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# Access to condoms and their use among young people in Tonga and Vanuatu

Karen E. McMillan

National Centre in HIV Social Research

National Centre in HIV Social Research  
Faculty of Arts and Social Sciences  
The University of New South Wales



Copies of this monograph or any other publications from this project may be obtained by contacting:

### National Centre in HIV Social Research

Level 2, Robert Webster Building  
University of New South Wales  
Sydney NSW 2052 Australia

Telephone: +61 2 9385 6776  
Fax: +61 2 9385 6455  
Email: [nchsr@unsw.edu.au](mailto:nchsr@unsw.edu.au)  
Website: <http://nchsr.arts.unsw.edu.au>

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## Study team

**Chief Investigator:** Heather Worth

**Field Supervisor:** Karen McMillan

**Researchers:** Barbara Kepa, Martha Kupul, Brenda Peter Canggih, Lawrencina Pirpir, Agnes Mek and Lucy Walizopa

**Data analysis:** Karen McMillan

Note: The views expressed in this report are those of the author and do not necessarily represent the views of the Secretariat of the Pacific Community or the Global Fund to Fight AIDS, Tuberculosis and Malaria.

# Executive summary

This document reports on data gathered via 62 in-depth interviews with 18- to 25-year-olds in Tonga and Vanuatu during March and April 2008. The face-to-face interviews enquired into young people's personal experiences of and thoughts about access to condoms and their use.

The findings in this report are based on a non-random sample of young people in Tonga and Vanuatu. Non-probability samples cannot ensure that those included in the study are representative of the wider population.

The sample captured a good range of young people in respect of occupation, marital status, age and sexual practices. Sex workers were not represented, however.

As the findings from Tonga and Vanuatu differ markedly in important areas, they are presented separately.

## Tonga

- Most young Tongan participants said that condoms were 'good' and endorsed condom use in principle. However, many would not use them themselves, holding that they were 'good for other people'. Women in particular dissociated themselves from the 'risk' groups that might need them.
- Condoms were strongly associated with teenage, casual, promiscuous and illicit sex. Therefore they were not considered appropriate for use in respectable or committed relationships. Condoms, and the need for condom use, were also associated with foreigners and perceived as being 'not the Tongan way'.
- Among young Tongan participants there were misconceptions about the efficacy of and risk associated with using condoms, and misinformation about access to them in terms of knowing where to get them and the conditions under which they could be provided.
- The negative attitudes to condoms of family and community constituted a major barrier to accessing condoms for young people in Tonga. For this reason buying and using condoms required confidence, if not boldness.
- While the smell, look and feel of condoms were the reasons most frequently cited for not liking them, the Tongan participants gave predominantly social reasons for not using or accessing condoms. These reasons were deeply interrelated and centred on gossip, reputation and, ultimately, the reaction of family.
- A lack of familiarity with, and exposure to, condoms was another barrier to use for many young Tongan women.

## Vanuatu

- Most Ni-Vanuatu participants had positive attitudes to condoms and were even happy to carry them around, but actual condom use was patchy and erratic. Few participants were consistent condom users and most were 'sometime' users.
- While privacy was a concern in Vanuatu, being able to access condoms from a local place and a place where friends also acquired them was more important to the Ni-Vanuatu participants than confidentiality itself. A reluctance to enter unfamiliar places, or ask for something from unknown people whose responses were uncertain, were the major barriers to access. Other barriers described were that supplies could be erratic and distant.
- Among the Ni-Vanuatu participants, problems with consistent supply were more prominent in out-of-town areas, as were issues related to the need to travel and reluctance to obtain condoms from community resource centres other than one's own.
- The narratives of Ni-Vanuatu participants indicated a predominant concern with the attitudes of friends and peers, rather than a concern with the beliefs of family and church. Friends were frequently relied upon both to provide condoms directly and also for support when accessing condoms from other sources.
- Data from this study indicate that young Ni-Vanuatu women may be receptive to female condoms, as they feel the need to take the responsibility for condom use.

## Implications

- The employment of non-local interviewers was very successful in gathering information about sensitive and personal topics. In numerically small but often widely spread and intricately connected communities, it was also necessary to assure the young participants anonymity.
- A blanket approach to condom provision in the Pacific will not meet the needs of young people and their diverse communities. The findings indicate that in Tonga and Vanuatu different approaches should be taken in order to most effectively improve access to condoms and their use among young people.
- In Tonga influencing the attitudes of traditional authority figures in the family, the church and the community would be likely to have an important impact. Confidentiality and privacy were crucial issues for Tongan young people when considering acquiring condoms, and simple steps could be taken to ensure their privacy at the point of access.
- In Vanuatu the attitudes of peers have a major influence on whether or not and where young people access condoms and the data suggests that it would be useful to target the attitudes of young men in particular.
- Existing distribution methods in Vanuatu are appropriate to young people's needs but condoms are consistently available only in town centres. Expansion of condom provision in areas outside the town centres is necessary to better serve rural young people.
- No single way of making condoms available will suit all young people even within one country, and the availability of condoms through a variety of local sites is optimum.

# 1 Introduction

This document reports on a qualitative study investigating issues of access to condoms and their use among young people in Tonga and Vanuatu. The study was commissioned and funded by the Global Fund for HIV, TB and Malaria. Data collection was timed to coincide with and complement the Secretariat of the Pacific Community's (SPC) HIV Section Surveillance Cluster, Second Generation Surveillance (SGS) activities.

Condom use in the Pacific is very low (see Buchanan-Aruwafu, 2007). Behavioural data suggest that even among most vulnerable populations such as sex workers and seafarers condom use is inconsistent. But it is not only sex workers, men who have sex with men (MSM) and seamen who are at risk of HIV. Studies indicate that young people in the Pacific are having premarital sex and from a young age, with little condom use and with multiple partners, much of which is kept hidden. This increases young people's vulnerability and risk (see Buchanan-Aruwafu, 2007; Singh et al., 1995; SCA Vanuatu, 2006; UNICEF et al., 2005; United Nations, 1996; Wan Smolbag, 2006; WHO, 2006). While HIV prevalence is low, rates of sexually transmissible infections (STIs) in the Pacific are some of the highest in the world. The presence of STIs increases the likelihood of HIV infection up to fourfold.

While high-risk behaviour for the transmission of HIV is documented, 'very little in-depth information is known about the contexts that influence these behaviours within these samples, and why, for example, condom use is not occurring' (Buchanan-Aruwafu, 2007, p. 33). It is likely that low and inconsistent condom use is connected to alcohol use, gender inequalities and local norms and prohibitions. It may also be connected, at least in part, to lack of access to condoms due to inadequate supplies and the slowness and failure of the supply chain (see Gold, 2006; Passey et al., 1998; Matlin, 2003; MHMS Solomon Islands, 2004; Roberts, 2005; UNFPA, 2004).

This small qualitative study was designed to provide insight into issues related to young people's access and attitudes to and use of condoms in two Pacific island nations, Tonga and Vanuatu. That insight will enrich an understanding of why condom use is low. Furthermore, the results of this study may be considered for their implications for the design of condom promotion programs and therefore contribute to the further development and refinement of such programs in Tonga and Vanuatu. Other methodological and more general findings provide information that should prove useful for future qualitative research, as well as for designing programs to prevent the transmission of HIV in the wider Pacific.

# 2 Study methods

This study employed in-depth interviews to collect qualitatively rich data from young people in Tonga and Vanuatu. Purposive sampling with a quota approach ensured a fairly even representation of men and women and also managed the inclusion of some men who have sex with men (MSM) and fakaleiti.<sup>1</sup>

Sixty-two young people were recruited for interview ( $n = 62$ ). Interviews were face to face and enquired into personal experiences of and attitudes to condom use as well as experiences of accessing condoms. Interviewees were also asked about their sexual relationships.

Interviews were conducted during March 2008 in Tonga, and April 2008 in Vanuatu. In Tonga all interviews were conducted in and around Nuku'alofa on the island of Tongatapu ( $n = 32$ ). In Vanuatu interviews took place in and around Port Vila on the island of Efate ( $n = 15$ ) and in and around Luganville on Espiritu Santo ( $n = 15$ ). Nuku'alofa and Port Vila are both country capitals and main business centres. Port Vila is also a tourist hub, while Nuku'alofa is primarily a working town that attracts internal migrants from throughout the archipelago to employment and educational opportunities. Most of Tonga's tourism industry is based on islands other than Tongatapu. In Vanuatu, conducting interviews in and around Luganville enabled the inclusion of participants from outside the main centres and from a more rural environment than that of Port Vila.

Interviews were conducted by experienced HIV social research cadets from the Papua New Guinea Institute of Medical Research (PNGIMR) under the supervision of a research associate from the National Centre in HIV Social Research (NCHSR) at the University of New South Wales (UNSW) in Sydney. In Vanuatu interviews were conducted in both English and Bislama. Bislama is the first language of many urban ni-Vanuatu (those who live in Port Vila and Luganville), a pidgin that is extremely close to the Tok Pisin spoken in Papua New Guinea. This enabled the Papua New Guinean interviewers to offer an alternative language to English during the interview. The Bislama interviews were translated into English by each interviewer immediately after the interview had taken place. All the Bislama speakers also spoke some English, and many interviews employed both languages in order to clarify points. In Tonga interviews were conducted in English only.

## Recruitment

Recruitment involved a variety of strategies aimed at capturing a broad range of young people. A flyer inviting participation and outlining the purpose of the study was produced in Bislama and in English. These were distributed before and during the interview period. In Luganville, Bislama versions were also handed out before a Wan Smolbag theatre production (Wan Smolbag is a highly regarded NGO that works primarily with youth). Other strategies included peer recruitment, chain referral, introductions via community organisations and training academies, and invitations extended through everyday contacts.

Visits to surrounding village areas and introductions to young people in the community were facilitated by peer educators from Wan Smolbag in Port Vila and Luganville and by youth workers and community liaison staff with the Tonga Family Health Association (TFHA) in Nuku'alofa. Researchers made contact with numerous Tongan community organisations that ran programs for young people, including youth resource centres, Salvation Army alcohol and drug rehabilitation services, and the police and maritime training academies. Invitations to participate were also extended to individuals whom the interviewers chanced to encounter in the course of their time on the islands, and who met the eligibility criteria.

Eligibility was limited to young people between the ages of 18 and 25 years inclusive who spoke English or Bislama. In Tonga it was necessary for participants to have a level of confidence and proficiency in English, as none of our interviewers could speak Tongan. In Vanuatu participants could choose to be interviewed in Bislama if they preferred. Having ever had sex, and having ever used a condom, were not conditions of eligibility as the study sought to canvass the attitudes and perceptions of young people as well as their experiences.

An effort was made to recruit a balance in the numbers of male and female participants. In addition to this, fakaleiti were specifically targeted in Tonga and members of the Tonga Ladies Association helpfully facilitated introductions to potential participants among their circle. An attempt to recruit sex workers in Port Vila was unsuccessful as all those who were prepared to be interviewed were under the age of 18, and thus beyond the scope of our ethics approvals.<sup>2</sup>

<sup>1</sup> 'Fakaleiti' is a Tongan word that literally means 'way of woman', but is used to denote transgender or third-gendered people.

<sup>2</sup> Researchers were introduced to six young people engaged in sex work who were willing, but too young, to be interviewed as they were all aged between 14 and 17 years. We were told that we could meet many more if we wished, but that they were all of a similar age. We were also informed that sex work tended to be taken up at an early age, and also that most of the young people who engaged in it had ceased by the time they were about 20 years old.

## Procedure

The study had ethics approval from the Human Research Ethics Committee of the University of New South Wales, and the ministries of health in Tonga and Vanuatu.

The only potential risk to participants was that of becoming distressed or anxious about the matters under discussion. Interviewers acquainted themselves with the contact details of those local organisations that could provide counselling services and/or advice about HIV and sexual health to young people. None of the participants showed any indication of distress, nor did any request referrals to those services.

Confidentiality and anonymity were assured and written consent was obtained prior to each interview. Young people who expressed an interest in participating were given an information sheet. They were verbally informed about what to expect during the interview and how long it would take, as well as about the content of the information sheet. The information sheet explained that the purpose of the study was to learn about young people's beliefs about and experiences of accessing and using condoms. It stressed that they were under no obligation to participate in the study, and that they could stop the interview and withdraw consent at any time. Furthermore, potential interviewees were assured that, should they choose not to participate, any individual or organisation who may have facilitated the introduction would not find out that the interview had been declined.

Interviews generally took place immediately after it was confirmed that the participant had understood the nature of the study and was happy to proceed. As the research team went out into the community to recruit, the interviewer and participant would then seek out a convenient location where confidentiality could be vouchsafed. Interviews were thus conducted at a variety of locations. Often these were outdoors, sometimes in an out-of-the-way corner of a building or under the shade of a tree; on one occasion, when the participant had been encountered on a village road, the back seat of a parked car provided the necessary privacy. When it was more convenient for the participant, telephone numbers were exchanged and a later interview time was scheduled. Consent forms were signed immediately prior to the interview.

Interviews were conducted in an informal, semi-structured, conversational manner and were recorded on audiotape.

They lasted for between 30 and 60 minutes. Participants were not offered any financial incentives.

## Interviews and schedule

A semi-structured interview schedule was used in this study. The format was topic-focused with the schedule providing a general guide rather than a list of questions to be strictly adhered to. Participants were encouraged to elaborate on their answers to questions.

Participants' experiences of and opinions about condom use and access to condoms were the central focus of the interviews. The schedule also enquired into the type and exclusivity of sexual relationships in which interviewees were engaged. Other topics covered in the interview included experiences of and attitudes to negotiating condom use, stigma and discrimination, alcohol and drugs, and attitudes of family and church. Knowledge about condoms, HIV and HIV risk was also canvassed.

## Data analysis

Following the transcription of the audiotaped interviews, data were cleaned; i.e. they were checked for accuracy, all names were changed and identifying information was removed. Individual interview transcripts were read and summarised as cases. Relevant themes and issues were identified and transcript data were then coded, compiled, aggregated and summarised. The data were analysed by country.

All the transcripts were read closely and considered as whole stories. These readings afforded an overview of the interviews both as individual narratives and collectively. Each interview transcript was then coded independently by at least two members of the research team. This first coding of transcript data was topic-driven and related directly to the list of topics covered in the schedule. These topics were informed by the requirements of the project Terms of Reference. Further thematic code lists were generated based on repeated and close readings of the transcripts. Thus a second round of coding attended to themes arising from within the data. Coded data were aggregated into code files that were further scrutinised, generalised and summarised. The analysis aimed to identify range, patterns and consistencies, and points of difference.

# 3 Results

This section reports on interview data gathered. The results are presented separately in the case of each country.

The samples are non-random; as such they cannot guarantee that the participants included are representative of the general populations of Tonga and Vanuatu. The purposive sampling approach aimed to capture a broad range of young people. The samples achieved are described in order to render the specific sample characteristics visible and also to indicate the bounds of comparability between the two groups of interviewees.

Data on key topic areas are described and summarised. Particular attention is paid to the range of experiences and views expressed, as well as to commonalities of experience, attitude and belief. Direct quotations are employed where they exemplify common experiences or beliefs and illustrate themes, and also to give voice to divergent opinions. Before inclusion, quotations were considered in the light of the individual narratives from which they were lifted and in relation to the body of data as a whole. The names assigned to the participants are not their real names.

## Characteristics of the samples

### The Tonga sample

**Table 1: Characteristics of the Tonga sample (n = 32)**

	Male (n = 16)	Female (n = 16)
Fakaleiti <sup>1</sup>	6	–
Sexually active	15	11
Married	2	4
Single parent	–	4
Unemployed <sup>2</sup>	6	7
Employed	2	3
Trainee/Cadet	3	2
Student	–	1

<sup>1</sup> 'Fakaleiti' is a Tongan word used to denote transgender or third-gendered people.

<sup>2</sup> The employment status of eight participants was unknown (three of these were fakaleiti and five were female).

Three of the young men interviewed were involved in peer education.

*Age:* Participants ranged in age from 18 to 25 years. Both median and average age in the Tonga sample was 21 years.

*Sexual activity and condom use:* Five female participants and one male participant had never had sex. Of those who were sexually active (n = 26), 18 had used a condom at some time. Of those who were sexually active but had never used a condom (n = 8), three were married women, three were single mothers, one was a fakaleiti and one was a male receiving drug and alcohol treatment.

### The Vanuatu sample

**Table 2: Characteristics of the Vanuatu sample (n = 30)**

	Male (n = 16)	Female (n = 14)
MSM <sup>1</sup>	3	–
Sexually active	15	8
Married	1	1
Single parent	–	2
Unemployed	8	3
Employed <sup>2</sup>	4	7
Trainee/Apprentice	1	–
Student	5	3

<sup>1</sup> MSM = men who have sex with men

<sup>2</sup> The employment status of one female participant was unknown.

Two young men involved in peer education were interviewed.

*Age:* Participants ranged in age from 18 to 25 years. In the Vanuatu sample the median age was between 21 and 22 years and the average age was 22 years.

*Sexual activity and condom use:* Six female participants and one male participant had never had sex. Of those who were sexually active (n = 23), 19 had used a condom at some time. Of those who were sexually active but had never used a condom (n = 4), two were male, including one man who had sex with men (MSM), and two were female.

## What young people in Tonga said

### Attitudes to condoms

'I don't really like it.'

Well, some people say it's bad but I think to myself it's a good thing.

(*Darlene<sup>3</sup>, fakaleiti, 18*)

Numerous participants did think that condom use and condoms were bad in some way or another, but others were very pro-condom and believed that condom use would benefit their own lives and the lives of others. One young woman described condoms as:

[A] thing that is helping you and your future.  
(*Viki, 25*)

Another participant (Sam, 22) described condoms as 'safety equipment'. And indeed, 'safe' was a word used repeatedly with regard to condoms. Nearly all of the participants recognised that condoms offered protection from STIs in general and HIV in particular. That condoms could keep young people safe from unwanted pregnancies was also noted by most of our participants.

The young women considered condoms as primarily a contraceptive, with the prevention of STIs and HIV a secondary function. Contraception was also a consideration for some of the young men in their evaluation of condoms, but overall the young men focused more on the capacity of the condom to prevent the transmission of STIs and HIV. Buried in the narratives of numerous participants was an implication that young men were more vulnerable to STIs than young women:

[C]ondoms are, let's just say it's a material that is used by the boys for their own protection when they have sex with girls.

(*Nelly, 19*)

Losanna was more explicit about the relative vulnerability to STIs of men and women, stating that condoms:

[H]elp them [boys] the most, not us. I mean like us, it doesn't matter because if you got disease down there, the sexual infection disease, most of the girls they are not like, what can I say, only the boys they got that kind of disease. They are the one that suffer the most.

(*Losanna, married, 21*)

The image of condoms as life preservers, something that could save young people's lives socially as well as physically, was invoked by many of the participants.

Condom use was endorsed on this basis:

[C]ondoms help people. Condoms help you live another day. Gives a chance in life, you know.

(*Jonah, 18*)

It's just that I don't want to ruin anybody's life. I don't want to ruin my reputation. I don't want to ruin my life yet because once you have a child, that's something else.

(*Mosesi, young man, 25*)

In a similar vein, one young fakaleiti said of condom users:

I think they love their lives and other people's lives.

(*Jasmine, 19*)

Conversely, however, one young woman contended that condom use might ruin a young person's life and reputation:

I think condoms are good protector for a teenager but it might ... it might kill their life when they use it wrong.

(*Sisilia, married, 21*)

Sisilia made this claim not on the grounds of misuse of condoms, but rather on the basis that condoms facilitated promiscuity and bad behaviour and encouraged 'wrong' decisions. Alisi, who was not sexually active herself, also expressed reservations about condoms on the grounds that they encouraged teenage sexual activity:

[I]f they provide condoms then everybody would like to go and experience sex.

(*Alisi, 21*)

Condoms were largely endorsed on the basis that they were good for protecting sexually irresponsible and promiscuous young people from the consequences of their bad behaviour. Many of those who described condoms positively did not use condoms themselves. Thus, among the young women in particular, condoms were often considered to be something that was 'good for other people'.

Within the narratives of many participants condom use was implicitly associated with teenage, casual and other socially proscribed sex. For example, Teo's assessment, below, was constructed on the premise that condoms were primarily used for extramarital sex:

[A]bout 40% of the parents here in Tonga, or 30%, they use condoms. There are more people who don't use condoms because most of them they just sleep with their wife.

(*Teo, married, 25*)

<sup>3</sup> Not her real name. All names of participants in this study have been changed.

Some participants associated condom use, both explicitly and implicitly, with prostitution.

Not everyone had negative things to say about condoms, however. Participants who were most familiar with condoms, along with those who had been exposed to safe-sex information, displayed the most positive attitude to condoms:

I don't know any bad things about condoms. All I know is, like, good stuff.

(Viki, 25)

Although there was an indication of some condom-awareness activities taking place in school, a number of the female participants had never seen a condom up close, or touched one. A couple of participants said that condoms had been shown around in class but the young women concerned, for reasons that they found difficult to articulate, had shied away from touching or getting too close to them.

Some of these young women who had never seen a condom had also not had sex, but others were sexually active. Some were married. In general it was female participants unfamiliar with condoms who were the most negative and squeamish about condoms, not wanting to deal with them even when their male partners suggested using them.

Several participants told us that they initially disliked condoms, but that once they became accustomed to and confident about using condoms they had changed their minds. Understanding the importance of protecting oneself from HIV was also identified as a factor in a change of attitude towards condoms.

Joseph (peer educator, 24) told us that before he learnt about the need for safe sex and before he had used a condom, he believed that condoms were 'very bad'. This sense of a non-specific 'bad'-ness was common in participant narratives. Furthermore, as condoms were deeply imbricated in the issue of sex and sexuality, they were not a respectable or easy topic of conversation. Mosesi (25) told us that, in Tonga, talking about sex and condoms was 'taboo' and that this made it difficult for young people to understand the need for condoms.

Several of the young men told us that they used condoms but didn't really like them. Their use of them was motivated by the desire to protect themselves from HIV and other STIs.

I don't really like it but I use it because it's safe.

(Aleki, 21)

The reasons men gave for not liking condoms were mostly those of changed sensation:

It feels different when you use condoms.

(Aleki, 21)

One young woman told us that while sex with a condom did feel different to her, she liked this difference:

[U]sing it, it feels good. Like, it's different using condoms from not using condoms. But ... I think it's OK. It's cool. Smells good, feels good, nice colour, you know, it's cool.

(Viki, 25)

Frequently, the 'difference' referred to was a (lack of) physical feeling. Some statements invoked a more psychological or emotional difference. The opinion that sex with a condom was a barrier to intimacy, less real and less caring was expressed by several participants:

I thought the boys are, what do you call it? How you show feelings, just show love, make love without the condom. And I never used it. Some of my friends just tell me that you use it and you never feel the true feeling of making love and stuff.

(Losanna, married, 21)

I didn't like using it cos you don't feel, you know, the real feelings of having straight sex without using the condom ... When you put it on, you just feel nothing, you feel like nothing. You don't get the whole feelings of things, real feeling of making love, so yeah. I started not to use it, not using the condom.

(Jonah, 18)

Many female participants expressed a dislike of condoms that centred on their strangeness and unfamiliarity and a consequent fear of something going wrong. Grace and Rose, who had not had sex, said that they had never seen a condom and that they didn't like them:

I don't like condoms. I never used it before in my life.

(Grace, 21)

[I don't like them] because I haven't seen it and I haven't used it.

(Rose, 18)

A number of married women also said that they had never used condoms and did not like them because of this. Unfamiliarity with condoms was a recurring reason given by women for not wanting to use condoms. A sense of strangeness was exacerbated by the look and feel of condoms, and an aversion to their oiliness was also cited by some women. Others were concerned that they might break.

A number of women had heard rumours and stories about the safety of condoms that concerned them. These included that they caused rashes, permanently reduced fertility and had a propensity to break. Some women had been advised to use other methods of contraception:

Most of the people, they advised me not to take the condom. Like take the others, like I don't know, injection I think and plus other things ... They said that ... the boys they like cheat on us, they like tear it apart and then use it.

(*Losanna, 21*)

Most of the women who did not like or want to use condoms still held that condoms were good for preventing teen pregnancies and STIs. Condom use was not, however, considered to be appropriate within marriage, consistent with a more general association of condoms with irresponsible, casual and illicit sexual encounters.

Furthermore, Mosesi claimed that in his experience the contraceptive function of condoms was a deterrent to some Tongan women:

[S]ome of them [previous sexual partners] were against the idea of using condoms simply because they want to settle down, which I was not ready. As they think if they're pregnant, then I might commit myself to them. But to me, sex is just sex. Sex is just sex by itself. There is a difference between a sexual relationship and a relationship. The thing is love determines the difference.

(*Mosesi, 25*)

The fakaleiti interviewed expressed polarised opinions on condoms. Ruby was one of the two fakaleiti who were negative about condoms. Her sentiments were similar to if rather more extreme than those of other young women who did not wish to use condoms:

I am not sick [with] HIV ... when I go with the boys I don't like them to fuck me with the condom. I don't like because I see the condom, it's yucky. I don't like to see that. It's garbage.

(*Ruby, fakaleiti, 18*)

For Ruby the condom had negative connotations through an association with HIV. In the same way, numerous other young women we interviewed appeared to reject condoms because of their association with an irresponsible teenage sexuality and uncommitted sexual relationships, if not promiscuity.

Other fakaleiti, and some of the more experienced and perhaps sexually adventurous young women who were interviewed, professed to liking condoms very much. Viki, who described herself as a party girl, used condoms the first time she had sex and has used them ever since:

[I]t was back in high school when I first heard about condoms but I didn't use it. So I waited until I finished up my school and I really want to try it so ... the first time ... I tried it. I liked it. It's safe. I like it. Up to now I am still using it. It's cool, it's cool ...

(*Viki, 25*)

A propensity to destroy and misuse free condoms was described by numerous participants and perhaps indicated the degree to which condoms were considered by many people in Tonga to be both novel and 'naughty':

These days, a lot people just go get it and play around with it. They don't use it or they don't really need to take it to use it. They just rip them apart and throw them around, blow it as a balloon ... some people just take the box when they are really drunk and throw them all over the place.

(*Jonah, 18*)

Other participants told us about boys taking condoms to play and joke with them, and also about the removal of free condom dispensers from nightclubs and bars because they were so regularly misused. The incidents described appear to be evidence of a fairly innocent ribaldry, rather than any malice.

### Carrying condoms around

'Are you saying that I'm going to have sex?'

Condoms were clear signifiers of sexual intent and, as Mosesi explained, this might deter young people from carrying condoms with them when they went out:

[T]hey feel like they are promoting sex carrying condom. They're just against the idea of carrying it around.

(*Mosesi, 25*)

Most of the young people interviewed were having sex. However, all the participants, except the fakaleiti, pointed out that the sexual activity of young and unmarried people was socially frowned upon in Tonga:

[W]hen you carry around condoms there is only one thing that comes through a person's mind when they see you carrying a condom around—you are using it. You're using it, meaning you are having sex. Having sex is like a taboo here in Tonga, if you're still a youth. But at the same time, on the other hand, some kids are more—they think it's a cool thing to have sex and they wouldn't mind carrying around condoms. So I think that it's that Tonga culture and stuff. I think it's difficult to carry around condoms.

(*May, 25*)

Carrying condoms also put young people at risk of becoming a subject of gossip and encountering trouble with parents, church or school:

It's not easy for them to carry condoms around because with the Tongan culture, if somebody knows it, news will spread out fast. So that person will be in big trouble. If she or he is attending school I think he will be cast out from school.

(*Rose, 18*)

I am afraid my mum might see I have condoms in my bag, in my room ... She would jump into conclusion and I will face consequences at home with my mum if she find out I have a condom.

(*Salote, young woman, 23*)

According to Salote and others, the consequences would include arguments and beatings.

Despite the risk of gossip and incurring the disapproval of older people, some participants told us that they had no problems with carrying condoms around:

I always carry condoms around, like for me it's easy.

(*Aleki, 21*)

Young men like Aleki and Mosesi, who carried condoms routinely, did come across as very confident in their daily lives and were mildly disdainful of, rather than concerned about, the community's propensity to gossip. Other young men were more shy of carrying condoms. One of the participants (Teo, 25) said that carrying condoms would require 'courage'. They were shy to admit, even to their friends, that they might be planning to have sex. Mosesi explained:

[I]f I go to a party, I carry a condom, two or three with me, which if I see someone which I can tell that they will end up having sex, I pass it on. And they say, 'Are you saying that I'm going to have sex?' 'Just in case, bro, because I carry it myself too.'

(*Mosesi, 25*)

For many of the young men who participated in this study, potential sexual adventures could be joked about but actual sexual activity was a source of shame and something to keep secret. One of the maritime cadets, Filipe, said that it was 'the nature' of young Tongans to be ashamed about everything personal. He went on to say of his own feelings:

I feel shy. I have to hide everything I have from the other, for secret. So I don't need—if you are from Tonga, for example—I don't need you to know I have a girlfriend or something like that.

(*Filipe, 23*)

The participants who did carry condoms emphasised being prepared:

I wanna use them when in need [laughs], you know when need arises.

(*Jonah, 18*)

It's better to have condoms because we don't know what's gonna happen to us next day, or next week, and for the next five minutes. I don't know what's gonna happen. Are we gonna meet with someone there? [laughter].

(*Joseph, 24*)

It's better I carry around condom every night because you might not know what happen. You do it for your own safety ... it's like a self-defence.

(*Viki, 25*)

The female participants who did carry condoms around generally took condoms with them when they knew that they were meeting boyfriends or were likely to have sex. Most did not consistently remember to pack one in their bag, however.

## Family and society

'They don't know.'

The participants explained that in Tonga young people lived at home and usually had to follow the rules of the family until they were at least 21 years old or married. These rules included abstaining from sexual activity. Some of the young men openly scoffed at restrictions and rules that they felt were unrealistic, such as traditional courting practice. Tony described this as:

[G]o to see the head of the family, and sit in the living room with everybody there. Just sit there.

(*Tony, 18*)

Several people noted that young women had less freedom than young men. Many participants explained that young people's sexual activity would shame the whole family:

When a girl gets pregnant, it's the girl's foolishness and all that. So it's not the girl that gets shamed, it's the parents that mostly get pointed to, for how they bring up their children.

(*Hanna, married, 21*)

The parents, their point of view is just shame, you know. Feeling shame of having your daughter or your son being known as a condom user ... So I think that's mainly why most parents they ban their children not to use it. Because like me I'm a mother, [if] my boys are using condoms the neighbour would think, 'Ah, maybe their mother was a prostitute, maybe she was using it before. Now she's teaching it to her children.' Because like I said earlier, here in Tonga, they don't look at a positive side, they just take the negative sides.

(*Poppy, single mum, 25*)

Others said that the consequences of sexual activity or even rumoured sexual activity could be severe:

They really need to use condom because they are afraid from being getting pregnant, because once the parents they know, they will have to beat them, punish them.

(*Jasmine, fakaleiti, 19*)

Tony told us that young people also risked being beaten or disowned by their families if they gained a reputation as condom users. Condoms then were a double-edged sword because while they could protect young people from the shame of unplanned pregnancy, being found in possession of condoms might be disastrous as it indicated a pre-meditated sexual activity.

The phrase, ‘They don’t know,’ was repeatedly used when participants talked about the relationship between parents and young people. Participants felt that it was necessary to keep their activities ‘secret’ because ‘knowing’ could only lead to trouble. According to the participants’ descriptions, open or honest discussion of any matters related to sex was rare in families. Losanna said of the possibility of dialogue with family:

[S]ome of them they have, like, a good one with their mother. But most of them they don’t because the mother is always running to bad moods ... The mother is always jumping to conclusions while she’s trying to express how she feels about the boyfriend and stuff ... They never share things with their mother; they always ask friends for advice and stuff.

(*Losanna, married, 21*)

The proscription against talk about sex in general, and condoms in particular, extended even to any older siblings who took on the parental role.

None of the participants themselves expressed any desire to improve the dialogue with their parents. Even when they did not conform to parental expectations, many participants expressed an understanding of parental opposition to condoms on the basis that to do otherwise would be irresponsible, encouraging sex. Teo considered an opposition to condoms to be a requirement of proper parenting:

[T]hey have to say, ‘Right, wait until you are married and sleep with that person. Don’t go around and use condoms.’ It’s not right for the parents to tell their children to sleep around. It’s common sense.

(*Teo, married, 25*)

The phrase ‘the Tongan way’ was repeatedly invoked to explain negative attitudes to condoms as well as gossip and shame about condoms. Parents were described as bearers and representatives of traditional Tongan values. While the young people interviewed understood and to a large extent sympathised with that role, some of the younger participants, in particular, felt that the times and circumstances had changed and that traditional ways were no longer always appropriate:

[M]y parents, they still keep the spirit of keeping the tradition here, the Tongan tradition and culture. But nowadays, from my experience—myself, for example,

myself—we are very different from our parents ... We can’t stay focused on the past but we have to move.

(*Nelly, 19*)

I have my own mind and I do my thinking and I am saying I can’t do the things my parents did in their days but I am kind of doing my own thinking what is right for me ... I do follow them, in some decisions, but then in some other decisions I look at it—I won’t get a life from it—so I look at it very closely ... I try not to disrespect them, but when they pass away it is just me in the world so if other people tell me what to do I won’t have a life ... I look at it as my life in the future. I do it my way, cos I will be the one to continue in the world.

(*Jonah, 18*)

All our participants were church-goers. All told us that their church was against condoms either implicitly or explicitly:

[C]hurch leaders, they had this conference on HIV and AIDS and they were totally against condom. They only promote abstain, staying holy, that’s the only way. That condom is out of the question. Condom promotes sex.

(*Mosesi, 25*)

While all the young people interviewed expressed great respect for church and parents and understood their views, most of the participants said that they made their own decisions on lifestyle and sexual matters. Very few of the participants believed that young people shared the views, or followed all the advice, of parents and church:

[T]he children, they just make their own decision. Parents do their job advising and giving them everything. I just relate it to myself, my parents advise me, do their job and encourage me not to smoke, drink and stuff because it will lead us to having sex. I just made up my own decision because of socialising with my friends. I just do smoking and drinking.

(*Nelly, 19*)

Right now over here, right now in Tonga— [what] I am sharing, it’s hard ... There’s hardly anyone who follows what the parents say.

(*Sam, 22*)

In fact, only one young woman said that the church’s view determined her own stance about condoms.

A few of our participants talked about having discussions about condoms and sexual behaviour with friends, including friends of the opposite sex. But, aside from the peer educators, this was unusual and the majority did not discuss any condom use or sexual activity with friends. The young men said that they tended to joke around and show off among their peers, but seldom asked direct questions or received unambiguous information. Fakaleiti interviewed were notable exceptions to this and all but one

clearly felt free to talk about sexual matters with pretty much anyone. Many of the young women said that they did not discuss or enquire into their girlfriends' activities with boyfriends:

Here in Tonga it's hard to tell [whether your friends use condoms] because mostly their families want you be a virgin until you get married ... I don't know, but my friends they are the type where they will wait till you get married.

(Alisi, 21)

### Access to condoms

'It's really a big thing for a young person—or I think anyone here in Tonga—to go and buy a condom.'

Regular condom users accessed condoms through Tonga Family Health Association (TFHA) but many participants did not know condoms were provided there or how easy it was to obtain them. Most participants who knew that condoms could be accessed from TFHA liked that they could walk in and pick some up from a bowl on the counter without having to speak to anyone. A couple of people, however, expressed concerns about confidentiality at TFHA because others in the waiting area might see them taking condoms.

Some participants cited the hospital as a place where people could access condoms. There was general agreement among those, however, that the hospital was not a popular option unless one had friends working there. The perception was that the hospital staff would ask many questions and would refuse condoms to young and unmarried people.

Many participants had been given condoms. Many said that they were available free at some bars, although no longer at others because they had been misused and destroyed. A number of the participants told us that they picked up free condoms even though they didn't use them.

Condoms were repeatedly referred to as 'not the Tongan way' and associated in various ways with foreigners and foreignness. This perception underpinned some participants' belief that condoms were only available overseas or from foreign shops. Nelly, for example, had never tried to get hold of a condom herself, but thought that they might be obtained from people with foreign connections, or from Chinese shops:

[P]eople get it from overseas and come here—people get it from them ... Tongan people here in Tonga keep their culture, but the Chinese they don't mind. So I think when my friend went and bought it, she got it from a Chinese store.

(Nelly, 19)

Some of our participants did get condoms from overseas. One of the fakaleiti participants, Jasmine (19), brought condoms back from New Zealand and gave them to friends who needed contraception. Viki also had boxes of condoms sent from her cousin in New Zealand:

[W]hat I got now is from my cousin. So she used to send me a box, like every month.

(Viki, 25)

A number of young people other than peer educators said that they had handed out condoms to friends. Others told us that their friends had provided them with condoms:

[B]ecause of our culture and the way things are here in Tonga they would prefer to get it from friends who have access to condoms.

(May, 25)

These loose and informal arrangements, however, tended to make supply rather erratic.

Not everybody knew where to get condoms and there were a number of misconceptions evident. These misconceptions included that TFHA charged money for condoms, would ask questions and were judgmental about young, unmarried people who wanted condoms. Sisilia, for example, believed that:

[T]he TFHA staff know the girls [who get condoms] and they really hate them ... because they know they can get a disease like STI and gonorrhoea and something like that, and they hate them. They hate that kind of people.

(Sisilia, married, 21)

Stories also abounded about Chinese shops selling out-of-date condoms. No one had personally bought an expired condom. A number of participants believed that it was against the law to sell condoms in Tonga.

### Barriers to access

'I feel ashamed ... because they already know what it's used for. People they look ... They would go and tell others.'

The most commonly identified barrier to accessing condoms was considered to be a legendary Tongan shyness. This shyness appeared to be largely grounded in the fear of being judged and gossiped about, of reputations being damaged and of family being told:

[Y]ou know the Tongan way. They shy from their friends and the people they have to go and get condoms from. They are with many people there and they shy for the people's sake ... for me if I go to the Family Planning and get some condoms, if I get there and if people

there, sometimes I will be shy, yeah, to go and get the condoms because of the people see me ... They will say that I will have some dirty things with the condom, you know. Something like that.

(*Jasmine, fakaleiti, 19*)

The reason why is the Tongan people they feel shy, you know, so if the people they see somebody they will say it's bad. Here, Tonga culture, people think that sex for the young people is bad, that's why young people are shy of going to shop to buy condom.

(*Aleki, 21*)

Privacy and confidentiality were major concerns because if other people saw participants buying or picking up condoms, then they would gossip:

[T]hey know for sure that using condoms is only for one thing, that is sex ... I think they will think negative.

(*Nelly, 19*)

Some told us of shopkeepers who gossiped about those who purchased condoms; others were concerned about other customers in a shop or clients in a clinic, as well as the clinical staff. The experience of two participants who had bought condoms from a shop tends to substantiate concerns:

[T]hey were like back-stabbing, they were like talking, they were like gossiping, were talking bad stuff ... Then the way they react by the way their body moves, you know the body language and everything, how it shows. How they hate me or how they think, 'Oh, look at that boy, he hasn't got any respect or anything, he is not even shy or anything, goes and buys a condom', blah, blah, blah ...

(*Jonah, 18*)

[L]aughing at me, staring ... Because they are hardly see someone going to the shop because of buying a condom, they just [whispering] 'This someone coming to the shop and he doing sex tonight ...'[laughs] ... It's like a, ... like a taboo.

(*Joseph, 24*)

Older women were frequently identified as the harshest judges and worst gossips:

[M]ost women, married women in their forties and thirties and fifties, if they see you buy one, they would like, would totally go out hmmm [frowns]. They don't see the positive side. But they'll just look at the negative side.

(*Poppy, 25*)

Others also described this gossip as part of the 'Tongan way' and society's tendency to be censorious and disapproving. Participants told us that young women in Tonga were expected to be chaste and modest and to stay at home under the watchful eye of the family. It

was not only the censure of community gossips and the expectations of family that gave cause for concern. Some of the female participants were also concerned about being judged negatively by friends:

I am getting a divorce with my husband ... but I have another boyfriend. When I go out with him, I didn't take any condoms because if one of my friends know about it they will only say, 'You, you are a sexy girl' ... They look down on me or something like that ... It's not good ... It's not easy for me to buy it ... I feel bad if I go and buy it. You know we are Tongan people and we have different manners ... If I buy it and some of people know and see me having condoms in my hands, they will gossip ... They will say, 'Ooh, maybe her husband leave because she go with another man. That's why, that's why she come and buy some' ... so I don't feel good with it.

(*Sisilia, 21*)

A number of participants expressed the opinion that it was more difficult for women than men to get access to condoms:

Boys, easy, you know because they are boys. They just gang up and go over because they know their little games and ask. But for girls, some people, some girls they just hide themselves. Like they will go individually to village clinics just to get it. It's not so easy for girls ... Like it's easy for boys just to gang up and go. But for girls, they can't because they are looking at their peers like their friends and what might they say ... Some friends might say, 'Ooh, she went and got condoms.' Some mothers might say, 'Maybe she's a prostitute,' or something. You know it's like really, really hard for young girls to get condoms.

(*Poppy, 25*)

Like Poppy, other young women also suggested that a woman seen buying condoms would be likely to be labelled 'fokisi', promiscuous or a prostitute.

Gossip and aspersions on the propriety of a young person's behaviour had implications for the reputation of the family as well as the individual:

[T]hey'll say ... Oh, my gosh, it's like they are already talking about the family. Like it's someone—who and who's child—you know.

(*May, 25*)

[O]ther people will say, 'Who's that? Who his parents? Who her parents? Why they let him to go do that?'

(*Tony, 18*)

Furthermore, gossip and the operation of the 'Tongan telegraph' was not a chance occurrence but inevitable. Numerous participants pointed out that anyone who knew

the family would feel obliged to tell them if they saw a young person accessing condoms:

I will immediately go to the person's family or parents and tell them that I saw your daughter or son went and bought condoms. That's the Tongan way and culture.

(*Nelly, 19*)

A reticence to talk openly about sexual matters such as condoms resulted in whispers and innuendo. These generated rumours and attached stigma to certain places as well as to people:

First time I heard about it [condoms] was through stories, this was in my teens. This was way back when I was still in high school ... here in Tonga it's kind of like, back then it was kind of taboo to talk about this kind of thing because we believe that we are a religious country ... I went to an all boys school and, kind of like, part of our peers having fun is that we, sort of, compete who has the most girlfriends ... we talk about it and we laugh about it, how we ask girls out and that kind of stuff. And one of my friends popped up a story that he knows a place where he can get condoms from. That was the first time I heard about condoms and I asked, 'What is a condom?' And all he said was, 'Oh, it's especially used for having sex.' That's about it. And I asked, 'Where is it? Where can you get it from?' And he said ... 'You can get it from the Family Planning,' and whenever I walk past that place, 'Ah it's the condom place,' and so I kept away from the place because it's a condom place. Yeah that was the first time I heard about it.

(*Mosesi, 25*)

Condom use was not universally supported by advice from more knowledgeable sources either. Some of the single mothers told us that they were advised by clinic nurses not to use condoms but to use the coil or injection. Not all these young women felt that these measures were appropriate for them, as they did not have partners. Ana, a young village woman and single mother, said that antenatal nurses did not tell her about condoms but pressured her to have an IUD inserted or to go on depo provera after she gave birth. She put them off till her next visit when she told them that she would take the pill:

I told them I am using the tablets. When I come back home my mother tell me, 'You are not using the loopu, no.' I don't use the loopu or the injection or the tablets. No, this thing is for the married people. But I am trying to using the condoms .... My mum told me I had [to use] the condom ... I thought, maybe the condom is good because my mum heard how good condom is.

(*Ana, 21*)

Ana was the only participant who had received advice from her mother about condoms.

Overall, the participants' knowledge of where to obtain condoms was patchy. A certain reliance on rumour and whispers was evident and this may explain the degree of misinformation that existed about condoms. Very few participants knew all the sources. Not only were people ashamed to be seen accessing condoms but they were also embarrassed to ask for information. As one young man described it:

[T]here's a taboo on sexual issues so ... there is not enough talk.

(*Mosesi, 25*)

## Using condoms

'I just stick with one girl so I don't really need those.'

Of the 26 Tongan participants who were sexually active, 18 had used a condom at some time. Among those participants who used condoms, the primary reason for doing so was to protect themselves, and sometimes regular partners, from HIV and STIs:

I use it because of safety ... I don't want to get HIV. That's why I always use condom.

(*Aleki, 21*)

Contraception was a second, though somewhat more ambivalent and less consistent, driver of condom use.

Most of the female participants expressed the view that while condoms were suitable for teenagers, condoms were not appropriate within marriage. Only one of the married women we interviewed used condoms. She said:

I only use condom to prevent pregnancy. Because I am married now, it is only to prevent me from being pregnant.

(*Losanna, 21*)

The contraceptive function of condoms could also be a deterrent for both women and men. Some women refused condoms because they were happy to conceive. Other participants told us that, for some young men, a certain status was attached to fathering a child and that the prospect of fathering children was attractive.

Most of the sexually active but unmarried women in the sample used condoms sometimes, particularly for casual encounters. This use was generally described as inconsistent and depended on whether they or their boyfriends had a condom with them on the night.

Decisions about condom use were also a function of how stable, or exclusive, participants believed the sexual relationship to be:

I just stick with one girl so I don't really need those stuff.

(*Teo, 25*)

Many participants said that they did not need to use condoms with partners whom they trusted. This was not simply because of perceived vulnerability to STIs and HIV but also because conception might be desirable in a committed relationship:

[I]f I know he loves me and then I say it's OK, we don't use the condom because I need the baby.

(*Grace, 21*)

Viki's description of her condom use illustrates the distinction between the function of condoms in casual and steady relationships:

I only have one partner here but when he is away from Tonga ... I am using it for my one-night-stand people here in Tonga ... [My partner] is from here, but he lives in New Zealand ... He really supports me for using condoms when he's not around, for his own safety and my own safety. But when he is here with me, we don't use it. But when I feel like using it we use it. He likes it and I like it too, using it. We are not ready, we did not plan yet to have a family, that's why we keep on using it ... When he's gone, I am free here, so when I go out and if I like a guy and I drink with him and if I continue to drink with him and all those stuff and if it happen that night then I use condom ... just for one thing, when it is over and done, he goes home and I go back to my place. That's why we need condom for that stuff, that time.

(*Viki, 25*)

Many of the female participants said that they did not engage in casual sex and had sex only with a regular partner. While they recognised that condoms offered protection from HIV and STIs, few of the women perceived themselves as needing this protection.

On the other hand, all but one of the fakaleitis were condom users. Like the other young women, most of the fakaleitis whom we interviewed used condoms when they had them. Also, they were more likely, as were other participants, to use condoms with foreign or unfamiliar partners than with regular partners. Gloria told us:

Sometimes, because sometimes I forget to bring it, sometimes ... mostly I don't use condom much so, like, weekend I can use condom, just one time of the week that I can use condom ... [I used] one last time ... because he's a palangi<sup>4</sup> that's why.

(*Gloria, 22*)

Trust was also a determinant of condom use for fakaleiti. The issue around trust for these young people turned on a trust, not in sexual fidelity, but rather that regular partners would use condoms with any other partners. Ruby, for instance, said that her boyfriend used condoms when he had sex with other people, so they didn't need to use condoms. On the other hand, Darlene, a consistent condom user, did not believe that she could rely on her partners to use condoms:

[W]hen I ask them to use a condom and they say 'Yes' but when they go away from me, they are like, go and sleep with others. I don't think they're gonna use a condom.

(*Darlene, 18*)

Filipe (23), a maritime cadet, said that he used condoms only when he was in a foreign port.

Most of the women who did not use condoms gave 'never having used one' as a reason for not wanting to. Some participants suggested that familiarity would change their mind:

Growing up in Tonga, you don't use this stuff ... Young people, they grow up not knowing the stuff. They will never know it—unless someone shows them how to do it. If they like it and if they get used to using it, it will be much better.

(*Viki, 25*)

Poppy made a similar point when she recalled her own reaction to the suggestion of using condoms:

He [last boyfriend] just wanted us to use the condoms. I was like, 'No, I don't want to use it, no!' Because it's like, maybe if I've used it before, yeah I'll get used to it, but then it's like something pretty much new ... I don't feel comfortable using it.

(*Poppy, single mother, 25*)

<sup>4</sup> A 'palangi' is usually a person of European descent.

## Initiation and negotiation of condom use

'What kind of diseases do I carry around that you have to wear that?

Most of the young women and men interviewed thought that men should be the ones to initiate condom use—because they wore them, because they would want to protect themselves from STIs and because it might seem immodest for a woman to make such a request. At the same time, a number of the young women who thought it was a male prerogative said that they would feel insulted if it was suggested. Poppy said:

[I would] feel like funny. I mean what kind of diseases do I carry around that you have to wear that?  
(Poppy, 25)

While a few of the women (like Poppy) felt that they would be uncomfortable if their partner suggested using condoms, far more said they would welcome it:

How would you feel if your boyfriend suggested using condoms with you? Happy, happy, happy, happy. I will be happy.  
(Salote, 23)

Viki (25), who described herself as 'a party girl', was an initiator of condom use because she said that 'women have the control' on the basis that men would be eager to have sex under any conditions. However, she also thought it would be 'much better if the guy wants to use it'. For her, a man who suggested using condoms would be indicating that he was not selfish and that he was considerate of the future safety of both of them.

The reality in the experience of our participants was that it was generally women who suggested using condoms. A couple of the fakaleiti told us that they took a firm 'no glove, no love' approach. Gloria had even gone as far as to pretend that she had an STI:

I told him to use condom because we are not sure ourselves, like you know, you have disease or I have disease. And then he said, 'Aw, we can go without condom,' and I said, 'Oh, I have disease.' ... I lied to him ... that's my secret.  
(Gloria, 22)

The main exception was among the married and older partnered women, a number of whom told us that they had refused to use condoms when husbands or partners had suggested it. The reasons that they gave for refusing were that they were married, the condom was strange and looked unpleasant, and most of all that they were unfamiliar with condoms, didn't know about them and were slightly afraid of what might happen.

Several married and partnered women told us that their husbands had wanted to 'experiment' with condoms 'for fun' but that they had refused. There was evidence of a squeamishness about condoms in these cases that indicated that condoms were not respectable and considered to be rather prurient.

Other young women who had not had sex expressed an aversion to using condoms for similar reasons. One single mother told us that she fell pregnant after refusing a condom that her boyfriend had suggested using. She said that she had refused because she didn't know about condoms and that she felt:

... very afraid of it. And like I said before, my boyfriend told me to go with it and I told him I'm very afraid of it—to hold it—it's too funny. But I think about now ... if I learn more information about it, if I use it, I think it's alright.

(Ana, 21)

Among our participants, however, it was only the peer educators who regularly initiated condom use. Sam described the resistance he had met from his partners:

[T]he girls, they kind of think that you don't trust them, like when I tell them to use a condom. They say that you think they are untrustable, you don't trust them like to keep themselves healthy but I used to say, 'You don't know and I don't know. We have to take precaution.'

(Sam, 22)

In general the young men who were interviewed told us that they had acquiesced or would acquiesce to a girlfriend's request to use a condom on the basis that she was protecting herself from pregnancy. They also said that when women who requested condoms were casual sexual partners they would take it for granted that they had other casual partners.

Despite these assumptions it may not always be straightforward for the female partner to negotiate condom use. Some of the men thought that they might feel uncomfortable if their girlfriend asked them to wear a condom. Some said that they would take it as a sign that she didn't trust him. One participant described a female friend's experiences, and how the need to negotiate the use of a condom could spoil the mood:

I had this friend, a girlfriend. She was like a best friend ... The thing is that it's hard because she doesn't have any female condoms. But she has male condoms and whenever she goes out with a guy and they're about to do it and she's like, 'Ah, you have to wear a condom.' And the guy is like, 'You don't trust me?' She says, 'Yeah, I trust you but I don't want to get pregnant.' And they have that argument and it sort of like turns them off. When they are in the mood and she brings up the

condom idea, she just ruins the whole mood. Yeah, and she said it's difficult. It's difficult because there are only male condoms available ... Instead of asking the guy to wear it, she might just put hers on rather than negotiating again for the guy to wear a condom.

(*Mosesi, 25*)

One of the participants said that negotiation was not an issue because he simply didn't ask:

The thing is I always carry condoms and if I sleep with someone I don't say it, I don't say I'm wearing it, I only just use it.

(*Aleki, 21*)

A number of young women said that they would like to have this option but that it was difficult for them because they had to tell the male partner to wear the condom. A couple of participants said that they used the female condom and that it was good because their partner didn't need to know.

The fakaleiti condom users asserted that it was the ladies' role to provide the condom, on the basis that men were always keen to have sex with them and so they would agree. Gloria said that some men tried to convince her to have sex without a condom because it was 'sexier' without.

## Drugs and alcohol

'I have sex with them if I'm drunk.'

The participants concurred that sex and alcohol went together for young people and that alcohol use was likely to lead to sexual activity. Some said that they took condoms out with them when they were going drinking because that was when they were most likely to have sex.

On the other hand, many of the participants said that alcohol and drug use lessened the likelihood of condom use because intoxicated people forgot or didn't care about anything but sex. That being said, only a couple of the participants actually said that they themselves had forgotten or lost interest in using condoms after drinking.

One participant said that she took responsibility for condoms because her partners were often drunk:

I think because most guys that I go out with are the drunk one. Because they're drunk and they don't really care about the condoms, they're drunk ... I think it's my job to carry around the condom. Because I'm the one it depended on if I really want to go with them. Those guys dependent on me. It's very good to think about it.

(*Lulu, fakaleiti, 21*)

Lulu attributed this responsibility to her awareness of HIV and a concern for herself and for other people. She also pointed out that, ironically, worrying too much could drive her to drink and to engaging in unsafe sex as a consequence:

I'm scared and I'm worried about my life. I worry too much about my life. When I'm drunk I don't have that feeling. I just go out there and have sex with other guys.

(*Lulu, fakaleiti, 21*)

Other participants who were consistent condom users asserted that, in their experience, alcohol did not preclude condom use:

If you are a person committed to using condoms, it doesn't matter how drunk you are, you still use condoms. Because I've been there, I'm talking from experience. It doesn't really matter how drunk I am because if you have sex, that means you're not really drunk.

(*Mosesi, 25*)

## Knowledge of HIV, and risk assessment

'If you've been around, you going to get that stuff.'

Nearly all the participants knew that HIV was a sexually transmissible virus. A few participants knew that HIV could be transmitted in the process of tattooing, and injection and maternal transmission were also mentioned. One participant thought that HIV could be transmitted by kissing, and sharing lipstick.

Participants identified that information about HIV could be obtained from sources such as the TFHA, the Salvation Army, speakers in church and the news. The single participant who didn't know anything about HIV also did not know anything about condoms. She was a young village woman who had stayed at home since she had left school at 13 after becoming pregnant. Other participants told us that many young people outside the main centres did not understand about HIV.

Those interviewed felt that HIV was most often acquired by those who had many sexual partners and those who were unfaithful. One participant (James) said that in Tonga it was mostly girls who were 'carriers'. Prostitutes were also mentioned as a risk group.

Most participants thought that they were not at risk of getting HIV because they either used condoms, had only one partner or did not have sex. Some thought that their friends were at risk because they drank and had many sexual partners.

Several participants concluded that their partners did not have or would not get HIV because they were 'clean'. Often being clean of disease was equated with looking clean and washing. One participant's advice for protection against HIV was:

[A]lways take a shower, clean yourself, be hygienic when you sleep with another man; after sleeping them then take a shower, clean yourself.

(*Jasmine, fakaleiti, 19*)

## What young people in Vanuatu said

### Attitudes to condoms

'I think it is a good thing.'

Overall, the young people who were interviewed in Vanuatu were very positive about condoms:

I think it is a good thing.  
(*Jacko, MSM, 24*)

I think it's something good; nothing's bad about it.  
(*Merry, 19*)

All were aware that condoms offered protection from HIV and STIs (referred to generically as 'rabis sik'). Condoms were also considered by many to be a good contraceptive. The most commonly used words were 'good', 'safety' and 'protection'.

While nearly all the young people thought that condoms were 'a good thing', some ambivalence to condoms was evident in the narratives of many participants:

I don't like it. On the other side I like it because it protects me. The look of it I don't like.  
(*Marisann, 19*)

I felt it was not good, but if I did not use it I'd feel bad too.  
(*Diane, 21*)

I just feel that there is nothing. But afterwards I feel that it is good.  
(*Daniel, 22*)

In general, the young women were the most positive about condom use. Some of the young men commented that having sex with a condom was not 'real' sex:

[W]hen you are using condoms you feel different than when you are not using a condom ... When I use a condom, it is like you are, don't really have sex with your girlfriend. But when you don't use a condom, to me it feels like I really have sex with [her].  
(*Joel, 23*)

Patrick, a peer educator, confirmed this:

OK, what they said was, we didn't like using condoms because actually you are not going out with a girl, having sex with a girl, but you are having sex with a condom.  
(*Patrick, 24*)

The physical characteristics that both young men and women most frequently said they disliked about condoms were the smell, the lubricant and the 'feel':

I don't feel good because I don't really feel the skin properly.  
(*Petelo, young man, 23*)

I dislike it because of the grease. I don't like touching it because it feels different.  
(*Angela, married, 25*)

While participants generally endorsed condom use on the grounds of 'safety', a few cited concerns about condoms being unsafe. Some worried that condoms might break during sex, and a couple of participants said that they had heard that condoms could get stuck inside a woman:

I think condoms are not good for us to use because it is not 100% safe.  
(*Lethine, young woman, 19*)

I do not like condoms because of its smell and also because of rumours that sometimes it will break especially when people are having sex and it can be broken.  
(*Joys, young woman, 19*)

[S]ome they say ... if boys use condoms and somehow if it breaks inside it can stuck and stuck and stay inside.  
(*Patrick, 24*)

There was also mention of vague rumours about condoms in factories being sabotaged in order to spread disease.

Because condoms protect users from HIV, STIs and pregnancy, a couple of participants expressed a concern that condoms encouraged sex and promiscuity among young people:

I think that it may encourage young people to have sex. They may think that, 'Oh, we have the condom so I think it's safe for us to have sex because the condom is with us.' So to me it's like both good and bad; the bad side is we are encouraging them to have sex.  
(*Vanisa, 25*)

A number of young men said that the opinion that condoms reduced pleasure came from talk among peers rather than personal experience. Several participants said that an early aversion to condoms changed as they became more familiar with condoms and accustomed to their use. Then the feeling 'good' of being safe came to dominate other 'feelings'.

Knowledge about HIV and safe sex and accurate information about condoms had also changed some participants' attitudes to condoms:

Previously, when I did not know about condoms, I did not use it ... After the workshop I heard that condoms are really good and I like it.  
(*Ezekiel, MSM, 24*)

## Carrying condoms around

‘When I have them I put them in my pocket and go places.’

Few participants cited any specific problems with or reluctance to carrying condoms around. Those who did said that they were concerned about being the butt of jokes and teasing from peers. One young man said that if he put them in his pocket his mother would find them when she washed his clothes.

Many of the young people carried condoms when they anticipated having sex:

Before I go to meet a man, I pack a condom, and get ready before I go to meet him.

(*Frances*, 24)

[W]hen I have them I put them in my pocket and go places.

(*Petelo*, 23)

In many of these narratives ‘wokabout’ became synonymous with the possibility of a sexual encounter. Condoms were carried in the anticipation or hope of meeting someone with whom they might have sex:

[I]f I go out and I happen to meet a girl we can use the condom.

(*Petelo*, 23)

I must carry condoms with me in case if I go and meet my boyfriend, if he doesn’t have condom, I will have it.

(*Marisann*, 19)

[F]or people like me—we women—we carry condoms in case a man wants to have sex with us. I feel free to carry condoms as a protection for me.

(*Ezekiel, MSM*, 24)

Even some of the young men who didn’t use condoms themselves and young women who were not sexually active sometimes carried a condom. An awareness of the possibility of rape or forced sex appeared in the narratives of numerous young women.

I don’t know what will happen on my walkabout. I just put them in the pocket.

(*Honorine*, 19)

Here Honorine, like many of the other young women, was talking about one condom literally, a condom that she had been given and kept for safety. Several of the young women cited rape as a reason for keeping a condom in their baskets:

[T]here are some rape cases; it’s occasionally, not all the time, but to be on the safe side I think it’s best for us to have condoms in our bags walking around.

(*Vanisa*, 25)

[W]ell sometimes when you walk to unknown places there are boys who like to rape, so if they are there at least you have a condom which can protect you.

(*Matele, young woman*, 21)

A precaution against a chance encounter underwrote much of the participants’ carrying of condoms. Florence had not yet had sex but she carried a condom so that she had the option of using it if she did want to have sex:

[B]ecause I know that sometimes I have rubbish thoughts. Say I stop work at night ... normally I finish at 12 o’clock ... If I have it, I don’t know, I might use it. Yes. Yes. I usually take them around any places where I go. I usually take them, but to use it—I don’t know yet.

(*Florence*, 18)

For these young people, condoms represented ‘safety’ and ‘protection’ from HIV and STIs, from unwanted pregnancy and also the irresponsible behaviour of young men. Not only did young women feel vulnerable to rape and forced sex, but also to the mischief of young men who were sometimes suspected of putting holes in condoms.

## Access to condoms

‘They should put more.’

Nearly all the participants knew of places where they could get condoms. These included Wan Smolbag clinics, youth centres, some ‘nakamals’ (kava bars), the hospital and stores. In Port Vila only two university students who came from rural areas did not know where they could get condoms.

Most Ni-Vanuatu participants held that condoms were easy to access, although many participants on Espiritito Santo said that supplies often ran out:<sup>5</sup>

There are less condoms and they should put more. During awareness, they should drop more condom boxes in the village.

(*Albert*, 24)

As well, participants said that there was poor access to condoms in villages outside the main centres of Luganville and Port Vila. There young people had further to go, fewer places from which to get them and supply was more erratic.

Participants’ narratives indicated that they relied heavily on friends and peers for access to condoms. This included getting condoms from a friend’s supply, asking more-confident friends to pick up condoms from the clinics

<sup>5</sup> Indeed, on their second evening in Espiritito Santo, once it became known what their job was, the researchers were sent a discreet request for condoms from a customer drinking at the same village nakamal at which they were socialising.

or needing to be accompanied in order to work up the courage to ask at clinics:

I have no condoms and it's midnight and I have to go and call for another friend at the school dormitory to ask my other friend to wake up and give me.

(*Samson, 20*)

[I]t is difficult for young people to ask the doctors, but some ... they are not afraid to ask anything, but I cannot go by myself.

(*Joel, 23*)

Some young people we talked to, who were not peer educators, regularly picked up condoms to distribute to friends. Alic, a student who was not sexually active himself, picked up free condoms when he saw an easy opportunity. He took them so that they would be available to his friends:

I brought them but I never used them. I brought it and left it in my basket ... When my friends ask and when I have them I say, 'Yeah come and get it from the basket.'

(*Alic, 22*)

Several participants, like Alic, felt it was easiest for them to pick up condoms if no one was looking, or if others around were also taking them.

## Barriers to access

'The first time I went, like, I was ashamed to go.'

One of the major barriers to accessing condoms was feeling shy about asking for them. Many participants acknowledged this, especially if they might be seen by someone who knew them or by another young person of the opposite sex:

[I]f I am going to get it and a girl sees me then I will be ashamed.

(*Matthew, 24*)

Some are embarrassed or ashamed to ask the clinical staff:

I am too scared to go and ask ... the nurse will think badly about me, so I feel scared to go.

(*Albert, 24*)

One time, I went to the clinic and firstly I ask for penicillin, just lie to the doctor and we talk, and when I see like he just making fun with me, then I ask him about condoms. But it is hard for me to ask direct, like talk direct to the doctor.

(*Joel, 23*)

[I]f I go and ask for a condom maybe the nurses or the people will laugh.

(*Teddy, 19*)

For this reason many participants said that they would not go to the hospital or medical centres.

Other concerns included being seen by family members and family acquaintances working there. Many participants were not confident of the reception they would get at the hospital and expressed an aversion to being asked questions and a fear of being refused condoms. While numerous participants said that they would not go to the hospital because of the risk of running into or having to deal with staff they might know, one young man said that he didn't want to ask for condoms from clinic staff whom he didn't know:

[T]his nurse, I never know, I never speak to them. I don't want to ask.

(*Samson, 20*)

Picking up free condoms from Wan Smolbag clinics and youth centres removed the need for engagement with general hospital staff and shopkeepers. Consequently many participants preferred to obtain condoms from youth centres, where they said they felt comfortable and a sense of belonging:

When I bought it I feel ashamed because I bought it at the shop because people were around ... when I come to [the Wan Smolbag clinic] I know this place is all free for walking around, asking anything.

(*Daniel, 22*)

Not all the young people who were interviewed knew about, used or had regular access to youth centres and clinics and shyness was still a barrier for some. Participants from out of town and those who were not regular users of services at youth centres tended to be just as shy about getting condoms at youth centres as they were about getting them at other medical clinics. They were reluctant to just walk into an unfamiliar youth centre or clinic and ask for or take condoms.

Shyness tended to be a problem only initially, however:

The first time I went, like, I was ashamed to go.

(*Marisann, 19*)

So my first time to go and take it, when I asked for it I felt a bit afraid. Getting it now, I feel it is good. It is good to ask

(*Wanda, 22*)

Those who had become familiar with picking up condoms from clinics appeared very confident. Participants said that direct encouragement from the service providers helped them to overcome their shyness:

It is easy for me because I have attended a workshop at Wan Smolbag and they told me that when you go to the clinic, you don't feel ashamed of anything. Go and see

the nurse and ask him for condoms, anything. If you do want to ask him for any sickness just ask him. So I just follow the instruction and for me it's just easy.

(Daniel, 22)

Peer educators were also aware that it was difficult for young villagers to access the town-based condom resources. While village youth might have felt free to talk to educators who provided outreach, they didn't feel free to access condoms and other sexual health services in another town:

[W]hen we go out doing peer education and when we talk one to one that's where they can feel free to talk and ask for condoms. But if we try to refer them to come to town, they find it very hard.

(Patrick, 24)

Patrick believed more condoms needed to be made available in the villages, perhaps in the custody of a youth leader or someone in the village.

## Gossip

'That's the girl who came to get the condom. There she goes; she goes around with so many guys.'

Shyness could stem from any number of fears or anxieties. Probing participants about their claims of shyness indicated that what they meant by shyness was a reluctance to enter unfamiliar places or ask for something from unknown people whose responses were uncertain. Shyness was also grounded in a fear of gossip:

When you ask for condoms, and when you walk out they will talk about you.

(Teddy, 19)

In Vanuatu the participants' concern about gossip turned mostly on a reluctance to be ridiculed and joked about:

They will cheek me, make fun of me ... When young people carry condoms, they just laugh at him, like making fun of him. When we take a condom, we must hide the condom ... because people will make fun of us.

(Joel, 23)

Fear of gossip and ridicule was not the only cause of shyness. While it was ridicule and derision from peers or friends that was cited more often than ridicule and derision from strangers, a few participants said that they were reluctant to expose their personal affairs to strangers. Condoms were a marker of sexual activity and for those participants it was simply that sex was private:

You know what condoms are used for; it is used for sex only and when you carry condoms they will know that you are having sex. ... [Other people] would not say

anything about me but it is my feeling. It is my feelings that make me not to go and get a condom.

(Samson, 20)

While Samson did not believe that obtaining condoms would necessarily make him the subject of gossip, some of the other participants thought that they would be labelled promiscuous. This was a concern for young women in particular:

[S]ome people may think that, 'Oh, she gets condoms. She is the one going out with many men and having sex with any kind of man around town.'

(Honorine, 19)

[T]hey would gossip and say stuff like, 'That's the girl who came to get the condom. There she goes; she goes around with so many guys.'

(Lethine, 19)

[T]hey would probably think badly of me. They may think that I'm going to go with a lot of boys and that's why I'm getting condoms.

(Juli, 20)

Some young men also worried about getting a reputation as promiscuous. Alic, for example, said that people would label him a 'wokabout man' if they saw him buying condoms, and that he would feel shamed if his (religious) family thought he was having sex outside marriage. Being married was no protection from gossip either, according to one participant, who said that people would think that he was having sex with someone other than his wife if he were seen buying condoms.

Family did not appear to be a major obstacle to condom use. In fact numerous participants, particularly girls, told us that their mothers were very supportive of it.

However, a few of the participants did say that they wouldn't want their families to know that they accessed condoms, and one young man described the problem of concealing condoms from his mother as a disincentive to carrying them around:

Because I also put it in my pocket, my mother would wash [my pants], will find it and say, 'What you do with this?'

(Samson, 20)

In Vanuatu the participants who mentioned shaming the family referred to their mother's good name, rather than any trouble that they themselves would be in:

I grew up in a home which is Christian, where we usually worship and my adopted mum is a leader in the church and for me to buy a condom in a public place, that, I wouldn't do that because I will give a bad reputation to my mum, like people will talk about her.

(Joys, 19)

## Using condoms

'Hmmm ... the last time... No ...'

While most participants were positive about condoms and even happy to carry them around, condom use was patchy and erratic. A good number of the sexually active participants had never used a condom, or had used one only once. Few participants were consistent condom users and most were 'sometime' users. The 'sometime' was determined by the availability of condoms, time of menstrual cycle, familiarity with sex partner and beliefs about sex partner's sexual history:

I use it once in a while ... to avoid pregnancy and HIV.  
(*Juli, 20*)

[W]hen I have condoms I use condoms; when I don't have condoms I have sex without them.  
(*Matthew, 24*)

I really need a condom when with a woman I don't know so I must use a condom.  
(*Samson, 20*)

[T]he girl ... had been with so many other boys so I told her that we would have to use a condom.  
(*James, 19*)

Participants said that they used condoms because they were afraid of HIV, for contraception and because condoms made them feel safe:

I am afraid of the sicknesses. I can tell that many sicknesses started moving around here and they make me afraid. OK, I started using condoms to protect me from AIDS, gonorrhoea. Such sicknesses make me afraid.  
(*Wanda, 22*)

[W]hen I use condoms I feel alright because I know that I am safe.  
(*Juli, 20*)

I don't want to have kids so I decided to use condoms.  
(*Alan, 20*)

Condoms were also used with partners who were 'different'—foreign or from another island or those living or working far away—as well as regular partners suspected of going 'foul foul' (Diane, 21), i.e. sleeping with others and being dishonest:

I have a boyfriend who is in Vila. I do not see him often but every time I see him, we play with each other and we use condoms sometimes. I have to use condoms every time I have sex. He is different. I do not know if he is lying to me; he may be having sex with other men or different women.  
(*Ezekiel, MSM, 24*)

The decision of 'sometime' users to use a condom were generally based on lack of trust and not 'knowing' their partner:

[G]irls say they want to use condom because many boys they lie, lie all the time. Some they lie all the time just to have sex and give babies and just like to go [away].  
(*Marisann, 19*)

[W]hen I used condom with the other woman I didn't know her really well but my girlfriend I know her well so I don't use a condom.  
(*James, 19*)

Despite a positive attitude towards condoms in general, few participants described condom use as a marker of responsibility. Those who did tended to be young people who had attended HIV workshops or were involved with Wan Smolbag activities.

Attention to participants' narratives about the shame of or stigma attached to being seen accessing condoms, and about the decisions underpinning their use of condoms, reveals that condoms were not simply a marker of sexual activity. They were more specifically a marker of sexual activity with people one didn't know and didn't trust:

[I used condom] because I just met her and I don't know her very well, her life before I met her.  
(*Petelo, 23*)

I really use a condom when she is not my girlfriend.  
(*Joel, 23*)

[W]hen I am with my partner and if I don't trust him then I would use a condom all the time.  
(*Lethine, 19*)

When participants spoke about 'not knowing someone', they were referring to a number of categories of people: those whom they had never met before; those who come from foreign parts, sometimes simply another village; those whose family and background they didn't know; and those who they couldn't/didn't trust. Apposite to this, 'knowing' someone could simply be 'knowing of' their family rather than knowing them personally, and 'knowing' tended to be equated with trusting.

Similarly, commitment, trust and condom use were implicated in the assertions that condoms were primarily used for sex with 'side partners' (Diane, 21). And the association of condoms with illicit sexual activities such as side partners and extramarital sex extended even to rape, according to one participant:

[I]f they take a condom people may think that he is getting to create problems such as rape.  
(*James, 19*)

Prostitution was another illicit activity that was sometimes associated with condom use, but this association was somewhat contradictory. Researchers were told numerous times that there were many sex workers as young as 10 and 11 years. It was also suggested that when men paid for sex with very young women they were paying not to use a condom.

Just as condoms were most frequently used when trust, 'knowing' and commitment were considered to be absent, condoms were not used with regular partners because, as one participant pointed out:

[S]uppose you think that he is one man who is truthful all the time, you won't use condom.

(*Diane, 21*)

Also one participant considered that if had already had unprotected sex with a woman there was no point in starting to use a condom:

I already had sex with her and why should I use a condom again?

(*Samson, 20*)

Only one participant in the study appeared to have made a decision about whether or not to use condoms based on the specific sexual act involved. Ezekiel told us that although he used condoms with his other partners he did not use a condom with one particular partner because:

He likes oral sex.

(*Ezekiel, MSM, 24*)

Condom use was more usually a function of the relationship and as such was considered to be unnecessary or inappropriate in marriage or committed relationships with a trusted partner and when children were desired:

[H]e is a straight partner and I won't use it. Straight partner is like you know his lifestyle, his ways, how he grew up, where they went to school ... you know his background.

(*Diane, 21*)

When I was young I used a condom, but I do not use a condom anymore.

(*Albert, married, 24*)

If we use condom every time we will not have any children.

(*Marisann, 19*)

Another participant, Pauli, told us that he and his boyfriend didn't use condoms as they had established that they were both monogamous:

[H]e was asking if I go out with somebody else and I said, 'No'. And I was asking him too. I said, 'Do you go out with somebody else,' and he said, 'No'. And that is why we do not use condoms because we think we are not going out with somebody else ... I will talk to him tomorrow and we will try to [use condoms].

(*Pauli, MSM, 25*)

While most of the sexually active participants were inconsistent condom users, a few said that they never used condoms. One of the young women said that she refused to have sex if a partner insisted on using a condom. She disliked the smell and the lubricant and had heard rumours that condoms could break and get stuck inside a woman:

It is very hard. They want to use condom and I don't want to use condoms so no sex, so sometimes I just have to cope with that and, yeah, it is very hard but I don't like the smell and seeing the liquid thing. I just don't like it.

(*Joys, 19*)

While Joys named specific physical attributes of condoms that she was averse to, she also cited 'religion' and her 'peers' as more general reasons why she wouldn't use condoms:

I just don't like condoms and because of my religion and my peers. Yeah, that's the main reasons.'

(*Joys, 19*)

The importance of the attitudes of friends and peers emerged repeatedly throughout these narratives. One MSM told us that he had never used a condom and had never been asked to, although he might be convinced to try them by a partner:

[I]f he says, 'Let's use condoms,' OK let's use condoms, because I just never use it, so I wouldn't say no. If he says, 'Let's try,' we might try it. It is not a problem.

(*Pauli, MSM, 25*)

Pauli suggested that his peer group's attitudes influenced his inclination to consider, and also to be open about, condom use:

[S]ome of the friends, they don't like condoms, like they said skin to skin [is better]. When we chat together, some of them they do not like condoms. I don't know why, or maybe they are using it but they don't want everybody to know that they are using it ... they don't want to say they are using condoms.

(*Pauli, MSM, 25*)

Interestingly, Pauli also indicated that participating in the interview and talking about condoms and relationships had encouraged him to reassess his and his partner's position on condom use:

[B]ecause we are talking about it and suddenly it is in my mind that, oh, maybe I should think about my safety. But when you go out with someone, you just forget everything, like me, like now I am doing it.

(*Pauli, MSM, 25*)

## Initiation and negotiation of condom use

'Women are more at risk than men and men don't really care.'

Girls want condoms.

(*Marisann, 19*)

The majority of the participants foresaw no problems around initiation of condom use by either sex. However, the expectation that the woman would initiate it was markedly more common. Both young men and women generally assumed that the woman was most likely to initiate condom use, largely because women were considered to be more careful and responsible:

I can say that the woman is more careful of herself, careful with her life.

(*Philip, 22*)

[Women] think of everybody's lives; they think of their future so they must take condoms to look after themselves.

(*Frances, 24*)

[W]omen are more at risk than men and men don't really care. The women are more careful and therefore would ask to use a condom.

(*Lethine, 19*)

Participants also felt that young women had more motivation to use condoms as they offered protection from pregnancy as well as HIV:

I think that the girl would ask first, because she would be cautious about becoming pregnant.

(*Matthew, 24*)

From what I see currently, many women ask the men to use condom because I think the women are really afraid of getting the 'sik' which kills people.

(*Wanda, 22*)

I think it is the woman, because man sometimes they don't think about what is going to happen in the future or what is going to happen but woman they have that in their minds, what is going to happen to me if am pregnant, what if I have an STI or what if I have HIV/AIDS. I think it is more likely for a woman to ask a man to use a condom.

(*Joys, 19*)

There was an attitude that young women needed to protect themselves from young men who were often unreliable and could not be trusted to use condoms, were more likely to have multiple partners and thus be a source of disease, and might want to father a child without commitment.

Some young men were reluctant to initiate condom use in case the mood was broken and their sexual advances were turned down. One was too shy. Samson suggested that women should initiate condom use as they were in a position to insist:

I think a woman should ask a man ... because she can tell him, 'If you want sex, you use a condom; if not, no.''

(*Samson, 20*)

A couple of participants said that women needed to initiate condom use simply because men did not like them. Pauli, a gay man who told us that he did not like condoms and that he had never tried them, claimed that:

[S]ome boys they don't want to use condoms. I have some friends, when they go out with their boyfriends they say, 'Oh, my boyfriend does not want to use a condom, when I gave him a condom he laughed at me and took the condom and throw it away' ... Sometimes girls are all right, but boys are very difficult. They do not want to use a condom. Some of them are good but some of them, no.

(*Pauli, MSM, 25*)

Several participants also speculated that a woman would be suspicious of a man who suggested condom use:

The woman will have some rubbish thought.

(*Philip, 22*)

[I]f the man suggest to use the condom then I will have a thought that this man, he must have some sort of sickness that he doesn't want to pass to me so that's why he wants to use the condom.

(*Vanisa, 25*)

I think that the woman will not want to have sex because she would think that the man must be seeing another woman and therefore is afraid to pass AIDS to her and therefore wants to use a condom.

(*James, 19*)

However, despite a clear consensus that women were the most likely to initiate condom use, some young men said that they might suspect the motives of a girlfriend who wanted to use condoms, questioning her fidelity and trust:

I think that she might be scared to get HIV and may think that I may pass it to her. She wouldn't trust me.

(*Petelo, 23*)

I would have the same thoughts too. I would think that my girlfriend is seeing someone else and is afraid that she might pass the disease to me.

(*James, 19*)

[M]aybe I would have some second thoughts, jealousy, hatred, getting angry. OK, I would agree to but to an extent, like: Why is she requesting this? Is she seeing someone else? If she regarded me as the boyfriend and if she trusts me so strong then why would she ask me to? That's what I'd think.

(Patrick, 24)

However, despite these speculations that initiating condom use might not be well received, none of the participants told of actually experiencing any negative reactions when they initiated or negotiated condom use:

I ask all of them. When I ask them to use condoms, some tell me they do not like it while some say 'Yes' and we agree to use condoms. Some really like condoms ... Some say skin to skin is good ... When I want to have sex, I must use a condom to protect me from catching sick so when I go out with my partner, the first thing I do is, I must carry condoms. If my partner is not happy to use a condom, I do not have sex with him.

(Jacko, MSM, 24)

Perhaps surprisingly given that condom use was associated with illicit sex, 'side partners' and absence of trust in a relationship, those participants who imparted their experiences of negotiating it were positive and seemed empowered:

The first time I carried condom and I went and I gave it to my boyfriend, he said he did not want it. He did not want to use it. I just explained everything well to him; he understood so he agreed and used it.

(Marisann, 19)

I used to be an Aid Post worker. I attend this workshop on condom awareness with the others from ... every province. I really thought about the importance of condoms in my head and realised that it was good thing for sex. When I returned from this workshop my boyfriend waited for me. I told him that there are so many sicknesses and we must use condoms but he said there was no condom, so not now. I then told him that I had brought some condoms from the workshop and we could use it—but he still did not want to use the condom. So I told him no sex. I told him, when we are not together, you do see other friends which you don't know and I don't know so we must use condom. He did not have a choice so we used the condoms and we still use condom.

(Ezekiel, MSM, 24)

## Family and society

'My parents say it is good to use condoms.'

Nearly all of the participants said that they went to church sometimes. Most said that their church did not express an opinion on condoms:

[T]hey don't talk about condoms or sex.

(Matthew, 24)

I have not heard them talk about condoms; they talk about finding the right partner and sticking to the one partner until marriage and then we can practise sex.

(Lethine, 19)

While the churches did not have anything to say about condoms, an injunction against premarital sex was clearly understood. A couple of participants said that their church had stated that condoms encouraged promiscuity:

[T]hey [pastors] say, 'Watch. The more you give condom to people, the more you allow people to "pasin wokabaut".' Do you understand? ... they go 'foul foul'.

(Honorine, 19)

On the other hand there was evidence that some churches were, even if somewhat reluctantly, participating in safe-sex awareness programs:

Our priests with the peer educator they came and ran the awareness with us on STIs. They gave condoms with [the program] so the priests accepted it. They said it is good that they are giving to the young because [the peer educators] explained everything they knew to the youth and they gave condoms as well so the priests accepted it.

(Marisann, 19)

Although a few participants cited religion as a reason for not using condoms, the view of the church appeared to have little impact on the majority of participants. Similarly, concerns about the views of family were not prominent in the participants' narratives. When family attitudes were mentioned they were predominantly positive about condoms:<sup>6</sup>

They [my parents] usually encourage us saying, 'You must use condoms to protect you.'

(Florence, 18)

<sup>6</sup> The views and concerns of mothers were mentioned far more frequently than those of the family in general.

[T]oday parents in Vanuatu are scared that their children will get HIV so they tell their children to always use a condom.

(James, 23)

[M]ost parents think condom is good. Like my parents would tell me upfront. At home my parents encourage us saying the sicknesses are passing around. I know what my parents think and I know they think like that. Actually I don't know what other parents think ... my parents say it is good to use condoms.

(Alic, 22)

Parental opposition to condom use was suspected by a couple of the participants:

I never tell them because if I tell them they will chase me out.

(Samson, 20)

[M]y parents don't talk about condoms to me. They just tell us to find the right partner and stick with that person but I don't really follow what they say sometimes.

(Juli, 20)

Other participants didn't know what their family thought because, as one young man who came from an outer island explained, condoms were not a subject that he would expect to discuss with his parents:

[B]ack at home they never talk about sex and condoms.

(Teddy, 19)

[M]y parents never talk about it; I learnt it in school.

(Matele, 21)

In general, however, dialogue with family did not appear to be an obstacle. Moreover, some of the participants had educated their own families including their parents:

My parents say it is good because I told them once I joined Wan Smolbag and I went back just made small awareness. We talked and I told them a little about STIs and I talked to all of them and I talked about condoms. So my parents said, 'Yeah. It's good to use condoms.'

(Marisann, 19)

While many parents might have been prepared to give advice or have discussions about sex, some people said that they would not necessarily be listened to. On the basis of the experience of her own family, one participant expressed the opinion that parents were not always the best positioned to give advice, as young people could be resistant to parental opinion:

Some of the young people they don't want to listen ... For example, my nephew—I see one big-head boy. I think he doesn't want to hear his parents talk about it.

Maybe he wants somebody to talk about condoms to him but from his parents he doesn't want to hear it.

(Honorine, 19)

The suggestion that parents might not be best placed to provide advice about condoms was also supported by the participants' narratives, which showed a predominant concern with the attitudes of friends and peers, rather than with the beliefs of family and church. This was particularly the case when they differed.

Numerous participants said that they could talk openly and discuss sexual and relationship issues with their friends and other young people, and the views of peers appeared to be influential.

## Alcohol and drugs

'They lose their heads.'

Most participants said that they thought condoms would not be used after drugs and alcohol, because people 'lose their heads', are 'out of control', forget or are in too much of a hurry. Several young women believed that drinking kava was different as it made men more quiet and introspective. However, only one participant gave being drunk as a reason for not using condoms at any particular time:

[W]e went to the bar, and we went to the party, and we went to a club down there ... everyone got drunk and at that time I didn't have any condom in my pocket so we did not use a condom.

(Honorine, 19)

## Knowledge of HIV

'Nowadays there are a lot of sicknesses that happen.'

All participants were aware that HIV was sexually transmissible and many also noted that it could be passed on through blood, such as through transfusions, tattooing and giving birth. All participants understood that HIV was incurable and eventually resulted in death. Many also believed it was untreatable. Most participants conceptualised it as something new, and something that had 'arrived' in Vanuatu.

All participants said that condoms could protect people from acquiring HIV and endorsed condom use on those grounds:

I think the condom is good cos nowadays there are a lot of sicknesses that happen.

(Petelo, 23)

An awareness of the role of condoms in preventing transmission of HIV had effected behaviour change in some participants and influenced the attitude towards condoms, and intention to use them, of many more:

[I]n the past when I went out with women and I didn't have any condoms with me we used to just have sex without condom but today every time I must use condom because of HIV.

(*Petelo, 23*)

Numerous participants said that information and education could change attitudes to condoms and some had experienced this. Participants cited Wan Smolbag activities, awareness programs and workshops, the media, school and public talks by HIV-positive people as sources of information about HIV. Peers were also an important source of information, although sometimes the information was erroneous. Peer support and peer involvement were also important facilitators of access to information about HIV, condoms and sexual health.

### Risk assessment

'We can keep ourselves safe if we stick to one partner and don't go out with others.'

Having many sexual partners was the most commonly identified 'cause' of HIV. Appositely, 'having one partner' (Honorine, 19) was repeatedly cited as a way to avoid the risk of acquiring HIV.

None of the participants displayed a nuanced understanding of behaviours that were a risk for HIV transmission, but some had a good understanding of what did not constitute transmission risk:

If one of my friends got HIV, we can stay together, eat together on one plate, sleep and swim together. I will not get it from her.

(*Marisann, 19*)

[I]t can only be transmitted through sex and blood transfusions and tattoos and all that stuff using needles. But still we can share, like talk together, read together, share cooking utensils and eating utensils and all that stuff.

(*Joys, 19*)

A few other participants, however, did believe that HIV could be transmitted by sharing food.

None of the participants said that they thought themselves at any real risk of contracting HIV. This was because they used condoms or were faithful or abstinent. Some thought that their friends who drank a lot were at risk.

A few of the participants had already been tested for HIV and a couple of the women had insisted that their partners be tested too.

Foreigners, tourists and people who had travelled overseas were considered to be at increased risk of having HIV. Several of the young men said that young girls were likely to be conduits between foreigners and local people. According to some, even travel to Port Vila was considered to constitute increased risk.

Like they go to Vila, have sex with other girls from Vila and they usually bring AIDS to the village.

(*Joel, 23*)

# 4 Discussion

The data gathered in this study provide qualitative detail about a range of young people's attitudes to and experiences of access to condoms and their use in Tonga and Vanuatu. The characteristics of the samples of young people whose views are represented here are described in Section 3 of this report.

## Limitations of the study

The samples of young people in Tonga and Vanuatu were non-random and non-probability samples; we therefore cannot ensure that those included in the study are representative of the wider population.

Sex and condom use are sensitive and personal issues and not all young people are prepared to talk to strangers about these matters. These samples therefore may over-represent the views of more confident and outgoing young people in Tonga and Vanuatu at the expense of those of more reticent individuals.

The findings of the study can also be expected to have a bias with regard to awareness of HIV and condoms and access to condom services. The samples were almost exclusively gathered in and around three town centres and some nearby villages. The levels of access to condoms, safe-sex promotion and information about HIV may be very different in more isolated villages or on smaller or outer islands. In addition, many of the introductions to participants were facilitated through individuals associated with organisations that conducted HIV and safe-sex-awareness activities, and this might be expected to have an impact on participants' awareness of HIV and condoms.

While the majority of the participants were recruited in town centres and it was not possible to include participants living on outer islands, recruitment from outside of Luganville enabled the inclusion of participants from more rural environs beyond the main centres. Problems with consistent supply of condoms were more prominent in out-of-town areas, as were issues related to the need to travel to get condoms and reluctance to get them from community resource centres other than one's own. These are problems that could be expected to be exacerbated by distance and isolation in more remote areas.

The samples captured a good range of young people in respect of occupation, marital status, age and sexual practices. Sex workers are absent from the samples, however. Some of the young people interviewed may have engaged in sex work but the interviews did not collect any data on young people's attitudes to and experiences of condom use in sex work. Sex is a delicate subject to

broach and an individual's engagement in sex work is difficult to uncover without causing insult. In Vanuatu the researchers were introduced to young people known to engage in sex work, but they were all too young to be interviewed under the conditions of the approvals gained from various ethics committees.

## Summary of findings

The wider Tongan society was described as having negative attitudes towards condoms and youthful condom users. While the smell, look and feel of condoms were most frequently cited as reasons for not liking condoms, the young Tongans gave predominantly social reasons for not using or accessing condoms. These reasons were deeply interrelated and difficult for the participants to articulate precisely. They centred on gossip, reputation and, ultimately, the reactions of family.

Young people's sexual activity (and therefore condom use) and talking about sexual activity and condoms were all described as not being in accordance with 'the Tongan way'. A societal proscription against sex, and the consequent need to keep sexual behaviour secret, constituted a major barrier to both the access to and use of condoms. Thus, in Tonga, confidentiality, privacy and a non-judgmental environment were core concerns for young people accessing condoms.

Informal barriers to the dissemination of accurate information about condoms and access to condoms also impacted on attitudes to, access to and use of condoms. Strong prohibitions against unmarried sex were described as an explanation for the concealment from family and sometimes friends of both sexual activity and any signifiers of it (such as condoms). There was no sign of any intergenerational dialogue about sex, condoms or condom use and young people showed no intent nor desire to talk with parents about these matters. Young people's reluctance to instigate discussion with parents and family about sex and condoms may be attributable to their belief that revealing involvement in sexual activity would have severe consequences. Not only was intergenerational dialogue difficult, but open and frank dialogue between peers and friends was also not very common. Thus, while Tongan participants hid condom use or sexual activity from parents, many did not discuss such matters with friends either. Unsurprisingly then, a certain amount of misinformation had been circulating in Tonga about condoms and about where and how to obtain them. The first information that young people received about condoms was often garnered from whispers, jokes, rumour and the half-said.

A lack of familiarity with and exposure to condoms underwrote an aversion to condoms displayed by many young Tongan women and was thus a major barrier to use. Among young women the primary role of condoms was considered to be that of contraception when having casual and occasional sex. Furthermore, clinical advisors also discouraged some young women, specifically single mothers, from using condoms in favour of non-barrier methods. This was presumably because condoms were considered to be a less reliable method of contraception. Condoms were also considered to be unsuitable for use within marriage as they bore connotations of distrust, infidelity and hints of a salacious or immodest sexuality. Thus, in the case of many of the Tongan women, even those who endorsed the principle of access to an available supply of condoms for young people, condoms were not something that they themselves would readily consider using.

In the Tonga sample, with a few exceptions, there appeared to be a noticeable difference in attitude between women over 21 years of age and those who were younger. The attitudes of the married and unmarried women were marked by similar differences. Condoms appealed most to the less conservative, as well as the unmarried and younger participants. In Tonga it seemed that obtaining and using condoms required confidence, if not boldness. The most consistent condom users led less conventional lives than the other Tongan participants: party girl, fakaleiti, peer educators and youth who frequented youth resource centres.

In Vanuatu the opinion of friends and peers rather than family appeared to exert more influence on the young people's views and behaviours. Friends and peers were an important source of information (and sometimes misinformation) and were central to the facilitation of easy access to condoms and sexual health resources. Fear of derision and ridicule from peers was one barrier to accessing condoms frequently identified by the young men.

A picture of Vanuatu as a society where attitudes to young people's sexual activity are moderately permissive emerges from participants' narratives. Gender attributions and role expectations were also marked and distinctive. Young Ni-Vanuatu women appeared to be confident and able to move around day and night without community or family censure. Those who were not sexually active did not feel that they were expected to stay chaste until marriage. Young women were generally very positive about condoms and expressed few reservations about accessing them on the basis of shyness. In Vanuatu it was also expected that the women would have to take responsibility for the initiation and negotiation of condom use. This was largely because, while young women were consistently described as responsible and forward-looking, young men were generally described as mischievous and unreliable. None

of the participants in Vanuatu knew of female condoms but the data from this sample would suggest that young Ni-Vanuatu women might welcome an option that allowed them to take more control over their own condom use.

While Tongan society was described as one in which sex could not be talked about and abstinence was required of young people, the Ni-Vanuatu participants described a society with a more positive attitude to sex. The discussion of sex and condoms among friends was more common. Family was also invoked differently and took a relatively minor role in the Ni-Vanuatu participants' narratives. Most often it was only the mother to whom they referred; furthermore, many of those mothers advocated condom use.

In Vanuatu, as in Tonga, condoms were strongly associated with casual, promiscuous and illicit sex. The opinion that condoms were unsuitable within marriage was also present but less predominant in Vanuatu. The Ni-Vanuatu participants were generally quite happy to carry condoms around, even if it was in something of a talismanic role and they did not actually use them.

The young people in Vanuatu had more accurate information about how to obtain condoms than the young people in Tonga, although many still did not feel free to access them. While privacy was a concern in Vanuatu another important barrier to access was that of not feeling familiar enough with or comfortable about entering and making use of the places where condoms were available. Other barriers described were those of supplies being erratic and distant.

These differences are likely to reflect the specificities of the different locations and organisations through which condoms are made available in these two countries. In Nuku'alofa, the Tonga Family Health Association was the most commonly cited source of condoms for young people. There anyone could come and take condoms from the counter. On the one hand, being well known and open to the public facilitates access. On the other hand, it exposes the actions of young people who pick up condoms there to the eyes and tongues of other members of the community. In Vanuatu most of the young people accessed condoms through Wan Smolbag clinics and youth centres and the outreach efforts of peer educators. People who used these places described a sense of ownership and belonging, of feeling at home and of knowing their friends would be there, all of which facilitated access. On the other hand, young people from out of town and who did not feel any such ownership or belonging were reluctant to enter those same places to access resources and use the services. Furthermore, physical access might be expected to be easiest in the capital centres of Nuku'alofa and Port Vila, and the Vanuatu sample included more young people from outside those main centres.

While shyness was a barrier to access for young people in Vanuatu, confidentiality was not such a concern as it was in Tonga. In most cases, shyness appeared to be more related to lack of confidence than fear of disclosure. Friends were frequently relied upon for supplies and the attitude of peers towards condoms impacted on both access and the intention to use condoms. According to descriptions from the participants, attitudes towards sexual activity were more relaxed in Vanuatu than in Tonga. Perhaps because of this, the participants in Vanuatu described more easy and open dialogue about sex and condoms with friends and family than did the participants in Tonga. In Vanuatu young people preferred to obtain condoms through peers and friends than in other ways.

Ultimately, however, despite the young people in Vanuatu being predominantly positive about condoms and condom use, very few were regular or consistent users.

## Implications of the study

The employment of foreign, non-local young people from the Pacific area as interviewers proved to be very successful in gathering information about very delicate and personal topics. Despite the disadvantage of not being able to guarantee an interview in the participants' first languages, participants were guaranteed an anonymity that would not have been possible with a local interviewer. Pacific communities are numerically small but also extensively spread through work and migration. They often remain intricately interconnected even across distance. The extent of concerns about confidentiality that were

expressed by participants indicates that local or locally connected interviewers would have inhibited discussion.

The findings indicate that in order to improve access to condoms and their use among young people in Tonga and Vanuatu, different groups need to be targeted. In Tonga, changing the attitudes of traditional authority figures in the family, the church and the community is likely to have an important impact. The Tonga data also suggest that there is a need to address the issues of misinformation around access to condoms, and that a heightening of young women's exposure to condoms as part of sex education might increase their willingness to use them. Confidentiality and privacy are crucial issues for Tongan young people when it comes to acquiring condoms.

In Vanuatu it is the attitudes of peers that appear to have a major influence on young people's willingness to access condoms, and the data suggest that the attitudes of young men in particular could usefully be targeted. These data indicate that the Wan Smolbag activities in particular are popular and have had an impact: young people feel free to talk about sex and HIV-related issues, and there is also evidence of a general public awareness of HIV and some family endorsement of condom use. Being able to access condoms from a local place and a place used by friends was more important to the Ni-Vanuatu participants than confidentiality itself. Existing distribution methods would improve with increased support, consistency of supply and expansion outside the town centres in particular.

It is clear from these data that no single way of making condoms available will suit all young people and the availability of condoms through a variety of local sites is optimum.

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