



Risky Business:

Sex work and HIV prevention in Fiji.



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EXECUTIVE SUMMARY

While currently low prevalence, HIV is in an escalating phase in Fiji and preventative efforts need to be stepped up. Developing workable interventions for, and engaging with, vulnerable and marginalised groups such as sex workers will be an essential step in effective HIV prevention.

This report is the outcome of in-depth interviews with 40 sex workers. It is intended to further the understanding and documentation of issues related to HIV prevention and commercial sex work in Fiji. Interviews were conducted with female and transgender (male to female) sex workers in Suva, Nadi, Lautoka and Labasa during August and September 2009. The findings presented here are aimed at informing the development and provision of programs, policy, resources and services that will reduce the risks of HIV transmission related to sex work in Fiji.

The study sample is non-random and cannot claim to be representative of all sex workers in Fiji. However a purposive sampling approach was chosen to capture a broad range of local sex workers and their circumstances. Sex workers under the age of 18 years old are not included in this research.

Most study participants started selling sex at around 18 years of age, typically after leaving school and moving to a town. Financial need was the overwhelming reason for selling sex. Many participants had another job as well, but could not support themselves on those wages alone.

Clients come from all professional and ethnic groups, but are almost exclusively male.

The data show that the client determines much about the terms of the transaction. Furthermore, sex workers say that many clients don't want to use condoms and put pressure on sex workers to have sex without a condom. It is also common for a client to offer more money for sex without a condom.

All the sex workers in this study were condom users, although not all were consistent condom users. They considered condom use to be an important means of self-protection. From the data on interactions with clients, it is evident that sex workers often become informal HIV educators through their efforts to negotiate condom use.

The data show that peers and more experienced sex workers are important facilitators of condom use and

also HIV/STI testing and treatment service information and use. Peer educators conducting street and bar distribution are a very effective means of promoting condoms in sex work. Within the narratives of these participants, a determination to use condoms, and an approach to negotiation which included efforts to educate clients and other sex workers, was associated with a sense of professionalism among sex workers. However, fear of police harassment or arrest is a disincentive to sex workers to carry condoms.

Similarly, fear of brutality and harassment from the public or the police reduces opportunity for negotiation, including condom negotiation, and concern about the risk of HIV infection is displaced by other more immediate concerns. In addition, desperation for money, and fear of not getting another client, is an incentive to comply with a client's wishes for sex without a condom. Competition for business puts pressure on prices, and makes negotiating condom use with a client more difficult.

A culture of cooperation and sharing is one of the greatest HIV prevention resources within the sex work community. Sex worker support organisations and networks increase this resource and its utility for HIV prevention purposes. Most commonly sex workers in this study had learnt about condoms and HIV prevention from other sex workers and peer educators. Sex worker groups also further efforts to engage sex workers in HIV education and condom use.

Timely testing and treatment is a necessary component of HIV prevention. The use of sexual health clinics and HIV and STI testing is facilitated and encouraged by both sex worker support organisations and peers. Assurance of confidentiality, non-stigmatising treatment, availability of transport, and consistent opening hours are all important for sex workers' uptake of sexual health clinics and HIV and STI testing services.

In short, the creation of an enabling environment for HIV prevention interventions is an essential prerequisite to an effective response to the threat of HIV in Fiji. On the other hand, as the law and police crack-downs are used to attempt to eradicate sex work, the conditions under which sex is sold will change. Rather than prevent sex work occurring, these changes will drive sex work underground, and will be detrimental to efforts to reduce HIV transmission risk.

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1. INTRODUCTION

The Republic of the Fiji Islands is a business, industry and tourist hub in the South Pacific. There are approximately 330 islands in 'Fiji's Exclusive Economic Zone', around one third of which are inhabited (Fiji Bureau of Statistics 2008). The majority of Fiji's administrative, industrial and business activity is based on the two largest islands of Viti Levu and Vanua Levu. Suva is Fiji's capital and major city, Lautoka City is Fiji's second city and heart of the sugar industry. Both are located on Viti Levu. Also on Viti Levu, the third largest town Nadi is a tourism axis and the gateway to Fiji for the majority of visitors. In Labasa, the principal town of Vanua Levu, business centres on the sugar cane mill. The Fijian population of 857,000 is comprised of two principal ethnic groups: indigenous Fijians (57%) and Indo-Fijians (38%) (Fiji Bureau of Statistics 2007)¹.

By December 2008, the number of HIV positive cases reported in Fiji stood at 290 (Commission on AIDS in the Pacific, 2009). Data on potential HIV transmission risk is patchy, but a continuing high incidence of sexually transmitted infections (STI) is a proxy indicator of the high prevalence of unprotected sex (UNGASS 2008). Heterosexual transmission is the main reported mode of transmission, followed by peri-natal transmission (UNGASS 2008). Indigenous Fijians are the predominantly affected ethnic group (81%) (UNGASS 2008), and a similar proportion is also evident in STI statistics (UNGASS 2008). While currently low prevalence, HIV is in an escalating phase in Fiji and prevention efforts need to be stepped up (UNGASS 2008). Local conditions would suggest both the potential for a rapid spread and negative social and economic impacts, should numbers of HIV infections reach a critical mass. Internationally it has been seen that HIV transmission can be reduced through improved use of and access to condoms, and to STI (including HIV) treatment and services.

One of the priority goals identified in Fiji's national strategic plan on HIV/AIDS for 2007 to 2011 (Ministry of Health, 2007) includes the reduction of the risk of HIV transmission among sex workers, as a vulnerable and marginalised group. Sex work has been associated with an elevated vulnerability to HIV infection, when workers are unable to negotiate condom use, because it involves multiple and concurrent sexual partners. Furthermore some client groups may also be considered high risk (e.g. seafarers). Where buying sex is common, research shows that HIV prevalence can be decreased by increasing levels of condom use among sex workers and men who buy sex (UNAIDS 2008).

Programs aimed at increasing the use of condoms during paid sex can be expected to be crucial to efforts to prevent the transmission of HIV in Fiji.

While sex work is illegal in Fiji, it is also highly visible in areas around the main towns, especially at night. Despite increasing media attention being directed at the issue, there are scant data on the conditions of sex work and on factors that impact on sex workers' HIV risk behaviour. This research was designed to further an understanding of the underlying factors that generate vulnerability to HIV transmission among sex workers in Fiji: to identify factors that exacerbate or reduce risk behaviour and also those which undermine or improve the access to and use of HIV prevention activities and services. The research also draws attention to societal sources of HIV risk and vulnerability, and to the impact that circumstances beyond the control of the individual sex worker have on risk behaviour. Such information is relevant to a wider area of policy development.

This research was funded by AusAID through a targeted HIV social research grant to the International HIV Research Group (IHRG) of the University of New South Wales Australia. The research was conducted in partnership with the Pacific STI and HIV Research Centre (PSHRC) of the Fiji School of Medicine (FSM), Suva, and with the assistance of members of the sex worker community in Fiji.

This report is aimed at policy and program developers, service providers, researchers, and civil society and community organisations along with other individuals and groups who have an interest in HIV prevention in Fiji.

1. These percentage figures were taken from the Fiji Bureau of Statistics 2007 Census. The population figure is the projection for 2010 given in the same census.

2. STUDY METHODS

Data collection was preceded by a three month consultation, familiarization and observation period: meeting with service providers, sex worker organizations, peer educators and individual sex workers in bars, nightclubs and on the streets. This background work informed various procedural decisions.

An in-depth interview method was employed to collect qualitatively rich data from sex workers in four towns in Fiji. Purposive sampling with a quota approach ensured the participation of both women and male-to-female transgender, Indo-Fijians and indigenous Fijians, as well as some variety in age and marital status of participants. Data gathered were not intended to capture a statistically representative snapshot of the sex worker population, but rather to identify and map a range of sex worker circumstances and experience. Due to consent issues, only those over the age of 18 were interviewed. Temporary migrant sex workers from China, while visible at the time of data collection, were also excluded from this study. This decision was made on the basis that adequate capture of the experience of this group and proper contextualization would require the involvement of Chinese expertise, and that this first cast of the net should focus on the specifically Fijian situation.

Forty sex workers were recruited for face to face interview (n=40). A semi-structured interview schedule was used that inquired into:

- Personal background and history of sex work
- Economic and other functions of sex work
- Conditions under which trade occurs, including a wider consideration of risks and consequences
- Condom access and use, including negotiation with clients
- Access and use of sexual health and treatment services
- HIV and HIV transmission knowledge and attitudes.

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 recount events and memories and otherwise elaborate on their answers to questions.

Interviews were conducted during August and September 2009 in and around Suva, Lautoka, Nadi and Labasa.

The interview team included three members of the local sex work community, two of whom were transgender, and all of whom had previous research experience and were given training for this particular

project. Participants could also choose an interviewer from outside the sex work community, should they feel that would provide more confidentiality, or if the other interviewers were too well known to them.

2.1 Recruitment

Recruitment strategies included introductions via service and community organizations, peer recruitment, and chain referral. Later, invitations to participate became more specific, for example targeting female Indo-Fijians, or women with children, to ensure a range of situations and backgrounds was captured.

Peer educators and other recruiters handed out contact details so that interested participants could present themselves for interview. Participants were reimbursed up to \$5 for travel expenses; others were provided with a \$5 telephone card so that they could contact and invite other sex workers.

Eligibility was limited to sex workers over the age of 18 years and who spoke English or Fijian, as no suitably trained Hindi speaking interviewer was available at the time of data collection. While there was some evidence of people younger than 18 being involved in sex work, no potential participants had to be excluded on the basis of language. Sex work was defined as receiving money or other material gain as direct exchange for a sexual act. All participants identified themselves as sex workers.

2.2 Procedure

The study had ethics approval from the Human Research Ethics Committee of the University of New South Wales, and the Ministry of Health in Fiji.

Potential participants were given an information sheet and were also verbally informed about its content. Interviews were completely voluntary and took place after it was confirmed that the participant understood the nature of the study, was happy to proceed, and written consent obtained. Interviews were conducted

in an informal, semi-structured, conversational manner and were recorded on audio tape. Interviews lasted between 40 and 90 minutes and were conducted in private rooms.

Interviewers provided contact details for local providers of counseling and HIV/STI testing and information services. None of the participants showed any indication of distress, nor did any request referrals to counseling services. There was a higher level of uptake of information about sexual health services and STI and HIV information, and most participants requested condoms.

2.3 Data analysis

Following the transcription of the audio-taped interviews data were cleaned, 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. All 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 two members of the research team. The analysis aimed to identify range, patterns and consistencies, and points of difference.

After a preliminary analysis had been undertaken, a summary of the findings was reported back to groups of sex workers in Lautoka, Labasa and Suva. Comments and feedback on these summaries were invited, and the veracity of the findings could be checked and verified or contested at this stage. It also provided an opportunity for the researcher to ask further questions for clarification where needed.

3. RESULTS

The data on key topic areas are described and summarised. Attention has been paid to the range of experiences and views expressed, as well as to commonalities. Direct quotations appearing in text boxes are included both to augment the summary and to give an actual voice to the participants. The quotations exemplify common experiences or beliefs and illustrate themes, and also on occasion express divergent opinions. Before inclusion, quotations were considered in the light of the individual narratives that they were lifted from, and in relation to the body of data as a whole. The names assigned to the participants are not their real names.

3.1 The sample

This study sample is non-random and as such it cannot claim, nor was it intended to be, statistically representative of all sex workers in Fiji. Rather, the purposive sampling approach was utilized to facilitate the capture of a broad range of sex workers and their circumstances. Some limitations still resulted. Ethical considerations did not permit us to interview those under 18 years old and selling sex. A decision, previously noted, was made to exclude migrant sex workers from China. This study does not attempt to represent these two groups.

Some lessons were learnt from the purposive sampling approach which should be of use in any future studies: Recruiting females took more time and effort than recruiting transgender, and it was more difficult to recruit Indo-Fijians than ethnic Fijians. Indo-Fijian females were the most reluctant to be interviewed.

The following brief description of the sample achieved indicates the general characteristics of the participant group.

Description of the Sample

- 40 sex workers were interviewed - (n=40).

- They ranged in age from 18 to 45 years. The average age of the participants was 27.6 years and the median age was 26 years.
- Twenty two of the participants were female and 18 identified as transgender, having been born male.
- Of the 22 female participants, 6 were Indo-Fijian and 16 were indigenous Fijian.
- Of the 18 transgender, 8 were Indo-Fijian and 10 were Fijian.

3.2 Condom use

The interview schedule included a series of topics of discussion and some specific questions for any sex workers who did not use condoms. This schedule was not needed. All participants were condoms users, although not all were consistent condom users. Participants considered condom use to be a means of self-protection. Many participants said that they did not use condoms when they first began sex work and were instructed by other sex workers (and the occasional client) on the need to use condoms with clients.

I really like [using condoms] because I think of myself, think of my own health, things that might happen to me and diseases might come. So I like it. It's my own safety.

(Ruby aged 20, transgender).

I like the condom. It's the only protection I've got

(Liz, aged 25).

All participants said that they would prefer to use condoms for sex work. However, many of those with non-paying partners said that they did not use condoms with their intimate partners, most often because the intimate partner did not want to. Condoms tended to signify a commercial transaction and non-condom use was often a marker of intimacy.

A number of sex workers said they would prefer to use condoms but admitted that for reasons such as condoms being unavailable, and fear of losing a client, they sometimes had sex without a condom. Mostly, if no condom was available these participants said that

they would offer to masturbate the client, or provide oral sex or non-penetrative sex. A few sex workers said that they charged more for sex without a condom.

In addition, a small number of interviewees felt that although they preferred to protect themselves through condom use, life had taught them that they did not have much control over what happened to them. These interviewees spoke of having to “go with the flow” and acquiescing to the dictates of clients who refused condom use. The approach of these participants stood in stark contrast to those ‘professionalised’ sex workers whose involvement in organisations and groups appeared to foster a greater propensity to insist on their right to protect themselves.

Many of the sex workers interviewed were adamant about an insistence on always using a condom with a client. This attitude was most typical of participants who were involved in sex worker support and advocacy groups and who had adopted a more ‘professional’ approach to sex work. Furthermore, a determination to use condoms and an approach to negotiation which included efforts to educate clients and other sex workers was explicitly associated in numerous narratives with professionalism. Apposite to this, participants invoked a category of amateurs, described as those who went out looking for fun as opposed to “looking for money”. People included in this category were variously cited as those who go to bars and have sex with the men who buy them drinks, and school students in small towns who have sex with people who have cars to drive them around in and provide alcohol and music. Amateurs were denigrated as non-condom users who heightened the risk, of HIV ‘spreading around’, for everyone. Some participants also felt that as sex workers they acted more responsibly than other people.

I just tell them straight: you take it or leave it, for me I will use the condom and if you don't want me to use the condom you better drop me off and go. It's up to you how smart you are, and how professional you are in this sex-working business shall we say
(Lily, aged 29 transgender).

When I decided to do sex-work and, like, come out and you know, like, be open about it, that's when I decided that I think I should use condoms
(Liz, aged 25).

[Sex work] affects your life, like you have to worry about it day and night: why I'm doing this, when is the day that's gonna come that I'm gonna stop it. You have to be determined that, look this is what I'm doing and this is how I'm gonna do it. If I am going to become a SW [sex worker], how am I going to do it right?
(Louisa, aged 40).

On Saturday I was drinking grog [cava] at my village with my mates, and when I went out I can hear somebody say "HIV". Because I'm a sex-worker, just because of that. But they don't know that what we're doing is much better than the person who is staying in the village. Because we know we use condoms
(Camilla, aged 27).

3.3 Condom negotiation

Sex workers said that many clients don't want to use condoms and put great pressure on sex workers to have sex without a condom. Clients' usual objection to condom use is loss of sensation. Negotiation between a client who does not want a condom to be used and a sex worker who does is very common. Some sex workers do not feel they are in a position to negotiate and must acquiesce to the clients' preference.

As part of the negotiations, it is common for a client to offer more money for sex without a condom. Most participants said that they would still refuse sex without a condom, on the basis that their health and their life was more important than money. Some participants admitted that they would be tempted to accept if they

thought they were feeling very desperate, either for money or that they would not find another client. A few sex workers said that they would charge more for sex without a condom, as it increased their 'risk'.

Sex workers who wish to retain a client who is resistant to condom use commonly employ a gentle form of education. This may involve reminding the client of his family as well as the need to look after his own health, and was by far the most common sort of negotiation described by participants. Sex workers who were involved in networks and service organisations offered the most eloquent descriptions of this type of negotiation. Several sex workers said that they don't ask about condom use, or negotiate, but simply slip a condom on.

Some clients provide their own condoms and the sex workers consistently referred to these men as 'good clients', and describing them also as 'better quality' and more sophisticated people.

A lot of time men do not want to use a condom, but it's up to an individual, if you can educate them... You have to educate them. You have to sit down with them, explain to them... If you get infected, who gets infected? You, your family and the other people who you might go with. So there are a lot of things you have to explain to them but sometimes it becomes very difficult to explain as well. There are a lot of times we have to leave them and, if they don't want to go with a condom, I don't want to go with them
(Louisa, aged 40).

Usually with my fixed clients I talk about the use of condoms because sometimes when I'm not available they'll pick up some other girls and when they come back to me I don't know where they've been. So I advise them that if you're going to go out with some other girls, which you are allowed to, you need to use condoms
(Lisa, aged 26).

3.4 Sources of condom information

Commonly, participants said that they did not know about condoms when they first began sex work. Most sex workers in this study had learnt about condoms, and the protection from STIs and HIV afforded by condoms, from other sex workers and peer educators. Some had learnt about them via participation in workshops run by NGOs, community and civil society organisations². Sex workers who were involved in the Sekoula³ project learnt about condom use there. Some learnt about the need for condom use only after seeking treatment for an STI, and a small number were taught about the need for condom use by clients. One young transgender was introduced to condoms by a teacher, who also initiated him into money for sex.

I'm not so educated so my friends they never tell me before. The family I'm from, it's a poor family and they don't know about the condom, like that. When I came to Lautoka my friends they give me a condom. I say, "What's that?" They say, "It's a condom. It can save your life"

(Violet, aged 25 transgender).

Even now I got condoms in my pocket. Wherever I go I carry condoms because condom is the first thing for me. First time I came in the street I never use condom, after two, three, four months then I met one lady working in Ministry of Health and she used to come and make friends with me. She asked me "You always go out with client and use condom?" I said "No. What's a condom?" Then from there they used to give condoms to me

(Alexandra, aged 24).

I had a friend, she explained to me that there is a place where we can get condoms and how to use it. She said they give counseling too, and I said "could you please take me there"

(Ruby, aged 20 transgender).

3.5 Access to condoms

Sex workers most commonly relied on other sex workers for access to condoms. On the streets condoms are handed around, often through the windows of departing client vehicles. Peer educators - and the service organisations that support them - are central to condom access.

Sex workers also buy condoms when necessary, and condoms are also sometimes available at the hotels and bars where sex workers operate. Points of sale are not always available however. While sex workers say they would prefer to have their own supply of condoms, sometimes they have to rely on a client bringing or buying a condom for the job. Furthermore carrying condoms can sometimes lead to trouble with the police. Most sex workers interviewed asserted that the most effective way to get condoms to sex workers is to have peer educators distribute condoms on the streets and in bars and nightclubs and other areas that sex workers operate from. This is particularly important at night and in out of town areas where other supplies of condoms are not readily available.

People ask me "Hey do you have any condom?" As soon as they are about to get in to a clients car, they'll just ask if I have any condom... I get mine from the nearest health centre here in town, I just go there and tell them I need it and they are so cool with me just coming in dressed up like this

(Pearl, aged 24 transgender).

Some people don't go to town to get their stock, and when they get into the car they call out "Do you have a condom, can you give me one?" ... when I go to the street I usually take a lot, like 10 condoms, just for precautions, for some of my friends...

(Lisa, aged 26).

2. Nearly all of these workshops took place more than five years ago and none of the younger sex workers had access to this information source.

3. A program that provides counselling and advice about social support and other services and currently facilitates a sex worker group in Labasa and Lautoka.

3.6 HIV knowledge

Most of the sex workers interviewed had a reasonably accurate general understanding of what HIV is and how it is transmitted. Those who were the most knowledgeable, and could offer more nuanced explanations, were all sex workers who had participated in NGO-run workshops that took place five to ten years ago. Those travelling workshops, run by organisations that targeted sexual diversity and/or sex workers, were clearly very effective at reaching sex workers in the main towns.

Some sex workers had also received HIV information from peer educators and from school. Other, sometimes less reliable, sources of HIV knowledge included: other sex workers, magazines and the news media.

Many sex workers invoked information that they had about HIV to negotiate condom use with clients.

3.7 Clinical services

Most participants said that they had, at some time, used sexual health clinics for either an STI or HIV test. The interviewees who could tell us the time of their last STI or HIV test were those whose testing had been facilitated or encouraged by a sex worker support group or service organisation. Otherwise many participants had a first test only when they had symptoms suggesting an STI. Other sex workers and sex worker organisations provide the main support, encouragement and advice with regard to HIV and STI testing.

Many participants expressed the desire for a sex worker specific sexual health service, or to have these services available through their existing support organisation. Some participants referred to NGO and community clinics that have operated in the past. While these were popular with some, others did not like them.

Past community clinics were popular with a number of participants because they were friendly and welcoming places. However, others did not like them because in their experience they were only erratically open, confidentiality was not always observed, and storage of samples was doubtful. Problems with clinical safety and blood storage in one of the better known community-run clinics in Suva (now closed) were also raised.

At the time of this study many Suva NGO clinics

cited by participants had closed. That many or those participants were unaware of the closures, indicates future problems with access to treatment and testing services in Suva. None of the sex workers interviewed in Nadi knew where to go in that town for HIV or STI testing. In Lautoka and Labasa participants used services at the government clinics or went to a private doctor.

Those who used private doctors were happy with the services received, choosing to do so because they felt they had greater confidentiality and less judgemental treatment than at a government or community run clinic.

Many interviewees were happy with the services received at government clinics. Numerous bad experiences were also recounted however, and when this happened it left the individual reluctant to return again. Most participants felt very vulnerable when seeking an HIV or STI test, and approached clinics with some trepidation, many preferring to be accompanied by a supportive friend. Some participants found that the government clinic nurses and other staff had a negative attitude towards them, although others said the nurses were friendly. Concerns were also expressed about the confidentiality of the test results and the context in which those results would be delivered. The placement of some of the government clinics can be too public.

Even where discrimination is absent, stories of unexpected clinic hour reductions also indicate that some providers do not adequately value getting sex workers to test and treat. In the Western districts for example, a case was recounted of a nurse closing the clinic early despite being advised that a group of more than a dozen sex workers was scheduled to come for testing.

The provision of transport, different hours, a dedicated or mobile clinic, child care facilities and drop-in centres are all ways that sex workers in this study have suggested overcoming some of the barriers to service access that they experienced.

3.8 Pathways to sex work

Without exception all the sex workers who were interviewed had made their own decision to take up sex work. Some were encouraged by friends and a couple were offered money by their first clients, but none had been forced or sold against their will.

Most of the participants started young, most commonly at around 18 years old – typically after leaving school, and often after leaving home. A couple of the participants were 12 years old when they first received money for sex. In both these cases they had previously been sexually abused by family members and later took up the offer of money to perform a sex act when it was offered by another adult.

I come from a very broken family and I left my family when I was sixteen. ... I got in to sex-work because, for me, I'd rather be a sex-worker rather than living with my family because living with my family is like - as a transgender – some of our family try to do things with us. Some of my cousins, when I was still with my family, they wanted to get satisfaction from me and so I'd rather go and give myself outside - to earn money - than giving my family, or where I stay, for free. The reason why I did sex-work is to pay my bills, my rent and buy my food, buy my clothes and some of the money that I earn I send over to my parents. My mother she's a single lady now, so there's nowhere else I can find money to support my mother. That's the only way I know that will support my mother

(Lily, aged 29 transgender).

More typically participants had started selling sex after leaving school and home and moving to a town where they had, or made, friends who were already involved in sex work. These friends showed them the ropes when they decided to earn some money themselves. Many transgender who came from villages sought out other transgender and sex workers as kindred spirits, attracted to an inclusive community and the freedom to express their sexuality and femininity. Others took it up to pay for studies for themselves or their siblings, and numerous participants said they took up sex work to bring in money to the home after a parent had died or abandoned the family.

Furthermore, many participants said that they took up sex work while working in another job and finding that they could not live or support themselves or others on the wages paid by the only legal employment that was available to them. Many, but not all, participants came from very poor backgrounds.

It was very hard for my mother to pay for our education because she was just a house girl, she earns only \$25.00 a week. So she couldn't afford us... I moved away and I started this kind of life because I was poor. I never had clothes, nothing to help my family. I began to help my sister when she was very young, younger than me and she was schooling and with that money I helped her

(Sylvie, aged 24).

My mother was a school teacher and my father was a government officer. Both of them have passed away ... All my [siblings] are married, they have their own homes and I live alone with my two kids, and I'm working in the garment factory. The wage I get is not enough to pay my bills, rent and things... so I turned to sex-work. I do part-time, usually after work or during lunch time and on week ends

(Lisa, aged 26).

I'm from a very poor family. I was staying in [a small town] we're struggling for our life. We got kicked out from our family. They don't want my mother to stay – we're from a step-family, so we got kicked out from my father's house. They want it to rent and we're kicked out. My mother, she start working as a house-girl. I was so small at that time, only 10. We can't go to school and we can't buy things for the school, bus-fare, no food and so my two sisters they're working. My elder sister she's working in one potato shop. She just afford \$20, \$25, like that, and we can't buy anything. We use no shoes, like that, and one school master there asked me, "Can you give me a blow job?" and he gives me \$20. When I get the money I can pay my bus-fare, buy my pens and my books... I just give him the blow job for \$20 because I don't have a bus fare. Now I'm a sex worker girl, gentle, just like that

(Violet, aged 25 transgender).

A number of the transgender participants said that they had been raped or sexually exploited by family members and would rather move away and get paid for sex than have to provide it for nothing at home. One or two of the women also said that rape within the family drove them from home at a young age, but for most this was not the case. Many women had experienced violence and abuse from a male partner however, and choosing to leave that relationship had necessitated taking up or returning to sex work as the only means of supporting themselves and their children.

Regardless of the particular complex of initial reasons for taking up sex work, when asked why they sold sex the participants, all agreed that “it’s all about the money”. For all these participants sex work is driven by financial need. This is also reflected in the language used to talk about sex work. Whenever participants spoke about going out to look for a client, they almost all used the phrase “looking for money”.

For some of the younger sex workers and sometimes for others who feel marginalised by virtue of their sexuality or are otherwise alienated from family, the company of other sex workers provides a social world and an inclusive community as well as a means of financial support.

For all the sex workers interviewed here, sex work provides money that they need and cannot get any other way. For many this need was as basic a matter as feeding and housing themselves and their children, others needed to pay for the schooling of younger siblings so that they would have more financial opportunity. Numerous participants were supporting their mother. Numerous sex workers we interviewed also had other employment that did not pay enough for them to be able to live on adequately. For a few, the money earned from sex work meant they could gain prestige and respect, otherwise denied to them, through generous financial contributions to family and community.

I support my 2 children, I pay for my rent, I pay for my food... I don't have a boyfriend, I don't have a man in my life because my two children are my responsibilities: their better education ... When they grow up I might be able to pull myself away from here, when they are there to support me

(Louisa, aged 40).

3.9 Clients

Clients come from all walks of life, all professional and ethnic groups, foreign and local. Client relationships with sex workers range from the anonymous and one-off, to regular transactions and long term financial support. Some clients are abusive and violent and some are romantic and offer gifts. More commonly however clients conduct single and straight-forward commercial transactions and appear to be experienced at buying sex.

Participants describe 'good' and 'bad' clients. Good clients are those who pay well, provide their own condoms and are respectful in general; those who "know how to treat a woman". Bad clients are those who are violent and abusive, who force sex without a condom, and who sometimes also rob the sex worker.

The client determines much about the nature of the transaction. The amount of money the client has to spend will usually determine where the sexual transaction takes place: in a car, a motel or hotel room, or outside in the open air.

As discussed earlier, clients frequently resist condom use, but many will comply if the sex worker insists or is otherwise convincing. It is also common for a client to offer more money for sex without a condom as part of the negotiation.

Sometimes regular clients become long term providers of support. Some participants described client support lasting 10 years and more. Several of sex workers interviewed had married clients, but all had returned to sex work after being abused or treated badly. However, numerous participants knew of other client-sex worker marriages that survived, generally those involving foreigners who were wealthy enough to provide financial security for their (ex) sex worker spouse.

Clients are almost exclusively male. One of the female interviewees referred to having some female clients; these were other sex workers.

3.10 Competition and Cooperation

Some participants said that competition for business put pressure on prices, in turn making negotiation with clients over condom use more difficult. A general deterioration in the economy and the consequent squeeze on clients' wallets was also frequently given as explanation for a downward pressure on prices. While some participants framed 'competition' in terms of increasing numbers of sex workers, just as many others referred to the inevitable competitive disadvantages of aging. Others referred to overall feminine attractiveness and some transgender mentioned being at a competitive disadvantage to sex workers who were born female.

On the other hand one of the distinctive features emerging from this picture of sex work and sex workers' lives in Fiji, is the pervasive and remarkable extent of the cooperation that is an integral part of the activity. Sex workers in Fiji constantly cooperate with each other to supply each other with condoms and other resources, sharing information and money as well as drinks and cigarettes. Informal networks stretch across the main islands.

Where cooperation between sex workers is actively fostered through formalised networks and advocacy groups, the sex workers were confident in their insistence on condom use, knowing that the client will not be easily able to negotiate sex without a condom nearby.

3.11 Involvement in organisations

Participants were asked about their involvement in any organisations or networks that supply services to sex workers. As recruitment was seeded through two such organisations aimed at supplying services to sex workers, about half of the interviewees had some association with a group.

Services provided range from counselling, legal, financial, and social services support advice and sexual health and HIV/STI prevention education as well as condom provision and peer outreach services. HIV and STI testing are promoted along with financial planning and self awareness. Activities aimed at reducing stigma and discrimination among police and health service providers and the surrounding community are also undertaken. In Lautoka, where these activities have been running for more than a year, participants reported a reduction in harassment from the public and a better understanding from the authorities with regard to HIV prevention measures. In Labasa, where the program has been running for a shorter time, participants report an improved understanding by the police of the need to carry condoms and better access to counselling and testing services. Sex workers also report that belonging to an organisation bolsters beliefs in and experiences of self-efficacy and the ability to gain some control over one's life, and reduce the sense of isolation.

These organisations attract sex workers by offering services in a non-judgemental environment. The introduction of alternate income generation programs is also attractive to sex workers, especially Indo-Fijian women – a group that has been generally reluctant to become involved in the past. Not all sex workers we interviewed said that they would prefer other work, but many did.

The participants who were most strongly connected to these service organisations and networks were highly motivated and confident individuals and less afraid of public exposure than other participants. Women, particularly Indo-Fijian women, were less attracted to sex worker networks and service providers than others. The main reservations that were expressed concerned a perceived risk of being 'outed' as a sex worker, and a lack of time due to family and work commitments.

A few participants expressed the view that service and support organisations should be run and staffed by sex workers only. For most participants however the central issues were that the organisations are sympathetic, welcoming and supportive, knowledgeable and can achieve something, and that sex workers themselves lead the decisions about what the objectives of the group are.

The social space afforded by the facilitation of sex worker groups is very valuable to those involved. However, although many sex workers do not have other employment they frequently have heavy demands on their time, especially women with children and families. It is often difficult for sex workers to travel to, and attend formal meetings. Participants reported a need for organisations to be able to achieve a combination of ends not just talk if they are to stay involved. They need to combine being able to pick up condoms and get advice and information as well as make decisions and plan community activities. Further, it is important to those who attend formal network meetings that they also see some action on those decisions. Money is a central concern for all sex workers, so the ability to ease financial constraints – either by providing reliable transport to meetings, or facilitating income-generating activities, is very important to attracting and sustaining connection with their constituency. Through outreach, services organisations can manage to include and provide information and HIV prevention resources to many who would not formally join the network.

3.12 Harassment, violence and other worries

All the sex workers in this study reported being worried about the possibility of being exposed to HIV. However sex workers are preoccupied with more immediate risks and threats than that of HIV when they go out 'looking for money'.

When sex workers were asked what they worried about most when they went out to look for or meet a client, most spoke about income and violence. The most commonly reported concerns were; worries about whether or not they will get a client, worries about whether they will earn the money to get home again, whether they will encounter an abusive or violent client. Some participants were most worried about being seen on the streets by family members and several said they were most worried about the welfare of children left in the care of others. Many sex workers also added worries about harassment from men, from street kids and also from the police.

Sometimes [clients] say "No I don't have sickness, don't use the condom". Sometimes they say "I'll pay you more", like that. Sometimes I'm drunk, I knock out, the client just do whatever he wants to do. And sometimes they force us to don't use the condom. They will force you. They gonna pull your hair and you have to suck. Sometimes you get a punch. Sometimes we tell them to buy condom they don't want to. Sometimes they take you far away, like that. If you don't want to do it natural, they gonna drop you there. Then you have to find your way and there's no chance for us

(Carmen, aged 25 transgender).

If they don't want to then that's where I end with them. When they don't want to use condom, I leave them and I walk out. Never mind about the money. Like, some of them if we talk to them slowly, then they will understand and will use the condom. But some, it's very hard, if [they are] drunk they can hassle us. So it's good we're strong girls, we just run away

(Beatrice, aged 26).

Sometimes [the police]'ll ask "You really use this?" Sometimes they are better when understanding we use [the condom]

(Tricia, aged 26).

Harassment and abuse from all quarters was experienced more commonly by sex workers who pick up clients from the streets, and by transgender sex workers in particular. More of the transgender participants reported being subject to violence and sexual abuse, typically from heterosexual men. Numerous participants, both transgender and female, described being robbed and/or being driven out of town by clients and dumped in another village, often without clothes. This was more frequently reported around Nadi.

Some participants, again most commonly those who worked from the streets, reported police harassment, but mostly this was limited to being chased from the streets. Sex workers said that there was now less police brutality than had been the case up to five years ago. However, in Nadi there were numerous reports of extortion: sex workers having to pay money to police, usually alluded to as 'grog money'. In and around Suva the descriptions of police response are more mixed. Mostly participants describe the policing of the streets: 'chasing' sex workers away, telling them to go home, or threatening them with arrest. Some transgender reported being forced to provide oral sex. Interestingly, there were no claims of corruption or brutality in Lautoka and Labasa, where sex worker organisations have been securely established and engage in building community and liaise with the police to improve understanding about HIV prevention.

Sometimes when the police come and check my bag and see the condom they always ask "what is this for?" I always tell them straight "that's for fucking. It's good we are using that because we're safe. But we don't know about you. Do you use it when you have sex or no?"

(Helen, aged 24).

3.13 Nadi, Labasa, Lautoka and Suva: issues and differences

Differences from the data gathered from the four sites were apparent.

In contrast to the three other towns, the sex worker community in Nadi appeared to be more transient. Many of the sex workers interviewed there lived out of town, were passing through, or had arrived specifically to look for money. Participants had come from around Fiji. None of the sex workers interviewed in Nadi for this study knew where to access HIV and STI testing or free condoms in Nadi. Mostly they bought their own condoms or travelled to Lautoka and Suva for STI testing and treatment. At the time that this research was conducted there was a shortage of condoms on the streets of Nadi and recruitment efforts were consistently met with pleas for condoms and lubricant. Reports of police corruption and harassment, along with violence and brutality from clients, were greater in Nadi than in the other centres. Unlike the other study sites, sex workers in Nadi were reluctant to carry more than one condom with them at any time. This was because carrying condoms would give police reason to harass them. Consequently, sex workers were unlikely to be able to provide condoms to others.

In contrast to Nadi sex workers, the participants in the North were more settled and less mobile. The sex workers who participated in the study all had other employment. In Labasa, participant numbers achieved were lower than planned. This was due to a national 'clean up' operation, targeting sex workers and street kids, coinciding with the timing of the interviewing there. This clean-up operation drove sex workers deeper into hiding, making them distrustful of anyone asking questions, and rendered further recruitment efforts futile. Those Labasa participants who were recruited before the clean-up operation

began reported access to good services, particularly for sex workers aligned with a local support organisation. However there were also numerous young sex workers in Labasa, some of whom had taken up selling sex before they left school, who were not involved with, or aware of, the support or services available. Secrecy was of the utmost importance to sex workers in Labasa and all of the participants we interviewed kept their involvement hidden from family and the public.

In Lautoka sex workers include women who bus in from rural areas, as well as those who travel from Lautoka to Nadi for sex work, both in the daytime and at night. While the research team was able to identify and talk with a number of female daytime sex workers, none would agree to a formal interview. The local organisation that provides HIV prevention resources and other support to sex workers also reports difficulties reaching this group.

The areas and types of sex work and sex workers in Suva are diverse and appear to be expanding. In addition there is the presence of Chinese sex workers who are now the clear preference of Asian seamen and other migrants. Rather than one community, it would be more accurate to speak of a number of communities of sex workers in and around Suva. As the settlements on the outskirts of the city expand so too do the number of roads and intersections that sex workers operate from. Many of the new settlement areas are impoverished and the sex workers are young and inexperienced. They often lack a cohort of older sex workers who would advise them about basic safety measures including HIV prevention. Transport costs deter these young sex workers from going into town, and many have no access to the services that are available in Suva. There is no peer education outreach in operation in these areas, and no night-time distribution of condoms or lubricant.

4. DISCUSSION

4.1 The significance of others: Men and young people

In countries where it is common to buy sex, the condom use behaviours of men who buy sex is considered to be a crucial determinant of future rates of HIV (UNAIDS 2008). In Fiji, the resistance to condom use comes from male clients rather than from sex workers. This signals a need to work with male clients. Clients come from all socio-economic and ethnic backgrounds in Fiji and do not appear to be specific to any ethnic, religious or occupational group nor any socio-economic class. Sex workers frequently become informal HIV educators when trying to negotiate condom use.

Clients' usual objection to condom use is loss of sensation. The quality of condoms is important to usage. Condoms that are more attractive, easy to use, and providing maximum sensation might go some way to reducing client resistance, and make it easier for sex workers to always use condoms. Certainly sex workers themselves expressed a preference for coloured and flavoured condoms.

The number and professional popularity of transgender sex workers, along with their continued experiences of sexual abuse, harassment and rape by heterosexual males, suggests a need to engage with local attitudes to masculinity. A sustained distinction between men who have sex with men and heterosexual identity appears problematic. This will have implications for any assumptions about potential HIV transmission risk groups in Fiji that are based on a mutual exclusivity of heterosexual male and MSM populations.

More needs to be known about men who buy sex in Fiji: their condom behaviours and their beliefs about sexuality and masculinity as well as their reasons for buying sex. Such information is needed to inform programs that could deliver HIV prevention education and resources or impact on the condom use behaviour of men who buy sex in Fiji.

A change in attitude in Fiji making condoms more acceptable in all sexual relationships would compound dividends for HIV prevention. Condom use is currently strongly associated with sex work. Sex workers have sex within their intimate partner relationships as well as for work, but it is difficult for them to use condoms outside the working relationship because condoms signify a commercial transaction and a lack of trust. It

is reasonable to assume that there will be the same barriers to condom use within the non – commercial sexual relationships of clients.

Many young people take up sex work upon leaving school and home. It is important that they receive good HIV prevention education from school and at an early age. Similarly, other young people are said to be regularly involved in transactional sex as part of their social life. Anecdotally these young people are not condom users. In addition, as condoms are strongly associated with sex work, it might reasonably be surmised that those involved in transactional sex, but not identifying as sex workers, are unlikely to be regular condom users or to carry condoms.

4.2 The importance of peers, service providers and sex worker networks.

Peers

For sex workers, service providers and other organisations that specifically target sex workers, peers, and more experienced sex workers are all important facilitators of; condom use during sex work; HIV risk education; and testing and treatment service information and attendance.

Peers are the most effective and sustainable method of delivering HIV education and preventative resources to this very vulnerable, marginalised, and otherwise hard to reach population. Organisations that can adequately support peer educators are necessary for the sustainability of the peer system. Peer educators - and the service organisations that support them - are crucial to condom access and therefore to condom use in sex work. The largely informal peer system that currently exists relies on the dedication, time and energy of a very small number of people and these are usually volunteers. Without adequate support the peer system will remain erratic and inconsistent in coverage.

Service providers

Timely testing and treatment of HIV and STIs is a necessary component of effective HIV prevention. In the case of sex workers, fear of discrimination and negative judgement can be added to the usual reasons for a reticence to present at testing services.

Discrimination discourages sex workers' use of STI and HIV testing and treatment services. The participants' narratives provided evidence of some discrimination still occurring and also of a lack of recognition of the importance of sex worker access to and inclusion in these services. It is important that the moral or religious beliefs of staff do not result in a punitive attitude which will hinder HIV prevention efforts and safe sex behaviours.

To be accessible to sex workers, and increase the effectiveness of HIV prevention programs, services need to take account of and address the realities of sex workers' daily lives and priorities. This would involve taking measures noted and engaging with issues identified in 3.7 above.

Many participants expressed a preference for a sex worker or transgender-specific sexual health service, or to have these services available through a sex worker network or sexual diversity organisation. While it is important that services are provided in a way that actively encourages sex workers to use them, it is absolutely crucial that all clinical services are professionally managed and accord to all standards of safety with regard to the keeping and storage and transport of blood and other samples. Clinical management must be professionally overseen and adequately funded, not volunteer-run. This is reported to have led to clinical safety issues in one community clinic in the past. A mobile unit or outreach clinic, providing regular and scheduled services through a sex worker focused community organisation would provide the assurance of clinical safety along with community accessibility.

The participants in this study utilised and expressed preferences for a variety of sexual health service providers including private doctors, government run clinics and NGO run or community based clinics. All need to ensure regular opening hours and that sex workers are not turned away unseen. All clinics must be non-stigmatising and confidential. Sex workers support others to go for treatment and testing so poor treatment of one sex worker has a multiplying effect and undermines HIV and STI prevention efforts.

Support organisations

One of the distinctive features emerging from this picture of sex work and sex workers lives in Fiji, is the pervasive and remarkable extent of the cooperation that is an integral part of the community. This is an important resource for HIV and STI prevention activities. Organisations and formal networks need to foster and support this cooperation and to reduce competition among sex workers, by instilling a sense of a shared need for condom use with all clients alongside the ability to effectively negotiate this use.

Existing sex worker networks can, and do, increase the capacity and efficacy of efforts to engage sex workers in testing and treatment, HIV education and condom promotion. Networks and support organisations further strengthen HIV prevention in this sector by increasing self efficacy, providing forums where techniques of condom negotiation and promotion can be taught and shared, fostering professionalism, and providing avenues whereby sex worker experience and point of view can be expressed and advocated for. The sex workers interviewed in this research associated formal networks and professionalism with condom use. These organisations can also sometimes provide a pathway to alternate income generation. Programs with this orientation have the added benefit of attracting people to the networks who would not normally come as they are focused on earning money only. This introduces new groups of sex workers to HIV awareness and HIV prevention.

Not all support organisations and networks will be capable of attending to multiple aims. However Suva, for instance, is large and diverse enough that several groups with slightly different focuses would be not only sustainable but also desirable in order to address the range of needs and types of sex workers. In Fiji's capital, there is a clear need for an organisation that can focus on access to services and to peer education and outreach, which are pressing and immediate needs, as well as for an organisation that focuses on advocacy and human rights – an approach which is important to longer term solutions. It is unlikely that these two functions could be successfully combined without excluding, for example, the numerous sex workers for whom anonymity and invisibility is a priority.

Suva is also rapidly expanding with many of the new settlements impoverished. There is an increasing need for STI and HIV prevention and testing services along the Suva-Nausori corridor.

Though often impoverished, sex worker communities in Fiji do have skills and assets. Their strengths need to be harnessed and adapted, in order that they can maximize their contribution to HIV prevention. The existing capacity in informal networks and culture of cooperation is an important resource that should be supported and developed. In this way sex workers can continue to play a central role in their own, and their clients, education. It will also enable more effective engagement with government and policy makers, improving the opportunity for and quality of dialogue. It is estimated that over 75% of HIV prevention services for sex workers are provided by civil society in Fiji (UNAIDS 2007). But, to date, sex workers and the civil society organizations working with them have been largely excluded and disengaged from the national response to HIV and AIDS (UNAIDS 2007). Prevention programs will only work if they are acceptable to and adopted by, sex workers. While safe sex education for sex workers is a cornerstone of HIV prevention, it is also necessary that policy makers and program developers are able to listen and learn from sex workers.

Authorities, such as the judiciary, police, politicians, and health professionals, must take account of the realities experienced by sex workers and other vulnerable groups. One of the best ways of achieving effective, sustainable programs and sensitizing authorities and decision makers to the needs of the community is to involve the communities in planning and design of interventions. An important way of harnessing the potential of sex workers to better contribute to HIV prevention in Fiji is to support both their efforts to organize themselves as HIV advocates, educators, and activists, and their attempts to develop partnerships with the media, healthcare providers, Government, and other civil society organizations.

A professional approach to sex work is desirable from the point of view of reducing HIV and other STI transmission risk. Although, and perhaps even because, sex work is illegal in Fiji, support for sex worker groups is effective HIV prevention. Crackdowns and

a punitive approach to sex workers will only serve to increase HIV transmission risk behaviour among sex workers and their clients (and therefore also the HIV transmission risk for the clients wife or girlfriends). It will not eradicate sex work. It will make sex work more perilous, both directly by introducing immediate risks and indirectly by increasing stigma and marginalisation. These conditions are not conducive to HIV transmission reduction practices, and on the contrary can be expected to heighten risk.

4.3 The impact of the wider social and economic context: Poverty, Gender and Marginalisation

While the sex workers in this study all showed an awareness of the risk of exposure to HIV and a desire to use condoms, HIV infection is seldom the most immediate risk faced by sex workers in the course of their work. Most are concerned about more immediate concerns such as the threat of violence, police harassment, and the need for shelter and income and food for their families. Because of this, programs which offer support services or financial relief to impoverished women, particularly female-headed households, as well as those that work to reduce the harassment and violence that sex workers experience at the hands of the police, thugs and the wider community, will also be important to HIV prevention in Fiji.

The narratives of these participants show that sex work is overwhelmingly driven by financial disempowerment, marginalisation, poverty and hardship. Aging compounds these hardships. The economic imperatives of sex work cannot be separated from the wider issues of the poverty of female-headed households, the low pay attached to much women's employment, increasing urbanisation, inheritance laws, loss of land and the growth of squatter settlements. These factors also underwrite the continued entry of young women and transgender into sex work, and the emergence of new 'red light' areas or pick up spots outside the centre of towns. Young and inexperienced sex workers and particularly those without access to condoms and sexual health services and the advice of more experienced peers will have a heightened vulnerability to HIV and STI transmission.

In addition the issue of HIV transmission risk among sex workers in Fiji is deeply imbricated with entrenched and interrelated gender issues such as female economic dependence, domestic violence, the vulnerability of young women and transgender to sexual abuse, attitudes and beliefs about masculinity, the public unacceptability of homosexual relationships and the marginalisation of transgender.

The data illustrate that the lack of opportunity for financial independence is a driver of sex work for women and transgender who undertake women's work. The earning capacity of many Fijian women is severely limited. Over the past three decades, efforts to bolster Fiji's manufacturing sector have been at the expense of the economic and labour rights of predominantly female garment factory workers (Rokoduru 2008). Economic assets, such as land and housing, provide women with a source of livelihood and shelter and afford protection when a husband or father's disability or death places the family at risk of poverty. Many of the participants' life stories illustrate how loss of such assets after a death or divorce in the family has led to impoverishment and the necessity to take up sex work. More importantly for HIV prevention, feminine impoverishment and desperation for money is an incentive to have sex without condoms.

As sex work in Fiji is driven by economic need, attempts to eradicate sex work by police crack-downs will be ineffective and will be detrimental to efforts to reduce HIV transmission risk behaviours. Participants' stories indicate that in recent years advances have been made with respect to the attitude and behaviour of police as well as some health service providers. This has facilitated condom use and service access. However, very recent legislation indicates a dangerously retrograde step.

A punitive approach to sex workers tends to drive them underground. It also fosters distrust of government officials and agencies that develop HIV prevention interventions and services. Harassment from authorities makes it very difficult to supply sex workers with HIV prevention resources and discourages sex workers from carrying their own condoms. A consequent need for haste and invisibility during transactions with a client not only reduces the opportunity for effective condom negotiation, it also drives sex workers to operate in hidden areas where they are more vulnerable to

violence and sexual attack. Violence is also associated with increased HIV transmission risk.

In order to be effective and sustained, HIV prevention among sex workers will need to understand and address the underlying factors that generate vulnerability, along with those that undermine or improve the provision and use of HIV prevention services. The creation of an enabling environment for HIV prevention interventions is an essential prerequisite to an effective response to the threat of HIV in Fiji. Such an environment would require the understanding and will of political leaders, law enforcement authorities, and opinion leaders. In contrast, attempts to deal with the issue of sex work that simply adopt a punitive approach to sex work - thereby reducing access to HIV prevention resources, accentuating stigma and marginalization and exacerbating current hardships - will be counterproductive to HIV prevention efforts. This includes street 'clean-ups', raids on red-light areas, and arrests of sex workers.

There's nothing wrong if a person carries a condom... It's not illegal. It's not a poison. It's our life-saver. But for Police, they freak out. They think it's illegal just like marijuana or something. Please you people, educate the police on how important it is!
(Gloria, aged 30 transgender).

4.4 Groups not captured in the sample

From the outset, researchers were aware that some types of sex workers would not be captured in this sample: namely Chinese sex workers and young sex workers under the age of 18 years.

The existence and operation of Chinese female sex workers is evident in Suva. A certain amount of information could be gathered from observation and casual discussion, but the inclusion of Mandarin and Cantonese speaking researchers would be necessary in order to adequately understand the experience of these women. Furthermore, their background and situation is so vastly different to that of local sex workers that a study specifically tailored for this group seemed more appropriate than inclusion in an otherwise Fijian study.

It should be noted that this study does not, nor did it intend to address child involvement in the sex industry. The involvement of children in sex work is predominantly an issue of child exploitation and sexual abuse, rather than sex work per se. In addition, while all participants in this study were asked about their introduction into sex work, most were around 18 years at uptake, two had been younger than 16, and none were forced by another person.

In the course of the research some other specific groups of local sex workers were also identified but not captured by the sample. Although formal interviews were declined, numerous conversations were held with some of these sex workers. Matters such as where and how they worked and why they did not wish to be interviewed were covered. Information was also garnered from other participants, who acted as key informants, in order to gain some purchase on the situation of these groups.

Groups that other sex workers mentioned but who were not contacted or interviewed included: rural women selling sex to cane workers, village women exchanging sex with truck drivers, and sex workers catering to the foreign yachting community.

That there is a set of rural Indo-Fijian women who sell sex from home is based on anecdotal evidence only. Participants in the North said that this type of sex work exists around the sugar cane areas and services plantation workers. It was further suggested that the women involved are very isolated and often poorly educated. Such women would be extremely vulnerable and difficult to reach. HIV prevention and education and resource needs could be expected to be high.

Other participants referred to young village women who travel into town to “market” along the new routes from the interior. It is said that truck drivers supply money and alcohol making these routes popular and profitable for those prepared to exchange sex. It is suggested that this is a common introduction to sex work in some areas.

Observations from a Save the Children Fund study have posited that sex work is associated with places where foreign yachting fraternity congregates. A few participants also suggested that some ‘high class’ sex work did take place around sailing hubs, but none had personally been involved.

Great care must be taken when making assertions about the existence or prevalence of types of sex work based on anecdote rather than the actual experiences of participants however.

A further group of sex workers whose existence it was possible to ascertain is that of Indo-Fijian day-time workers. These are described as being “transparent” by other sex workers, meaning that they are invisible and would not normally be noticed. Arriving in town in the mornings and leaving in the afternoons they operate from motels, restaurants and public areas, mixing in with the general public and catching public transport home with their shopping in the afternoon.

A major effort was made to recruit Indo-Fijian female daytime sex workers to interview. But it was not possible within the limits of this study. While none was prepared to participate in a formal interview, many would talk with our interviewers and recruiters, telling them a little about their specific work conditions.

From this evidence we have ascertained that:

- This is a significant group in need of condom and HIV prevention education and access to resources;
- The women involved tend to be poorly educated in general with poor knowledge about HIV and lack access to condoms;
- Condoms are not generally available at the places where they congregate waiting for clients;
- Secrecy is all important, so even when these women do know about condoms, condoms involve other risks as they are markers of sex work;
- They return home to their families in the afternoon with food they have bought with the income from sex work;
- These women tend to have low levels of agency and little power in the negotiation of the sexual exchange, expecting to accept whatever is offered;
- These sex workers do tend to congregate in groups, and this provides a useful entry point for potential peer educators.

It is important to find out more about the specific needs of this group and also how to reach them. It is apparent that current services are not doing so. The main barrier to interview was payment as the ethics protocol for this research did not permit payment for

participation. These particular sex workers could not take time out from their working day without being paid. It was possible to sit and talk with them while they waited for clients, but not to have the privacy of an interview space for an hour. Further they were not available in the evenings as they went home to their families.

4.5 Areas of further research

This research aimed to be broad enough in scope to identify and begin to map out both the varied circumstances under which sex work is conducted and related issues which impact on HIV prevention and sex work in Fiji. As there is so little data on sex work to date, it was envisaged that this study might be a platform from which more targeted projects might be developed. Three main areas of pressing need for more information have been identified in this study.

- HIV prevention needs of Indo-Fijian and rural sex workers. The data collected in this research suggests that these are a group who have little access to HIV prevention education and services. Furthermore, rates of poverty in Fiji are highest among the rural Indo-Fijian population (Fiji Bureau of Statistics 2008). Indo-Fijian women have the lowest literacy rates (Fiji Bureau of Statistics 2008), and thus it could be expected that income prospects will be similarly limited. Existing organisations that provide services to, or for, sex workers have informed us that Indo-Fijian women are less likely than others to access these services.
- Condom access and HIV prevention needs among migrant sex workers from China and Asia. The presence of Chinese sex workers is evident in numerous bars and clubs in Suva. Nothing is known about the conditions under which Chinese women arrive in Fiji, undertake sex work, nor about their HIV awareness and condom use. Condom distribution and sexual health service providers are not funded to work with this group as they are not Fijian nationals.
- There is a need to understand more about male clients and how to reach them. Where it is common to buy sex, the condom use behaviours of men who buy sex may be a crucial determinant of future rates of HIV. Furthermore, there is a need to understand more about local notions of masculinity and the boundaries of heterosexual identity. Men who have sex with men are generally a key target for HIV prevention interventions, yet in Fiji issues around male to male sex may be elided in over-simplified assumptions about norms of heterosexuality.

6. RECOMMENDATIONS

Peer education. Interventions based on peer education and condom distribution should be supported and scaled up. Outreach activities are particularly important. Because much of the sex work in Fiji involves transgender as well as female sex workers, the provision of water-based lubricants as well as condoms is essential. Fund the expansion of existing successful services into peri-urban areas such as the Suva-Nausori corridor.

Men. The clients of sex workers need to become a focus of HIV prevention programs. In order for this to be effective more needs to be known about the beliefs and practices of men who buy sex in Fiji, with attention to the norms of masculine sexuality.

MSM. The matter of sex between men needs to be acknowledged and destigmatized. Many men who buy sex with men also have sex with women and may be married and identified as heterosexual. The HIV transmission risk and subsequent need for preventative interventions targeting men who have sex with men is likely to be disguised and obscured.

Condom Promotion. Promote the public health benefits of condom use so that it is more acceptable among the general public. Currently condom use is strongly associated with sex work. Sex workers and their clients have non-commercial sexual relationships too and these regular partners are also associated with risk. Furthermore the clients of sex workers do not fall into any category more useful than that of 'men'. To effectively reach this group the wider community should be targeted.

Condom education in schools. Young people are particularly vulnerable when they leave school. A good knowledge of HIV and HIV prevention is necessary before they leave school.

Support Groups. Resource sex worker groups to promote cooperation rather than competition and to facilitate advocacy and inclusion in program and policy making.

A better integration of sex worker community into the decision making process of NGOs and government policy making would underwrite the development of workable and effective programs. Support the expansion of existing successful organisations into peri-urban and expanding settlement areas around Suva.

Workshops. Fund civil society and community organizations with existing links to, and involvement with, sex workers to run intensive HIV prevention education and workshops (especially peer education) for sex workers around the country. Continue training and awareness programs aimed at service providers and the police.

Law. Gendered economic inequalities, especially those that are entrenched in law, for example preventing women from inheriting land, should be addressed, as these seriously compromise womens' economic security. Economic insecurity is the key driver of sex work in Fiji.

The recent Fiji crimes decree which came into effect in February 2010, which includes sex work, pimping, operating a brothel or other services which procure prostitution will deleteriously affect sex workers in terms of HIV and STI prevention, and will drive sex work underground. This decree which encourages the arrest and harassment of sex workers should be removed or relaxed and not tightened. A consideration of decriminalisation of sex work in Fiji may be unrealistic at this point in time. However, it is imperative to the effective prevention of HIV transmission that the reasons for the existence, and inevitable persistence into the future, of sex work in Fiji is adequately acknowledged. Moreover, it is a keystone of HIV prevention that the sexual health needs of sex workers are attended to, and that sex workers are supported to be agents of safe sex and condom promotion. This cannot happen in an environment that includes 'crackdowns' on red light areas or other stigmatisation, harassment and intimidation of sex workers.

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