

Sexual activities in the Pacific and HIV/AIDS risks

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Introduction

This paper considers the various perceptions about the presence and extent of risk factors for HIV/AIDS in the Pacific, that is: the belief that they do not exist; that they exist, but are isolated in small marginal groups of individuals; and finally, the recognition that everyone is at risk. We argue that all the risk factors (unprotected sexual intercourse, both heterosexual and homosexual; intravenous drug use; potentially contaminated blood; and vertical transmission) are present in the Pacific.

One position to take on the HIV/AIDS epidemic is to deny that risk factors associated with HIV infection are present in one's country. The risk factors for HIV infection are unprotected sexual intercourse (either heterosexual or homosexual), intravenous (IV) drug use, contaminated blood transfusions, and transmission from an infected mother to her baby (vertical transmission). A second position is to accept that risk factors are present, but to argue that they are contained in a number of high risk groups such as homosexuals, IV drug users, and haemophiliacs, and cannot make their way into the general population. A third position, the one that is maintained in this study, is that everyone is at risk.

IV drug use

There is not much IV drug use in the Pacific, except in parts of Micronesia, New Caledonia and French Polynesia. An-

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other source of possible infection is from contaminated blood. Most, but not all, parts of the Pacific adhere to blood screening techniques, so the blood supply should not be a significant source of infection¹. Health workers are not at significant risk if accepted standards of practice are followed. In some countries, however, health workers do not always use gloves when dealing with blood products for fear of offending patients, nor do they use accepted techniques when handling or disposing of needles². Shortages of funds may also be responsible for these potentially unsafe behaviours and for reports of reuse of needles. Finally, the chance of HIV being transmitted from a mother to her new born child is 30% to 50%. There are reported cases of paediatric AIDS in the Pacific and HIV positive women who have become pregnant since being informed of their HIV infection (confidential interviews carried out by the authors).

Sex by men with men

Sex by men with men occurs in the Pacific. In a survey conducted for the Ministry of Health in Fiji in 1991, 8 to 16% of the respondents identified themselves as bisexual. According to Dr M. Sainath, 25% of Fiji's population is bisexual (quoted in Barr, 1995). James (1994:40) documents same-sex sexual activity involving the 'fakaleiti' in Tonga, but from all accounts the greater number of 'fakaleiti' probably do not engage in it. She reports that the number of 'fakaleiti' is increasing. In Papua New Guinea, Jenkins et al. (1994) report that 12%

of male respondents had some same-sex experiences, primarily anal intercourse³. In Commonwealth of Northern Mariana Islands (CNMI), homosexuality is tolerated and the National AIDS Committee reports that increasing numbers of homosexuals are moving to CNMI from other areas due to the tolerant environment. Traditionally, in some parts of Melanesia, youths were expected to engage in homosexual activity, for instance during initiation ceremonies, as part of the process of maturation (Monsell-Davis, 1995).

Sex for money

Commercial sex (professional and part-time) is a long established and growing industry in the Pacific (MacFarlane 1983; Plange, 1990; Jenkins, 1994). Plange (1990) estimates

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that there were 1500 prostitutes in Fiji. Other estimates place the number at about 2000, with an increasing number of child sex workers⁴. If these estimates are accurate, then the number of prostitutes per capita is similar to that of Thailand. Studies of sexual behaviours in PNG also identifies that the exchange of sex for money and goods is common (Jenkins et al., 1994 and Jenkins 1994). Plange (1990) found the customers of the sex workers to include tourists, sailors, business people, regional and foreign executives, and rural people visiting town. In Port Moresby, the major customers are government workers and businessmen, whereas in Lae, sailors and truckers also form a significant proportion of the clientele. Tourists are not a significant source of income for sex workers in PNG⁵. Jenkins (1994), found that sex workers in Papua New Guinea (PNG) were as young as 12 years old and 13% were younger than 20 years old. She reports that young women between the ages of 14 and 18 years sell sex to pay school fees, buy clothes, and travel; that there are young male sex workers, 11 to 15 years of age; and that among the poorest families, very young girls between the ages of 10 and 14 years old are offered to any paying customer. There are reports of this practice in other Pacific nations. One new development in PNG, with significant implications for the spread of HIV, is the recruitment for commercial sex work of teenage girls from rural villages within a few hours drive from Port Moresby.

Apart from the study of sexual behaviour in PNG (Jenkins et al. 1994), an unreleased study in Palau and a brief survey in Fiji, little is known about general sexual behaviour in the Pacific. The evidence that does exist reveals the potential for the spread of HIV infection in the general population.

Marital and non-marital sex

Out-of-wedlock births give a clear picture that premarital sex is not uncommon but little is known of its frequency or the number of partners—both of which elevate the risk of HIV infection. In CNMI teenagers are sexually active and condom use is less than 20%, so the teenage pregnancy rate is 9.3% of the females 15 to 19 years old. This is much higher than the rate in the US (CNMI 1995 Comprehensive HIV/AIDS Prevention Plan). In the Cook Islands births to never-married women are fairly common and there is some evidence of a trend towards younger courtship and exposure to first birth (Booth, 1984). In several cultures premarital sex, such as the practice of 'moetolo' (sleep crawler) in Samoa, is well known.

On the issue of extra-marital sex, legend abounds, but relatively little data. Osuga and Chang (1994) report information from surveys in Fiji and Vanuatu. In Fiji, respondents believed that 70 to 80% of the population became sexually active before marriage and 74% believed that extra-marital sex occurs. In Vanuatu, 96% thought people in their country engaged in premarital and extra-marital sex. In PNG, 71% of men and 21% of women have had extra-marital sexual partners at some time in their married life (Jenkins et al., 1994).

Only from PNG is data available on the extent and frequency of extra-marital sex, and the number of partners. Such information is important to allow the likely spread of HIV to be gauged and intervention strategies to be developed. Data from other developing countries indicates that extra-marital sex is common and in several countries men have many different partners per year. On average, 23% of currently married men, 6% of currently married women, 33% of never married men, and 12% of never married women age 15 to 49 years reported having non-regular sex in the last 12 months (that is, sex with a person who is not a spouse or regular partner). These averages are based on data reported in Carael et al., (1993). The prevalence of such sex practices and the number of temporary partners was highest among men 20-29 years and women 15-24 years.

Individuals with a high rate of change of sex partners play a disproportionate role

“Individuals with a high rate of change of sex partners play a disproportionate role in the spread of HIV. Sex workers are one such group. Jenkins (1994), reported that the least well paid sex workers in PNG have approximately 300 to 900 partners per year, ...”

in the spread of HIV. Sex workers are one such group. Jenkins (1994), reported that the least well paid sex workers in PNG have approximately 300 to 900 partners per year, doing it unprotected. Higher paid sex workers have fewer partners and part-time sex workers have around 50 partners per year. In the study of sexual behaviour in developing countries, 5% of men and slightly less than 1% of women reported more than 5 casual partners in the last 12 months, although in many countries 7 to 10% of men report 5 or more partners. The study showed a significant positive correlation between the prevalence of non-regular sex and a high rate of change of partners. That is, of higher risk behaviour (multiple partners) in populations exhibiting high risk behaviour (non-regular sex). In PNG, Jenkins et al., (1994) noted that many men have similar partners of high rates of sexual partner change while young, some continuation into the early years of marriage and then a drop off in frequency later in life. In the PNG study, the reported distribution of sex partners for men was: one partner - 22%; two to five partners - 59%; six to ten partners - 13%; 11 to 20 partners - 3%; and more than 20 partners - 3%. A Study

of sexual behaviour in Palau reported that one-third of the sexually active population had more than one partner in the past year (Republic of Palau, 1994).

Men, prostitution and condoms

About 10% of men in developing countries reported engaging in commercial sex, with a range from 1% in Sri Lanka to 25% in Tanzania. In PNG study, about half of the male respondents stated that they paid sex partners with cash, and that most of the women were prostitutes. Among female respondents, 55% reported to have received cash or gifts in exchange for sex (Jenkins et al., 1994). In the Palau study, 30% of sexually active males reported exchanging money or gifts for sex. Of course, premarital and extra-marital sex may not be particularly high risk if condoms are used. In the study of sexual behaviour in developing countries, the percentage of men who reported always using a condom was generally 10% to 40% while in no country did a majority of men report always using a condom even when engaging in commercial sex.

Unprotected sex is also common in the Pacific. Barr (1995) discusses a 1989 Fiji Ministry of Health survey which found that less than 10% of men in Fiji had protected sex. Plange (1990) noted that some sex workers in Fiji carry condoms and insist that their customers use them and some have regular medical check-ups. These developments are a favourable, even if small, beginning. In PNG, 43% of men and 74% of women had never seen a condom before being shown one by an interviewer. Of those who had at least heard of them (80% of men, 60% of women), only 8% of men reported using condoms most of the time and only 12% of women had ever used one (Jenkins et al., 1994). Condom use among sex workers in PNG is very low, possibly as low as 5%. Only a few of the male customers of sex workers interviewed considered they might be at risk of acquiring HIV. Among the sex workers themselves, their own risk of acquiring HIV from customers and passing it on seemed to elude them (Jenkins, 1994). In Palau, less than 10% of the sexually active population reported using condoms.

Conclusion

There are further factors present in the Pacific that increase the risk of HIV transmission. The first is alcohol abuse and the second the status of women. While alcohol does not directly increase susceptibility of HIV infection, it may well play a role in a user's decision to have unprotected sexual intercourse, and thus to expose themselves to risk of STD, including HIV infection (Ogusa and Chang 1994:s114). One local doctor also reported that among STD patients,

the most common excuse for not using a condom is alcohol intoxication (confidential interview). Similarly, the unequal position of women in the Pacific reduces their power in sexual relations and increases the probability that they will have unprotected sex (Jenkins et al., 1994). This lack of power is indicated by the level of domestic violence, physical and sexual abuse, and in the unguarded utterances of some politicians.

So, where does this leave us? Is it safe to assume that it couldn't happen here? Pacific islands are different from other countries in a number of ways, but not in ways that make them immune to the spread of the HIV virus. High risk groups and high risk activities exist that make the general population vulnerable to the spread of HIV infection. It could, and is, happening here in the midst of the Pacific.

Endnotes

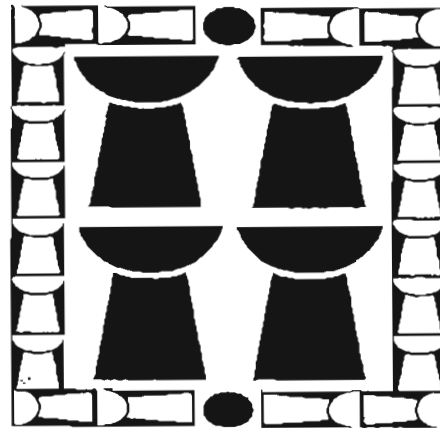
1. In some outer islands no blood screening facilities exist and the likely risk of a donor is assessed on the spot. Based on estimates of the cost per HIV infection averted by screening blood (Over and Piot, 1993) and of the economic benefits of preventing an infection, it is cost effective to screen blood in these areas where the proportion of blood donors infected with HIV is greater than about 1 in 1000. It may however, be desirable to screen blood even where the incidence of HIV is low in order to maintain confidence in the medical system.
2. Two of 123 cases reported in New Caledonia as of June 1995 were from needle sticks.
3. Jenkins et al. (1994) also found that in addition to the minority who would prefer male partners nearly all the time, there is a large number of men who have sex with both men and women more or less regularly throughout their lives.
4. Plange estimates that average high, medium, and low weekly earnings of prostitutes were F\$300, F\$160, F\$100 per week, respectively. This is low compared to the earnings of F\$28 to F\$42 for a 45 hour week for many women in the garment industry (Barr, 1995).
5. Jenkins (1994) reports average earnings for sex workers of around 100 kina plus the value of beer, food, gate fees, transport and other goods given. Thus, cash earnings alone were about twice the earnings of unskilled female urban employees in 1990 and about the same as semi-skilled employees (based on wages data from McGain, 1991).

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“In the face of the most deadly STD ever to confront humanity, some would prohibit even the study of the human behaviours that put our children at risk. Thus we disarm ourselves in the middle of a lethal battle. ”

*America Living With AIDS.
Report by the National Commission on AIDS, Washington D.C, 1991.*