364
<i>Condoms</i>										
Know of the contraceptive	89.9	90.5	90.8	88.3	93.5	86.8	91.0	89.9	90.5	822
Know the contraceptive is free	67.0	72.8	67.9	69.7	75.9	62.3	71.4*	72.4	66.0*	741
Ever used the contraceptive	46.2	50.5	48.3	48.0	47.1	49.7	47.6	51.3	44.0*	741
<i>Vasectomy</i>										
Know of the contraceptive	33.8	61.3**	38.9	49.8	63.4**	24.7	51.4**	56.0	33.0**	822
Know the contraceptive is free	35.0	51.6**	48.8	35.3	57.6**	34.9	45.9	49.0	35.5**	376
Ever used the contraceptive	0	3.7*	1.8	1.3	5.1	2.3	2.1	2.0	2.5	376
<i>Withdrawal</i>										
Know of the contraceptive	28.8	47.9**	36.3	37.5	39.8	24.1	40.6**	40.4	33.0*	822
Ever used the contraceptive	50.7	57.3	65.4	40.9	51.4**	52.4	54.8	51.6	58.7	305
<i>Rhythm</i>										
Know of the contraceptive	23.9	42.3**	36.0	24.4	37.6**	24.7	33.8*	32.7	30.8	822
Ever used the contraceptive	29.7	32.5	37.5	25.3	17.1*	44.2	28.8*	28.2	35.4	262

Source: Computed from the 2001 RSHKB survey. Note; ** -p<0.01, * - p<0.05;

Table 6.9: Percentage that stated that they have heard of the STIs by age, religiosity, education attainment, and childhood residence.

<i>Mode of transmission</i>	<i>Socio-demographic variables</i>									<i>Total</i>
	<i>Age</i>		<i>Religiosity</i>			<i>Education</i>		<i>Childhood resident</i>		
	<i>15-19</i>	<i>20-24</i>	<i>Com.</i>	<i>Mod</i>	<i>N/Com</i>	<i>Jnr sec</i>	<i>High+</i>	<i>Urban</i>	<i>Rural</i>	
Herd of syphilis	61.7	80.7**	69.9	65.8	83.9**	43.1	77.2**	71.0	68.7	822
Heard of gonorrhoea	82.2	91.3**	84.6	86.6	91.4	66.7	91.4**	88.8	82.8**	822
Heard of HIV/AIDS	91.6	98.9**	92.7	97.1	96.8*	84.5	97.5**	96.0	93.2*	822

Source: Computed from the 2001 RSHKB survey.

Note; ** -p<0.01, * - p<0.05;

Table 6.10: Percentage that agree that the behaviour is a mode of transmitting HIV/AIDS by Age, Religiosity, Education attainment, and childhood residence.

<i>Mode of transmission</i>	<i>Socio-demographic variables</i>									<i>Total respondents</i>
	<i>Age</i>		<i>Religiosity</i>			<i>Education</i>		<i>Childhood resident</i>		
	<i>15-19</i>	<i>20-24</i>	<i>Com.</i>	<i>Mod</i>	<i>N/Com</i>	<i>Jnr sec</i>	<i>High+</i>	<i>Urban</i>	<i>Rural</i>	
Kissing	26.9	18.2**	26.8	22.1	9.7**	43.7	17.6**	23.1	23.2	822
Holding hands	12.9	4.8**	12.6	7.5	1.1**	20.7	6.3**	8.6	10.4	822
Sexual intercourse with an infected person	90.5	95.0*	89.3	95.4	96.8**	78.7	96.1**	91.4	93.7	822
Having multiple partners.	83.7	93.6**	85.3	90.6	91.4	81.6	89.7**	90.5	84.7**	822
Having sex intercourse with a prostitute	84.7	89.6*	83.6	90.2	90.3*	80.5	88.6**	88.6	84.7	822
Not using a condom during sexual intercourse	85.6	93.6**	90.5	86.6	90.3	77.6	92.1**	90.8	86.9	822
Homosexual sex	71.6	88.0**	76.1	79.8	87.1	75.3	79.6	85.3	70.6**	822
Blood transfusion	87.7	91.3	87.0	93.8	84.9**	78.7	92.1**	88.6	90.2	822
Sharing a razor with an infected person	63.2	88.2**	66.4	81.8	83.9**	52.3	79.9**	80.7	65.9**	822

Source: Computed from the 2001 RSHKB survey. Note; ** -p<0.01, * - p<0.05;

6.8 SEXUALLY TRANSMITTED DISEASES

Knowledge of sexually transmitted infections is important in influencing the sexual behaviour of any individual. Men can prevent the spread of STDs and HIV/AIDS through the practice of safe sex and the use of condoms. The two most common STD infections in Fiji are syphilis and gonorrhoea. In the questionnaire survey respondents were asked if they have ever heard of the three types of STIs namely syphilis, gonorrhoea and HIV/AIDS. Table 6.8 shows that 94.8 per cent of the respondents have heard of HIV/AIDS, with 86.1 per cent and 70 per cent have heard of gonorrhoea and syphilis respectively. The high percentage of young men that have heard of HIV/AIDS is because of the national, and global awareness campaign on the killer disease, HIV/AIDS.

Age has a statistically significant relationship with knowledge of STDs. Table 6.9 shows that age has a positive relationship with knowledge of STDs. A higher percentage of those in the older age group (20-24 years old) have heard of each of the three STDs, as compared to those in the lower age group (15-19 years old). The difference in percentage in the two age groups is very low for those that have heard of HIV/AIDS. This indicates the wide coverage of IEC on HIV/AIDS.

Table 6.8 Percentage who has heard of the three main sexually transmitted infections.

	Number	Percent
<i>Ever heard of syphilis</i>		
Yes	575	70.0
<i>Ever heard of Gonorrhoea (Tona)</i>		
Yes	708	86.1
<i>Ever heard of HIV/AIDS</i>		
Yes	779	94.8

Source: Computed from the 2001 RSHKB survey
(N-822)

Table 6.9 shows that there is a significant relationship between young men's knowledge of STIs and their education attainment. Those having attained a high school level or high education attainment are more likely to have heard of each of the three STI as compared to those that have educational attainment that is below high school level.

In the questionnaire survey respondents were asked to identify if some of the sexual acts and other acts were modes of transmitting HIV/AIDS. Table 6.9 shows that most of the young men know the main modes of HIV/AIDS transmission. 89.1 per cent of the respondents

stated that not using condom during sex could result in getting infected with HIV/AIDS. 92.5 per cent stated that having sex with an infected person is a mode of transmitting HIV/AIDS. There is a clear indication that young Fijian males know the different modes of transmitting HIV/AIDS.

There is a statistically significant relationship between age and the knowledge of how HIV/AIDS is transmitted. Table 6.9 shows that a higher percentage of those aged 20-24 years correctly identified the modes of transmitting HIV/AIDS as compared to those in the 15-19 years age group. This indicated that as young Fijian males grow older they become more knowledgeable about the different ways of transmitting HIV/AIDS.

Table 6.11: Percentage that agreed that a person can get HIV/AIDS through the mode of transmission below

<i>Mode of transmission</i>	<i>Number</i>	<i>Percentage</i>
Kissing	190	23.1
Holding hands	77	9.4
Sex with an infected person	760	92.5
Multiple partners	723	88.0
Sex with a prostitute	714	86.9
Not using a condom during sex	732	89.1
Homosexual sex	647	78.7
Blood transfusion	734	89.3
Sharing a razor with an infected person	609	74.1

Source: Computed from the 2001 RSHKB survey (N=822)

Analysis in Table 6.10 shows that there is a significant relationship between education attainment and knowledge of the different ways HIV/AIDS can be transmitted. The higher the education attainment of the young Fijian men the more likely it is that they will know about the different modes of transmitting HIV/AIDS. The table shows that 96.1 per cent of those that have attained High school education and above stated that sex with an infected person is a mode of transmission while 78.7 per cent of those having had Junior high school education and below stated that sex with an infected person is a mode of transmission.

The modes of transmission of HIV/AIDS are well known to the respondents. Table 6.11 shows that between 74.1 to 92.5 per cent of the young men interviewed could identify the different ways of transmitting HIV/AIDS. Less than one quarter of the respondents incorrectly identified Kissing as a mode of transmitting HIV/AIDS and less than 10 per cent

stated that holding hands is a mode of transmission. This indicates that most young men know of how an individual can be infected with HIV/AIDS.

6.9 SUMMARY

Parents need to reassess their role in educating young men on reproductive and sexual health behaviours. Although parents disseminate knowledge to their sons, young men do not perceive the information to be useful. There is a need to examine the type of knowledge that is disseminated, how parents educate their sons and when and where the education process takes place.

Young men are knowledgeable about some aspects of reproductive and sexual health. This includes their knowledge of HIV/AIDS, their knowledge of some of types of contraception, and knowledge the main types of STIs and how people are infected. However there is a need to educate young men to realise that they are at risk of being infected with HIV/AIDS and other STIs if they do not practice safe sex. Although condom is known to more than 90 per cent of the respondents, however most have little knowledge of how to access the services where condoms are free.

In summary young men have limited knowledge of reproductive and sexual health behaviours. They are largely ignorant but they want to learn. There are avenues that need to be explored to enable young men to be well informed. The source of good and accurate information on is limited.

**ATTITUDES TOWARDS REPRODUCTIVE AND SEXUAL
BEHAVIOUR**

7.1 INTRODUCTION

Attitudes to sexual and reproductive behaviour can be influenced by many different factors including cultural background, religious beliefs, education, and sexual experience. Indigenous Fijian males are generally assumed to become sexually active and engage in sexual intercourse after they leave the formal school system regardless of their age. In having intimate relationships men assumes that it must include sexual intercourse. Coitus is associated with partnering and once two individuals build a close relationship with each other society assumes that coitus follows.

This chapter examines the attitude and perceptions of young men towards sexual and reproductive behaviour. The chapter is divided into five major parts. This includes the dating behaviour, premarital sex, contraceptive use, gender roles, and gay and CSW as subgroups. The chapter include both quantitative and qualitative analysis of men's attitude, with regard to the sub titles outlined above.

7.2 DATING BEHAVIOUR

In the Fijian culture going on a date is not encouraged because it is not a cultural norm. This is a new concept that was introduced by the European settlers or *Kaivalagi* (as discussed in Chapter 5) in the early nineteenth century. Fijian parent disapprove of their children going out for dates because it is generally assumed that a dating couple have intimate relationship involving coitus. Most young men are never taught how to behave when dating or during courtship as it is a western or foreign concept so the older generation know little about dating behaviour. Generally ideas about dating and courtship behaviour are mostly obtained from motion pictures, video, TV series, romantic novels, and magazines. Information on dating and courtship experiences is also received from friends and peers relating their experiences. Such information is perceived to be the norms of dating behaviour and they can include behaviours that are not acceptable in society.

Traditionally a young man's family presents *tabua* or whales tooth to the girl's family requesting for approve to marry the girl. This could be conducted at the early childhood stage (from the age of five) or when the couple have reached their teens that is between the ages of 10 to 15. When approval is give the partners can court each other when they

become young adults but it has to be in public. If they intend to go out in the evening they have to be accompanied by one of the girl's younger brothers or sisters or her cousin. The young man will be allowed to visit the young woman's home and talk with her. His family now has the obligation to nourish the young woman therefore they will bring food to the woman's home regularly until they are married. However if a young man dates a young woman in secret and the woman's family finds out about the affair the man and his family is expected to present a *tabua* or *yagona* to the woman's family asking for forgiveness because it is generally assumed by the society that sexual intercourse has occurred, this is called the *bulubulu* or the burying of the hatches. After the *bulubulu* the partners could openly court and this could finally leading to marriage. If the *bulubulu* is not carried out, the young woman's male relatives will try to beat up the young man involved and will force him into taking the woman as the wife. This is because in the Fijian communities it is generally perceived that when a young men and a young woman have courtship without supervision it is generally assumed that they will have penetrative sexual intercourse.

Courting in the Western concept is very different from courting as a Fijian concept. Dating in the Western concept involves a process of coming to know your partner better. The stages involve sharing of information about each other, going outing and understanding each other, and as a final stage sex is involved when both parties think that the time is appropriate and that they have established a strong relationship and can trust one another. It does not only involve sexual relationship, as in the Fijian concept. In the Fijian concept when a man takes a young woman for a date he is expected by his friends and peers to have sexual intercourse with the woman. If not his peers could label him as not being a macho, or 'real man'.

The perceived attitude to dating differs for different individuals. The questionnaire interview defined dating as "an activity where a male and a female without blood relationship go out all alone, for example, to watch a movie or to stroll." Dating was classified into two categories, the first was the first date category, meaning dating a person for the first time, and the second was the regular date category. Young men were asked to separately identify behaviours that they think were acceptable in the first and second categories of dating. It is perceived that some behaviour that is acceptable when dating a regular date would not be acceptable when having a first date.

Below are some statements from interviews with young men on what they do when having a date.

“When dating I take girls to movies, play pool, or we walk around talking. I never take them to the nightclubs. When I ask a girl to go out with me I would take them to a place and talk romance with them.” (Jese 19yrs old).

“We go out to see movies, stroll, we chat and have sex sometimes.” (Paula is a student, 18 years old)

These statements show that young men have different perspectives of which dating behaviours are more acceptable in the society. Some go on dates and have no sexual coitus, while others assume that sexual coitus is an acceptable dating behaviour.

Below is a layout of the question asked to obtain information on young men’s attitude and perception of what is the acceptable behaviour for a dating couple.

Q47. If someone is dating, what do you think is proper sexual behaviours that the dating couples can engage in?
Please circle your answer for each of the following behaviours.

	First date		Regular partner	
	Yes	No	Yes	No
1. Holding hands	1	2	1	2
2. Hugging	1	2	1	2
3. Intense hugging	1	2	1	2
4. Cheek kissing	1	2	1	2
5. Lips kissing	1	2	1	2
6. Breast fondling	1	2	1	2
7. Genital fondling	1	2	1	2
8. Petting with full penetration.	1	2	1	2
9. Petting to ejaculation/orgasm	1	2	1	2
10. Penetrative sexual intercourse.	1	2	1	2

In answering the question, respondents were required to answer yes or no for each behaviour, this reduce the chances of respondents rejecting less intensive responses in favour of more intensive. However it could be possible for some responses to be in the direction that someone thinking that coitus is acceptable would think holding hand was too weak and hence not acceptable. The question as shown above was structured to reduce the problem of understatement.

7.3 FIRST DATE

Different behaviours, as shown above, were listed and the respondents were asked to state if they think the behaviour was an acceptable behaviour on the first date or not. Table 7.1 shows that as the sexual behaviour become more intensive, a lower percentage of the respondent agree that this is an acceptable dating behaviour when having a date with someone for the first time. The three most acceptable dating behaviour when couples date

for the first time are as follows, firstly holding hands, secondly cheek kissing and finally hugging. More than half of the respondents agreed that these are acceptable behaviours on a first date.

The sexual behaviours above could be classified into three categories, namely, less intensive, intensive, and very intensive behaviour. The less intensive includes holding hands, hugging, and cheek kissing. The intensive category includes intensive hugging and lips kissing and the very intensive behaviours include breast fondling, genital fondling, petting with penetration, petting to ejaculation/orgasm, and penetrative intercourse.

More than half of the young men stated that less intensive behaviours are acceptable behaviour to engage in when taking a woman on a first date. Table 7.1 shows that less than a quarter of the young men agreed that sexual behaviour during first date should involve very intensive sexual behaviour, as discussed above. This indicates that most young men do not perceive first dates to result in sexual coitus. However in in-depth interviews and focus group discussions young men stated that when young men are drunk, the women they date from nightclubs are mostly for one night stands and these mostly result in coital relationships.

Table 7.1 shows that age has a significant relationship to what young men think is an acceptable sexual behaviour during first date or courtship. More than half of the young men think that less intensive behaviour is acceptable during first date. More young men in age group 20-24 think the holding hands (81.2 per cent) and cheek kissing are acceptable behaviour during first date as compared to 68.4 and 60.2 per cent respectively. Young men between ages 20-24 are less likely to think that couples should engage in very intensive sexual behaviours during their first date compared to those aged 15-19.

Religious commitment has a significant relationship with what a young man think is an acceptable behaviour during first date except for intensive hugging and genital fondling behaviour. Comparing committed Christians, moderately committed and those not committed, it is observed that young men who are committed are less likely to think that less intensive behaviour are acceptable during first date as compared to those moderately committed and those not committed. However a slightly higher proportion of those who are committed think that very intensive behaviour is acceptable on first date as compared to those less committed. This is not indicative of the norm as it is generally perceived that committed Christians have less sexual intense. However these committed Christian young

men could be giving responses that they think are conforming to the society's expectations, as discussed above, indicating that dating or courting is not a cultural behaviour of the Fijians. Although there is a significant relationship between the two, the distortion could be due to the small proportion of young men not committed as compared to those stating that they are committed Christians. Another reason for the distortion could be that young men who are not committed gave responses that they think are acceptable in society.

Educational attainment influences a young men's attitude towards acceptable behaviour during first date. Those with junior secondary school attainment have a slightly higher percentage agreeing that the very intensive behaviours are acceptable during first date, while those with higher education attainment are more likely to disagree that very intensive behaviour as an acceptable behaviour, excluding intensive hugging. Education however has no significant influence on the attitudes towards less intensive and intensive behaviours. Less than a quarter of those with higher education attainment agree that very intensive behaviour was acceptable during the first date while about 30 per cent of those with junior secondary education agreed likewise. The more educated a young man is the less likely it is that they think it is proper to have penetrative sex during first date.

The area of childhood upbringing has a significant relationship with young men's attitude to first dating behaviour. Those brought up in urban areas are more likely to regard less intensive behaviour as acceptable behaviour in first dates, compared to those brought up in rural areas. One reason for this is because those brought up in the urban areas are more exposed to western culture and understand appropriate behaviour when courting or dating a girl for the first time. In the rural areas there is restricted discussion on the topic and young men learn through observing the mass media and through their peers. As dating is not a cultural norm (Chandra 2000; Thomson 1908; Veramo 1995) young men in rural areas have little understanding of the norms of dating and courting. Those brought up in urban areas are less likely to perceive that very intensive sexual behaviour acceptable during the first date as compared with those brought up in rural areas.

Table 7.1: Percentage of respondents stating what they think is the proper sexual behaviour that dating couple can engage in during their first date by age, religiosity, education, and area of childhood residence

<i>If someone is dating, what do you think is proper sexual behaviours that the dating couple can engage in during first date</i>	Socio-demographic variables									ALL	TOTAL
	Age		Religiosity			Education		Childhood residence			
	15-19	20-24	Com.	Mod	N/Com	Jnr sec	High+	Urban	Rural		
Less intensive behaviour											
Holding hands	68.4	81.2**	73.2	71.0	87.1**	66.7	75.9*	78.2	68.7**	74.0	608
Hugging	53.8	52.1	55.0	44.6	72.0**	58.6	51.5	58.9	45.8**	53.0	436
Cheek kissing	60.2	74.5**	59.7	70.7	82.8**	67.8	66.0	73.0	58.3**	66.4	546
Intensive behaviour											
Intensive hugging	36.6	30.5*	36.0	31.9	31.2	47.7	30.2**	35.8	31.6	33.9	279
Lip kissing	45.4	35.3**	49.1	34.5	25.8**	44.8	40.0	34.7	48.8**	41.0	337
Very Intensive behaviour											
Breast fondling	28.2	18.5**	29.4	16.3	24.7**	28.7	22.7	20.4	28.3**	24.0	197
Genital fondling	24.5	21.0	24.2	22.5	19.4	35.6	19.6**	23.1	22.9	23.0	189
Petting with full penetration	28.4	19.1**	27.5	18.9	18.3*	33.9	20.4**	19.6	27.8**	23.2	191
Petting to ejaculation /orgasm	26.7	15.4**	27.5	15.0	18.3**	32.2	19.0**	18.9	25.3*	21.8	179
Penetrative intercourse	25.4	12.9**	23.9	14.7	19.4**	32.8	16.5**	16.9	23.7*	20.0	164
Total number of respondents (N)	465	357	422	307	93	174	648	455	367	822	822

Source: Computed from the 2001 RSHKB survey

Note: 1. ** p<0.01; * p<0.05;

2. Com – Committed; Mod – Moderately committed; N/Com – Not Committed;

3. Jnr Sec - Junior secondary or below; High + - High School education and above.

Below is a summary of an in-depth interview:

In an interview with a 42 years old man, he explained that in his experience, he had his first date at the age of 17 years and had his first sexual coitus at the age of 19, with the same girl. This he stated was a common practice some 30 years ago. He however observed that today young men go to the nightclubs to look for women to have coitus with. As mentioned by an interviewee they go to the nightclub for the three Fs (Fix, Fuck, and Forget). Although the attitude to most young men did not agree to engage in very intensive behaviour during the first date, young men have indicated that in reality they do engage in very intensive behaviour on the first date.

Young men's attitude to acceptable behaviours during first date is conforming to society's expectations. Interviews with young men showed that some go to movies for first dates, some meet their date at the bus shelters and sit and talk with their date while others meet them in town and take their date to fun centres or sit along the sea wall. It is mostly when young men are drunk that they try to have coitus with their one-night stands. They blame it on the influence that alcohol has, being drunk, on their behaviour that made them have coitus on their first date. Below is a statement from a 42 years old man who thinks that drinking too much alcohol does influence behaviour

"I do drink alcohol and I think it does influence behaviour, as you do lose some values when drunk with alcohol."

Some young men feel that the women also lead them on into having coitus on the first date. Some men perceive this behaviour as a macho men's act, as in Mike's case below. Others perceive it as an act of sexual abuse, as indicated in Max's case below.

"I once took out a 13 years old. She was excited over the school I came from. She wanted to have sex with me. I did not know that she was a virgin then. I did foreplay before penetration." (Mike 21 yrs old)

"When I was a small boy, in class 8 I was assaulted by a woman who taught me how to have sex and what all to do during sex." (Max, 38 yrs old).

The quotes above indicate that it is not the men who at all times initiate coitus, but the woman also. The above cases are both cases where the men assumed that the women wanted to have coitus. In the first case it is observed that although the young woman was a virgin she accepted coitus on first date. The second case shows how an older woman educates a young man on what to do during coitus. This indicates how some women view acceptable behaviours during first dates.

7.3.1 Regular date

As indicated in the question shown above, Question 47, the same statements put forward for first date were also asked for regular dates. By regular date it means that the young man have been dating his partner two or three times or more. It is generally assumed that once two people know more about each other they will engage in more intensive behaviours.

This is clearly indicated in Table 7.2, as a very high proportion of young men think that all the behaviours listed in the table are acceptable behaviour when having a regular dates. Seventy-one per cent have a positive attitude to coitus with regular dates. More than 80 per cent of the young men perceive that intensive and less intensive behaviours are acceptable with regular dates while a slightly lower percentage of between 70 and 80 per cent stated that very intensive behaviour are acceptable with regular dates.

When having a regular date a man would assess the strengths and the weaknesses of the relationship or would have seek advise from others, mostly their friends, on their view of the strength of the relationship. In one of the informal discussions a young man related how, with his peers, they would discuss and evaluate their latest experience with women from the weekend or from the previous night. They shared their experiences and advised each other. The comments from their peers influence the decision to continue or to stop the relationship. Peer pressure was also observed to influence attitude to regular sexual behaviour. This was observed from focus group discussions and in-depth interviews. If a young man is in a religious social group where premarital coitus is a taboo, his peers all believe in abstinence till marriage, the young men is likely to have a similar attitude to those of his peers.

Age has a statistically significant influence on what young men think are the proper sexual behaviour regular dating partners can engage in except for penetrative sex. Young men between age 20-24 are more likely than those age 15-19 to think that all the sexual behaviours, except for petting to ejaculation/orgasm, listed in Table 7.2 are behaviours regular dating partners can engage in during a date or courtship. Less than half (48.6%) of those aged 20-24 thinks that petting with ejaculation/orgasm is a proper sexual behaviour for regular dating partners while 64.3 per cent of those aged 15-19 agreed. Having an ejaculation or orgasm without penetrative intercourse is not traditionally acceptable in the Fijian community. It is perceived to be an unhealthy and dirty act or sexual behaviour. Men who have ejaculation or orgasm without intercourse are joked about and commented on by their friends and the society in general if it becomes common knowledge. This could be the reason why a lower percentage of young men at older ages think the petting with ejaculation/orgasm is an acceptable behaviour for partners having regular date.

Table 7.2: Percentage of respondents stating what they think is the proper sexual behaviour that dating couple can engage in during regular date by age, religiosity, education, and area of childhood residence

<i>If someone is dating, what do you think is proper sexual behaviours that the dating couple can engage in during regular date</i>	Socio-demographic variables									ALL	TOTAL
	Age		Religiosity			Education		Childhood residence			
	<i>15-19</i>	<i>20-24</i>	<i>Com.</i>	<i>Mod</i>	<i>N/Com</i>	<i>Jnr sec</i>	<i>High+</i>	<i>Urban</i>	<i>Rural</i>		
Less intensive behaviour											
Holding hands	88.0	95.5**	88.4	94.5	93.5*	81.0	94.0**	93.6	88.3**	91.2	750
Hugging	85.2	94.4**	85.8	92.8	92.5**	79.9	91.7**	92.5	85.0**	89.2	733
Cheek kissing	82.8	92.7**	83.2	89.3	97.8**	74.7	90.4**	88.1	85.8	87.1	716
Intensive behaviour											
Intensive hugging	78.9	93.3**	81.0	87.6	95.7**	70.7	89.0**	89.0	80.4**	85.2	700
Lip kissing	85.4	95.5**	83.4	95.8	98.9**	81.0	92.1**	92.5	86.4**	89.9	738
Very intensive behaviour											
Breast fondling	78.3	88.5**	76.3	87.9	94.6**	81.0	83.2	85.3	79.6*	82.7	680
Genital fondling	66.2	85.4**	70.6	78.8	78.5*	70.1	75.8	76.5	72.2	74.6	613
Petting with full penetration	70.3	82.6**	69.4	81.8	83.9**	78.2	75.0	79.6	70.8**	75.7	622
Petting to ejaculation/orgasm	64.3	48.6**	63.5	79.2	76.3**	69.0	71.3	75.4	65.1**	70.8	582
Penetrative intercourse	68.6	73.7	66.6	74.9	76.3*	78.2	68.8**	72.5	68.7	70.8	582
Total number of respondents (N)	465	357	422	307	93	174	648	455	367	822	822

Source: Computed from the 2001 RSHKB survey

Note: 1 ** p<0.01; * p<0.05 :

2. Com – Committed; Mod – Moderately committed; N/Com – Not Committed;

3. . Jnr Sec - Junior secondary or below; High + - High School education and above.

Religious commitment has a significant influence on what young men think are the acceptable sexual behaviour during regular dates. A slightly higher percentage of the moderately committed and non-committed than committed young men agree that the behaviours are acceptable during a regular dates. This indicates that religious commitment could influence the attitude to dating behaviour, as there is also a significant relationship with the attitude to first dating behaviour.

Young men who had their childhood upbringing in rural areas are less likely to agree with all statements. Those who are better educated are less likely to agree that penetrative sex is an acceptable behaviour for regular dating partners. Young men with higher education are more likely to think that less intensive behaviour is proper but less likely to think that penetrative intercourse is a proper behaviour during regular dates.

More than 70 per cent of the young men think that all the premarital behaviour were acceptable during regular dates. This indicates that it has become a norm in society although it contradicts with the traditional norms that restrict premarital sex in society. In-depth interviews and FGDs revealed contradicting findings to the questionnaire interview stating that although premarital coitus is perceived to be unacceptable it is a common practice amongst Fijian youth today. In an informal interview with a middle aged man, he made the following metaphoric comment; “*Almost every young woman in our community today have holes*” meaning that they are no longer virgins. This shows how remaining a virgin until marriage is no longer a norm of the Fijian society.

7.4 PREMARITAL SEXUAL TRADITION

Young Fijian men and women were not expected to have sexual relationship until marriage. This practice has fast disappeared and today it is difficult to find a person who is a virgin until marriage. Traditional practice, such as inspecting the white cloth the covers the bed that the newly wed couple have their first penetrative intercourse on, has been a way of proving the virginity of a woman but there is no similar system for men. The premarital sexual behaviours discussed in this section include attitude to the importance of virginity for women and men, and attitude to sexual initiation, perceived age at first coitus and ideal age at marriage.

7.4.1 *Attitude to virginity*

In the traditional Fijian culture it is important that a woman is a virgin until marriage. However little is stated about the importance of men being virgins before marriage. The

importance of a women remaining a virgin until marriage custom is fast eroding and this can be observed in the survey findings. In the survey young men were asked if they agree that an individual should be a virgin until marriage. In FGD and in-depth interviews (both formal and informal) some young men stated that they want to marry girls who are virgins. In FDG 3 the group however commented that it would be difficult to find a female virgin in Fiji today. This indicates that the attitude towards premarital sex have not changed so much as practice. Although culturally a taboo, young men are accepting that premarital sex is becoming a norm of society and not many women remain virgins till marriage.

Below is the questions asked to obtain information on young men's attitude to the importance of remaining a virgin until marriage.

Q50. How much do you agree with the following statement about boys engaging in premarital sexual intercourse?
Please tick your choice for each item.

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

	1	2	3	4	5
h) A girl should be a virgin till marriage.					
i.) A boy should be a virgin till marriage.					

Table 7.3 shows that more than half (59.1 per cent) of young men value female virginity while a slightly less proportion (45.1 per cent) value male virginity. There is also a significant relationship between the respondent's age and their attitude to virginity. More of the young men at younger age, 15-19 agree that girls should be virgins until marriage while a higher percentage of those aged 20-24 agreed that boys should remain virgins until marriage. A similar finding was observed in Indonesia for both males and females (Utomo 1997). This indicates that age has a strong influence on an individual's perception towards the importance of virginity.

Young men's attitude to girls remaining virgins until marriage has a significant relationship with religiosity and area of childhood residence. Table 7.3 shows that young men who are committed Christians are more likely to maintain the girls should remain virgins until marriage compared to moderately committed Christians and those not committed. Young men with an urban area of childhood residence are less likely to agree that young women should be virgins until marriage compared to those with rural area of childhood residence. However in Table 7.1 rural respondents agreed more on more intensive sexual act during

first date compared to urban residents. Education has no significant influence on men's attitude to maintaining virginity till marriage. Men's attitude toward the statement that boys should be virgins until marriage is not significantly influenced by religiosity, education, and area of childhood residence. This indicates that young men do not view male virginity as an important concept in society, and this can be observed in the traditional norms of society, as discussed earlier in the chapter.

An in-depth interview with Jone a 21 years old tertiary institute student showed how he valued virginity till marriage.

Jone related his relationship with his girlfriend. They have been seeing each other for two years. His girlfriend is still in high school. He states that he prefers that his girlfriend remains a virgin till they are married. They have had plans to be married once Jone completes his studies in three years time. Jone however is having sexual intercourse with other women. He has recently been infected with STI. His girlfriend does not know that he has sexual relationships with other women. He stated that he prefers that his girlfriend remains a virgin till they are married, while he can have coitus before marriage.

The statement also indicates that some men feel that it is important for women to remain virgins until marriage, especially the woman they intend to marry. This indicates that some young Fijian men have dual standards by expect their life time partners to be virgins until they are married while they are not. Some young men felt that the need to have sexually experienced before marriage was important to men, while other do not agree. Women in the above example are regarded as commodities. Jone showed that some young men want a virgin for a future wife and do not care about other women. These are selfish men who do not care about their virginity. However some men think otherwise and believe that men should be virgins until marriage. Below is an example of one case of a young man who feels that a man should be a virgin before marriage.

After a questionnaire survey a young man asked interviewer if a man is no longer a virgin if he masturbates. The interviewer replied that virginity is only associated with coitus. The young man was happy and proud of himself, and he proudly whispered to the interviewer that he was still a virgin. He however did not want the others to know about the matter. (Esala, 20 years old)

The above experience shows that there are some men in society who do value abstinence till marriage. However one reason why Esala does not want anyone to know that he was still a virgin was because most of his friends will question why he cannot find a female sexual partner. It is perceived that macho men find female partners easily and can approach women, with little reservation, and ask for a date while those who cannot are either gay or not manly enough and are looked down upon by their friends.

In discussing the issues on virginity in the FGDs, many pros and cons were raised. Two advantages of remaining a virgin till marriage for both young men and women are firstly,

they will not be at risk of getting HIV/AIDS from their partner and secondly their family will be proud of them because they have followed and observed their traditional and religious beliefs. When a woman is known to be a virgin until marriage her husband's family will present traditional wealth to her family. This is a token of appreciation symbolising that they are privileged to get a woman who was a virgin. However some men stated that both partner need experience before marriage, the partners need to learn the art of sexual relationships including sexual intercourse and this can only come through practice. If a couple remained virgins until marriage they would have limited knowledge of the act of sexual intercourse. Some FGDs discussed the importance of being a virgin till marriage as this can reduce the risk of transmitting STIs.

7.5 AGE OF SEXUAL INITIATION

The perceived age of sexual initiation in the society can influence the behaviour of the individual. To be accepted in society young men must act in accordance with what they and their peers assumed are the norms of society. Below is the question used to obtain information on young men' attitude to age of sexual initiation. Due to the small number of respondents choosing choices 4 and 5 as their answers to questions 59 and 60, the two response choices were grouped into one and labelled number 4 (20 +yrs) in the analysis, as shown in Table 7.4.

Please circle the answers of your response					
Q59. Generally, at what age do females in your society become sexually active?					
1.	Less than 10 yrs	3.	15-19yrs	5.	25+yrs
2.	10-14yrs	4.	20-24yrs		
Q60. At what age do males in your society generally become sexually active?					
1.	Less than 10 yrs	3.	15-19yrs	5.	25+ yrs
2.	10-14yrs	4.	20-24yrs		

As shown above, young men were asked to state the age group at which boys in the society generally become sexually active. A similar question (Question 59) was asked to young men, about the age at which girls become sexually active. It was observed in Table 7.4 that more than half of the respondents stated that both girls and boys become sexually active between ages 15-19 years. More than 90 per cent stated that young men and women are sexually active before 20 years. This indicated that young men perceive that before 20 most young men and women are sexually active. In assuming that men are sexually active before

20, adolescents could try to keep up with the assumed norms, and with pressure from peers, try to be sexually active by the assumed age.

It was observed in the in-depth interviews and in the FGDs that for those who were sexually active, the respondents would give a societal age of sexual initiation that is younger than their own age of sexual initiation. For those who were not sexually active they would give an age from some cases they already know or one that would relate to their observations. This was indicated in the FGDs and interviews when young men and women who were not sexually active were asked why they think that the age they gave was the expected age of first sexual intercourse, the usual reply was that they knew from observations and gossips or their friend were sexually active by that age.

Age, as shown in Table 7.4, has a significant influence on young men's perception of the age at which both young men and women become sexually active. The analysis shows that older men (those aged 20-24 years) think that sexual activity for both girls and boys starts before the age of 15 years that is 46.5 per cent and 43.1 per cent respectively, while less than 30 per cent of those aged 15-19 stated likewise. This indicates that older men could have been removed from their own initiation and now look back thinking that sexual initiation is now earlier than their time or it could mean that the younger men are insecure and perceive older ages in order to conform to society's expectation because having sexual relationship at an early or young age is not respectful in the Fijian society.

There is a significant difference in the area of childhood residence of young men in relation to the age group they stated. Table 7.4 shows that 40.4 per cent of young men brought up in urban areas stated that boys would be sexually active before they are 15 years old while a lower proportion (28.6 per cent) of those brought up in rural areas stated likewise. Focus group discussion with students at high school level (FGD 2) showed that most students feel that at high school level they must become sexually active. When members of FGD 2 were asked if they were sexually active, meaning if they have had a sexual relationship or have had coitus, a male and a female member stated that they had no sexual experience, all other members did not hesitate to inform the group that they were sexually active.

Table 7.3: Percentage of respondents agreeing to statements on virginity by age, religiosity, education, and area of childhood residence.

<i>Statements on virginity</i>	Socio-demographic variables										
	<i>Age</i>		<i>Religiosity</i>			<i>Education</i>		<i>Childhood residence</i>		ALL	Total
	15-19	20-24	Com	Mod	N/Com	Jnr sec	High+	Urban	Rural		
“A girl should be a virgin till marriage”	62.4	54.9*	64.0	54.4	52.7**	54.6	60.3	51.9	68.1**	59.1	486
“A boy should be a virgin till marriage”	49.0	40.1**	41.2	49.2	49.5	46.0	44.9	46.4	43.6	45.1	371
<i>Total number of respondents (N)</i>	<i>465</i>	<i>357</i>	<i>422</i>	<i>307</i>	<i>93</i>	<i>174</i>	<i>648</i>	<i>455</i>	<i>367</i>	<i>100</i>	<i>822</i>

Source: Computed from the 2001 RSHKB survey

Note: 1. Com – Committed; Mod – Moderately committed; N/Com – Not Committed; 2. Jnr Sec - Junior secondary or below; High + - High School education and above; ** p<0.01; * - p<0.05

Table 7.4: Percentage of respondents stating the perceived age of becoming sexually active by age, religiosity, education, and area of childhood residence.

<i>At what age do girls/ boys in your society generally become sexually active</i>	Socio-demographic variables										
	<i>Age</i>		<i>Religiosity</i>			<i>Education</i>		<i>Childhood residence</i>		ALL	TOTAL
	15-19	20-24	Com	Mod	N/Com	Jnr sec	High+	Urban	Rural		
Girls											
Less than 15 yrs old	23.9	46.5**	25.6	41.7	44.1**	19.5	37.5**	39.8	26.2**	33.7	277
15-19 yrs old	64.7	46.5	62.8	51.5	47.3	66.1	54.3	53.2	61.3	56.8	467
20yrs and over	11.4	7.0	11.6	6.8	8.6	14.4	8.2	7.0	12.5	9.5	78
Boys											
Less than 15 yrs old	29.0	43.1**	28.9	41.7	41.9**	29.9	48.3**	40.4	28.7**	35.2	289
15-19 yrs old	59.2	51.6	58.8	51.1	58.1	48.3	57.9	52.6	59.9	55.8	459
20yrs and over	11.8	5.3	12.3	7.2	0	21.8	5.6	7.0	11.4	9.0	74
<i>Total number of respondents (N)</i>	<i>465</i>	<i>357</i>	<i>422</i>	<i>307</i>	<i>93</i>	<i>174</i>	<i>648</i>	<i>455</i>	<i>367</i>	<i>822</i>	<i>822</i>

Source: Computed from the 2001 RSHKB survey; Note: ** p<0.01; * p<0.05 ;

Table 7.5: Percentage of respondents stating the ideal age at marriage by age, religiosity, education, and area of childhood residence.

<i>Statement as in Questionnaire</i>	Socio-demographic variables									ALL	TOTAL
	Age		Religiosity			Education		Childhood residence			
	<i>15-19</i>	<i>20-24</i>	<i>Com.</i>	<i>Mod</i>	<i>N/Com</i>	<i>Jnr sec</i>	<i>High+</i>	<i>Urban</i>	<i>Rural</i>		
“Ideal age of marriage for girls.”											
15-19 yrs	9.2	17.4	11.8	12.7	17.2	6.3	14.5	12.7	12.8	12.8	105
20-24 yrs	62.4	57.1	60.4	61.6	53.8	71.8	56.9	57.4	63.5	60.1	494
25yrs and over	28.4	25.5**	27.7	25.7	29.0	21.8	28.5**	29.9	23.7	27.1	223
“Ideal age of marriage for boys.”											
15-19 yrs	7.7	7.0	7.6	7.2	7.5	16.1	5.1	8.4	6.3	7.4	61
20-24 yrs	48.2	41.7	52.4	36.8	41.9	46.6	45.1	42.6	48.8	45.4	373
25yrs and over	44.1	51.3	40.0	56.0	50.5**	37.4	49.8**	49.0	45.0	47.2	388
Total number of respondents (N)	465	357	422	307	93	174	648	455	367	822	822

Source: Computed from the 2001 RSHKB survey

Note: 1. ** p<0.01; * <0.05

2. Com – Committed; Mod – Moderately committed; N/Com – Not committed;

3. Jnr Sec - Junior secondary or below; High + - High School education and above.

Table 7.6: Percentage of respondents agreeing or strongly agreeing to statements on premarital sex by age, religiosity, education, and area of childhood residence

<i>Statements on premarital sex</i>	Socio-demographic variables									ALL	TOTAL
	Age		Religiosity			Education		Childhood resident			
	<i>15-19</i>	<i>20-24</i>	<i>Com.</i>	<i>Mod</i>	<i>N/Com</i>	<i>Jnr sec</i>	<i>High+</i>	<i>Urban</i>	<i>Rural</i>		
“Premarital sex is alright if you use contraceptives.”	52.0	38.4**	43.1	48.5	51.6	51.1	44.8**	42.2	51.0*	46.1	379
“Premarital sex is alright if both partners agree but do not love each other.”	28.4	28.9	24.9	30.0	40.9**	29.9	28.2*	29.5	27.5	28.6	235
“Premarital sex is alright as long as it is based on love.”	47.7	38.9*	44.8	49.5	21.5**	47.7	42.9*	40.7	48.0	43.9	361
“Premarital sex is alright if a marriage proposal from parents was approved.”	51.0	39.8**	41.2	54.7	39.8**	58.0	42.9**	46.4	45.8	46.1	379
“Premarital sex is alright if the couple are engaged and marriage date set.”	54.2	44.5**	49.1	51.8	48.4	59.2	47.5**	47.0	53.7	50.0	411
“Premarital sex is never right.”	27.7	38.7**	35.5	28.3	32.2**	16.7	36.7**	33.6	31.1	32.5	267
“Premarital sex is alright if you do it with a prostitute.”	22.6	10.9**	19.2	16.9	11.8*	31.6	13.7**	15.4	20.2	17.5	144
Total number of respondents (N)	465	357	422	307	93	174	648	455	367	822	822

Source: Computed from the 2001 RSHKB survey

Note: ** p<0.01, * p<0.05.

Table 7.6a: Percentage of respondents agreeing or strongly agreeing to statements that premarital sex is never right who agree with the following statements on premarital sex by age, religiosity, education attainment, and area of childhood residence

Statements on premarital sex	Socio-demographic variables									ALL	TOTAL
	Age		Religiosity			Education		Childhood residence			
	<i>15-19</i>	<i>20-24</i>	<i>Com.</i>	<i>Mod</i>	<i>N/Com</i>	<i>Jnr sec</i>	<i>High+</i>	<i>Urban</i>	<i>Rural</i>		
“Premarital sex is alright if you use contraceptives.”	39.5	20.3**	35.3	26.4	10.0*	51.7	26.9*	20.3	42.1**	29.6	79
“Premarital sex is alright if both partners agree but do not love each other.”	39.5	5.8**	23.3	23.0	13.3	44.8	19.3**	19.6	25.4	22.1	59
“Premarital sex is alright as long as it is based on love.”	41.1	20.3**	37.3	27.6	3.3**	48.3	28.2	24.2	38.6**	30.3	81
“Premarital sex is alright if a marriage proposal from parents was approved.”	45.0	18.1**	32.7	37.9	3.3**	44.8	29.4	23.5	41.2**	31.1	83
“Premarital sex is alright if the couple are engaged and marriage date set.”	45.0	21.0**	39.3	27.6	13.3*	51.7	30.3*	20.9	48.2**	32.6	87
“Premarital sex is alright if you do it with a prostitute.”	23.3	6.5**	20.7	9.2	0**	44.8	10.9**	12.4	17.5**	14.6	39
Total number of respondents (N)	129	138	150	87	30	29	238	153	114	267	267

Source: Computed from the 2001 RSHKB survey

Note: ** p<0.01, * p<0.5

Table 7.6b: Percentage of respondents disagreeing or strongly disagreeing that premarital sex is never right who agree to statements on premarital sex by age, religiosity, education, and area of childhood residence

<i>Statements on premarital sex</i>	Socio-demographic variables									ALL	TOTAL
	Age		Religiosity			Education		Childhood residence			
	<i>15-19</i>	<i>20-24</i>	<i>Com</i>	<i>Mod</i>	<i>N/Com</i>	<i>Jnr sec</i>	<i>High+</i>	<i>Urban</i>	<i>Rural</i>		
“Premarital sex is alright if you use contraceptives.”	56.8	49.8	47.4	57.3	71.4**	51.0	55.1**	53.3	54.9	54.1	300
“Premarital sex is alright if both partners agree but do not love each other.”	24.1	43.4**	25.7	32.7	54.0**	26.9	33.4	34.4	28.5	31.7	176
“Premarital sex is alright as long as it is based on love.”	50.3	50.7	48.9	58.2	30.2**	47.6	51.5	49.0	52.2**	50.5	280
“Premarital sex is alright if a marriage proposal from parents was approved.”	53.3	53.4	46.0	61.4	57.1*	60.7	50.7**	57.9	47.8**	53.3	296
“Premarital sex is alright if the couple are engaged and marriage date set.”	57.7	59.4	54.4	61.4	65.1	60.7	57.6	60.3	56.1	58.4	324
“Premarital sex is alright if you do it with a prostitute.”	22.3	13.7**	18.4	20.0	17.5*	29.0	15.4**	16.9	21.3*	18.9	105
Total number of respondents (N)	336	219	272	220	63	145	410	302	253	555	555

Source: Computed from the 2001 RSHKB survey

Note: ** p<0.01, * p<0.05

Religiosity has a significant influence on the perceived at of becoming sexually active. The Christian principle states that an individual must not be sexually active until marriage and becoming sexually active before marriage is sinful. About two fifth of those moderately committed and the not committed to religion stated that boys are sexually active before their 15th birthday while a lower percentage of those committed agreed (28.9%). Those not committed perceive that before the age of 20 all young men would be sexually active.

Many young men view sexual initiation as a process, beginning with circumcision (as discussed in Chapter 5), where they are introduced to sexual intercourse. Some men observed that young men's sexual initiation or first sexual intercourse would involve their sexual encounter with an older and more experience woman, a gang or group sex, or a process where one is forced into having coitus, through peer group pressure, after being dared by their friends.

Some young men had their first sexual experience from sexual assault or older women forcing young boys into sex. In the Fijian society men are perceived to approach women and initiate sexual relationship. It is bad manners for women to approach men for sexual relationships. Below are to cases of young men stating that they were forced into sex with older women.

Case 1

"When I was a small boy in Vatukoula I was assaulted by a woman who use to work at the shop. I was in class 8 than. She used to give me extra change and we use to share the money at the end of the week. One weekend after sharing the money she invited me to drink alcohol with her. She taught me how to have sex and what all to do during sex". (Max, 38yrs old)

Case 2

When I was 10 years old I was molested by one of my female cousins. We went to the village for a function and went to sleep at my uncles house in the village I was sleeping at night when this coustn of mine started touching my private parts and taking off my clothes. I was frightened and when I wanted to call some one, she closed my mouth and told me to keep still. I did not even understand what she was trying to do to me because at that time sex was beyond me. Although I had an erection I did not really know what it meant then...

What was your first sexual experience like?

It was a girl who goes to Saint Josephs. We met during the hibiscus carnival after my friend introduced her to me. We went to my house and did it beneath our house. I asked her if she can lie on the ground and she said yes. I lost my virginity to her but she was not a virgin then.

(He stated that his age at first sex was 14 years.)

In Case 1 an older woman bribes a young boy and when both were under the influence of liquor she seduce him. This was his first sexual experience and he was educated by woman on what to do during sex. Practical lessons in sex education is not heard of in Fiji, although some societies in other parts of the world use commercial sex workers to educate young men on sexual acts. Although the man saw this as an assault, he also acknowledged that it

was educational. In Case 2 the young man was innocent. He did not recognise the sexual assault as his first experience. He stated that his first sexual experience was with another woman and lost his virginity at 14. The two cases show that older women also force boys into sex but these experiences are not openly discussed and the victims do not inform others fearing being accused to be abnormal if they do not enjoy sex with female partners.

7.6 IDEAL AGE AT MARRIAGE

The general perception in the Fijian community is that men marry later than women. As mentioned in Chapter Five a Fijian man will marry when he is able to look after a family, that is when he is seen to have a source of income as either a farmer or an employee. A man must ensure that he will be able to look after his wife before getting married. This discourages a man from marrying in their early twenties, as shown in the 1996 census the average age at marriage for Fijian men is 26.7 years, by then they are mature and more likely to have a source of income that can support a family of their own. Marriage is globally associated with sexual relationship and it is important to identify what young men think is the ideal age at marriage. The legal minimum age at marriage in Fiji is 16 years for females and 18 years for male and 21 years without parental consent (Pulea 1986; Booth 2003). This has little bearing on the Fijians because they already have a late mean age at marriage.

Table 7.5 shows the different factors contributing to young men's attitude to the ideal age of marriage. Educational has a significant relationship with the respondent's notion of the ideal age at marriage for both girls and boys. Most young men assume that both girls and boys become sexually active or have their first coital experience at age 15 and 19 years. However as shown in Table 7.5 more than two-thirds of the young men stated that the ideal age of marriage for women is 20-24 years. 47.2 per cent stated that the ideal age of marriage for men is 25 + years while 45.4 per cent stated that it is 20-24 years. This shows that young men generally perceive both men and women to be sexually active before marriage.

There is a significant relationship between education and young men's responses to the ideal male age of marriage. About half of those with higher education stated that the ideal age at marriage is 25 years and over while only 37.4 per cent of those with junior secondary school attainment stated likewise. Religiosity has a significant relationship with young men's perception of the ideal age at marriage for males. More than half of those committed to religion stated that age 20-24 years is an ideal age of marriage for boys while more than

half of those not committed and moderately committed stated that 25+ years is an ideal age

of marriage. Religiosity and education therefore influence young men's attitude to the ideal age of marriage. The ideal age can influence the age at which a young man decides to get married, as they try to conform to society's expectation.

Young men perceive that women marry at a younger age than men. Table 7.4 shows that there is an ideal sex difference in the age at marriage, 27.1 per cent stated that 25+ years was the ideal age at marriage for females to be married while 47.2 per cent stated that this age group was the ideal age at marriage for men. Area of childhood residence has no significant influence on the perceived ideal age at marriage for both women and men. This could be due to the strength of cultural factors and ties within the urban and rural communities.

7.7 PREMARITAL COITUS

Statements, as shown in Table 7.6, were used to understand young men's attitude to premarital coitus. The responses were ranking scale from 1 to 5 (denoting strongly agree, agree, neither agree or disagree, disagree, and strongly disagree). This measured the young men's attitude and perception towards premarital coitus (sex). However for the analysis, tables, and discussion, as shown in Table 7.6, 7.6a, 7.6b, responses have been combined with strongly agree and agree under "agree" and strongly disagree and disagree and neither agree nor disagree under "disagree". Premarital sex in the statements contained in the tables discussed above refers to premarital coitus.

Table 7.6 shows that about one third (32.5 per cent) of the respondents agreed that premarital sex is never right. Half of the young men agreed that it is acceptable to have coitus if the couple was engaged and the marriage date set and 46.1 per cent agree that premarital sex is acceptable if parents have approved marriage proposal. Love plays an important role in attitude to premarital sex as 43.9 per cent agree that premarital sex is acceptable when it is based on love while a lower proportion of 28.6 per cent agree to premarital sex without love. Only 17.5 percent of the young men agree that premarital sex with a prostitute is acceptable. This indicates that prostitution is not acceptable in the Fijian society, however as show above to some extent premarital sex with CSW is accepted.

Responses to statements on premarital sex are significantly influenced by age, religiosity and education. While 27.7 per cent of those aged 15-19 agree that premarital sex is never

right a higher percentage (38.7) of those age 20-24 agree likewise. Age has a significant negative influence on agreeing to all other statements except for one (*Premarital sex is alright if both partners agree but do not love each other*). This indicates that younger men aged 15-19 have more positive attitude to premarital sex compared to older once, age 20-24. Education has a significant influence on agreeing with premarital sex. The higher the educational attainment the more conservative young men are to premarital sex. This indicated that those with less education agree to premarital sex more that those with higher education. Religious commitment does influence the attitude to premarital sex. The more committed a young man is to religion the less likely it is for him to agree that premarital sex is acceptable if both partners agree but do not love each other. However it is observed that religiosity has a significant positive influence on agreeing that premarital sex is acceptable if you do it with a prostitute. Although the proportion agreeing is very low, this result could be influenced by the skewed distribution of religiosity of the respondent as only 11 per cent of the respondents are not committed. Area of childhood residence has little influence on statement on premarital sex it has a significant influence on agreeing that premarital sex is acceptable if contraceptive is used. Young men with rural childhood residence are more likely to agree to the statement as compared to those with urban childhood upbringing. Other statements have no significant relationship with the area of childhood residence.

Analysis on young men's attitude toward premarital sex was further divided into two parts. This was done because although about one third agreed that premarital sex is never right, some young men have conditional approval for premarital sex. The first, as shown in Table 7.6a, was the attitudes of those agreeing that premarital sex is never right and the second was on those disagreeing that premarital sex is not right. However of the 267 who agreed that premarital sex is never right only one made no conditional approval to premarital sex, about 30 per cent agreed to premarital sex if contraceptive was used, if it was based on love, if marriage proposal from parents was approved, or if the couple was engaged to be marriage. A low percentage of 14.6 per cent agree that premarital sex is all right with a prostitute. This indicate society's attitude to prostitution. Prostitution of any form in the Fijian community is not acceptable.

Table 7.7: Proportion of respondents agreeing with the following statements and questions on contraceptive use by age, religiosity, education, and area of childhood residence

<i>Statements and questions on contraceptive use (as asked in the questionnaire).</i>	Socio-demographic Variables									ALL	TOTAL
	Age		Religiosity			Education		Childhood residence			
	<i>15-19</i>	<i>20-24</i>	<i>Com.</i>	<i>Mod</i>	<i>N/c</i>	<i>Jnr sec.</i>	<i>High+</i>	<i>Urban</i>	<i>Rural</i>		
“Is vasectomy commonly used among men in your community?”	3.2	15.7**	9.2	7.5	9.7*	3.4	10.0*	11.4	5.2**	8.6	71
“Males in your society usually (commonly/mostly) use birth controls?”	10.8	9.0**	6.4	15.3	8.6**	9.8	10.0**	8.1	12.3**	10.0	82
“Is the use of condom common in your community?”	43.4	46.8	41.0	52.4	37.6**	39.1	46.5	43.1	47.1	44.9	369
“A couple should discuss contraceptive before having sex.”	81.5	72.5**	79.9	74.9	76.3**	79.9	77.0*	74.7	81.2*	77.6	638
“Good boys carry condoms.”	74.4	67.5**	73.5	69.7	67.7	68.4	72.2**	66.6	77.4**	71.4	587
“Unmarried men should be encouraged to use contraceptives if they are having sex.”	71.4	60.2**	67.8	64.5	67.7	69.0	5.9**	64.2	69.5**	66.5	547
“It is a woman’s responsibility to provide and use contraceptives.”	35.7	25.8**	37.9	26.1	19.4**	33.9	30.7	28.8	34.6	31.4	258
Total number of respondents (N)	465	357	422	307	93	174	648	455	367	822	822

Source: Computed from the 2001 RSHKB survey

Note: 1. ** p<0.01, * p<0.05

2. N/c - not committed

Conditional approval for premarital sex is significantly influenced by age, religiosity, education and childhood residence although there is one statement that is not significantly influenced by religiosity and childhood residence, and two statements for education. Young men at older aged are less likely to given conditional approval to premarital sex once they agree that premarital sex is never right as compared the those age 15-19. Those with urban childhood residence are less likely to give conditional approval to premarital sex as compared to those of rural childhood residence. Education has a negative relationship to conditional approval. The more educated the young men are the less likely they are to agree to the statements on premarital sex. Religiosity has a significantly positive influence on agreeing to the statements.

Religiosity, education and area of childhood residence as discussed also have a significant influence on the attitude to premarital sex if contraceptive is used. Half of the young men with lower education attainment agreed with the statement while only a quarter of those of higher education attainment agreed. Young men with a background of childhood upbringing in the rural area also have a significant higher percentage agreeing with the statement as compared to those brought up in urban areas.

Table 7.6b shows that attitude for two thirds of the young men have been positive attitude towards premarital sex. More than half of these men agree with premarital sex if contraception is used, as long as it is based on love, if marriage proposal was approved, and if the couple are engaged and marriage date set while 18.9 per cent agreed with the statement that premarital sex is all right if they do it with a prostitution. Religiosity having a negative significant influence on the proportion agreeing while education has a positive significant influence that is the higher the educational attainment the more likely young men are to agree to premarital sex with contraceptive use.

Religion could influence young men's attitude to premarital sex as it is a Christian belief that premarital coitus is a sin and traditional culture stating that premarital sex is not acceptable and coitus is a function of marriage where premarital coitus in acceptable or not. Also they know that it is not acceptable in society they assume that it can be accommodated under some conditions as mentioned in education attainment and area of childhood upbringing. There is a clear indication that young men are more likely to agree to accept premarital coitus if certain conditions are met. These are contraceptive use during coitus, coitus must be based on love, and marriage proposal from parents was approved.

7.8 ATTITUDE TO CONTRACEPTIVE USE

Statements and questions on contraceptive use asked to young men during the questionnaire interviews are outlined in Table 7.7. The first three items in Table 7.7 are indicators of contraceptive use. Items 1 and 3 had *Yes/No/Do not know* response. The yes responses are accounted for as agreeing to the statements. Item two was modified and the statement is shown in the table. The percentage agreeing to item two included those choosing option 2 and option 3 (males, and both males and female). Below are the questions, as extracted from the questionnaire, for the three items. Items 4-7 are part of Question 43. A ranking scale from 1 to 5 (denoting strongly agree, agree, neither agree or disagree, disagree, and strongly disagree) was used. As in Table 7.6, strongly agree and agree were classified under “agree” and neither agree or disagree, disagree, and strongly disagree were under “disagree” in Table 7.7.

Q 37	Is vasectomy commonly used amongst men in your society?		
	1. Yes	2. No	3. Do not know
Q38.	Who in your society usually (commonly/mostly) use birth controls?		
	1. Females	2. Males	3. Both
Q40.	Is the use of condoms common in your community?		
	1. Yes	2. No	3. Do not know

The attitude to contraceptive use influence contraceptive use of individuals and their partner. Young men are perceived to have a negative attitude to contraception (birth controls). About nine per cent of young men agreed that vasectomy is not commonly used in Fijian communities. Only 10 per cent agree with the statement that males in the society usually use birth controls. This indicates the contraceptive use among men in not perceived to be a common practice. Less than half (44.9 per cent) of young men stated that condom use is common in their community. This indicated that some young men do not see condom as a birth control method, they see it as a STI/HIV/AIDS preventative measure.

On the statement “*A couples should discuss contraceptive use before sex*”, more than three quarters of young men agreed with the statement. This is conforming to society’s expectation today. Religiosity, education, and area of childhood residence have significant influences on young men’s responses to the items in Table 7.7. Although there is little difference young men brought up in rural areas are more likely to agree with the statement as compared to those brought up in urban areas. Young men with only a junior secondary education (or below) are more likely to agree with the statement compared to those with higher education qualification.

About seventy one per cent of young men agreed with the statement “*Good boys carry condoms*”. This shows that young men have a positive attitude to condom use and they perceive that they should always carry condoms. Age, education and area of childhood upbringing have a significant influence on the perception to this statement. A slightly higher proportion of those with rural upbringing agree to the statement as compared to those with urban upbringing. Young men with higher secondary education are slightly more likely to agree with the statement as compared to those with junior secondary education. Young men age 20-24 are less likely to agree with the statement as compared to those aged 15-19. More than 60 per cent of the young men stated that unmarried men should be encouraged to use contraception if they are having coitus. Age has a significant influence on young men’s responses to the statement as a higher percentage of those 15-19 agreed with the statement as compared to those 20-24 years of age.

Fijian men are assumed to have little knowledge of female contraception. Contraceptive use is a woman’s responsibility because they become pregnant. With an increase in awareness on condom use and contraceptive use men have been informed about contraceptive methods and attitude to contraceptive use has changed in the last three decades with 31 per cent of the young men thinking that it is the woman’s responsibility, therefore men are becoming more aware of female contraceptives. Little respect is given to older men who have a vasectomy because they can no longer have any children. This shows the negative attitude the Fijian communities have toward men who have had vasectomy. Below is an experience of a man who had vasectomy:

Jese had a vasectomy six years ago. He stated that he had the choice to have a vasectomy because his wife was sickly and they had four children. He did not inform anyone except his wife, about the choice he made. The reason why he did not want anyone else to know was because his friends were going to joke about his decision to have a vasectomy. He finally had a vasectomy, but was unlucky because he got infected the next day and was hospitalised for one week. The operation became common knowledge to everyone and people joked about him from then till today. His advise is that if a Fijian man chose to have a vasectomy they must never let anyone know because they can be joked about by their friends and by the community as a whole.

The statement above shows how the public’s attitude to vasectomy can influence a man’s attitude to the use of this method of contraceptive. Although it is a good example of virility, it shows that the public needs to be educated to accept this contraceptive method and not to joke about an individual’s choice of the contraceptive method they wish to use.

Table 7.8: Percentage of respondents agreeing with perceived statements on gender roles by age, religiosity, education, and area of childhood residence

Statements on gender role	Socio-demographic variables									ALL	TOTAL
	Age		Religiosity			Education		Childhood residence			
	15-19	20-24	Com.	Mod	N/Com	Jnr sec	High+	Urban	Rural		
“Girls are expected to look after their younger brothers and sisters.”	62.4	46.8**	59.5	57.3	32.3**	65.5	52.9**	54.9	56.4	55.6	457
“At ages 5-12 boys do less domestic duties than girls.”	47.3	42.9	45.3	50.5	29.0**	52.3	43.5*	44.2	46.9	45.4	373
“Males in rural or village communities do more household duties when compared to those in urban areas.”	70.5	42.9**	57.8	62.2	49.5	67.2	56.2**	53.2	65.1**	58.5	481
“Men have more free time than women do.”	58.1	46.8**	54.5	52.1	50.5	56.9	52.2	50.1	56.9*	53.2	437
Total number of respondents (N)	465	357	422	307	93	174	648	455	367	822	822

Source: Computed from the 2001 RSHKB survey

Note: ** p<0.01, * p<0.05

Table 7.9: Percentage of respondents agreeing with statements on perceived gay relationships and prostitution in the society by age, religiosity, education, and area of childhood residence

Statements on gay relationships and prostitution,	Socio-demographic variables									ALL	TOTAL
	Age		Religiosity			Education		Childhood residence			
	<i>15-19</i>	<i>20-24</i>	<i>Com.</i>	<i>Mod</i>	<i>N/Com</i>	<i>Jnr sec</i>	<i>Highb+</i>	<i>Urban</i>	<i>Rural</i>		
“Are gay people accepted in society?”	35.3	30.0	36.5	28.7	31.2	24.7	35.2**	24.2	43.9*	33.0	271
“Do gay people normally have more than one partner? “	71.2	66.7	71.6	65.8	69.9	71.3	68.7	65.3	74.1*	69.2	569
“Is prostitution common in your society”	40.4	71.7**	45.5	58.0	79.6**	37.4	58.5**	63.7	42.0*	54.0	444
“Is it common for men in your community to visit prostitutes?”	23.4	38.9**	20.6	40.4	39.8**	20.7	32.7**	33.6	25.9*	30.2	248
Total number of respondents (N)	465	357	422	307	93	174	648	455	367	822	822

Source: Computed from the 2001 RSHKB survey

Note: ** p<0.01, * p<0.05

7.9 GENDER ROLES

In the Fijian society males and females have well defined roles from early childhood to old age. Young men and young women are expected to play different roles in society. Men are the decision makers in society, they are the head of the family and women are expected to concede to the demands of their men in almost any situation that prevails. However cultural expectations have changed over time and with Western influence and changing status of women, in society gender equity and gender equality becoming big issues of development. These concepts in many ways contradict with the traditional and cultural expectation of the Fijian society. Although Pacific Island planners agree that culture does not discriminate between men and women (Secretariat of Pacific Community 2001), however it must be noted that culture is gender-based and there are norms and roles specific to each sex.

Four statements, as shown in Table 7.8 were posed to young men to determine their experiences in relation to some gender roles. The statements are part of Question 55 of the questionnaire (Appendix 1). A ranking scale from 1 to 5 (denoting strongly agree, agree, neither agree or disagree, disagree, and strongly disagree) was used, strongly agree and agree were classified under “agree” and neither agree or disagree, disagree, and strongly disagree were under “disagree” in Table 7.8.

Table 7.8 shows that more than half of the young men agreed that young men and women have different gender roles. As shown in Table 7.8 young men’s age, religiosity and education attainment have a significant influence on agreeing with this. While more than 60 per cent of the young men aged 15 to 19 agreed with the statement only about one third of those aged 20 to 24 also agreed. This could be because at 20-24 they are more responsible and are also expected to play the role of looking after their younger brothers and sisters if there is no other older person in the family apart of their parents. Less than half of the young men agreed with the statement about boys doing less domestic duties than girls.

More than half of the young men agreed with the third statement indicating that society’s expectation of men’s role is also different according to the environmental setting. Education

attainment and area of childhood upbringing have significant influence on the responses given by the young men with a slightly higher proportion of those with rural childhood upbringing agreeing with the statement as compared to those with urban childhood residence. This could be because those with rural childhood residence are able to compare the difference when they now live in an urban area. Age has a negative significant relationship with statement three. Seventy one per cent of young men 15-19 agree with the statement while 42.9 per cent of those aged 20-24 also agreed. The fourth statement on men having more free time than women is agreed by 53.2 per cent of young men. This is positively related to area of childhood residence, showing that those in rural area are more likely to agree as compared to those in urban areas. Age has a statistically significant negative relationship to the statement for those aged 15-19 years are more likely to agree with the statement as compared to those aged 20-24 years.

7.10 ATTITUDE TO GAYS AND COMMERCIAL SEX WORKERS IN THE COMMUNITY

The homosexual or 'gay' community in Fiji is a new and fast growing sub-group in society. Unlike Samoa the Fijians do not appreciate men being gay. The group is of great concern as the society associates them with HIV/AIDS and it is a common perception in society that it is one of the groups that is involved in the transmission of HIV/AIDS. The second sub-group that is a growing concern today are the commercial sex workers. The growing number of commercial sex workers, both female and males and mostly Fijian is a manager concern in the Fijian society.

Attitude to the gay community

“Joanna, a gay men who prefers to be given a female name, related some of his experiences in society. He stated that his being gay is not accepted by the men from his village and in particular not accepted by his male relatives. However his brothers do not openly declare their disapproval of his behaviour. His being gay is acknowledged by many of his female relatives and friends. He stated that when going around Suva he must always be on the alert because some of his male relatives from the village always punch him whenever they meet in the city. He stated that he could no longer survive in the village because the villagers do not approve of him being gay and feminine in nature. He related how one late Friday afternoon he was punched by one of his cousins while he was shopping with two other gay friends in the Suva market. He run to the nearest police officer he could find hoping to be protected by the officer. Little did he realise that the officer was also one of his relatives. When reaching the officer he was shocked when the officer gave slapped. He looked up and saw that he was also a close relative. He than ran to the nearest taxi and made his escape.”

The above indicate most Fijian men's attitude to the gay community in Fiji. Gay relationships are not acceptable in the Fijian culture. In the Fijian context the homosexual or gay individuals are mainly refers to transvestite men. They can easily be identified in the community, as they tend to be very feminine in nature. Some dress up as females while others do not but have feminine features such as the way they talk and their voice, and their gestures could easily identify them. The gay community in Fiji is fast increasing in urban Suva. Young men are openly declaring that they are gay and this was observed in the in-depth interviews and focus group discussions. Gay prostitution in Suva is also well established.

Young men's perception of the gay community is assessed in the first two statements in Table 7.9. It shows that about two thirds of the young men disagree that gay people are accepted in society. This attitude is significantly influenced by education attainment and by area of childhood upbringing. The higher the education attainment the more likely it is for young men to agree with the first statement and those with rural childhood upbringing are more likely to agree that gay people are accepted in society as compared to those with urban childhood upbringing. In the Fijian society it is generally assumed that gay people do not have a steady relationship and normally have more than one partner. This is clearly indicated in the analysis as about 70 per cent of young men agreed with the statement that gay people normally have more than one partner. This could indicate that gay men are perceived as not practicing safe sex.

7.10.1 Commercial sex workers

The presence of commercial sex workers (CSW) or prostitution in Fiji is becoming a major social issue to the Fiji government. Female prostitution has existed in Fiji for decades. Prostitution is not acceptable in the Fijian culture and is an illegal activity in Fiji. Although prostitution is visible in and urban Suva and is entertained in society Fijians do not formally publicise its existence. In October 2000 the United Nations (UN) Geneva office released a report on Fiji stating that child prostitution is increasing in Fiji (Fijilive 2000). The Fiji government have recently been trying to curb prostitution in urban Suva by arresting and fining sex workers in the streets of Suva. The current Prime Minister of Fiji, Laisenia Qarase

rejects the proposal for prostitution to be legalised in Fiji. He stated that prostitution is morally wrong (Fijilive 2000).

Prostitution is mostly associated with females but the new trend in Fiji today includes gay men in the profession. The last two statements in Table 7.9 address prostitution. The study observed that more than half of the young men stated that prostitution, including women and gay, is common in their society. Age, religiosity, education attainment, and area of childhood upbringing all have a significant influence on young men's response to the statement '*Is prostitution common in your society*'. While more than 70 per cent of young men aged 20-24 agreed that prostitution is common in society less than half of those age 15-19 years also agreed. This could be due to the younger age groups' little exposure to nightlife as they are perceived as not old enough to visit nightspots and as prostitution flourishes in the evenings the young generation would not be exposed to their existence. About 64 per cent of the young men brought up in urban areas stated that prostitution is common in society while half than half of those with rural upbringing agreed likewise. This could indicate the conservative attitude of those with rural upbringing deciding to ignore that existence of something that is not acceptable in society. It also indicates that prostitution is far more obvious in Suva as Suva attracts prostitutes.

During interviews with female and male commercial sex workers, they stated that they do not like Fijian male clients because they do not respect the CSW and some clients physical abuse the CSW. These prostitutes are both Fijian and Indian prostitutes. Two other common reasons the CSW identified include some Fijian men not paying for the services provided and secondly Fijian men always expect coitus and prefer not to use condoms. The CSW also stated that they are always reluctant to have Fijian male clients, and not many Fijian men come to CSWs because the workers choose to services and they mostly service Indian and expatriate men. This is supported by young men's perception about men in their community visiting prostitutes. Only 30 per cent agreed that men commonly visit prostitutes. Religiosity has a significant influence the perception on men visiting prostitution or not. While 20.6 per cent of those committed agree with the statement, about 40 per cent of those moderately committed and those not committed agreed with the statement. This indicates the influence of religious beliefs on the exposure and the ability to judge the extent

of prostitution, for in Christianity it is a sin to be a prostitute and men must not be involved with prostitutions.

7.11 SUMMARY

Attitude to sexual behaviour have changed over time. Traditional norms before European contact and before the missionaries arrived in the early nineteenth century has changed. As discussed in Chapter Five young men were separated from young women and slept in the men's house under the supervision of older men. Women were kept under the supervision of their family. Attitudes to reproductive and sexual behaviour were different as there was a lot of restriction and traditional sanctions in place to prevent and disallow any form of premarital sexual conquest and sexual encounter.

Religion has played a major role in changing the society's attitude to reproductive and sexual behaviour since the introduction of Christianity into the Fijian society in the early nineteenth century. Religious influence on attitude to sexual behaviour had already made its effect by the early twentieth century. Although Fijian young men do know that premarital sexual relationships and behaviour is not culturally acceptable and has been so since before European contact, cultural norms have changed by the beginning of the last century and so attitudes have also changed.

Although dating is not a cultural behaviour it has become a norm of the Fijian society today. The study noted that young men's attitude to first date is conforming to the acceptable pattern of behaviour in that first dates ensure that the couples come to know each other, therefore less intensive sexual behaviour would be more acceptable, and this is the attitude young men also have towards first dates. However the findings reveal that attitude toward regular dates does not conform to the cultural norm. Although premarital sex in a cultural taboo most young men perceive that very intensive sexual behaviours including coitus would occur after dating for some time (regular date).

A woman maintaining virginity till marriage is not important today. This cultural norm is fast disappearing, therefore although some men want to marry women who are still virgins, young men do know that this is difficult to find. Although some studies have noted that the

age of sexual initiation for young men in Fiji in age group 9-13 years (Chandra 2000; Kaitani 2000; Price 2002), this study reveals that most young men perceive that the age of sexual initiation for both young men and women in age group 15-19 years.

The ideal age of first marriage conforms to society. Over the last five decades the mean age of first marriage for Fijian men and women has been almost stable at about with men having a mean age at marriage (SMAM) of between 25 and 27 years and women have a SMAM of between 22 and 23 years (Statistics 1989; Statistics 1998). The survey showed similar result indicating that young men's perception and attitude to age of marriage is conforming to the social and cultural norms of late marriage.

Premarital coitus is culturally a taboo in the Fijian society. A woman would never publicly declare that she has had premarital sex but a man could do so because it is a masculinity act and macho and real men engage in sexual encounter with women. The study showed that also some young men understand that premarital coitus is not acceptable most of them do agree that it is acceptable under some circumstances and not others. This indicates that attitude to premarital sex has changed and young men perceive that it is acceptable under some conditions relating to the relationship between the two partners involved.

Most young men perceive that men should be encouraged to use contraception and that there should be a dialogue between partners on contraception use. These perceptions are significantly influenced by education status and area of childhood upbringing. However young men perceive that the current norm of contraceptive use among men in Fiji is very low. Young men's attitude to gender role is highly influence by education. Some young men do not accept the existence of a gay community in Fiji. This is significantly influence by the religious, education and area of childhood upbringing status. Most young men also do not perceive that Fijian men using the sex industry, that is visiting commercial sex worker, as common practice. This was supported by the CSW during interviews, stating that most of their clients were Indians or expatriates.

REPRODUCTIVE AND SEXUAL BEHAVIOUR

8.1 INTRODUCTION

The reproductive and sexual behaviour of young men differs in many ways. Some young men are heterosexual, some bisexual, while others are homosexuals. Some initiate sexual coitus at an early age while others do so at an older age. Young men's behaviour is influenced by different factors, as discussed in Chapter 3. These factors include education, religiosity, peer influence, their childhood experiences, and exposure to different social environments.

This chapter examines the factors that influence the behaviour of young Fijian men. First the dating experiences of young men are discussed, followed by the coital experiences and romance in the Fijian context is also discussed. In discussing the dating behaviour of the respondents we only consider those that have dated a partner and excluded those that have had coital experience. It is therefore assumed that those who have had coitus must have dated someone before and after coitus. Finally other sexual behaviour including masturbation is discussed.

8.2 PRECOITAL SEXUAL EXPOSURE

In the Fijian society it is generally assumed that once dating takes place, sexual coitus is also assumed to have taken place at the same time. In the Fijian culture dating and courting is not a cultural or traditional norm. Courtship is restricted and must take place in public areas only, that is in the presence of another relative, mostly the younger brother in the case of young men or younger sister in the case of young women or one of the cousins in both cases. This restricts behaviour as holding hand is forbidden and kissing in public is not accepted in society. Showing any affection for one another is not acceptable in public. It must be done in private or in secret only.

Dating in the Fijian society is forbidden and young men and women see it as a behaviour that is to be hidden from the public eyes. It is conducted in secret and dating couples seldom publicly show that they are dating each other. The community generally perceive that coitus is a dating behaviour therefore dating is not encouraged in the community. This could be a factor that could influence dating behaviour to become an initiation process of coitus.

In the Fijian community the general perception is that coitus can only take place after marriage. As mentioned in Chapter 5, premarital coitus was not acceptable even before European contact. However since European contact there had been records of premarital coitus and although culturally not acceptable it is practiced in society today. Although traditional and religious norms in many societies demand premarital virginity and does not approve of premarital coitus some people argue that today this is only a guiding principle that may be modified by circumstances (Orubuloye et al. 1991; Malungo 2000).

Another perception in the community is that any form of sexual related behaviour must be forbidden until the child has completed his formal education. This indicates that parents associate the beginning sexually related behaviour with the end of the formal education system. One of the main reasons for this association is because it is assumed that engaging in sexual relationships will deteriorate the academic performance hence sexual relationships are discouraged. This is a common attitude of older people.

The cultural separation between men and women, as discussed in Chapter Five, has dramatically affected the way dating has evolved among young people. Young people are advised by the schools, churches, families, and community members that they are not allowed to have extensive contact with the opposite sex until they are over twenty-one. Though culture has forbidden the relationship, young people are still having relationships.

Age is an important factor influencing and determining the sexual behaviour of males. As a young man gets older he is likely to develop the skills to interact and communicate with those from the opposite sex. He is likely to start establishing dating partners and to establish relationships with the opposite sex. Physical maturity also develops with age and as a man gets older he learns the sexual knowledge and experiences he is likely to obtain. This knowledge can be obtained through different sources such as their friends and through the media as discussed in Chapter 6.

Education has a great influence in determining the sexual behaviour of Fijian males. A young man's age and stages of maturity is also partially determined by the level of education they are currently in. Young men are not encouraged to have interpersonal relationships while they are in the school system. It is generally assumed that they are too young and are not expected to

have their thought diverted to an intimate relationship, as this would affect their academic performance. These relationships are expected to start after young men leave the school system, regardless of their age group.

Some aspects of coital behaviour could also be related to each other. The type of coital partner could be influenced by how long the individual has been sexually active. The type of precoital contact could also be influenced by the type of dating partners an individual has. The general use of condom could be influenced by the type of dating partner an individual has. For when having coital with the girlfriend the man is less expected to use condoms, while having casual sex or having sex with a CSW the individual is more likely to use condoms.

Table 8.1: List of variables

<i>Dependent</i>	<i>Independent</i>	<i>Independent for all dependent variables</i>
Sexual exposure	Attitude to premarital sex Attitude to dating behaviour	<ul style="list-style-type: none"> - Age - Education status - Religiosity - Area of childhood upbringing - Residential status - Mother's occupation - Father's occupation - Source of useful information
Type of dating partner (one partner or more)	Age at first date Attitude to dating behaviour and types of partners	
Precoital contact	Age at first date Type of first dating partner Attitude to dating behaviour	
Type of coital partner	Age of first coitus Attitude to types of coitus partner	
Type of coital partner mostly had	Attitude to premarital sex Length of coital lifetime Knowledge of reproductive health. Age at first coitus Type of first coitus partner	

With the above possibilities in mind the analysis both bi-variate and multivariate are conducted. The Chi-squared (X^2) was used to examine the direction of the bi-variate analysis. A significance test was conducted to see if the relationships between the dependent and the independent variables were statistically significant. Table 8.1 shows the dependent and independent variables used in the analysis.

Variable for the analysis were selected on the basis of their theoretical applicability as reflected in prior research and on the availability of data. Therefore factors that were not available in the

data could not be used in the analysis. The study investigated the background characteristics of those who engage in pre-coital dating and premarital sexual behaviour. Logistic regression was applied because the dependent variables are dichotomous. Bi-variate logistic analyses are performed by regressing each of the independent variables on each of the dependent variables (as shown in Table 8.1). This shows that individual strength and direction of the variable in addition to estimating its statistical significance.

In addition to the bi-variate analysis, multivariate analysis are carried out and presented as Model II in the same tables. Logistic regression was used to identify the factors that influence sexual behaviour. The multivariate models all the variables are entered simultaneously. This shows the individual strength and direction of the variables in relation to other variables. No interaction or multi-co linearity or correlation was revealed between and among variables.

8.2.1 Marriage and sexual exposure

The Fijian culture closely associates sexual exposure and marriage. As mentioned in Chapter 5, social control existed in the past to prevent premarital coitus. This study shows that the average age at first sexual exposure, including dating and coitus, for Fijian men is lower than the national age at first marriage. The 1996 census showed that the average age of first marriage for Fijian men was 25 years while for women it was 23 years. This survey showed that more than 90 percent of the young men between the age of 15 and 24 were never married. The low proportion of Fijian men married by the age of 24 years is a norm in the Fijian culture because it is believed that a man must be able to look after a family and be the breadwinner before ever getting married. Booth (2003) observed that late marriage has been a trend in the Fijian society since the last 50 years. This indicated that sexual exposure for young Fijian men occur long before they are married.

This survey however showed that more than 90 percent of young Fijian men are not married, while only 5.4 percent belonging to other category including those who are married, divorces, separated, and those having a de facto relationship at the time of the interview. This is because most of the respondents in the survey interview were still in the school system, therefore not married, at the time of the interview. The data is biased towards unmarried men because the main areas of data collection are the formal education institutions.

As mentioned above the Fijian culture does not accept any form of intimate sexual behaviour to be exposed in public places. Young lovers meet in secret and their relationship is not publicly announce although known. Common meeting places are hideouts, the bushes, empty homes, and the streets. While common meeting times are during social and religious gatherings. Below is a discussion with Tevita a 44 years old man talking about his experience as a young man.

As a young man I recall that the common practise of adolescents and young adults was to be piping Toms and to secretly observe lovers when they are making love. We could look through small gaps and holes between the walls of the houses or follow them into the bushes and observe what they do. Most of the time we explain what we imagine to have seen to others in the group but these are mostly imaginations and assumptions. We would build up on the little we see and exaggerate the actions we observe.

These imaginations are mostly knowledge from friends, televisions, magazines, and movies that young men are exposed to and are able to obtain ideas from. The practise is still common today. As discussion during the FGDs and interviews showed that young men and women spy on each other when partners date in isolated places, away from the public.

Although premarital sex is not acceptable in the Fijian culture Table 8.2 shows that more than half of the young men had had coitus indicating that the taboo against premarital sex have not been observed by many young men. Of the 822 respondents, 62.8 percent have had sexual intercourse (this is defined as having penetrative penile-vaginal intercourse or penile-anal intercourse). Less than one quater have dated a female or another male but have had no penetrative sexual intercourse, while 12.9 percent of the respondents have neither had a date nor penetrative sexual intercourse. The high percentage of young men stating that they have had coitus indicated that premarital coitus is becoming a common practice although it is not traditional acceptable.

Table 8.2 shows that there is not significant relationship between the current age and sexual exposure. Education status however has a significant relationship with sexual exposure. While more than one quarter of those who have an education status of high school and above stated that they have dated only a slightly lower percentage, 17.8 percent, indicated likewise for those with Junior Secondary or below. This indicates that some young men are dating their partners without coitus. This perspective of a date contradicts with society's assumption. In the Fijian society it is generally assumed that when two people date each other coitus takes place. The

behaviour of dating without coitus is a western concept and this is filtering into society through exposure to Western cultures.

Table 8.2: Cross-tabulation analysis of percentage distribution of the sexual exposure by age at first date and education status of respondents

<i>Dependent Variables</i>	<i>Independent Variables</i>		<i>Percent (total)</i>	<i>Results and significant</i>
	Age at interview			
<i>Sexual exposure</i>	<i>15-19</i>	<i>20-24</i>		X ² : 2.85;
Had dated only	23.9	24.9	24.3 (200)	Cramer's V:
Had ever had sex	61.5	64.4	62.8 (516)	0.59;
Had neither dated nor coitus	14.6	10.6	12.9 (106)	d.o.f: 2;
Percent	56.6	43.4	100.0 (822)	not significant
.....				
	Education status at interview		Percent(total)	
<i>Sexual exposure</i>	<i>Jnr sec. or less</i>	<i>High school & above</i>		
Had dated only	17.8	26.1	24.3 (200)	Cramer's V:
Had ever had sex	64.4	62.3	62.8 (516)	0.099;
Had neither dated nor coitus	17.8	11.6	12.9 (106)	d.o.f: 2;
Percent	21.2	78.8	100.0 (822)	p<0.05

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

Young men stated in interviews that they have observed that premarital coitus is a common practice in society today. Young men are challenged and criticised by their colleagues if they have never had sex. They could be excluded from the group if they are still virgins. This is a big challenge to young Fijian men, so to be part of the group or to be accepted as a group member some explained how they are dared by their mates to perform certain acts and behaviour, especially to date a young woman or to take part in a group sex called the convoy, which is discussed in Chapter nine.

8.2.2 Dating experience

Western concept of dating, as discussed in chapter five, contradicts with the traditional concept of dating. In the Fijian culture there are highly restrictive rules on relationships between opposite sex. Adolescents are told that they are not allowed to have extensive contact with the opposite sex by their schools, churches, families, and members of their community. These regulations exist until the person is twenty-one. Although the culture has forbidden it, young people are still having relationships. Data collected from the survey showed that most have significant other and some have more than one. This is discussed in this chapter and in Chapter Nine.

8.2.3 *Development of relationships*

Cultural separation between men and women, as discussed in Chapter Five, has dramatically affected the way dating has evolved among adolescents in Fiji. Young men are trying to combine two ideals. The first is their culture telling them not to associate and the second is from their contact with Western culture through television, songs and magazines and is very limited to most. Young men are trying to incorporate what they see of Western ideals, through these media, into their own culture. Therefore adolescents and young adults have applied the ideals of romantic love to relationships with very little contact. However in Western culture the concept of love is usually accompanied by the idea that it is a gradual process that evolves over long period of time spent together.

The Fijian concept of love serves a symbolic function and creates a symbolic relationship. It is the idea of needing to be in a love relationship that dominates the way relationships have evolved. The fact that they are not able to spend time together has supported the evolution of symbolic relationships and created an underlying theme of people having relationships just for the sake of being in a relationship. This can be seen in the fact that Fijian men and women are known for cheating on each other and it is clearly illustrated in the writing of love letters that dominates the field of communication. In an interview Max explained how he met his wife through his sister. Max is a soldier and during one of his tour of duty to Sinai in the Middle East that he came to communicate with his wife. She worked with his sister and on one occasion she sent him a parcel through his sister. This was how their relationship developed. They had never met but communicated through love letters for nine months and on his return they got married.

People meet their significant others in different ways. These include school, friend of the family, sporting event, religious gatherings, in towns or in the village. Looks are often the attracting component although young men also said that they also want their partners to be kind, have good personalities and so on. In a FGD some of the qualities of the partners that young men look for are honesty, have a good attitude to their family, a girl with a good job, parental approval, faithful, religious, and a virgin. Below are some of the ways some of the young men interviewed stated that they use to approach someone they want to date.

When I fix a girl I always have a goal to achieve and I work very hard to make sure I get the goal. There are a lot of sweet and wise words used and I make sure I am never too drunk. However my friends what they do they drink with the girls or they give them drugs and than have sex with them. (Saro, 17 year old male)

Men approach me when there is no female around. We do not date we just have sex. (24 yr old gay).

I approach a girl by calling her by name or I just whistle to her. (Jone, 18 yr old male)

For my current girlfriend I met her at the "bean cart" after school. I went up to her and chat her up. I found her to be interesting because she was very pretty. (Paula 19 yrs old).

For my current girlfriend we met at a workshop. We are from different schools. She was sitting beside me during the workshop. After the workshop she came and introduced herself to me. When we met later I approached her and asked her whether she has a boyfriend and she said no so I asked her to be my girlfriend. (Dan, 17yrs old).

If I see a girl I like I go up to her and create a conversation or I just ask straight out if I could talk to her. (Filipe, 18yrs old).

I always ask the girl straight out if I am attracted to one. I also do it when one of my friends dares me. I ask the girl if she has time to talk to me, if she has time, I look for a place to sit and talk. (Inia, 23 yrs old male).

With my latest partner I did not approach her. She approached me. It was after school and I was washing the boys toilet. She was washing the girls toilet at the other side. She came and told me that she wanted me. I asked her why. She said because I was handsome, so we had sex in the toilet. (James, 22 yrs old)

Some of the ways men use to approach their partners are shown above. Some created conversations, some call on the girls on the streets, others can only approach women when they are drunk. Creating a conversation and talking using *sweet words*, words that indicate that you love and like her and just coming to know her is important for the second time you meet you can than start a special relationship. However women or other males also ask some men for a date.

It is common for a man to ask a woman to go around with him the second time they meet and once two people are a couple it is not long before they say that they love each other.

8.2.4 Precoital influences

Factors influencing an individual to engage in precoital dates are discussed in Table 8.3. Analysis was conducted on the socio cultural factors that influence a young man to engage in precoital dates. In conducting the analysis only those who had had a date but had no coital experiences were used in the sample subset. Various aspects of dating experience among those that have dated but have had no coital experience are show in Table 8.3. Of the 200 young men who have dated only with no coital experience, about two thirds had their first date before they were 16 years old. About 45 percent stated that their first dating partners were their girlfriends. Table 8.3 shows that 32 percent of the respondents had their first date with friends, these are those that they had known for sometimes but not their girlfriends.

Table 8.3 shows that having first dates are mostly with individuals that the respondents know this includes friends and girlfriends. The other category making up 24 percent included the 6.5 percent of the respondents who had their first date with other males and a further 6.5 percent who had their first date with commercial sex workers. This also included respondents who had their first date with newly-met individuals whom they do not know or have just known commercial sex workers indicate that young Fijian males tend to have first dates with individual that they have known for sometimes.

Table 8.3: Percentage distribution of type of first dating partner by Age at first date

<i>Dependent Variables</i>	<i>Independent Variables</i>				<i>Results and significant</i>	
	<i>Age at first date</i>	<i>Percent (total)</i>				
Type of first dating partner	<i>15 & under</i>	<i>15-16</i>	<i>17-18</i>	<i>19 & over</i>		
Girlfriend	36.6	53.6	41.6	39.5	43.7 (313)	X ² : Cramer's V: d.o.f: 2 p<0.01
Friend	34.8	26.0	38.9	28.9	32.3 (230)	
Others	28.6	20.4	19.5	31.6	24.0 (172)	
Percent	39.0	34.9	20.8	5.3	100.0 (716)	

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

Note: Others includes newly-met, CSWs, and other males.

Establishing relationship was discussed during in-depth interview and focus group discussions. Relationship between Fijian men and women usually start before the people have spent a significant amount of time together. Young men meet their significant others in a variety of ways. These include schools, friends of the family, sporting events, town, or in the village. Looks are often the attracting component although young men and women also stated that they also want their partners to be kind, have good personality, honest, and other good qualities.

Having relationships with individuals from the same sex is not acceptable in the Fijian culture. It is however interesting to note that some respondents stated that their first dating partners were other males. This finding is also substantiated with information from focus group discussions and in-depth interviews.

In the four weeks prior to the interview 30.5 percent of the respondents who have had dating experience but no coital experience did not have any date. Table 8.4 shows that that 26.0 percent, of the respondents had two dates, in the last four week, while 23.0 percent had three or more dating events in the last four weeks.

Of the 139 respondents with dating experience but no coital experience and had dated in the last four weeks, 69.8 percent had only one dating partner while 30.2 percent had two or more dating partners in the last four weeks before the interview. This indicated that young Fijian males do change dating partners or are likely to be dating two individuals at one time.

Table 8.4: Aspects of dating activity in the last four weeks prior to the interview among those with no coital experience

<i>Dating activity</i>	<i>Dated only</i>	<i>Coital experience</i>
Number of dating events		
None	30.5 (61)	8.3 (44)
One	20.5 (41)	21.1 (109)
Two	26.0 (52)	29.1 (150)
Three	13.5 (27)	12.2 (63)
Four	4.5 (9)	7.4 (38)
More than four	5.0 (10)	21.7 (112)
<i>Total</i>	<i>200</i>	<i>516</i>
.....		
Number of female/male partners		
One	69.8 (97)	47.7 (225)
Two	21.6 (30)	34.1 (161)
Three or more	8.6 (12)	18.2 (86)
<i>Total</i>	<i>139</i>	<i>472</i>
Types of partners for those with one partner		
Newly met	9.3 (9)	11.0 (12)
<i>Girlfriend</i>	41.2 (40)	46.8 (51)
Friend	34.0 (33)	25.7 (28)
CSW	5.2 (5)	5.5 (6)
Male	8.2 (8)	11.0 (12)
Unreported	2.1 (2)
<i>Total</i>	<i>97</i>	<i>109</i>

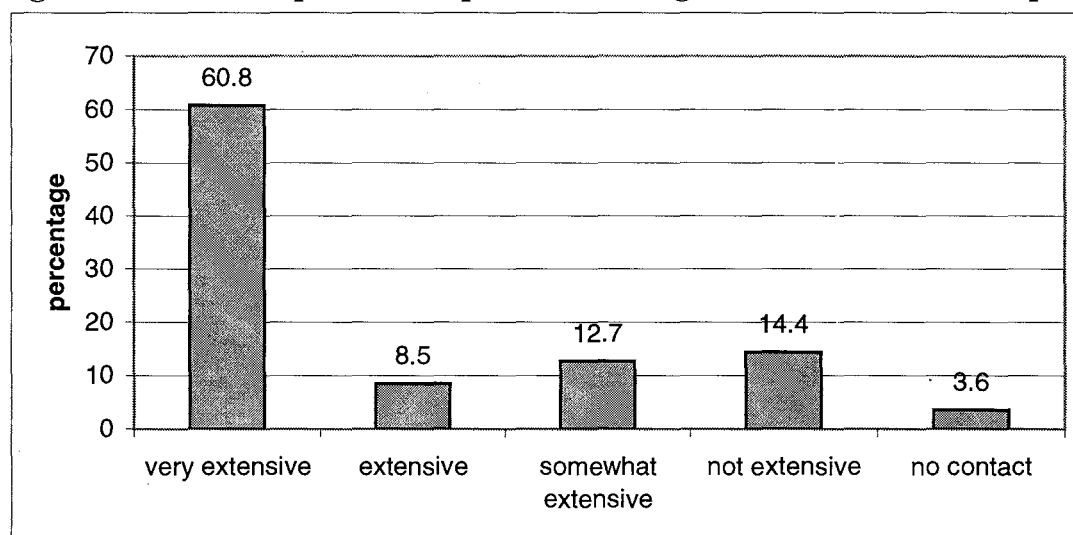
Source: Computed from 2001 RSHKB Survey of Men in Fiji.

The two most common types of dating partners for those with only one dating partner in the four weeks prior to the interview were dating the girlfriends, that is 41.2 percent of those with one dating partner, and dating a friend, making up 34.0 percent of those with one dating partner. Having dates with CSWs is less likely to occur amongst young Fijian males. This is indicated in Table 8.4, as 5.2 percent of the respondents stated that their dating partner for the single date they had in the four week prior to the interview were CSWs.

The dating behaviour has being classified into very extensive, extensive, somewhat extensive and not extensive. The extent of expected dating behaviour among those with no coital

experience is shown in Figure 8.1. Very extensive dating behaviour includes petting with full penetration, petting with full penetration, petting with ejaculation, and penetrative intercourse.

Figure 8.1: Extend of pre-coital experiences amongst those with no coital experience



Source: Computed from 2001 RSHKB Survey of Men in Fiji. (N=306)

Table 8.5: Percentage distribution of the extensiveness of pre-coital contact in the last four week by age at first date and types of dating partner for respondents with dating experience but no coital experience

Dependent Variables	Independent Variables				Results and significant
	Age at first date			Percent (total)	
Pre-coital contact	15 & under	15-16	17 & over		X ² :
Very Extensive	80.2	64.7	77.8	74.5 (149)	Cramer's V:
Not very extensive	19.8	35.3	22.2	25.5 (51)	d.o.f: 2
Percent	48.0	34.0	18.0	100.0 (200)	not significant
.....					
	Type of dating partner			Percent (total)	X ² :
Pre-coital contact	girlfriend	Not girlfriend	No dates		Cramer's V
Very Extensive	77.2	64.6	85.2	74.5 (149)	:0.202
Not very extensive	22.8	35.4	14.8	25.5 (51)	d.f.o.: 2
Percent	28.5	41.0	30.5	100.0 (200)	p < 0.05

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

Extensive behaviour includes breast fondling and genital fondling. Somewhat extensive include lips kissing, and intensive hugging are somewhat not extensive while holding hands, hugging, and cheek kissing are classified as not extensive. Figure 8.1 shows that about 61 per cent of the young men who have no coital experience have had very extensive pre coital experience. Only

4 per cent of the respondents with no coital experience had no contact with any partners. This indicates that young men engaged in very extensive precoital experience with their dating partners.

Young men in Fiji know that dating a woman is important, however what to do during a date and their partner's expectation of a date may differ in many ways. Some young men stated that when dating they take their partners to the cinema, or they walk around in the city. Young men's perception of what happens during a date is what they see from movies and videos. This includes short-term dates that finally result in very extensive dating behaviour. Young Fijian men do not realise that these are not the dating behaviour of the Western society. In the Western society dating enables partners to come to know each other better before becoming very involved and having very extensive dating behaviour. Fijian men do not realise that partners must know each other better before having intimate relationships and that one major process in knowing your partner is communicating with each other regularly and talking about one's self to allow your partner to know you better. Below is a statement from a young man who was dating a young Australian woman and found it difficult and boring to be sharing with the woman.

I had to break up with my girlfriend because she does nothing but talk about herself and her family. She also asks me a lot of question about my family. She would talk for hours and I sometimes get bored with it. She just wants to know too much about my family. I have now run out of things to talk about with her. When we are together the only things we do is talk about our families and about each other's past. There is very little physical contact during our dates. We would only kiss each other and she would start the stories. (Bole, 23 years old)

The above statement indicates that the partners have different perceptions of having a date. While the woman sees that they need to come to know each other better, the young man assumed that a lot of physical contact is important and this is lacking in their relationship. He later stated that this was the reason why he broke up with the young woman. Young Fijian men associate love with a lot of physical affections. This is clearly shown in the above example where the young man feels that his girlfriend should be involved in more extensive dating behaviour.

The survey investigated factors that influence young men's dating experiences. The bi-variant (Model I) and multivariate (Model II) analysis is presented in Table 8.5. In assessing the factors which influence dating experiences, that is if the young men have had a dating experience or not, the dependent variable was a dichotomous variable. The question format is shown below.

- Q 65.** Have you ever dated a person (by dating I mean an activity where a male and a female without blood relationship go out together all alone, for example, to watch a movie or to stroll)?
1. Yes
 2. No (If no go to question 70)

In Fiji tradition does not encourage having sexual relationships with relatives unless they are cross cousins. Therefore when young people who are related go out together they are not perceived or assumed to be dating. A date in Fiji is understood as going out with another person that you have a love and an intimate feeling for and that the common understanding is that you create a relationship that include sexual relationship. This understanding is established from the beginning of the relationship.

In the analysis many independent variables used when doing the bi-variant analysis and in running the regression, however only a selected few are shown in Table 8.5. These are the variables that have a significant influence on the dating experiences of young men, in the multivariate analysis. The variable indicating the numbers of years that the respondents have spent living in Suva has no significant relationship to their dating experiences but the multivariate analysis showed that those who have lived in Suva for more that 10 years have a significant influence on dating experience.

Logistic regression analysis is used to identify the relationship between dating experience and the factors influence the decision to go on a date. Education has a significant influence on dating. Young men with 9-10 years of education and those with 11-12 years of education are less likely to have dating experience as compared to those with 1-8 years of education. While those with more than 13-15 years of education are 1.5 times more likely to have dated and those with more than 15 years of education are 2 times more likely to have dated. It is noted that most of the young men with 9-10 years of education and those with 11-12 years of education are still in the school system while most of those with more then 13 years of school experience are not in the school system. Therefore the more years they have in the school system the older they are and the more likely it is for them to have dating experience.

Table 8.6: Logistic Regression Coefficient Parameter estimates of selected explanatory variables on whether respondents had had dating experiences

	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					.337	.073	.000	1.400	822
Years of Education			.000				.007		
1-8yrs				1.000				1.000	13
9-10yrs	-.254	.694	.714	.776	-1.205	.857	.160	.300	104
11-12yrs	.723	.686	.292	2.061	-.419	.565	.458	.658	244
13-15yrs	1.250	.690	.070	3.492	.457	.488	.349	1.580	316
> 15 yrs	.750	.705	.287	2.117	.708	.416	.089	2.030	145
Religiosity			.007				.014		
Committed				1.000				1.000	422
Moderate	-.417	.214	.052	.659	-1.448	.604	.016	.235	307
Not committed	1.092	.532	.040	2.981	-1.719	.594	.004	.179	93
Years lived in Suva			.536				.107		
Life time				1.000				1.000	112
<3 yrs	-.055	.339	.871	.946	-.123	.390	.140	1.646	187
3-5yrs	.144	.393	.714	1.155	.499	.338	.140	1.646	111
6-10yrs	.517	.382	.176	1.678	.677	.394	.086	1.968	166
10+ yrs	.073	.329	.824	1.076	.912	.415	.028	2.490	246
Religion			.070				.028		
Catholic				1.000				1.000	128
Methodist	.627	.282	.026	1.871	-.683	.444	.124	.505	331
Seven day Adventist	.781	.434	.072	2.184	-.026	.406	.905	.975	80
AOG	.285	.318	.370	1.330	.360	.536	.502	1.433	149
Others	.903	.376	.016	4.120	-.926	.474	.051	.396	134
Fathers Occupation			.001				.000		
Professional				1.000				1.000	278
Service	1.241	.348	.000	3.460	-1.521	.611	.013	.218	189
Others	.188	.230	.412	1.207	-.062	.695	.929	.940	279
Unemployed	1.347	.537	.012	3.847	-1.496	.624	.016	.224	76
Mothers occupation			.001				.005		
Professional				1.000				1.000	133
Service	.916	.322	.004	2.499	-.749	.314	.017	.473	160
Others	1.289	.374	.001	3.629	-.365	.338	.281	.694	137
Unemployed/decease	.893	.257	.001	2.443	.799	.418	.056	2.224	392
CONSTANT					-1.900	1.845	.303		

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

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

Religiosity has a negative significant effect on dating experience. Young men with moderate religious commitment and those not committed are less likely to have dating experience. This is not a norm but it could be attributed to religious youths having a lot of unsupervised social gatherings. From experience during the fieldwork I observed that a particular religious group had the youth kept in the church until 12 midnight rehearsing action song and their performance for the Sunday services. This social gathering could result in the youths have date with each other.

Young men whose fathers have professional occupations are about 80 percent more likely to have dating experience as compared to those whose father are unemployed and those whose father work in the service sector. Mothers' occupation has a significant influence on dating behaviour. Young men whose mothers are unemployed or deceased are twice more likely to have dating experience than those whose mother have professional occupation. However those whose mothers are in service occupation are about 50 percent less likely to have dating experience.

8.3 COITAL EXPERIENCE

Many reasons have been advanced for premarital sexual relations among young people including peer pressure, enjoyment of life, economic reasons, fun and curiosity. Chapter three outlined some of the social, cultural, and economic factors that influence young men and adolescents to engage in premarital sex. This section analyses factors that influence coitus among young Fijian men. Both bi-variant and multivariate analysis is conducted and findings are discussed below.

As shown in Table 8.1 of the 822 respondents 62.8 percent (516) had ever had coitus before the interview. The 516 respondents who have had coitus were asked about their coital experiences. The data indicates that respondents had first coitus at different ages. The age at first coitus ranges from 10 to 24 years of age. About one quarter (27.1 percent) first had coitus before the age of 15 and marginally a lesser proportion had first experienced intercourse when they were 16 (21.9 percent). Others experience first intercourse when they were 15 (15.5 percent), when they were 17 (13 percent), when they were 18 (9.7 percent), and when they were over 18 (12.9 percent), as shown in Table 8.4.

First coitus partners were classified into five categories. Those they just met (newly met), commercial sex workers (CSW), girlfriend, girls they had known for sometimes but not their girlfriends (friends), other males. The data indicated that the majority of the respondents had first coitus with friends (38.6 percent). About one third (33.7 percent) of those sexually active had first sexual intercourse with their girlfriends, while other had first coitus with commercial sex workers (15.5), with another male (10.1 percent), or with those they newly met (2.1 percent).

Table 8.7: Cross-tabulation analysis showing percentage of some aspects of first dating and coitus experience among coitally experienced respondents

Dependent Variables	Independent Variables				Results and significant	
	Age at first coitus					
Type of first coital partner	15 & under	15-16	17-18	19 & over	Percent (total)	X ² :
Girlfriend	8.6	26.1	6.0	14.8	15.5 (80)	Cramer's V:
Friend	16.5	34.2	46.2	47.5	33.7 (174)	d.o.f: 2
Others	74.8	39.7	47.9	37.7	50.8 (262)	p<0.01
Percent	26.9	38.6	22.7	11.8	100.0 (516)	

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

Others includes newly –met, CSWs, and other males.

Age at first coitus has a significant influence on the type of first coitus partners that young men have. Young men who had their first coitus experience below the age of 15 are less likely to have a friend or their girlfriend as their first coitus partners. They are more likely to have other partners such as newly met, CSWs, or other males. Those who have first coitus after the age of 17 are more likely to have their friends or someone they have known as their first coitus partner.

The significant influence of age at first coitus on the type of first coital partner shows that to encourage safe sex and to ensure that young men know their partners better, young men should be encouraged to delay the age at first coitus. However some young men however have their first coitus during child molesting and incest. These are mostly with relatives. Below is a case of a young man relating his first sexual experience.

“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 woman who was his mother’s friend. These are only a few examples of the reality of what is happening to young boys. This young man had his first experience without realising it took place. When asked at what age did he have his first coitus he stated that at 16.

Child molesting and child sexual abuse has been a recent issue in Fiji. Incidences of sexual abuse of children have been reported in the news regulars but almost all this cases since 2000 have been of female children and youth being sexually abused. Sexual abuse of young men and

boys are not reported because men are perceived to enjoy sexual intercourse and if reported the community would judge them as abnormal because of not enjoying the sexual act.

Table 8.8: Coital activity in the last six months prior to the interviews among respondents with coital experience.

Coital activity	Number	Per cent
Number of coital events		
1	90	17.4
2	110	21.3
3	67	13.0
4	65	12.6
5	53	10.3
6	18	3.5
More than 6	113	21.9
Total	516	100.0
Number of coital partners		
1	140	27.1
2	189	36.6
3	69	13.4
4	36	7.0
More than 4	58	11.2
No response	24	4.7
Total	516	100.0

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

Table 8.8 shows the current sexual activity of those that had sexual intercourse experience was measured according to their sexual activity in the six months prior to the interview. All the sexually active respondents (516) stated that they engaged in one or more coital events in the last six months. About one fifth of the sexually active respondents stated that they had two (21.3 percent) coital events and a similar proportion had more than six (21.9 percent) coital events in the last six months. The next highest number of respondents had had sexual intercourse on one (17.4 percent) occasion in the six months prior to the interview, this was followed by those that had had three (13.0 percent), those that had had four (12.6 percent) and finally those that had had five or six had a cumulative percentage of 13.8 percent.

As for the number of coital partners most had two (36.6 percent) coital partners in the last six months before the interview while a further 27.1 percent had only one coital partner. Table 8.7 shows that a further 13.4 percent have had three coital partners in the last six months, followed by those with more than four coital partners (11.2 percent), and finally those with four coital partners (7.0 percent).

Table 8.9: Cross-tabulation analysis of percentage distribution of the most common type of coital partner by age at interview, education status, and length of lifetime coitus, for the respondents with coital experience.

<i>Dependent Variables</i>	<i>Independent Variables</i>			Results and significant
<i>Most common coital partner</i>	Age at interview		Percent (total)	
	<i>15-19</i>	<i>20-24</i>		
Girlfriend	34.3	38.3	36.0 (186)	X ² : 8.40
Female I know	38.8	28.7	34.3 (177)	Cramer's V:
Female have not known	17.5	17.3	17.4 (90)	0.128
No response	9.4	15.7	12.2 (63)	d.o.f: 3
Percent	55.4	44.6	100.0 (516)	p<0.05
.....				
<i>Most common coital partner</i>	Education status			
	<i>Jnr sec. or less</i>	<i>High school & above</i>	Percent (total)	
Girlfriend	33.0	36.9	36.0 (186)	X ² :2.26
Female I know	40.2	32.7	34.3 (177)	Cramer's V:
Female have not known	15.2	18.1	17.4 (90)	0.066
No response	11.6	12.4	12.2 (63)	d.f.o.: 3
Percent	21.7	78.3	100.0 (516)	not significant
.....				
<i>Most common coital partner</i>	Length of lifetime coitus			
	<i>2yrs or less</i>	<i>3-5yrs</i>	<i>6yrs or more</i>	Percent (total)
Girlfriend	43.8	32.4	25.1	36.0 (186)
Female I know	33.0	31.8	41.3	34.3 (177)
Female have not known	12.9	25.2	14.4	17.4 (90)
No response	10.3	10.6	19.2	12.2 (63)
Percent	45.2	34.7	20.1	100.0 (516)
				p< 0.01

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

Table 8.9 shows bi-variate analysis of the influence of age, education status, and length of lifetime coitus on the most common type of coitus partner. There is a significant relationship between the respondents' age at interview and the most common type of coital partner. Young men aged 15-19 years are more likely to have female they knew (38.8 per cent) and their most common coital partner followed by their girlfriends (34.3 per cent) while those at the older age, 20-24, are more likely to have their girlfriends (38.3 per cent) followed by females they knew (28.7 per cent). This indicates that at older age most young men could have established their relationships with their girlfriends and premarital sex occur.

Education status has no significant influence on the most common type of coitus partner young men have. While the length of lifetime coitus has a significant influence on the most common type of coitus partner. About 40 per cent of young men with more than six years of coitus experience stated that the most common type of coitus partners are females they know but not their girlfriends. However 43.8 per cent of young men with less than three years of coitus experience stated that their most common coital partners are their girlfriends. This

indicates that the more years of sexual experience a young man has the more likely it is that they have more coitus with women they know but not their partners.

Logistic Regression analysis in Table 8.10 is used to examine the factors that influence the coitus experience. Controlling for age, it is noted that only a selection of the independent variable is shown on Table 8.9. Variables that have no statistically significant influence on the coitus experience are not shown in the analysis although they have been run in the regression.

The number of years of education has a significant influence on coitus experience. Young men with 9-10yrs and 11-12 years of education are less likely to have had coitus as compared to those with 1-8 years of education. Young men with 13-15 years of education and those with more than 15 years of education have respectively 39 and 18 per cent more chance of having coitus experience. A contributing factor to this result is because most of those with 9 to 12 years of education are still in the school system while those with 1-8 years of education have left the formal schooling system and are no longer student therefore increasing their chance of having coitus experience.

Religion has a statistically significant influence on coital experience. The Assemblies of God (AOG) are more likely than the Catholics to have coitus experience and the Seven Days Adventists (SDAs) are 41 per cent more likely to have coitus experience. The Methodists however are less likely to have coitus experience compared to the Catholics. Although religious teaching specifies that coitus must only take place after marriage and that premarital coitus is a sin the analysis results indicate that religiosity has an interesting effect on coitus experience, those who are committed Christians are more likely to have had coitus as compared to those who are moderately committed and those not committed. Therefore the less committed a young man is to religion the less likely it is that they have had coitus.

In analysing the effect of knowledge received on coitus experience three variables have significant influence on coitus experience. These are received useful information from friends, received useful information from schools and teachers, and thirdly how often do you discuss reproductive and sexual health at home. It is observed that young men who stated that they received useful information from friends have about 61 per cent more chance of having coitus than those that did not find the information useful. Young men who stated that they receive

Table 8.10: Logistic Regression Coefficient Parameter estimates of selected explanatory variables on whether respondents had had coitus experiences

	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					.136	.045	.003	1.145	822
Years of Education			.000				.000		
1-8yrs				1.000				1.000	13
9-10yrs	-.736	.583	.207	.479	-1.069	.632	.091	.343	104
11-12yrs	-1.133	.267	.000	.322	-1.241	.388	.001	.289	244
13-15yrs	.231	.222	.298	1.260	.331	.313	.290	1.393	316
> 15 yrs	.102	.210	.626	1.108	.170	.258	.511	1.185	145
Religiosity			.183				.030		
Committed				1.000				1.000	422
Moderate	-.147	.244	.548	.864	-.092	.273	.735	.912	307
Not committed	.350	.250	.129	.684	-.526	.276	.057	.591	93
Religion			.140				.006		
Catholic				1.000				1.000	128
Methodist	.016	.251	.950	1.016	-.272	.292	.350	.762	331
Seven day Adventist	.407	.211	.053	1.503	.346	.249	.164	1.414	80
AOG	.208	.293	.326	1.333	.668	.337	.048	1.950	149
Others	.007	.241	.975	1.007	-.276	.278	.321	.759	134
Mothers occupation			.000				.009		
Professional				1.000				1.000	133
Service	-.901	.194	.000	.406	-.497	.235	.034	.609	160
Others	.866	.210	.000	.421	-.659	.215	.002	.517	137
Unemployed/decease	.362	.112	.084	.696	-.082	.231	.723	.922	392
Receive useful information from friend			.005				.000		
No				1.000				1.000	240
Yes	.450	.164	.006	1.569	.477	.198	.016	1.611	282
Receive useful information from Schools and teachers			.000						
No				1.000				1.000	348
Yes	-.400	.148	.007	1.492	-.466	.178	.009	.627	474
Coitus is a proper behaviour dating couple engage in.			.000				.000		
Yes to first & regular date				1.000				1.000	141
Yes first/ no regular date	.486	.246	.048	1.625	.278	.296	.347	1.320	23
No first/ yes regular date	-.787	.442	.075	.455	-.746	.491	.129	.474	441
No, to both	-.412	.173	.017	.662	-.692	.200	.001	.501	217
Premarital sex is never right			.000				.010		
Agree				1.000				1.000	267
Disagree	-.151	.191	.427	.860	-.039	.230	.866	.962	362
Neither agree/nor disagree	.598	.187	.001	1.819	.548	.227	.016	1.729	193
A boy should be a virgin till married							.001		
Agree				1.000				1.000	371
Disagree	-.971	.201	.000	.379	-.902	.231	.000	.406	270
Neither agree/nor disagree	-.379	.215	.078	.684	-.601	.244	.014	.548	181

Conti.

How often do you discuss reproductive and sexual issues at home?		.062			.001				
Often				1.000			1.000	117	
Sometimes	.026	.222	.908	1.026	-.016	.255	.949	276	
When there is trouble	.437	.175	.013	1.547	.794	.212	.000	125	
Never	.373	.117	.880	1.033	.292	.258	.259	304	
CONSTANT					-1.588	1.043	.128		

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

useful information from schools and teacher have a 37 per cent less chance of having coitus experience. This indicated that useful information received from friends engages coitus while useful information received from schools and teachers discourages coitus experience.

Information obtained from interviews and observations support the above finding. During an in-depth interview a young man explained how young men in their group compete for sexual coitus and how the winner is the young man who has the most coitus partner in the week. A person with no coitus experience will not be able to be part of the group. Among peers young men talk about how to prevent being infected with STI. They also discuss how to prevent pregnancy. Although some information received is useful, most are myths or incorrect information on sexual health behaviour.

Discussing reproductive and sexual issues at home has a significant influence on coitus experience. Those who only have discussions when there is trouble are twice more likely to have coitus experience than those who often discuss the issue at home. Those who do not discuss the issue at home have about 34 per cent more chance of having coitus than those who often discuss the issues at home. The analysis indicated that the frequency of discussing the issues at home and the situation in which the discussion is held is important in influencing coital experience among young men.

Attitude to coitus experience have a significant influence in the young men's perception of premarital sex. Young men who neither agree nor disagree with premarital sex are about 70 per cent more likely to have coitus as compared to those who agree that premarital sex is never right. Young men who agree that men must remain virgins until marriage are more likely to have coitus experience than those who disagree and those who neither agree nor disagree. This indicates that attitude and practice contradict.

8.4 CONTRACEPTIVE USE

Contraceptive use in Fiji is more focused toward married women. This perception is slowly changing and men are today being encouraged to use contraceptives. Two types of modern contraceptive methods are available in Fiji. The most common one of the two is condom, which will be discussed in the later part of this Chapter, and the second type vasectomy is less common in society. Two types of natural methods are used in Fiji they are the rhythm, and the withdrawal methods.

Contraceptives are only used by people who are sexually active therefore the analysis includes only the 516 young men who have coitus experience. Table 8.11 shown the proportion of the sexually active who have ever used contraceptive. The most commonly used contraceptive is condom with about 74 per cent stating that they have ever used the contraceptive, while only 1.6 per cent have ever used vasectomy.

Table 8.11: Contraceptive use among coitus experienced respondents

Type of contraceptive	Number	Percent
<i>Condom</i>		
Yes	383	74.2
No	133	25.8
<i>Vasectomy</i>		
Yes	8	1.6
No	508	98.4
<i>Withdrawal</i>		
Yes	116	22.5
No	400	77.5
<i>Rhythm</i>		
Yes	90	17.4
No	426	82.6
Total	516	100.0

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

8.4.1 Vasectomy

Vasectomy is the least common type of contraceptive used by Fijian men. It has been available in Fiji since the late 1960s but has not been promoted because of traditional values. In the Fijian tradition a man is admired, respected, and attains higher status in society if they have more children. Men therefore are expected to have children. A man without a child is criticised by his peers and is not an image of 'a real or macho man'. Vasectomy stops men from children and this is not valued in society. As a result vasectomy has not been widely acceptable in society.

Vasectomy is known to 45.7 percent of the respondents. Age has a statistically significant positive relation with knowledge of vasectomy as a contraceptive method. It was only in the late 1990s that it has become general knowledge to the public. The 1974 Fiji Fertility Survey reported only two (2) cases of vasectomy (Bureau of statistics, 1976). Only 25.2 percent of those brought up in villages know of vasectomy, while about 50 percent of respondents in other areas of childhood upbringing know of vasectomy. This showed that knowledge of vasectomy has not been well disseminated to the village communities. In the early 1990s the Ministry of Health in a joint promoted Health awareness, including awareness on vasectomy as a contraceptive method. Interview with one of the members of the Health promotion team in the early to mid 1990s revealed that the awareness program, including an advertisement on television and newspapers, was not a total success.

Table 8.12: Percentage distribution of general use of vasectomy by age at interview, by education status, by type of coital partner and by length of lifetime coitus, for the respondents with coital experience

<i>Dependent Variables</i>	<i>Independent Variables</i>				<i>Results and significant</i>	
	Age at interview				X ² :10.104	
Ever used condom	<i>15-19</i>	<i>20-24</i>	<i>Percent (total)</i>		Cramer's V:	
Yes	0	3.5	1.6		0.140	
No	100	96.5	98.4		d.o.f: 1	
Percent	55.4	44.6	100.0 (516)		p<0.01	
.....						
	Education status				X ² :0.405	
Ever used condom	<i>Jnr sec. or less</i>	<i>High sch. & above</i>	<i>Percent (total)</i>		Cramer's V:	
Yes	0.9	1.7	1.6		0.028	
No	99.1	98.3	98.4		d.f.o.: 1	
Percent	21.7	78.3	100.0 (516)		not significant	
.....						
	Most common coital partner				X ² :2.888	
Ever used condom	<i>girlfriend</i>	<i>Female I know</i>	<i>female I don't know</i>	<i>No response</i>	<i>Percent (total)</i>	Cramer's V:
Yes	2.7	1.1	1.1	0	1.6	0.075
No	97.3	98.9	98.9	100	98.4	d.f.o.: 3
Percent	36.0	34.3	17.4	12.2	100 (516)	not significant
.....						
	Length of lifetime coitus				X ² :19.017	
Ever used condom	<i>2yrs or less</i>	<i>3-5yrs</i>	<i>6yrs or more</i>	<i>Percent (total)</i>		Cramer's V:
Yes	0	1.1	5.8	1.6		0.176
No	100	98.9	94.4	98.4		d.f.o.: 2
Percent	45.2	34.7	20.2	100.0 (516)		p<0.01

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

Bi-variate analysis shows that the age at interview and the length of lifetime coitus have a significant influence on using vasectomy. This however cannot be totally conclusive because of the small number of individuals who stated that they have used vasectomy. Young men at older age, 20-24 years, are more likely to use vasectomy as compared to those aged 15-19. The longer the length of lifetime coitus the more like it is for young men to use vasectomy.

During an interview a 46 years old man related his story of how he had a vasectomy in 1979. He explained that he was dared and challenged by his friends so he had a vasectomy. Two years later he got married and to this date he has regretted his actions because they cannot have any children. They have adopted a son but he stated that this action he took in 1979 was his biggest mistake in life.

Vasectomy is used in society but men do not openly discuss that they have had a vasectomy. A 48 years old man related to me how his family, his wife's family and his friends make big jokes about him when he had the vasectomy operation. Most men are stigmatised when they have a vasectomy therefore this discourages men from using this method of modern contraceptive.

8.4.2 Natural Method

Young men do not commonly use the natural method of contraceptive however in Fiji Catholics are discouraged from using modern contraceptive methods so they resort to the natural methods. Table 8.12 shows that age at interview and length of lifetime coitus have statistically significant influence on young men ever using withdrawal method. Although less than a quarter have ever use the withdrawal method, young men age 20-24 are more likely to use the method as compared to those aged 15-19.

Young men have little knowledge of the natural method of contraceptives. During in-depth interviews and after the questionnaire interview I was on three occasions approached by young men and asked to explain the withdrawal and the rhythm method of contraceptive. Some young men stated that they have heard of the withdrawal method but do not know the purpose it service. This indicated that these young men are in search of knowledge and there is limited reliable source because of the cultural taboo of open discussion on sex.

Table 8.13: Percentage distribution of use of withdrawal method by age, education, coital partner, and length of lifetime coitus, of respondents with coital experience

<i>Dependent Variables</i>	<i>Independent Variables</i>				<i>Results and significant</i>	
	Age at interview				X2 :3.889	
Ever used condom	<i>15-19</i>	<i>20-24</i>	<i>Percent (total)</i>		Cramer'sV:	
<i>Yes</i>	19.2	26.5	22.5		0.0087	
<i>No</i>	80.8	73.5	77.5		d.o.f: 1	
Percent	55.4	44.6	100.0 (516)		p<0.05	
.....						
	Education status				X2 :0.661	
Ever used condom	<i>Jnr sec. or less</i>	<i>High sch. & above</i>		<i>Percent (total)</i>	Cramer'sV:	
<i>Yes</i>	19.6	23.3		22.5	0.036	
<i>No</i>	80.4	76.7		77.5	d.f.o.: 1	
Percent	21.7	78.3		100.0 (516)	not significant	
.....						
	Most common coital partner				X2 :0.814	
Ever used condom	<i>girl- friend</i>	<i>female I know</i>	<i>female don't know</i>	<i>No response</i>	<i>Percent (total)</i>	Cramer'sV:
<i>Yes</i>	21.0	24.9	22.2	20.6	22.5	0.043
<i>No</i>	79.0	75.1	77.8	79.4	77.5	d.f.o.: 3
Percent	36.0	34.3	17.4	12.2	100.0 (516)	not significant
.....						
	Length of lifetime coitus				X2 :10.486	
Ever used condom	<i>2yrs or less</i>	<i>3-5yrs</i>	<i>6yrs or more</i>	<i>Percent (total)</i>	Cramer'sV:	
<i>Yes</i>	16.7	30.2	22.1	22.5	0.143	
<i>No</i>	83.3	69.8	77.9	77.5	d.f.o.: 2	
Percent	45.2	34.7	20.2	100.0 (516)	p<0.01	

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

The rhythm method is not commonly used by young men in Fiji however using it is encouraged by the Catholic religion in Fiji. Most young men do not understand the rhythm method. This was observed during the questionnaire service when young men requested that I explain the rhythm method and the menstrual cycle with them. These young men were eager to know the cycle and how the rhythm method could be used as a contraceptive method.

8.4.3 Condom Use

Condom is the most common type of male contraceptive use in Fiji. Knowledge of condom, as discussed in Chapter Six shows that more than 90 per cent of young men in Suva know about condom. Table 8.13 shows some of the independent variables used in analysing the factors that influence condom use among young men.

Table 8.14: Dependent and Independent Variables used in analysing condom use

<i>Dependent Variables</i>	<i>Independent variables</i>
Frequency of condom use	Age at interview Education status at interview Type of coital partner mostly had Length of coital lifetime Attitude to condom use "Boy boys carry condom"

The analysis in table 8.15 showed that age at interview, most common coital partner, and length of lifetime coitus have statistically significant influence on the frequency of condom use among young Fijian men. About 57 per cent of young men aged 20-24 years stated that they sometimes use condoms and a slightly lower proportion of 45.5 per cent of those in the young age group stated likewise. Slightly less than one quarter of the young men in both age group stated that they always use condoms. This indicated that condom use is not a common practice among young Fijian men in urban Suva.

Young men who most commonly have females they do not know as their coital partners are more likely to sometimes use condoms as compared to those who most commonly have girlfriends and females they know as their most common coital partner. The longer the length of young men's lifetime coital experience the more likely they are to sometimes use condom. Young men do not always use condoms for many reasons. When asked why they prefer not to use condoms they had different reasons, some reasons given are as follows:

- 'they prefer skin to skin';*
- 'the condom is not reliable';*
- I trust my girlfriend so there is no point in using it';*
- I was too drunk';*
- 'Some men stated that using condoms does not give the feeling of sexual satisfaction to both partners'.*

Multivariate analysis was done to identify factors that influence condom use. It must be noted that only a selection of the variables used in the analysis is listed in Table 8.14. Socio-demographic variables that influence condom use are discussed below. Young men's mothers' occupation has a significant influence on condom use. Young men whose mother are in service occupation are 2.4 times more likely to ever use condoms as compared to those whose mothers have professional occupation, and young men whose mothers are unemployed or deceased are 1.8 times more likely to ever used condoms.

Table 8.15: How frequent respondents used condom during coitus by age at interview, by education status, by type of coital partner and by length of lifetime coitus, for the respondents with coital experience

Dependent Variables	Independent Variables					Results and significant
	Age at interview					
Frequency of condom use	<i>15-19</i>		<i>20-24</i>		<i>Percent (total)</i>	X ² : 7.800
Always	24.5		23.0		23.8	Cramer's V:
sometimes	45.5		56.5		50.4	0.123
never	30.1		20.5		25.8	d.o.f: 2
Percent	55.4		44.6		100.0 (516)	p<0.05
.....						
	Most common coital partner					
Frequency of condom use	<i>girl-friend</i>	<i>female I know</i>	<i>female don't know</i>	<i>No response</i>	<i>Percent (total)</i>	X ² : 17.421
always	24.7	29.9	10.0	23.8	23.8	Cramer's V:
sometimes	52.2	41.2	63.3	52.4	50.4	0.130
never	23.1	28.8	26.7	23.8	25.8	d.f.o.: 6
Percent	36.0	34.3	17.4	12.2	100.0 (516)	p<0.01
.....						
	Length of lifetime coitus					
Frequency of condom use	<i>2yrs or less</i>	<i>3-5yrs</i>	<i>6yrs or more</i>		<i>Percent (total)</i>	X ² : 14.689
always	26.2	24.6	17.3		23.8	Cramer's V:
sometimes	42.1	55.9	59.6		50.4	0.169
never	31.8	19.6	23.1		25.8	d.f.o.: 4
Percent	45.2	34.7	20.2		100.0 (516)	p<0.01

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

The analysis shows that who the young men are residing with have a significant influence on whether young men have ever used condom. Young men who reside with their parents and those who live in their own home have about an equal change of ever using condoms. Those residing with friends are four times more likely to ever use condoms and young men residing with relatives are seven times more likely to ever use condoms as compared to those living with their parents. While those leaving in the hostels/boarding have an almost zero change of ever using condoms. This could be because they do not get access to the service that distributes free condoms. Young men brought up in rural areas are less likely to have ever used condoms compared to those brought up in urban areas.

Table 8.16: Logistic Regression Coefficient. Parameter estimates of selected explanatory variables on whether respondents have ever used condom

	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					-.802	.098	.399	.921	516
Years of Education			.015				.057		
1-10yrs				1.000				1.000	44
11-12yrs	1.354	.430	.002	3.872	1.659	.789	.035	5.252	169
13-15yrs	.833	.345	.016	2.300	1.711	.625	.006	5.533	210
> 15 yrs	.829	.337	.014	2.291	1.202	.522	.021	3.326	93
Mother's occupation			.000				.006		
Professional				1.000				1.000	67
Service	.845	.293	.004	2.329	.878	.444	.048	2.405	82
Others	.540	.282	.056	1.716	1.340	.409	.001	3.820	87
Unemployed/decease	.511	.277	.065	1.667	.621	.402	.123	1.860	280
Who are you currently residing with?			.005				.000		
Parents				1.000				1.000	241
Own home	-.115	.277	.679	.891	.086	.439	.845	1.090	25
Friends	-.211	.550	.702	.810	1.412	.788	.073	4.103	17
Hostel/boardings	-.837	.786	.287	.433	-2.608	1.431	.068	.074	127
Relatives	.711	.293	.015	2.035	1.993	.486	.000	7.341	106
Area of childhood upbringing									
Urban				1.000				1.000	295
Rural	-.453	.202	.025	.636	-1.160	.395	.003	.314	221
Category you belong to?									
Heterosexual				1.000				1.000	478
Homosexual	.657	.457	.150	1.929	1.465	.683	.032	4.327	38
Length of lifetime coitus			.016				.038		
Two years or less				1.000				1.000	233
3-5 years	.439	.272	.106	1.551	.571	.477	.231	1.771	179
6 or more years	-.210	.299	.482	.810	-.370	.440	.402	.691	104
First sexual partner			.010				.000		
Girlfriend				1.000				1.000	80
Female I know	-.380	.295	.197	.684	-.794	.401	.048	.452	174
Female I do not know	-.704	.237	.003	.495	-1.398	.365	.000	.247	262
Usefulness of information from counsellors and religious leaders			.019				.000		
Not a source				1.000				1.000	163
Not useful at all	.594	.280	.034	1.812	1.260	.465	.007	3.525	44
Not useful	.665	.390	.088	1.945	1.320	.582	.023	3.742	57
Useful	-.640	.462	.166	.527	-1.200	.638	.060	.301	133
Very useful	.216	.302	.474	1.241	1.041	.415	.012	2.832	119
Taken family life education in school									
No				1.000				1.000	325
Yes	-.542	.205	.008	.582	-.888	.310	.004	.412	191

Conti

How often do you discuss reproductive and sexual issues at home				.000			.000		
Often				1.000			1.000	70	
Sometimes	-1.036	.364	.004	.355	-2.505	.566	.000	.082	191
When there is trouble	-.623	.235	.008	.536	-1.480	.389	.000	.228	75
Never	-.509	.313	.103	.601	-1.346	.484	.005	.260	180
Ever received family planning information.									
Yes				1.000			1.000	274	
No	.056	.202	.781	1.058	.463	.361	.200	1.588	242
Ever heard of Condom			.004						
Yes				1.000			1.000	468	
No	-.905	.310	.004	.404	-.787	.509	.122	.455	48
Premarital sex is never right			.002				.004		
Agree				1.000			1.000	145	
Disagree	.645	.283	.022	1.906	.807	.436	.064	2.240	259
Neither agree/nor disagree	-.138	.271	.611	.871	-.396	.426	.353	.673	112
Unmarried men should be encouraged to use contraceptives.			.033				.012		
Agree				1.000			1.000	340	
Disagree	.756	.298	.011	2.131	1.155	.425	.007	3.175	77
Neither agree nor disagree	.459	.383	.231	1.582	.367	.537	.495	1.443	99
Is condoms use common in your community			.001				.122		
Yes				1.000			1.000	244	
No	-.740	.228	.001	.477	-.988	.334	.003	.372	117
Do not know	-.866	.286	.002	.421	-1.512	.407	.000	.220	155
Good boys carry condom			.020				.011		
Agree				1.000			1.000	386	
Disagree	-.753	.270	.005	.471	-1.304	.433	.003	.272	58
Neither agree nor disagree	-.513	.380	.177	.599	-1.075	.557	.054	.341	72
CONSTANT					.924	2.734	.736		

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

Homosexuals are four times more likely to have ever used condoms as compared to heterosexuals. The type of first sexual partner has a statistically significant influence on condom use. Young men who had their girlfriends as their first sexual partner are more likely to have ever used condoms as compared to those who had first sexual coitus with a female they know or a female they do not know. Therefore in establishing a relationship before having coitus have encourage young men to ever use condom.

Knowledge and the source of knowledge of reproductive and sexual health behaviour and knowledge of condom availability and condom use are important factors influencing condom use. Young men who take Family Life education at school are less likely to have ever used condoms as compared to those who did not take family life. The analysis shows that discussing reproductive and sexual issues more often at home can increase the change of ever using condom. Knowledge of family planning and knowledge of condom has no significant influence on condom use. This indicates that knowledge alone does not influence behaviour.

Some of the attitude factors that influence condom use include the attitude to encouraging young men to use contraceptives. Young men are three times more likely to have ever used condom. Positive attitude to condom use have a significant influence on ever use contraception. This shows that to encourage young men to use condoms, the society must have a positive attitude to condom use.

8.5 MASTURBATION

Masturbation in the Fijian culture is assumed to be an unhealthy behaviour. When a person is seen masturbating the community jokes him about. Men therefore do not openly declare that they masturbate. Masturbating is not masculinity behaviour, and one who does masturbate is assumed to be unable to get a woman as a sexual partner. Fijian women are never associated with masturbation.

Masturbation is a taboo topic in the Fijian. When translated into Fijian it is a swear word. Symbolic words are used when talking about masturbation. Some of the words used are as follows: *Masi dakai*- in English this is interpreted as wiping the gun. The penis is referred to as the gun; *waliwali* – oiling oneself is the English interpretation, and it refers to massaging the penis when masturbating, as oil is used for massaging. Thirdly, *yavu sovu*- finishing the soap, it symbolises that men masturbate in the shower. These phrases are commonly used through out Fiji. A new phrase that has been introduced in the last decade is “*tuki yadre*”- meaning slapping the forehead. The phrase is used or the action performed and the youth community understands what it means.

“A young female doctor whom I had an informal discussion with was surprised to know that the above also referred to masturbation. She related to me how when conducting a health check in the rural areas of Fiji in 2001, she wrongly interpreted the word as many males who visited the mobile health check centre were using the word. She thought they were talking about something to do with their foreheads.”

Focus group discussion with male youths indicated that they used this sign language to tell other friends that they had just been to the toilets to masturbate as they sometimes ejaculate when some of their female teachers come in to teach.

Asking the question on whether the respondents masturbate or not was difficult in its own ways. When asked what do we mean by the word masturbation, symbolic terms had to be used. The research team used the phrase *masi dakai* meaning cleaning the gun. This was the common phrase used for masturbation. During the fieldwork, a new term for masturbation was introduced, *tavi adre*, meaning slapping your forehead. This as explained by some individuals during a focus group discuss is a symbolic gesture that boys use to indicate that they had been masturbating or had returned from masturbating in the cloakroom. Table 8.17 show that a high percentage of those aged 20-24 stated that they do masturbate. Age has a statistically significant relationship with masturbation. For those age 15-19 about half of the responded stated that they do masturbate and only 3.5 percent did not respond to the question.

Table 8.17: Percentage distribution those stating they ever masturbated by age

Age	Responses			Total
	Yes	No	No response	
15-19	48.9	47.7	3.3	100 (465)
20-24	63.3	27.2	9.5	100 (357)
Total	55.1	38.8	6.1	100 (822)

Source: Computed from 2001 RSHKB Survey of Men in Fiji. ($p < .01$)

The number of times the respondents masturbated was also asked. For the respondents from both the age group, the majority stated that they masturbated only in the past that is 16.6 per cent of the age 15-19 and 18.5 per cent of those aged 20-24. Only 3.2 per cent of those aged 15-19 stated that they masturbated more than 7 times a week while a higher percentage of those 20-24 (15.1 per cent) stated likewise. The table shows that there is a statistically significant relationship between age and the number of times the respondents masturbate.

Table 8.18: Percentage distribution of number of times masturbated by age

	2-7 times wkly	>7 times wkly	Wkly	Mthly	Past only	Never	Total
15-19	10.1	3.2	8.8	10.3	16.6	51.0	100 (465)
20-24	12.3	15.1	9.6	7.0	18.5	37.4	100 (357)
Total	11.1	8.4	9.2	8.9	17.4	45.0	100 (822)

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

Note: ($p < .01$)

Fijian men regard circumcision as a necessary for a man. Below is part of an interview with a father and his views on having his son circumcised. The discussion is an indication that the parents decide on the child getting circumcised.

A father/interviewer

I will send my son to the village this holidays to be circumcised

Why?

Because I do not want my son to blame me for not having him circumcised when he grows older.

What is so important about circumcising your son?

Well it is the natural thing to do. It is traditional and for him to be a "man" he must be circumcised.

The Fijian society today still associated masturbation with uncomfortable and disapproval, unfortunate and unnecessary guilt. It is done in secrecy. Although a normal and natural process most feel a shame or guilty about it. The social perception of masturbation is that it is an immature process and a real man would be able to find a partner to have sex with rather than being left to his own device.

8.5.1 *Wet dreams*

Young men have wet dreams at the early stage of their youth development. This is a biological development and is an important stage of development to young men. In the Fijian society however it is believed to be an unnatural act associated with evil spirits. Having wet dreams is believed to be a result of the men being sexually abused by female evil spirits. Young men do not discuss their experience in public but mostly share the experience with their friends. This is because having wet dreams is associated with being a sex maniac. Wet dreams are therefore not a common knowledge to young men. Below is a young man's experience of his first wet dream.

I have had wet dreams. The first was when I was 14 years old. My pants got wet when I was asleep. I hid the pants and burnt it the next morning because I thought I peed on my pants, I did not know that it was a wet dream. (Mike 21 years old).

The above quote indicate that knowledge of wet dream is not universal to all young men. During the questionnaire interview I was asked by a group of 16 year olds to explain what the term wet dreams meant. I explained it in Fijian but because there was no Fijian word for wet dream I explained the experience to them. While explaining one of the young men quickly related to the others that 'Wet dreams is when you are asleep and a female evil spirit comes and have sex with you'. This is how wet dream is perceived in the Fijian context.

8.6 SUMMARY

This chapter has shown that premarital sex intercourse is not uncommon among young Fijian men in Fiji. The various reasons for the increase identified in this chapter include peer pressure; prevailing myth that favour sex among young people especially men; the need to show sexual prowess among young men; and the tolerance of such sexual behaviour among young men. As a result young men indicate that they often have premarital sex. Premarital sex was reported to begin at very young age, some men reported that they first had sex before the age of ten. This is high- risk behaviour in the era of HIV/AIDS.

The regression model showed that young men who are committed to their religion are more likely to be discouraged from having dated. They are however more likely to be engaged in premarital coitus. It is important to note that young men who are still in the formal secondary (high school) education system tend to have a reduced rate of premarital sexual activity. The schools and teacher give information that influence young men not to have coitus while useful information obtained from friends encourage the onset of premarital sex. Most knowledge of premarital risk behaviour and attitudes had no significant influence on the dating and coital behaviour of young men.

Contraceptive use among young Fijian males is not very common. Although knowledge of condom as a safe sex method is high, the proportion that had ever used condoms is very low but high among homosexual males. Knowledge of condom and source of information are important influence to condom use and safe sex practice. Obtaining information from religious leaders and counsellors increase the chance of condom use.

This chapter shows that sexual behaviour among young men is changing with respect to such behaviour as dating behaviour and postponement of premarital sexual acts on the one end and the increase in premarital coitus on the other, and condom use is increasing. These developments can be attributed to many institutions involved in articulating programs aimed at reducing sexual behaviour risks. Such organizations include religious organizations, NGO, and health promotion services. What is required to consolidate and expand these programs include some of the finding in this analysis. The government should further train and use the schools to educate young men on reproductive sexual health behaviours. Religion and religiosity are influential factors therefore religious leader must be involved in implementing programs on sexual behaviour to their youth. Social environment that religious groups have and social

meetings for their youths need to be reviewed as these could be influencing factors to encourage premarital coitus.

It is not only the knowledge and attitude that is important, as most have not significant influence on behaviour. The social environment and family background have an important role in influencing sexual behaviour. Parents therefore need to be advised to encourage discussions on sexual issues with their children. Most organizations addressing the issues in Fiji are only promoting information dissemination, counselling centres and service provider friendly environment must be provided. Programs for teacher, parents, religious leader and young men must be encouraged.