Pacific Multi-Country Mapping and Behavioural Study:
HIV and STI Risk Vulnerability among Key Populations

Tuvalu

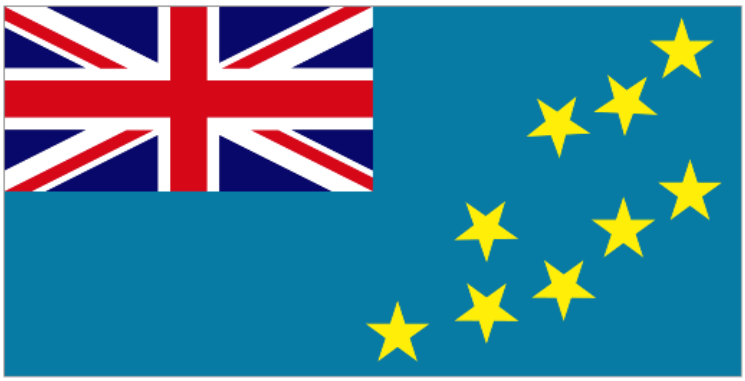

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Table of contents

List of tables

Abbreviations

AIDS	Acquired immune deficiency syndrome
ANC	Antenatal care
ART	Antiretroviral therapy
FSW	Female sex worker
HIV	Human immunodeficiency virus
IEC	Information, education and communication
IFRC	International Federation of Red Cross and Crescent Societies
IPPF	International Planned Parenthood Foundation
M&E	Monitoring and evaluation
MoH	Ministry of Health
MSM	Men who have sex with men
MTC	Marine Training Centre
NGO	Non-governmental organisation
NSP	National Strategic Plan
PLWH	People living with HIV/AIDS
PSDN	Pacific Sexual Diversity Network
RA	Research assistant
SD	Standard deviation
SPC	Secretariat of the Pacific Community
STI	Sexually transmissible infection
TANGO	Tuvalu Association of NGOs
TB	Tuberculosis
TG	Transgender
TOSU	Tuvalu Overseas Seaman's Union
TuFHA	Tuvalu Family Health Association
TuNAC	Tuvalu National AIDS Council
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly Special Session

Definitions

Participant inclusion criteria

Female sex workers:

Any female aged 17 years and over who has exchanged sex (oral, anal and/or vaginal) for money or other items of value, over the past 12 months and is currently residing or working in the study area.

Transgender people and MSM:

Any male aged 17 years and over who has had any sexual contact (oral/anal sex, hand jobs, 'rimming', etc.) with a male or transgender person, regardless of his/her gender identity or sexual identity or orientation, over the past 12 months, and is currently residing in the study area.

Seafarers:

Any male aged 17 years and over who is engaged in working on a ship that is docked or based in the study area.

Definitions relevant to all participant groups

Regular partners:

Any sexual partner who the participant considers to be their main or regular non-paying partner. This person could be a spouse, boyfriend or girlfriend.

Casual partners:

Any sexual partner who is not a regular partner or a paying partner.

Commercial partner:

Any sexual partner who has paid the participant money or goods in exchange for sex.

1 Executive summary

- While Tuvalu has only a small number of people living with HIV, three groups are vulnerable to infection: seafarers, transgender/men who have sex with men, and female sex workers. Health service capacity is limited and it is unknown how well these services meet the needs of these groups.
- We estimated that there are between 20 and 40 transgender in Tuvalu; however, due to the hidden nature of the population, we were unable to provide an accurate estimation of the number of men who have sex with men. We estimated that there are at present up to 10 women involved in transactional sex.

Seafarers

- We undertook a behavioural survey of 41 Tuvalu seafarers. Half of the seafarers had a regular sexual partner in the last 12 months. Only 15% had casual sexual partners and 12% had commercial sexual partners in that time.
- Condom use was low on the occasion of last sex with all types of partners (27% with regular partners, 12% with casual partners, and 20% with commercial partners).
- Knowledge of HIV transmission was poor, with only 10% answering all knowledge questions correctly.
- While a majority of seafarers knew where they could access health services, fewer knew where to access HIV and STI testing and condoms. Nearly 50% had accessed a health service and the majority were satisfied with the service and would use it again.
- 31.7% of the seafarers had been tested for HIV in the last 12 months. Two of the men in the survey had tested positive for HIV.

Transgender and men who have sex with men

- Twelve transgender/men who have sex with men took part in a behavioural survey and five in in-depth interviews. There was a spread of sexual identity across gay/homosexual, bisexual, heterosexual and transgender. Transgender having sex with men is culturally unacceptable, but even more proscribed is men having sex with transgender, and sex between men. A minority of participants reported feeling ashamed and guilty of their sexual identity.
- 83% of men in the survey had had sexual intercourse. Of these, 44% had anal intercourse (either insertive or receptive) in the last 12 months. Four of the 11 men reported sex with a female partner in the last 12 months.
- Overall knowledge about HIV was good in this group, and the participants knew that condoms are a barrier to HIV infection. Even so, condom use was inconsistent and the barriers to condom use were stigma and shyness. Three of six men reported condom use for anal sex with a regular male partner on the last occasion; only one in five did so at the last occasion with a casual partner.
- Forced sex was common, and five of 11 participants who responded to this question reported forced sex in the past 12 months.
- Although a majority of participants knew how to access health services for HIV and STI testing and condoms, most did not know that they could access treatment and support.

- Six of the 12 men had been tested for HIV in the past 12 months. Two people reported being HIV positive.

Female sex workers

- Four women took part in the survey and were interviewed in-depth. Sex work in Tuvalu is opportunistic and casual, and is often not for money but rather for alcohol, motorcycle rides and other goods. Many women meet men at nightclubs. Sexual partners are Tuvaluan and mostly married.
- Sex had begun at an early age (between 14 and 17). The median number of paying partners in the last 12 months was 4.5. All four women surveyed had regular partners, and three of the four had casual partners.
- Condom use is sporadic at best. On the last occasion of sex with a paying partner, only one of the four reported condom use. Three women never used condoms with regular partners and three occasionally used condoms with casual partners – although all the women knew where to obtain condoms, but for various reasons did not use them.
- Alcohol use was heavy, with two of the four women drinking 15 or more alcoholic drinks on the last drinking occasion. Two women had sex in the last 4 weeks where they did not feel in control after drinking.
- All the women are scared that someone might find out about their transactional sex and that they would be beaten if someone did. Three of the four women had been sexually assaulted in the last 12 months – all of whom indicated that the perpetrator was a husband or boyfriend.
- Those who used the health services were generally satisfied with them. However, only one in four had been tested for HIV in the past 12 months.

Capacity assessment

- The Tuvalu Ministry of Health (MoH), the Tuvalu Family Health Association (TuFHA) and the Tuvalu Red Cross are the main organisations working in HIV. No organisations specifically target men who have sex with men or sex workers, although some engage with transgender and there is a newly formed transgender association. There are two seafarer organisations.
- HIV and STI testing is provided by the MoH. The testing services provided by TuFHA (the most trusted organisation) have ceased.
- The major strengths of the organisations are that there is a national coordinating body (the Tuvalu National AIDS Council), there is wide membership, and condom distribution and peer workshops are carried out in an integrated way.
- The major needs are finalisation of the National Strategic Plan; strengthening the coordination of HIV activities, peer networks and information, education and communication (IEC) materials; human rights training and legislation; and funding to carry these out.

2 Introduction

2.1 Background to the research

This research was carried out as a response to the need for greatly increased, contextualised information about the vulnerability to HIV of transgender/men who have sex with men and sex workers and seafarers in many Pacific countries. The study will:

1. Constitute an operational baseline for the implementation of the Integrated HIV/TB Multi-Country Grant in the Pacific and for the Pacific Regional Sexual and Reproductive Health Programme.
2. Provide quantitative and qualitative data to inform relevant interventions aiming at reducing the HIV and STI risk vulnerability of key populations.
3. Consolidate and generate specific evidence of barriers to prevention, improve effectiveness of prevention interventions, and develop a strong advocacy case for legal and social transformation.

The key specific aims that the *Multi-Country Mapping and Behavioural Study: HIV and STI Risk Vulnerability among Key Populations* must achieve in order to fulfil the objectives in each country are to:

- Estimate population sizes of vulnerable groups: sex workers, transgender/men who have sex with men (and, in some countries, seafarers) through a variety of methodologies.
- Identify demographic and behavioural factors (for example, sexual behaviours, mobility, drug use, history of STIs, etc) that represent risk practices in each of these groups, as well as access to services and experiences of stigma, discrimination and violence through a quantitative survey design. This survey must include baseline values for quantitative indicators for reporting obligations.
- Identify in-depth social and structural determinants influencing these risk factors, including stigma, human rights violation, all forms of violence, discrimination, socio-economic marginalisation and exclusion, as well as community norms, expectations and subcultures that can be facilitators or barriers for the uptake of HIV and STI prevention, care and support services, and barriers to accessing services, through in-depth interviews.

3 Tuvalu

Tuvalu, formerly known as the Ellice Islands, is a small Polynesian island located in the Pacific Ocean. It has a population of 10,837 (2012 census), with approximately half living in Funafuti. The total land area of the islands of Tuvalu is 26 square kilometres. A former British colony, independence was granted in 1978. Most of the population are dependent on subsistence activities for the foreseeable future. Subsistence farming and fishing are the primary economic activities, although a sizeable number of Tuvaluans are employed offshore in seafaring and phosphate mining on Nauru.

Tuvalu has a very small number of people living with HIV – 11 cumulatively to 31 December 2014, of whom two have died (Ministry of Health of Tuvalu 2015). Three new HIV cases were identified in 2011, and two in 2012. So far, none of these have been associated with homosexual transmission. As of 2012, eight of those living with HIV were identified as seafarers, and another two are the wife of a seafarer and her child (Tuvalu National AIDS Committee 2012).

At present, there is only one facility capable of undertaking HIV tests in Tuvalu, which is at the Princess Margaret Hospital on Funafuti. Of the nine people with HIV who are still alive, none are currently enrolled in ART. There are no appropriate facilities for diagnosing and treating HIV on the outer islands, and lack of access to facilities has the potential for issues associated with underreporting (Ministry of Health of Tuvalu 2015). As in other nations of the Pacific, there is a high rate of STIs in Tuvalu (Homasi 2007).

3.1 Seafarers

Seafaring is a key part of life in Tuvalu, and there are large numbers of seafarers from Tuvalu working abroad (Power et al 2015). Working in the merchant navy is the second-most common occupation after working for the government, and many young men join so they can travel while they work (Homasi 2007). As of 2012, 10% of the population was engaged in seafaring (Connell and Negin 2012). Of the seafarers who had contracted HIV by 2009, all had become infected while working on overseas ships (Government of Tuvalu 2009). It is due to this that seafarers and their wives are considered to be the group most at risk of HIV infection in Tuvalu (Government of Tuvalu 2009).

Part of this risk comes from reported low levels of condom use between seafarers and their regular partners. Due to long periods overseas, averaging approximately 12 months, many seafarers engage in sexual activity with sex workers or casual partners, often without using condoms (Homasi 2007). The 2005–2006 Second Generation Surveillance survey indicated that 57% of seafarers with STIs report using condoms with sex workers, but if engaging with casual sexual partners this drops to 16.6% (Government of Tuvalu 2009). Sex with regular partners on return rarely sees condom use, putting partners left at home at a significantly increased risk of HIV and STIs. Many seafarers cite ‘drinking too much alcohol’ – a key part of the mateship culture – as the main proponent of unsafe sex (Connell and Negin 2012), but low levels of condom use are also connected to low levels of knowledge about HIV and how it is spread.

3.2 Transgender and men who have sex with men

This research is important as there have, to date, been no studies targeting men who have sex with men or transgender in Tuvalu. Laws that criminalise homosexuality, societal and religious stigma, and physical and emotional abuse mean that men who have sex with men are very much a hidden population in Tuvalu. However, among the youth population, a 2005–2006 integrated bio-behavioural study revealed that nearly 14% of young men surveyed had engaged in sexual acts with a male partner in their lifetime, with 8% having had sex with a man in the past 12 months (Government of Tuvalu 2009).

There is a recognised population of transgender in Tuvalu called *pinapinaaine* – which is shortened to *pina* (borrowed from Gilbertese). It is a commonly used term by transgender themselves, such as the Pina Association; however, if used in a derogative manner, it can be an offensive term. There have, until this research, been no studies conducted on their sexual behaviours and risks.

3.3 Sex workers

This is the first research on sex work in Tuvalu. In Tuvalu there are no recognised sex workers, but there are anecdotal reports of sexual transactions taking place in an informal manner (Tuvalu National AIDS Committee 2008). Those who engage in sex work remain a widely hidden population. It is likely that some local women turn to sex work or engage in sexual activity in exchange for cash or goods due to the limited economic capacity of Tuvalu (Homasi 2007). There have been no official reports of healthcare professionals being made aware that their patients engage in paid sex, and therefore no statistics on the health status and attitudes of sex workers. However, the 2008 Tuvalu UNGASS Country Progress Report recognises that sex workers are a high risk population for HIV due to conventional understandings of transmission, indicating that there is potential for risk prevention programs to be set in place once a population has been identified and their sexual health status reported. Information currently available also suggests that sex work in Tuvalu is stigmatised by the general population, with no current non-discrimination laws surrounding sex workers (Tuvalu National AIDS Committee 2008).

4 Methodology

The research in Tuvalu employed a variety of methods in a cross-sectional (snapshot) design. Survey participants for each of the three target groups were recruited through convenience snowball sampling. The men who have sex with men (MSM)/transgender (TG) and female sex worker (FSW) populations were extremely hidden and were initially reluctant to participate. Fieldwork was undertaken between 3 and 16 February 2016 in Funafuti. Two local research assistants were hired and trained to assist in the collection of data.

4.1 Population size estimation

A mapping exercise estimated the size of the MSM/TG and sex-worker populations. This was done by discussing size with each of the key populations and with each of the NGOs and the MoH.

4.2 Behavioural survey and interviews

A behavioural survey captured a small amount of quantitative information from key populations about sexual behaviour, mobility, drugs and alcohol, STIs, and stigma and discrimination, as well as access to and assessment of services. In-depth interviews with members of these key populations collected qualitatively rich data, which described key populations' circumstances and experiences over a range of issues.

MSM and TG were initially surveyed in the local nightclubs (two nightclubs). They were approached by the research assistants (RAs) and invited to complete the surveys. The nightclubs were very dark, and the participants were quite drunk, so we decided that it would be better to approach them during the day, especially for interviews. The RAs knew the TG on the island as it is a small community, and also some of them work with the RAs as peer educators. The RAs therefore called them or stopped them in the street and asked them if they would like to take part.

Interviews took place in private, either in the hotel room where the Team Leader was staying or, if it was quiet, in the outdoor area of the hotel. MSM were very hard to reach – all were referred by TG. Some TG also suggested other TG for the survey, which the RAs followed up.

Four FSWs completed the survey and were also interviewed. Key informants and the RAs knew of one group of girls believed to exchange sex for money and goods. The RAs approached the girls alone, as they felt that the presence of the Team Leader would make the girls nervous. They explained the study and then invited them to take part. Some declined. The interviews and surveys were completed at the same time in the hotel room used by the Team Leader, as this was the most private place. There was a set of stairs on the outside of the building, which meant that they didn't have to come in through the lobby.

Two seafarer group sessions were held to collect data. The Tuvalu Overseas Seamen's Union informed its committee members, who spread the word, and the MoH put an announcement on the national radio. The group sessions were held at the Princess Margaret Hospital Conference Room. Additional seafarers were recruited by the RAs through seafarer contacts they had.

Initially, the criterion for taking part was that the seafarer had to have been at sea in the last 12 months. The researchers found, in the first session, that they were turning people away, as many seafarers are unemployed due to the decline in the number of contracts in recent years. The criterion was then changed to having been at sea in the last five years (from 2010).

4.3 Institutional capacity assessment

In-depth interviews with key informants in services and other organisations, including government personnel, healthcare workers, and NGOs, assessed the capacity of the existing institutions to undertake activities to reduce HIV-risk vulnerability among MSM, TG and sex workers.

Ethical approval for the project was obtained from the University of New South Wales Human Research Ethics Committee and from the Tuvalu Ministry of Health.

5 Results

5.1 Population size estimation

5.1.1 Methods

The hybrid method of estimating the population size of key affected communities in small countries involves asking key informants about the populations and the whereabouts and numbers of people observed in different locations to identify how many people are uniquely observed and how many have been duplicated in the counting. Key informants include a range of people who have knowledge of the particular populations and include primarily public and private clinicians and public health workers, NGO workers and – most importantly – members of the specific populations, but may also include others such as taxi drivers and other government workers (for example, ambulance personnel).

5.1.2 Transgender and men who have sex with men

In discussions with key informants about the size of the MSM and TG populations, there was a range of viewpoints, some widely divergent, including one informant who thought that there were no MSM on the outer islands, compared with another informant who believed that there were at least 300 MSM on the outer islands. While it is likely that MSM and TG people gravitate to larger urban centres to be closer to other MSM and TG, as well as to any organisations representing and servicing these populations, and to work in positions that enable meeting others, it is also likely that the outer islands comprise some MSM and TG people, albeit in smaller percentages of the general population.

In terms of TG (*pina*), our data indicates that there are probably between 20 and 40, most of whom are on Funafuti. We were unable to accurately estimate the size of the men who have sex with men population.

5.1.3 Female sex workers

Several key informants referred to observing or knowing about two to 10 women conducting sex work. Some of these informants also commented that there were more women about 12 months ago, until the general community found out about it and it was announced on radio, when women involved in selling sex became hidden and some may have stopped practising. The best estimates show possibly fewer than 10 FSWs (see Table 1).

Population size estimation was undertaken by discussing the size of the sex worker and TG/MSM populations with individual members of the affected population and with key informants of NGOs and the MoH (Table 1).

Table 1: Population size estimation

Informant	**MSM**	**Transgender/*Pina***	**Sex workers**
MoH, Health Promotion	Unable to estimate	1–2	0
TuFHA	10	40 (35 on Funafuti)	10 (Funafuti)
Red Cross	<10% of men	4 (Funafuti)	No estimate
National Council of Women	Unable to estimate	No estimate	1–2
TG interviewee	Unable to estimate	17	
TG interviewee	Unable to estimate	10–15	
FSW interviewee			2
FSW interviewee			15
MOH HIV Coordinator	Unable to estimate	20 (Funafuti), 10 outer islands	10
Team Leader	Unable to estimate	11 (observation)	Met with 4

5.2 Behavioural survey

5.2.1 Seafarers

5.2.1.1 Description of the sample

Forty-one seafarers took part in the research. The age of participants ranged from 18 to 63, with a mean age of 35 (SD=9.31). The majority of seafarers had been educated to a pre-secondary or secondary level, including technical school, and had completed their marine training anytime between 1971 and 2015. Over 10% of the men had been university educated (Table 2).

Table 2: Highest level of education

Level of education	Frequency	Percent (%)
Never been to school	2	4.9
Pre-primary	1	2.4
Primary	7	17.1
Pre-secondary	10	24.4
Secondary/Technical school	12	29.3
Polytechnic/Diploma	3	7.3
University	6	14.6
Total	41	100.0

The majority of seafarers were married, and most of them were living with their spouse (Table 3).

Table 3: Marital status and living situation

	Frequency	Percent (%)
Not married and not living with sexual partner	15	37.5
Currently married and living with spouse	17	42.5
Not married and living with sexual partner	4	10.0
Currently married and not living with spouse or other sexual partner	3	7.5
Currently married and living with other sexual partner	1	2.5
Total*	40	100.0

* Missing data n=1.

The majority of seafarers (53.7%) reported living with one other type of person (categories shown in Table 4), while the remainder reporting living on their own (9.8%), with two (17.1%), three (14.6%) or four (2.4%) other types of people. The most commonly reported types of people with whom seafarers lived were their wife, other relatives, siblings or children (Table 4).

Table 4: Whom participants were living with (n=41)*

	Frequency	Percent (%)
Wife	16	39.0
Other relatives	14	34.1
Siblings	11	26.8
Children	10	24.4
Live alone	4	9.8
Parents/In-laws	4	9.8
Friends	3	7.3

* Multiple answers possible.

All but one of the men who answered the question about having ever worked on an overseas ship answered in the affirmative. The majority of seafarers reported that they were away for between seven and 12 months on the last occasion of being on an overseas ship. Almost one-third reported being away for more than two years on their last trip (Table 5). The majority reported being off-island in the previous 12 months.

Table 5: Period away from home on the last trip on an overseas ship

	Frequency	Percent (%)
Less than one month	2	5.0
One to six months	3	7.5
Seven to 12 months	20	50.0
One to two years	3	7.5
More than two years	12	30.0
Total*	40	100.0

* Missing data n=1.

The majority of men reported their position of work as being an able-bodied seaman or an ordinary seaman. Over 20% said they worked as a motorman, with fewer men reporting working as a bosun or cook (Table 6).

Table 6: Type of work (n=41)*

	Frequency	Percent (%)
Able-bodied seaman	14	34.1
Ordinary seaman	11	26.8
Motorman	9	22.0
Bosun	4	9.8
Cook	4	9.8
Qualified steward	3	7.3
Fitter	1	2.4
Engineer	2	4.9
MTC trainee/cadet	1	2.4
Fisheries observer	3	7.3

* Multiple answers possible.

5.2.1.2 Sexual history and practice

A majority of the 38 men (78.92%) who answered the question about ever having had sexual intercourse responded in the affirmative. Of these 30 men, their first sexual intercourse ranged from the age of 14 to 27, with a mean age of 18 (SD=3.46). Almost two-thirds of these same men reported sexual intercourse in the previous 12 months.

5.2.1.2.1 Types and numbers of partners

All men were asked how many sexual partners (not restricted to sexual intercourse) they had had in the previous 12 months who were regular partners, casual partners and commercial partners. Twenty-one men reported having a regular sexual partner during the previous 12 months (Table 7)

Table 7: Number of regular female sexual partners in the 12 months prior to survey

Number of regular partners	Frequency	Percent (%)
None	18	46.2
One	14	35.9
Two	3	7.7
Three	1	2.6
Five	3	7.7
Total*	39	100.0

* Missing data n=2.

Comparatively fewer men (n=8) reported having at least one casual sexual partner during the previous 12 months (Table 8), and even fewer men (n=5) reported sex with commercial partners during that same period (Table 9). Among the eight men who reported having casual partners, three of them reported that sex with all of their casual partners occurred while they were off-island, with the remainder reporting that all casual partners were on the island.

Table 8: Number of casual female sexual partners in the 12 months prior to survey

Number of casual partners	Frequency	Percent (%)
None	34	85.0
One	3	7.5
Two	3	2.5
Three	1	2.5
Five	1	2.5
Total*	39	100.0

* Missing data n=2.

Table 9: Number of commercial female sexual partners in the 12 months prior to survey

Number of commercial partners	Frequency	Percent (%)
None	34	87.2
One	3	7.7
Six	1	2.6
Twenty-four	1	2.6
Total*	39	100.0

* Missing data n=2.

Among the five men who reported sex with commercial partners, two reported that sex occurred entirely off-island. Another two reported that sex happened both on- and off-island, while one said that sex with a commercial partner occurred only on the island.

5.2.1.2.2 Condom use with women

Consistent with reported condom use in other studies of other groups, condom use was least likely to be used with regular partners and most likely to be used with casual and commercial partners (Table 10). Five men reported using a condom on the last occasion of sex with a regular female partner, compared with one man who used a condom on the last occasion with a casual female partner and a commercial female partner.

Table 10: Consistency of condom use with different types of female partners

Regularity of condom use	Regular partners n (%)	Casual partners n (%)	Commercial partners n (%)
Never	11 (52.4)	2 (33.3)	0
Sometimes	7 (33.3)	1 (16.7)	1 (20.0)
Almost every time	1 (4.8)	1 (16.7)	3 (60.0)
Every time	2 (9.5)	2 (33.3)	1 (20.0)
Total	21 (100.0)	6* (100.0)	5 (100.0)

* Missing data n=2.

Seafarers reported being the one who was most likely to instigate condom use with all partner types (Table 11).

Table 11: Who suggested condom use on last sexual occasion with different types of partners?*

Who suggested condom use	Regular partners n (%)	Casual partners n (%)	Commercial partners n (%)
Myself	6 (60.0)	3 (75.0)	2 (66.7)
Partner	2 (20.0)	1 (25.0)	1 (33.3)
Joint suggestion/decision	2 (20.0)	0	0
Total	10 (100.0)	4 (100.0)	3[1] (100.0)

* Includes only those who reported condom use. [1] Missing data n=2.

The most commonly reported reasons for not using condoms included condoms not being available and having a faithful partner (Table 12). Other reasons included a dislike for condoms and objections from partners.

Table 12: Reasons for not using condoms with different types of female partners*

	Regular partners n=19 (%)	Casual partners n=4 (%)	Commercial partners n=1[1] (%)
Condoms take away pleasure	3 (7.3)	1 (25.0)	1 (100.0)
Do not like condoms	3 (7.3)	1 (25.0)	0
Condoms were not available	5 (12.2)	1 (25.0)	0
My partner(s) is faithful	4 (9.8)	1 (25.0)	1 (100.0)
Partner objected	3 (7.3)	0	0
Not necessary	2 (4.9)	0	0

* Multiple answers possible. Includes only those who reported some occasions of not using condoms. [1] Missing data n=3.

5.2.1.2.3 Sex and condom use with men

Five men (12.2%) reported ever having had sex with another man in the 12 months prior to the survey. One of these men reported having anal sex with two different men during that period, while the other four men refused to answer this question. Among the five men, condom use for anal intercourse with men in the previous 12 months was reported by two men as 'never' occurring and by two men as 'sometimes' occurring; one man reported using a condom 'almost every time'. The three men who reported some condom use all reported using condoms on the last occasion of anal intercourse with a man.

5.2.1.2.4 Sexually transmissible infections including HIV

Twenty-nine men (71%) reported ever having heard of diseases that can be transmitted sexually. Ten men (25%) reported having had symptoms of a sexually transmissible infection (STI). Eight men (20.5%) reported genital discharge in the previous 12 months, three men (7.3%) reported having had a genital ulcer or sore, and five men (12.2%) reported ever having pain while urinating. Only five men (12.2%) reported ever having been diagnosed with an STI, including gonorrhoea (n=1), thrush (n=2) and genital warts (n=1), and one man did not know the name of the infection. The most common response to having an STI symptom was to visit a hospital or do nothing (Table 13).

Table 13: What they did the last time they had genital discharge, genital ulcer or sore, or pain while urinating (n=10)*

	Frequency	Percent (%)
Talked to a friend	1	2.4
Visited a private clinic	2	4.9
Visited a healthcare worker	1	4.9
Visited a hospital	3	7.3
Did nothing	3	7.3

* Multiple answers possible. Includes only those men who reported any of the STI symptoms.

5.2.1.3 HIV knowledge

Thirty men (73.2%) reported having ever heard of HIV or the disease called AIDS. The most commonly reported sources of information about HIV and AIDS were school, radio, an NGO program and the workplace (Table 14). Five of the men who had previously heard of HIV or AIDS (16.7%) reported knowing someone who is infected with HIV.

Table 14: Sources of information about HIV and AIDS (n=30)*

	Frequency	Percent (%)
School	18	60.0
Radio	16	39.0
NGO program	10	33.3
Workplace	10	33.3
Friends or family	9	30.0
Television	8	26.7
Posters/Billboards	8	26.7
Newspapers/Magazines	7	23.3
Pamphlets/Leaflets	5	16.7
Other (reported – posters, workshop)	3	10.0

* Multiple answers possible. Includes only those men who reported having heard of HIV or AIDS.

The 30 men who had previously heard of HIV or AIDS were asked a series of questions to assess their knowledge of HIV and its transmission. Correct responses are shaded in Table 15. Among the 30 men, only three (10%) answered all 10 knowledge questions correctly. Ten men (33.3%) answered six or fewer of the questions correctly.

Table 15: Knowledge about HIV and AIDS (n=30)*

	No n (%)	Yes n (%)	Don't know n (%)	Total n (%)
Can a person get HIV from mosquito bites?	24 (80)	6 (20)	0	30 (100)
Do people get HIV because of something they have done wrong?	24 (80)	4 (13.3)	2 (6.7)	30 (100)
Can a person reduce the risk of getting HIV by using a condom every time they have sex?	7 (23.3)	23 (76.7)	0	30 (100)
Can a person get HIV by sharing food with someone who is infected?	29 (96.7)	1 (3.3)	0	30 (100)
Can the risk of HIV transmission be reduced by having sex with only one uninfected partner who has no other partners?	8 (19.5)	19 (63.3)	3 (10)	30 (100)
Can a healthy-looking person have HIV?	5 (16.7)	22 (73.3)	3 (10)	30 (100)
Can people be cured from HIV by a traditional healer?	25 (83.3)	5 (16.7)	0	30 (100)
Can a pregnant woman infected with HIV or AIDS transmit the virus to her unborn child?	1 (3.3)	27 (90)	2 (6.7)	30 (100)
Can a woman with HIV or AIDS transmit the virus to her newborn child through breastfeeding?	7 (23.3)	16 (53.3)	7 (23.3)	30 (100)
Can a pregnant woman take medicine to reduce the risk of transmission of HIV to her unborn child?	11 (36.7)	11 (36.7)	8 (26.7)	30 (100)

* Includes only those men who reported having heard of HIV or AIDS.

5.2.1.4 Stigmatising attitudes towards people living with HIV

A majority of the 30 seafarers who had heard of HIV had non-stigmatising attitudes towards people living with HIV (Table 16)

Table 16: Attitudes towards people living with HIV among participants (n=30)*

	No n (%)	Yes n (%)	Don't know n (%)	Total n (%)
If a relative of yours became ill with HIV, would you be willing to care for him or her in your household?	1 (3.4)	27 (93.1)	1 (3.4)	29[1] (100)
If a member of your family had HIV, would you want it to remain secret?	17 (56.7)	10 (33.3)	3 (10)	30 (100)
Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV?	6 (20)	22 (73.3)	2 (6.7)	30 (100)

* Includes only those men who reported having heard of HIV or AIDS. [1] Missing data n=1.

5.2.1.5 Stigma and discrimination observed in the community

Seafarers were also asked questions about evidence of stigma that they had observed in the community (Table 17). While the majority were not aware of anyone being denied health services in the previous 12 months as a result of living with HIV, or being suspected of living with HIV, a majority were aware of someone who had been denied involvement in social or community events as well as religious services. A majority also reported knowing someone who had been verbally abused or teased in the last 12 months because of their HIV infection or suspected infection.

Table 17: Evidence of stigma and discrimination observed in the community (n=30)*

	No n (%)	Yes n (%)	Don't know n (%)	Total n (%)
Do you personally know someone who has been denied health services in the last 12 months because he or she is suspected to have HIV or has HIV?	29 (96.7)	1 (3.3)	0	30 (100)
Do you personally know someone who has been denied involvement in social events, religious services or community events in the last 12 months because he or she is suspected to have HIV or has HIV?	8 (19.5)	19 (63.3)	3 (10)	30 (100)
Do you personally know someone who has been verbally abused or teased in the last 12 months because he or she is suspected to have HIV or has HIV?	5 (16.7)	22 (73.3)	3 (10)	30 (100)

5.2.1.6 Access to health services

All seafarers were asked whether they knew where they could access a range of health services (Table 18). Although a majority of the men knew how to access health-related information, a majority did not know where they could access support, HIV and STI testing, HIV and STI treatment, and condoms. Thirty-two men knew of a local organisation providing information or services related to condoms, family planning, HIV and STIs. When asked what the names of any of these organisations were, the following names were reported by the majority: Tuvalu Red Cross Society and TuFHA.

Table 18: Knowledge about accessing health services

	No n (%)	Yes n (%)	Don't know n (%)	Total n (%)
Support	28 (68.3)	9 (22.0)	4 (9.8)	41 (100)
Health-related information	15 (36.6)	22 (53.7)	4 (9.8)	41 (100)
HIV and STI testing	23 (56.1)	14 (34.1)	4 (9.8)	41 (100)
HIV and STI treatment	29 (70.7)	8 (19.5)	4 (9.8)	41 (100)
Condoms	25 (61.0)	12 (29.3)	4 (9.8)	41 (100)

For all the services presented in Table 19, with the exception of being given condoms, participants were as likely to report having used the service as not having used the service. A majority reported that being given condoms through an outreach service was not applicable to them.

Table 19: Connection with HIV-related and other health services

	No n (%)	**Yes n (%)**	**Don't know/not applicable n (%)**	**Total n (%)**
In the past 12 months, have you been contacted by a volunteer or outreach worker from a local organisation that provides information or services related to condoms, family planning, pregnancy, HIV and STIs, or sexual assault?	16 (39)	16 (39)	9 (22)	41 (100)
In the past 12 months, have you been given condoms through an outreach service, health clinic or drop-in centre?	4 (9.8)	12 (29.3)	25 (61)	41 (100)
Have you ever participated in an HIV peer education program?	20 (50)	20 (50)	1 (2.4)	41 (100)
In the past 12 months, have you visited a health service for information or services related to condoms, family planning, HIV and STIs, or sexual assault?	20 (50)	20 (50)	1 (2.4)	41 (100)

The 20 men who reported visiting a health service for information or services related to condoms, family planning, HIV and STIs, or sexual assault were asked for feedback on their experiences with the service. These are reported on in Table 20. The majority of men who used the service were generally satisfied and would use it again. Twenty-nine men (70.7%) reported that they would like to receive additional information about HIV, as well as contact details of any support services.

Table 20: Feedback about the health service (n=20)*

	Strongly disagree n (%)	Disagree n (%)	Neither agree nor disagree n (%)	Agree n (%)	Strongly agree n (%)	Total n (%)
The service was easy to access or find	1 (5.3)	1 (5.3)	1 (5.3)	14 (73.7)	2 (10.5)	19[1] (100)
The health worker I saw was friendly and easy to talk to	0	1 (5.0)	0	16 (80)	3 (15)	20 (100)
I felt uncomfortable and embarrassed	1 (5.3)	3 (15.8)	1 (5.3)	11 (57.9)	3 (15.8)	19[1] (100)
The service was confidential and I felt my privacy was respected	1 (5.3)	0	0	16 (84.2)	2 (10.5)	19[1] (100)
I could get what I needed, eg contraceptives, condoms, HIV and STI test, etc	1 (5.3)	1 (5.3)	0	15 (78.9)	2 (10.5)	19[1] (100)
I would use the service again if I needed to	1 (5.0)	0	0	17 (85.0)	2 (10)	20 (100)

* Includes only those men who reported using the service. [1] Missing data n=1.

5.2.1.7 HIV testing

The majority of men (63%) believed that it is possible for someone in their community to get a test to find out if they are infected with HIV. They know where to go to receive the test. Twenty-three men (56.1%) reported having had an HIV test and 13 of these men (31.7% of the total) had an HIV test in the 12 months prior to the survey. The most commonly reported places where they had an HIV test were at an NGO clinic and the government hospital health service (Table 21).

Twenty men of the 23 who had ever been tested for HIV reported receiving their HIV results. Of these 20 men, 18 reported that they were HIV-negative based on that result and two people reported not knowing their result.

Table 21: Place where they had their HIV test in the last 12 months*

	No n (%)	Yes n (%)	Total n (%)
NGO clinic	0	12 (100)	12 (100)
Hospital/Government health service	2 (16.7)	10 (83.3)	12 (100)
Private doctor	11 (91.7)	1 (8.3)	12 (100)
Other (refused to say where)	11 (91.7)	1 (8.3)	12 (100)

* Includes only those men who reported having had an HIV test. Missing data n=1.

5.2.2 Transgender and men who have sex with men

5.2.2.1 Description of the sample

Twelve self-identifying transgender and men who have sex with men provided survey data. In describing their gender, six participants described themselves as men while five described being transgender and one participant answered 'Don't know'. Participants were also asked to describe their sexual identity (Table 22). There was a range of categories provided to participants, in addition to the ones that participants chose and which are shown in Table 22. There was an even mix of responses across gay/homosexual, bisexual, heterosexual/'straight' and transgender.

Table 22: Sexual identity

	Frequency	Percent (%)
Gay/Homosexual	3	25.0
Bisexual	3	25.0
Heterosexual/Straight	3	25.0
Transgender/Fa'afafine/Fakaleiti/Akavaine	3	25.0
Total	12	100.0

The age of participants ranged from 18 to 36, with a mean age of 28 (SD=6.36). The majority had been educated post-school, with five reporting a university education (Table 23).

Table 23: Highest level of education

Level of education	Frequency	Percent (%)
Pre-secondary	3	25.0
Secondary/Technical school	3	25.0
Polytechnic/Diploma	1	8.3
University	5	41.7
Total	12	100.0

In responding to the question about relationship status, a majority of participants reported being single (Table 24).

Table 24: Relationship status

	Frequency	Percent (%)
Currently single	8	66.7
Have a boyfriend	2	16.7
Widowed/Separated/Divorced	1	8.3
Have a girlfriend	1	8.3
Currently married	0	0
Total	12	100.0

The majority of participants reported living with family members, who were most likely to be their parents or siblings (Table 25).

Table 25: Whom participants were living with (n=12)*

	Frequency	Percent (%)
Parents	5	41.7
Siblings	4	33.3
Other relatives	3	25.0
Female partner	1	8.3
Live alone	1	8.3
Parents/In-laws	0	–
Friends	0	–

* Multiple answers possible.

A majority were employed, mostly in full-time work. Four were unemployed (Table 26).

Table 26: Employment status

	Frequency	Percent (%)
Full-time employment	5	41.7
Not employed	4	33.3
Part-time or casual employment	2	16.7
Self-employed	1	8.3
Total	12	100.0

When asked to indicate their main job, the eight who were employed indicated a range of different types of work, as shown in Table 27.

Table 27: Type of work (n=8)

	Frequency	Percent (%)
Agriculture: forestry and fishing	1	34.1
Wholesale and retail trade	1	26.8
Community, social and personal services	1	22.0
Professional	1	9.8
Other (included 'fuel boy', Red Cross, shop worker, 'Skim')	4	9.8

5.2.2.2 Sexual history and practice

Ten of the 12 participants (83.3%) indicated that they had ever had sexual intercourse. Of these 10 men, their first occasion of sexual intercourse occurred between the ages of 12 and 23, with a mean age of sexual debut being 17 (SD=4.01). Five participants reported being in more than one sexual relationship concurrently in the previous six months.

Participants were asked to report on the types of sexual activity they had engaged in during the last occasion they had sex with a male partner (Table 28). Of the nine participants who answered this question, the majority had engaged in receptive anal intercourse with fewer having engaged in insertive anal intercourse. A similar pattern in sexual practices was evident for oral sex, in which more participants had sucked their partner's penis than had had their penis sucked by their last sexual partner. This type of receptive rather than insertive positioning is typically observed more often among TG than MSM.

Table 28: Types of sexual activity on last occasion of sex with a male partner (n=9)*

	Frequency	Percent (%)
Handshake (you masturbated him)	2	22.2
Handshake (he masturbated you)	1	16.7
Oral sex (you sucked his penis)	4	33.3
Oral sex (he sucked your penis)	0	–
Anal intercourse (your penis inside his anus)	2	22.2
Anal intercourse (his penis inside your anus)	5	22.2

* Multiple answers possible. Missing data n=3.

5.2.2.2.1 Types and numbers of male partners

Participants were asked how many male sexual partners they had had in their lifetime and in the last 12 months (Table 29). The most commonly reported number of male sexual partners in the 12 months prior to the survey was between one and three, whereas over the lifetime half the participants indicated having had more than 11 male partners, with three participants having had more than 50 male partners.

Table 29: Number of male sexual partners

Number of male partners	Lifetime n (%)	Last 12 months n (%)
1 to 3	2 (20)	7 (63.6)
4 to 10	3 (30)	2 (18.2)
11 to 50	2 (20)	1 (9.1)
50+	3 (30)	1 (9.1)
Total*	10 (100)[1]	11 (100.0)[2]

[1] Missing data n=2. [2] Missing data n=1.

All 10 participants who reported ever having had sexual intercourse were asked how many male sexual partners they had anal intercourse with in the previous 12 months who were regular partners, casual partners and paying partners (Table 30). Six participants reported having had at least one regular male sexual partner during the previous 12 months with whom they had anal intercourse. Two participants reported having had between four and eight regular male sexual partners during that time. Five participants reported having had anal intercourse with casual male partners during the previous 12 months and two participants reported anal intercourse with male partners who paid them for sex. Among the five men who reported having casual male partners, one reported having had 80 such partners during the 12-month period.

Table 30: Number of regular, casual and paying male sexual partners with whom participants had anal intercourse in the 12 months prior to the survey

Number of partners	Regular partners frequency (%)	Casual partners frequency (%)	Paying partners frequency (%)
None	4 (40.0)	5 (50.0)	8 (80.0)
1 to 3	4 (40.0)	1 (10.0)	1 (10.0)
4 to 10	2 (20.0)	3 (30.0)	1 (10.0)
80	0	1 (10.0)	0
Total	10 (100.0)	10 (100.0)	10 (100.0)

5.2.2.2.2 Condom and lubrication use for anal intercourse with male partners

Condom use with the three different types of male partners in the last 12 months is shown in Table 31. The use of condoms with casual male partners was particularly low, with none of the five participants reporting condom use every time or almost every time. Although not reported in Table 31, three of the six participants who reported sex with a regular male partner reported using a condom on the last occasion with that partner. One of the five participants who had sex with casual male partners reported condom use on the last occasion.

Table 31: Consistency of condom use with different types of male partners in the last 12 months

Regularity of condom use	Regular partners n (%)	Casual partners n (%)	Commercial partners n (%)
Never	3 (50.0)	4 (80.0)	0
Sometimes	1 (16.7)	1 (20.0)	0
Almost every time	1 (16.7)	0	0
Every time	1 (16.7)	0	1 (100.0)
Total	6 (100.0)	5 (100.0)	1* (100.0)

* Missing data n=1.

Three of the six participants who had anal intercourse with regular male partners reported using lubrication on the last occasion of anal intercourse with a regular partner, while two of the five who had anal intercourse with casual male partners reported using lubrication on the last occasion, as did the one participant who answered the question in relation to paying partners. The type of lubricant used included water-based lubricant and coconut oil. On the last occasion of using lubricant, three participants reported that they obtained the lubricant from a condom dispenser (n=1), NGO (n=1) or shop (n=1).

5.2.2.2.3 Female partners

Four of the 11 participants reported ever having had sexual intercourse (vaginal or anal) with a female partner, including sex with a female partner in the 12 months prior to the survey. The four participants reported having between two and six female partners in their lifetime and between one and two in the last 12 months. In the last 12 months, one participant reported sex with a regular female partner and two participants reported sex with a casual female partner. The other participant who had sex with a female partner in the previous 12 months did not indicate the type of female partner whom the sex was with.

5.2.2.2.4 Condom use for vaginal and anal intercourse with female partners

The one participant who had sex with a regular female partner in the last 12 months reported never using a condom in that period for sex with that partner. Of the two participants who had sex with casual female partners in the last 12 months, one reported using condoms ‘sometimes’ for vaginal intercourse and ‘sometimes’ for anal intercourse, while the other participant did not provide a response.

5.2.2.2.5 Obtaining condoms and reasons for not using them with male and female partners

Nine participants reported knowing what a condom was prior to the survey. All of these participants knew where to obtain condoms. Participants who had ever used condoms were asked where they had last obtained them (Table 32).

One participant responded that they had never obtained condoms, which presumably means that they were given condoms or condoms were supplied by their partners. Three participants had obtained condoms from an NGO, while two had obtained condoms from a hospital and one from a pharmacy.

Table 32: Where participants last obtained condoms for sex with male or female partners

	Frequency	Percent (%)
NGO	3	33.3
Hospital	2	22.2
Condom dispenser (bar/nightclub/restaurant/other venue)	2	22.2
Never obtained condoms	1	11.1
Pharmacy	1	11.1
Total	9*	(100.0)

* Includes only participants who had ever used condoms.

The most commonly reported reasons for not using condoms with male or female partners included condoms taking away pleasure and not liking condoms (Table 33).

Table 33: Reasons for not using condoms with male and female partners

	Male partners n=6 (%)	Female partners n=4 (%)
Condoms take away pleasure	3 (50.0)	1 (25.0)
Do not like condoms	3 (50.0)	1 (25.0)
Condoms were not available	0	1 (25.0)
Difficulty obtaining condoms	0	
My partner(s) is faithful	0	1 (25.0)
Partner objected	1 (16.7)	0
Not necessary	1 (16.7)	0
Condoms are too expensive	0	
Used other prevention methods	0	

* Multiple answers possible. Includes only those who reported some occasions of not using condoms.

5.2.2.3 Sexually transmissible infections including HIV

Eight participants reported ever having heard of diseases that can be transmitted sexually, among whom three reported having had symptoms of a sexually transmissible infection (STI). Symptoms in the last 12 months included genital discharge (n=2) and genital ulcer or sore (n=1), while two participants reported ever having had pain while urinating. Only two participants reported ever having been diagnosed with an STI, which included gonorrhoea (n=1) and syphilis (n=2). The most common response to having an STI symptom was to visit a hospital (Table 34).

Table 34: What they did the last time they had genital discharge, genital ulcer or sore, or pain while urinating (n=3)*

	Frequency	Percent (%)
Visited a hospital	2	22.2
Visited an STI clinic	1	11.1
Received traditional medicine	1	11.1
Did nothing	1	11.1

* Multiple answers possible. Includes only those men who reported any of the STI symptoms.

5.2.2.3.1 Knowledge about HIV

Nine participants reported having ever heard of HIV or the disease called AIDS prior to the survey. The most commonly reported sources of information about HIV and AIDS were radio, an NGO program, school, television and pamphlets/leaflets (Table 35). Only one participant reported knowing someone who was infected with HIV.

Table 35: Sources of information about HIV and AIDS (n=9)*

	Frequency	Percent (%)
Radio	6	66.7
NGO program	5	55.6
School	4	44.4
Television	4	44.4
Pamphlets/Leaflets	4	44.4
Workplace	3	33.3
Friends or family	3	33.3
Posters/Billboards	3	33.3
Newspapers/Magazines	2	22.2

* Multiple answers possible. Includes only those men who reported having heard of HIV or AIDS.

The nine participants who had previously heard of HIV or AIDS were asked a series of questions to assess their knowledge of HIV and its transmission. Correct responses are shaded in Table 36. Correct knowledge was quite high among this group. While only one of the nine participants answered all 10 knowledge questions correctly, all of the nine participants except one answered seven or more questions correctly.

Table 36: Knowledge about HIV and AIDS (n=9)*

	No n (%)	**Yes n (%)**	**Don't know n (%)**	**Total n (%)**
Can a person get HIV from mosquito bites?	6 (66.7)	2 (22.1)	1 (11.1)	9 (100)
Do people get HIV because of something they have done wrong?	7 (87.5)	0	1 (12.5)	8[1] (100)
Can a person reduce the risk of getting HIV by using a condom every time they have sex?	1 (11.1)	8 (88.8)	0	9 (100)
Can a person get HIV by sharing food with someone who is infected?	8 (96.7)	1 (3.3)	0	9 (100)
Can the risk of HIV transmission be reduced by having sex with only one uninfected partner who has no other partners?	3 (33.3)	6 (66.6)	0	9 (100)
Can a healthy-looking person have HIV?	0	8 (88.8)	1 (11.1)	9 (100)
Can people be cured from HIV by a traditional healer?	8 (88.8)	0	1 (11.1)	9 (100)
Can a pregnant woman infected with HIV or AIDS transmit the virus to her unborn child?	1 (11.1)	8 (88.8)	0	9 (100)
Can a woman with HIV or AIDS transmit the virus to her newborn child through breastfeeding?	3 (33.3)	6 (66.6)	0	9 (100)
Can a pregnant woman take medicine to reduce the risk of transmission of HIV to her unborn child?	2 (22.2)	5 (55.5)	1 (11.1)	9 (100)

* Includes only those men who reported having heard of HIV or AIDS. [1] Missing data n=1.

5.2.2.3.2 Stigma and discrimination

5.2.2.3.2.1 Stigmatising attitudes towards people living with HIV

A majority of the nine participants who had heard of HIV had non-stigmatising attitudes towards people living with HIV (Table 37). However, a majority indicated that they would want it to remain secret if a family member had HIV.

Table 37: Attitudes towards people living with HIV among participants (n=9)*

	No n (%)	Yes n (%)	Don't know n (%)	Total n (%)
If a relative of yours became ill with HIV, would you be willing to care for him or her in your household?	0	8 (100.0)	0	8[1] (100)
If a member of your family had HIV, would you want it to remain secret?	3 (37.5)	5 (62.5)	0	8[1] (100)
Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV?	1 (11.1)	7 (77.7)	1 (11.1)	9 (100)

* Includes only those men who reported having heard of HIV or AIDS. [1] Missing data n=1.

5.2.2.3.2.2 Stigma and discrimination observed in the community

Participants were also asked questions about evidence of stigma that they had observed in the community (Table 38). No participants were aware of anyone being denied health services in the previous 12 months as a result of living with HIV or being suspected of living with HIV.

Table 38: Evidence of stigma and discrimination observed in the community (n=9)*

	No n (%)	Yes n (%)	Don't know n (%)	Total n (%)
Do you personally know someone who has been denied health services in the last 12 months because he or she is suspected to have HIV or has HIV?	7 (87.5)	0	1 (12.5)	8[1] (100)
Do you personally know someone who has been denied involvement in social events, religious services or community events in the last 12 months because he or she is suspected to have HIV or has HIV?	7 (87.5)	0	1 (12.5)	8[1] (100)
Do you personally know someone who has been verbally abused or teased in the last 12 months because he or she is suspected to have HIV or has HIV?	7 (87.5)	0	1 (12.5)	8[1] (100)

* Includes only those men who reported having heard of HIV or AIDS. [1] Missing data n=1.

Participants reported the reactions of their family and other people to their sexual identity (Table 39). Family members were generally reported to be more supportive than other people of participants' sexual identity. Gossiping about them was the most commonly reported reaction of other people. While three of the participants indicated that their employer and co-workers were unaware of their sexual identity, among the other four participants there was no reporting of negative reactions.

Table 39: Reactions of family members and other people to participants' sexual identity*

	Reaction of family members n=10 (%)[1]	Reaction of other people n=9 (%)[2]	Reaction of employer or co-workers n=7 (%)[3]
They don't know at all	4 (40.0)	2 (22.2)	3 (42.9)
They support my identity	4 (40.0)	0	2 (28.6)
They ignore me/refuse to talk to me	2 (20.0)	2 (22.2)	0
They criticise/blame/verbally abuse me	1 (10.0)	3 (33.3)	0
They conduct violence/physical abuse on me	1 (10.0)	1 (11.1)	0
They lock/restrict me	1 (10.0)	NA	NA
They kicked me out of the family/group	0	0	NA
They force me to work more	0	NA	NA
They gossip about me	NA	6 (66.6)	0
They fired me from work	NA	NA	0

* Multiple answers possible. [1] Missing data n=2. [2] Missing data n=3. [3] Includes only those who were employed. Missing data n=1. NA=not applicable.

5.2.2.3.2.3 Emotional and physical wellbeing

Participants were asked to indicate whether they had experienced any of a list of thoughts and feelings in the preceding 12 months. Only seven of the 12 participants answered these questions, which is not surprising given the negative aspects of these issues. Of those who did respond, the most commonly reported response was feeling ashamed. A minority of participants also reported that they felt guilty and should be punished; they blamed themselves and indicated having low self-esteem (Table 40).

Table 40: Participants' negative thoughts and feelings about their sexual identity in the last 12 months (n=7)*

	Frequency	Percent (%)
I feel ashamed	4	57.1
I feel guilty	2	28.6
I feel I should be punished	2	28.6
I have low self-esteem	2	28.6
I blame myself	2	28.6
I blame others	1	14.3
I feel suicidal	1	14.3

* Multiple answers possible. Missing data n=5.

Participants were asked to indicate whether they had done or avoided certain events or activities because of their sexual identity (Table 41). Only seven of the 12 participants chose to answer these questions. The most commonly reported responses showed a range of issues that were being affected in the lives of these people as a result of their perceptions of how others would react to their sexual identity. These issues included choosing not to attend a social gathering, avoiding going to a hospital or clinic, and deciding not to have children.

Table 41: Participants' negative thoughts and feelings about their sexual identity in the last 12 months (n=7)*

	Frequency	Percent (%)
I have chosen not to attend a social gathering	2	28.6
I decided not to have children	2	28.6
I avoided going to a local clinic when I needed to	2	28.6
I avoided going to a hospital when I needed to	2	28.6
I withdrew from education/training	1	14.3
I decided not to get married	1	14.3
I decided not to have sex	1	14.3
I have isolated myself from my family and/or friends	0	0
I decided to stop working	0	0
I decided not to apply for a job or for a promotion	0	0

* Multiple answers possible. Missing data n=5.

Participants were asked whether they had been raped or forced to have sex in the preceding 12 months. Five of the 11 people who responded to this question reported in the affirmative, that they had been sexually assaulted in that period. When asked who was responsible for the sexual assault, multiple answers were possible. The responses included boyfriend/husband (n=1), casual partner (n=1), friend (n=1), family member (n=1), stranger (n=1) and family friend (n=1).

5.2.2.3.3 Access to health services

All participants were asked whether they knew where they could access a range of health services (Table 42). Although a majority of the men knew how to access health services for HIV and STI testing and how to obtain condoms, most did not know where they could access support or HIV and STI treatments.

Nine participants knew of a local organisation providing information or services related to condoms, family planning, HIV and STIs. When asked what the names of any of these organisations were, the following names were reported by the majority: Tuvalu Red Cross Society and TuFHA.

Table 42: Knowledge about accessing health services*

	No n (%)	Yes n (%)	Don't know n (%)	Total n (%)
Support	4 (40.0)	4 (40.0)	2 (20.0)	10 (100)
Health-related information	3 (30.0)	5 (50.0)	2 (20.0)	10 (100)
HIV and STI testing	2 (20.0)	6 (60.0)	2 (20.0)	10 (100)
HIV and STI treatment	4 (40.0)	4 (40.0)	2 (20.0)	10 (100)
Condoms	2 (20.0)	6 (60.0)	2 (20.0)	10 (100)

* Includes only those men who reported ever having had sexual intercourse.

For all the services presented in Table 43, with the exception of being given condoms, participants were as likely to report having used the service as not having used the service. A majority reported that being given condoms through an outreach service was not applicable to them.

Table 43: Connection with HIV-related and other health services

	No n (%)	Yes n (%)	Not applicable n (%)	Total n (%)
In the past 12 months, have you been contacted by a volunteer or outreach worker from a local organisation that provides information or services related to condoms, family planning, pregnancy, HIV and STIs, or sexual assault?	5 (45.5)	4 (36.4)	2 (18.2)	11 (100)*
In the past 12 months, have you visited a health service for information or services related to condoms, family planning, HIV and STIs, or sexual assault?	5 (41.7)	6 (50.0)	1 (8.3)	12 (100)
In the past 12 months, have you been given condoms through an outreach service, health clinic or drop-in centre?	3 (25.0)	2 (16.7)	7 (58.3)	12 (100)
Have you ever participated in an HIV peer education program?	6 (50.0)	5 (41.7)	1 (8.3)	12 (100)

* Missing data n=1.

The six participants who reported visiting a health service for information or services related to condoms, family planning, HIV and STIs, or sexual assault, were asked for feedback on their experiences with the service. These are reported on in Table 44. The majority of participants who used the service were generally satisfied and would use it again. One or two of the participants seemed to be dissatisfied with the service and would not use it again. Eleven of the 12 participants reported that they would like to receive additional information about HIV, as well as contact details of any support services.

Table 44: Feedback about the health service (n=20)*

	Strongly disagree n (%)	Disagree n (%)	Neither agree nor disagree n (%)	Agree n (%)	Strongly agree n (%)	Total n (%)
The service was easy to access or find	1 (16.7)	1 (16.7)	0	3 (50.0)	1 (16.7)	6 (100.0)
The health worker I saw was friendly and easy to talk to	0	0	2 (33.3)	3 (50.0)	1 (16.7)	6 (100.0)
I felt uncomfortable and embarrassed	0	2 (33.3)	3 (50.0)	1 (16.7)	0	6 (100.0)
The service was confidential and I felt my privacy was respected	1 (16.7)	0	1 (16.7)	4 (66.7)	0	6 (100.0)
I could get what I needed, eg contraceptives, condoms, HIV and STI test, etc	1 (16.7)	0	2 (33.3)	2 (33.3)	1 (16.7)	6 (100.0)
I would use the service again if I needed to	2 (33.3)	0	1 (16.7)	2 (33.3)	1 (16.7)	6 (100.0)

* Includes only those men who reported using the service.

5.2.2.3.4 HIV testing

Eight participants believed it is possible for someone in their community to get a test to find out if they are infected with HIV and all knew where to go to receive the test. Five participants reported having ever had an HIV test and three of these people had an HIV test in the 12 months prior to the survey. The most commonly reported places where they had an HIV test were at a government hospital health service (n=2), private doctor (n=1) and NGO clinic (n=1).

Three of the five people who had ever been tested for HIV reported receiving their HIV results. Of these three people, all reported that they were HIV-negative based on that result.

5.2.2.3.5 Alcohol and drug use

Ten of the 11 participants who responded to questions about alcohol use reported drinking alcohol in the preceding four weeks. While no-one reported drinking alcohol every day, the majority indicated that they drank alcohol at least once a week (Table 45). Those who drank alcohol were asked how many drinks they had the last time they drank alcohol, with the number ranging from two drinks to 10 drinks, with the median number of drinks being five.

Participants were asked whether they had taken a range of drugs during the preceding 12 months. The only drug that participants reported taking in that period was marijuana, which two participants used. When asked whether they had engaged in anal or vaginal intercourse in the previous four weeks after taking alcohol and/or drugs that left them feeling not in control, five of the 10 participants who responded to the question answered in the affirmative.

Table 45: Alcohol use in the past four weeks*

	n (%)
I never drink alcohol	1 (9.1)
Never in the last 4 weeks	1 (9.1)
Less than once a week	3 (27.3)
At least once a week	6 (54.5)
Every day	0
Total	11 (100.0)

* Missing data n=1.

5.2.3 Female sex workers

5.2.3.1 Description of the sample

Four women who sold sex in exchange for money or goods provided survey data. Given the small sample size, percentages will be avoided where possible and data will be only minimally presented in tables, with most results being reported within the text.

The age of the women ranged from 17 to 30, with a mean age of 24.25 (SD=6.29) and median age of 25. All four women reported being educated to the level of secondary/technical school. One of the four women reported being employed in retail in addition to her sex work.

Two of the women were currently married, while the other two were widowed/divorced or separated. Two women reported having children – one had two children and the other had five. People with whom the women lived (multiple answers possible) included husband (n=2), parents/in-laws (n=1), siblings (n=1), children (n=1) and other relatives (n=2).

5.2.3.2 Sexual history and practice

All four women reported ever having had sexual intercourse. The first time they had sexual intercourse was at the age of 14 for two of the women, while the other two women reported being 17. The age at which they first received money or goods in exchange for sex included 15, 16 and 27, with one woman declining to answer that question.

5.2.3.2.1 Numbers of male partners

When asked how many male sexual partners they had had in their lifetime, the respondents appeared to be deliberately underplaying their role as a sex worker. Responses ranged from four male sexual partners to 35, with a median of six. The number of male sexual partners reported in the last 12 months appeared to be similarly inaccurate and ranged from two to 34, with a median of 4.50.

Three of the women reported having sexual partners concurrently (that is, more than one sexual partner during the same period) in the previous six months.

5.2.3.2.2 Sex with paying male partners

When asked how many paying partners they had had on the last day that they were paid for sex, two women reported one paying partner, while another woman reported two paying partners, and the fourth response was an unlikely 20 paying partners.

5.2.3.2.2.1 Types of sexual practice with paying male partners

Women were asked what types of sexual contact they had with paying partners during the preceding 12 months. These included masturbating the partner (n=1), being masturbated by the paying partner (n=1), sucking his penis (n=2), he licking her vagina (n=2), his penis between her thighs or breasts (n=1), his penis inside her vagina (n=4) and his penis inside her anus (n=1).

5.2.3.2.2.2 Condom use and lubrication for anal intercourse with paying male partners

Three of the four women reported never using a condom for vaginal intercourse with a paying partner in the previous 12 months, while the other woman reported sometimes using condoms with paying clients for vaginal intercourse. The same woman reported using a condom on the last occasion of vaginal intercourse with a client. The one woman who had anal intercourse with paying partners reported using condoms sometimes for that practice. The same woman reported not using a condom or lubricant the last time she had anal intercourse.

One woman reported not using a condom because the paying partner paid extra money for that to happen. In response to the question about how often it was difficult to get clients to use condoms, women reported 'none of the time' (n=2), 'some of the time' (n=1) and 'all of the time' (n=1). When asked who supplies the condom, three women reported that they never use a condom, while the fourth woman reported that she supplies the condoms.

When asked why they did not use condoms with paying partners, women reported the following reasons, with multiple answers possible: condoms take away pleasure (n=1), don't like condoms (n=1), condoms were not available (n=2), difficulty obtaining condoms (n=1), believed partners were faithful (n=2), partner objected (n=1), condoms were too expensive (n=1) and never heard of condoms (n=1).

5.2.3.2.2.3 Where sex with paying male partners takes place and who decides how much money she receives

Women were asked where they had sex with their paying clients the last time they had sex with a paying partner. Responses included his house (n=1), outside (for example, bushes, beach, etc) (n=2) and at someone else's property (n=1). Women were also asked who decides on how much money she gets paid by clients. Responses included the paying partner decides (n=1) and the woman decides (n=3).

5.2.3.2.3 Sex with regular male partners

All four women reported having had sex with a husband or boyfriend in the previous 12 months.

5.2.3.2.3.1 Condom use with regular male partners

Participants were asked how often they had used condoms for vaginal intercourse with their regular male partners in the last 12 months. Three women reported never using condoms while one woman reported sometimes using condoms. The same woman indicated that she had used a condom for vaginal intercourse with her regular partner on the last occasion. Two women reported using condoms for anal intercourse with their regular partner in the previous 12 months and on the last occasion. One woman reported using lubricant on the last occasion of anal intercourse with a regular male partner.

Women were asked for their reasons for not using condoms and their responses were identical as those they provided for not using condoms with paying partners.

5.2.3.2.4 Sex with casual male partners

Three of the four women reported having sex with casual male partners in the preceding 12 months.

5.2.3.2.4.1 Condom use with casual male partners

All three women reported sometimes using condoms for vaginal intercourse with their casual male partners, with only one women reporting condom use with that partner on the last occasion of vaginal intercourse. One of the women reported using a condom every time for anal intercourse with casual male partners, while the other two women indicated that they had never used condoms for anal intercourse with such partners in the preceding 12 months.

Reasons provided for not using condoms with casual male partners were identical to those given for not using condoms for paying and regular partners, with the addition of using other protection methods (n=1).

5.2.3.2.5 Obtaining condoms

All four women reported knowing where they could obtain condoms. When asked where they had previously obtained condoms, the following responses were provided: never obtained condoms (n=1), condom dispenser (n=1), NGO (n=1) and from a friend (n=1).

5.2.3.2.6 Alcohol and drug use

All four women reported drinking alcohol in the past four weeks. Two women drank alcohol every day, while the other two drank alcohol at least once a week. When asked how many drinks they had consumed the last time they drank alcohol, responses ranged from four to 20. Two women reported drinking 15 or more alcoholic drinks on the last occasion. Two of the women also reported having had sex during the time they were taking alcohol or drugs and not feeling in control in the last four weeks.

Women were also asked what drugs, if any, they had taken in the last 12 months. One woman indicated taking kava in that period, with no other drugs reported to have been used.

5.2.3.3 Sexually transmissible infections including HIV

All four women reported ever having heard of diseases that can be transmitted sexually, among whom two reported having had symptoms of a sexually transmissible infection (STI). Symptoms in the last 12 months included genital discharge (n=1) and genital ulcer or sore (n=1), while two women reported ever having had pain while urinating. Only one woman reported ever having been diagnosed with an STI, which included gonorrhoea. The responses of the two women who had ever had an STI symptom included doing nothing (n=1), received traditional medicine (n=1), talked to a friend (n=1), visited a private clinic (n=1), visited an STI clinic (n=1) and got medicine from a pharmacy (n=1).

All of the women had heard of HIV or the disease called AIDS prior to the survey. Their sources of information about HIV and AIDS (with multiple answers possible) included school (n=1), an NGO program (n=1), radio (n=1), workplace (n=1) and TuFHA clinic (n=1). None of the women reported knowing someone who was infected with HIV.

5.2.3.3.1 Knowledge about HIV and AIDS

The four women were asked a series of questions to assess their knowledge of HIV and its transmission. Correct responses are shaded in Table 46. Correct knowledge was quite high among this group. However, the majority incorrectly thought that using a condom every time they had sex would not reduce the risk of transmitting or acquiring HIV.

Table 46: Knowledge about HIV and AIDS (n=4)

	No n (%)	Yes n (%)	Don't know n (%)	Total n (%)
Can a person get HIV from mosquito bites?	4 (100.0)	0	0	4 (100)
Do people get HIV because of something they have done wrong?	2 (50.0)	1 (25.0)	1 (25.0)	4 (100)
Can a person reduce the risk of getting HIV by using a condom every time they have sex?	3 (75.0)	1 (75.0)	0	4 (100)
Can a person get HIV by sharing food with someone who is infected?	4 (100.0)	0	0	4 (100)
Can the risk of HIV transmission be reduced by having sex with only one uninfected partner who has no other partners?	1 (35.0)	3 (75.0)	0	4 (100)
Can a healthy-looking person have HIV?	2 (50.0)	2 (50.0)	0	4 (100)
Can people be cured from HIV by a traditional healer?	4 (100.0)	0	0	4 (100)
Can a pregnant woman infected with HIV or AIDS transmit the virus to her unborn child?	0	4 (100.0)	0	4 (100)
Can a woman with HIV or AIDS transmit the virus to her newborn child through breastfeeding?	1 (25.0)	3 (75.0)	0	4 (100)
Can a pregnant woman take medicine to reduce the risk of transmission of HIV to her unborn child?	1 (25.0)	2 (50.0)	1 (25.0)	4 (100)

5.2.3.3.2 Stigma

5.2.3.3.2.1 Stigmatising attitudes towards people living with HIV

All four women generally had non-stigmatising attitudes towards people living with HIV (Table 47). However, three of the women indicated that they would want a family member's HIV infection to remain a secret.

Table 47: Attitudes towards people living with HIV among participants

	No n (%)	Yes n (%)	Don't know n (%)	Total n (%)
If a relative of yours became ill with HIV, would you be willing to care for him or her in your household?	1 (25.0)	3 (75.0)	0	4 (100)
If a member of your family had HIV, would you want it to remain secret?	1 (25.0)	3 (75.0)	0	4 (100)
Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV?	1 (25.0)	3 (75.0)	0	4 (100)

5.2.3.3.2.2 Stigma and discrimination observed in the community

Participants were also asked questions about evidence of stigma that they had observed in the community (Table 48). No participant was aware of anyone being denied health services in the previous 12 months as a result of living with HIV or being suspected of living with HIV.

Table 48: Evidence of stigma and discrimination observed in the community

	No n (%)	Yes n (%)	Don't know n (%)	Total n (%)
Do you personally know someone who has been denied health services in the last 12 months because he or she is suspected to have HIV or has HIV?	2 (50.0)	1 (25.0)	1 (25.0)	4 (100)
Do you personally know someone who has been denied involvement in social events, religious services or community events in the last 12 months because he or she is suspected to have HIV or has HIV?	2 (50.0)	2 (50.0)	0	4 (100)
Do you personally know someone who has been verbally abused or teased in the last 12 months because he or she is suspected to have HIV or has HIV?	3 (75.0)	1 (25.0)	0	4 (100)

Participants were asked whether they had been raped or forced to have sex in the preceding 12 months. Three of the four women answered in the affirmative that they had been sexually assaulted in that period. When asked who was responsible for the sexual assault, while multiple answers were possible, all three women indicated that it was their boyfriend or husband.

5.2.3.3.3 Access to health services

All participants were asked whether they knew where they could access a range of health services (Table 49). Although a majority of the women knew how to access health services to obtain support, health-related information and condoms, most did not know where they could access support for HIV and STI testing and treatments.

Table 49: Knowledge about accessing health services

	No n (%)	Yes n (%)	Refuse to answer n (%)	Total n (%)
Support	1 (25.0)	2 (50.0)	1 (25.0)	4 (100)
Health-related information	1 (25.0)	2 (50.0)	1 (25.0)	4 (100)
HIV and STI testing	3 (75.0)	0	1 (25.0)	4 (100)
HIV and STI treatment	2 (50.0)	1 (25.0)	1 (25.0)	4 (100)
Condoms	1 (25.0)	2 (50.0)	1 (25.0)	4 (100)

Three women knew of a local organisation providing information or services related to condoms, family planning, HIV and STIs. When asked what the names of any of these organisations were, the following names were reported by the majority: Tuvalu Red Cross Society, TuFHA clinic or hospital.

For all the services presented in Table 50, a majority indicated using the service.

Table 50: Connection with HIV-related and other health services

	No n (%)	Yes n (%)	Not applicable n (%)	Total n (%)
In the past 12 months, have you been contacted by a volunteer or outreach worker from a local organisation that provides information or services related to condoms, family planning, pregnancy, HIV and STIs, or sexual assault?	0	3 (25.0)	1 (25.0)	4 (100)
In the past 12 months, have you visited a health service for information or services related to condoms, family planning, HIV and STIs, or sexual assault?	1 (25.0)	3 (75.0)	0	4 (100)
In the past 12 months, have you been given condoms through an outreach service, health clinic or drop-in centre?	0	3 (75.0)	1 (25.0)	4 (100)
Have you ever participated in an HIV peer education program?	2 (50.0)	2 (50.0)	0	4 (100)

* Missing data n=1.

Three of the four participants answered questions about their experiences with the health services they had used, reported in Table 51. The majority of participants were generally satisfied and would use the services again. Three of the four women reported that they would like to receive additional information about HIV, as well as contact details of any support services.

Table 51: Feedback about the health service

	Strongly disagree n (%)	Disagree n (%)	Neither agree nor disagree n (%)	Agree n (%)	Strongly agree n (%)	Total n (%)
The service was easy to access or find	0	1 (33.3)	0	2 (66.6)	0	3 (100.0)
The health worker I saw was friendly and easy to talk to	0	0	0	2 (66.6)	1 (33.3)	3 (100.0)
I felt uncomfortable and embarrassed	0	2 (66.6)	0	1 (33.3)	0	3 (100.0)
The service was confidential and I felt my privacy was respected	0	0	0	3 (100.0)	0	3 (100.0)
I could get what I needed, eg contraceptives, condoms, HIV and STI test, etc	0	1 (33.3)	0	2 (66.6)	0	3 (100.0)
I would use the service again if I needed to	0	0	0	3 (100.0)	0	3 (100.0)

* Includes only those women who reported using the service.

5.2.3.3.4 HIV testing

Two of the four women believed it is possible for someone in their community to get a test to find out if they are infected with HIV and all knew where to go to receive the test. Three women reported having ever had an HIV test and one woman had an HIV test in the 12 months prior to the survey. She had her test at a government hospital health service. Two of the three people who had ever been tested for HIV reported receiving their HIV results and were informed that they were HIV-negative based on that result.

5.3 In-depth interviews

5.3.1 Transgender/*Pina* and men who have sex with men

The researchers interviewed three *pina* and two MSM. The interviews took place in the hotel where the lead researcher was staying.

Many *pina* have migrated from the smaller islands to Funafuti, where there have been two organized groups of *pina*. There is a group of older *pina* called the Pussy Cats, who used to perform dances; however, the group has now split up. There is also a younger group of *pina* called the *Waka Waka*. Some members of the *Waka Waka* are part of the TuFHA Drama Group. They are currently trying to seek legal recognition as an association. A few *pina* are employed as volunteers at TuFHA and the Red Cross.

Men who have sex with men are a much more hidden group. Their sexual relationships appear to be more sporadic, on the whole, and many have relationships with women.

5.3.1.1 Gender and sexual identity

The question of sexual and gender identity in Tuvalu is a vexed one. One interviewee identified as a *pina* (transgender), but when asked 'So does that mean you identify as a woman? Or a man?', he answered 'man'. But he also admitted, when asked what it was like being *pina:* 'I like to dress like a woman. Everything (laughs).' Interviewee 3 identified as *pina* and as gay, and said:

> I don't want to be a man. So I would call myself a girl … When I was in high school … primary school. So I knew I wanted to be a girl, everything like a female. Females activities, things like that.

Another interviewee identified as a transgender and as a woman. She too, liked to 'dress up, just want to hang out with friends, I just … I don't know I just enjoy being like this … 'Cause I'm the only here that, like, dress up like a woman. That's why I like it'.

While one of the *pina* interviewed said of her male partners, 'I think they are bisexual', for the men themselves, *pina* are certainly gendered female.

This normalises the relationship for the men, as they do not have to face the fact of homosexuality. It also makes the term 'men who have sex with men' somewhat misleading. The interviewees told the researchers that men only have sex with *pina*, not other 'straight' men. Interviewee 5:

> I: do you have sex with men who aren't pina?
>
> P: Only *pina*.
>
> I: Ah, so men don't have sex with each other?
>
> P: No, no, no.

However, other *pina* view their male partners' sexual identity somewhat differently. Interviewee 4 said of his partner of one month that he was gay and did not have relationships with women, and that there were 'plenty of gay men in Funafuti'.

5.3.1.2 Sexual behaviour

Interviewees' sexual relationships tend to be casual: either a one-off or just a few times. Interviewee 1 said, 'It's only one-night stand thing. I think they only have sex with *pina* only if they got depressed or [because of] alcohol'.

Most 'straight' men are also in relationships with women. 'I enjoy [having sex] with men and women' (Interviewee 5). One of the straight men interviewed was very ambivalent about the sex that he had had with *pina*, claiming that it had only happened once:

> We went to the end of the island [with two pina] and starting drinking and … suddenly I was knocked out. I just woke up, I don't know where, and my pants were … [it was] just once when I was really drunk. That's why what happened … I know something happened, I don't know what …

Another straight man (Interviewee 5) was more forthcoming about his own pleasure when asked about sex with women and *pina*:

> It's, ah. I don't know. Yeah it's good also. Find a boy, a *pina*, is nice, it's more better than … sometimes girl doesn't want anal sex. Doesn't like, so you cannot do any sex with her. So you go to a Pina. So I go to a Pina and do the anal sex with Pina. And vaginal with the girls.

This interviewee had also paid for sex (with a female sex worker) while in the Marshall Islands and in Kiribati.

During sex, *pina* are usually the receptive partner in the sexual act while their male partners are exclusively the penetrating partner, enacting through sex gendered male and female roles. *Pina* informed the researchers that they don't have sex with women, only men.

Pina argue that it is easy to find men to have sex with. They meet their sexual partners in nightclubs or through the internet. Interviewee 3 described using Facebook and gmail:

> So when we want to meet up, I just email him, 'I want to meet you' … or something like that (laughs) … If he want me to come to his place, ok I'll come. We'll meet there, and … Or during the night, at the nightclubs …

None of the *pina* had been paid for sex with another man, but one interviewee said that some *pina* 'pay for the men to have sex with them … [or] they provide the drinks with the guys, so that they can they can easily say yes when it comes to sex'.

Alcohol and sex seem often to go together. Interviewee 2 claims to have had sex with a *pina* only when under the influence of alcohol. Interviewee 1 describes men asking him to have sex: 'they ask. But when I get drunk I can say yes to anyone. It's like I don't care (laughs) about they want me to do …'. He goes on to describe the last time he had sex with a man:

> The worst is that well I didn't mean to sleep with him, I was too drunk, I just woke up in the morning and I found him sleeping by my side and the worst part is that he is already married.

5.3.1.3 Condom use

Condom use seems to be inconsistent. While both men and *pina* seem to be aware of how to access condoms and of their availability at TuFHA and at the nightclubs, shyness and shame seem to create barriers to accessing them. For example, Interviewee 5 had a wife (who was not on the island), a girlfriend and a *pina* sexual partner. He had never used a condom for vaginal sex with his wife and girlfriend, or for anal sex with his *pina* partner, or with sex workers when in overseas ports. While he admitted that he may be at risk for HIV, he justified not using a condom: 'I feel uncomfortable with condoms. I don't enjoy when having sex using condoms'. While he knew where he could get condoms, he said: 'Sometimes I'm ashamed to go and get the condoms from the hospital. I'm just shy to go and get condoms.'

Interviewee 4, who had had a large number of male partners, never used a condom. He understood that 'condoms save you from HIV', and that you could get a condom 'from TuFHA and Red Cross', but that 'it's not nice' to use condoms, meaning that he did not like the feel of them.

Interviewee 1 said that he often got so drunk that he did not know if he used a condom. On the other hand, 'when I'm not drunk and someone asks me to have [anal] sex I refuse to do that. [I] just to do the hand job and those things, I just accept that'.

5.3.1.4 HIV testing

HIV testing seems to be a thorny issue for many of the interviewees, and seems only to be undertaken when there is a health issue or when they are forced to for employment purposes. Interviewee 4 had never been tested for HIV, saying, 'HIV is no problem for me', and that he did not feel he was at risk. Interviewee 5 relied on his medical check before going to sea to find out his HIV status, although he wasn't sure whether they tested for HIV.

> They just take my blood and then they do the testing [and] they give you the result. They send it to the service. If they find out you're sick you cannot go on board.

There is some perception that testing may not be confidential.

5.3.1.5 Stigma

Pina having sex with men is considered culturally unacceptable. Being a man who has sex with men, in general, is proscribed, so that men who have sex with *pina* are a very hidden group. When asked about who knew about his *pina* partners, one man answered: 'My friends; they just tease me. But it's OK.' However, asked about what would happen if his family found out, he responded that they would 'get angry'.

For *pina*, stigma is very strong. They tend not to be accepted by the culture or by their families:

> They hate [us]. They get angry too 'cause here the culture is very strong. That's why they … they don't understand other people's feeling. For me I don't care. 'Cause you know my friends they always support me in everything I do. And also my family. Only my cousins, they like, hate me when do those things. Like dress up and all those things. But I don't care.

One *pina* (Interviewee 4) said that while his parents and sisters supported him, friends had called him names: 'poofter, ah, just like a bitch, yeah … sometimes my brother hurt me. He said "why are you dressed like a woman?".' Interviewee 3 said: 'Yeah. You know like most

the Tuvaluans they're very good at gossiping and things like that … Sometimes they take me down.'

Another *pina* (Interviewee 1) said that she doesn't hang out [with the *Waka Waka* group] because:

> Many people gossip about that crew because they go sleep with guys, they do all those things that they're not supposed to do with the guys. That's why I don't want to go with them. 'Cos I don't want people to talk about me.

Interestingly, one of the 'straight' men we talked to spoke about *pina* in really negative terms. He said: 'I think be a man. They are not useful; they are useless people. They were created by God as a man but they want to be a girl, not making use of themselves.'

It would be a mistake to see these *pina* as purely victims. Their reactions to stigma and bullying ranged from 'I told [my brother], "None of your business, I have a right to wear this clothes"' to:

> And we ah, you know we ignore them … because they know nothing about myself … Um … I mean for me as a young *Waka Waka* or a young *pina* I have to fight for … because I have rights, yeah? [Interviewee 3]

5.3.2 Female sex workers

There is no formal sex work in Tuvalu. Anecdotal stories of female sex workers were provided by key informants; however, the stories often relate to previous years and key informants state that there are currently few, if any, sex workers in Tuvalu. The reason given for the lack of known sex work is the inability to keep these activities hidden. For example, last year a group of suspected sex workers was named and shamed on the national radio.

Sex work in Tuvalu is opportunistic, happens on a casual basis and is often not for money. Most of the women we talked to hang out in a group together and transactional sex is part of 'join[ing] the gang to hang out with many friends and boyfriends hey. So every weekend we go out'. The women are poor, with little education, and young (ages 17–29). Some have children and are divorced and worked either part-time or not at all. They are often reliant on men or their families for money.

Many of the women meet men at nightclubs. One said, I had sex with 'somebody I meet in the nightclub. Next he asked me to have sex with him and he is going to buy me some alcohol …'. For Interviewee 1, she was having sex with two men at the present time for motorbike rides. She said: 'If they give me money for sex I don't want to, I just want a motorbike.' However, she then admitted: 'But some of the time we do sex for money.' Interviewee 3 had sex for alcohol: 'We take a motorbike ride at the end, after we have sex we go back to the nightclub and he will buy me some.' Other young women also had sex for cigarettes, food and clothes. The women admit that they have sex because they have no money to pay for goods and for rides.

5.3.2.1 Sexual behaviour

Sexual partners are Tuvaluans and are mostly married men. They tend to have sex either at the client's house or outdoors. One woman said, 'maybe go to find another house that is empty, no family inside hey, we go to the end of the road, we go somewhere'.

Most women do not have a large number of partners at any one time, and some of the women referred to their sexual partners as 'boyfriends' – even though they understand the relationship to be transactional in character. However, one woman talked about sex for money. She had up to three partners a day and was paid between A$20 and A$50 per partner. She said: 'If I want the money for myself, if I want to use some money but I don't have money I can go [and have sex].' Most women have vaginal sex as well as giving men blow jobs. Anal sex seems to be kept for husbands only.

Most of the women dipped in and out of these transactional relationships. One interviewee had been having sex for rides for the past two years. Marriage often changed their sexual practices – at least lessening the numbers of partners that they had. Another women said that since she was married she only had sex with one other man and her husband. One woman who very sporadically had sex for money was paid A$100 for vaginal and oral sex with a married man. She said that she regretted it 'because he was a married man', but she needed the money at the time to buy drinks.

5.3.2.2 Condom use

Condom use is sporadic at best: 'Yeah [with] some [transactional] partners. Some of my partners want me to use a condom, then we use a condom but not another partners.' If condoms are used, it is the women who initiate this. One interviewee told us that when she brought up the issue of condoms: 'Ah, before he was angry but I talk to him about that, that I was afraid of the HIV, he was angry [but] he agreed.' The women were not particularly fond of condoms, but one said: 'I like the condom because I am afraid.' None of the women we spoke to used condoms with their regular partners.

The women knew where to get condoms and knew that condoms can protect them from HIV and STIs. One interviewee said:

> The Red Cross they come to tell our youth about all the sickness and transmission of the sickness. They tell me when you touch someone with HIV you don't get the virus hey. It's sexually transmitted.

All mentioned the Red Cross, the hospital and TuFHA as the places where condoms were available. However, many would not go and get them. One interviewee said:

> I am shy to go to take the condom but I go to my friends working on the Red Cross or the hospital. I go straight to my friends that I know him or her. [I am afraid] that someone might see me and you know Tuvalu culture hey, they saw the small girls go to take the condom, they are mean hey and they go to tell the family what they have seen.

Others just do not go and get them because of transport costs, or because they forget to get them before going out on the weekends.

5.3.2.3 HIV and STI testing

Some of the women had been tested for HIV and STIs. Interviewee 2 said:

> Yeah because I have sex on the weekend. We went out on Friday or Saturday and by Monday or Thursday we felt sick when we go to the toilet. I go to my relative [who is a health worker] and ask 'am I sick?'. My relative tell me 'oh you have Gonorrhoea'. I want to cry but I am afraid and my relative ask me, you don't have to be afraid because many girls come and boys have Gonorrhoea. I am afraid just a little bit hey so I ask my relative to give me treatment for the Gonorrhoea and my relative help me to get treatment. And I ask, don't talk to my mother.

Another woman was happy to get tested because she 'gets to know if [I am] OK or not when [I] went there'. However, others were scared to have HIV tests even though the tests are free and easily available. Some interviewees had not been to get tested because they did not 'want to know' the result. Some are under the misapprehension that they will have to pay.

5.3.2.4 Stigma

All the women are scared that someone may find out about their transactional sex. There is a perception that transactional sex will lead to a high degree of stigma from friends and family. They are reluctant to talk about it with anyone other than their group for fear of being the subject of gossip, being judged, or angering their parents. Interviewee 1 said that it would have 'very bad' consequences if the community knew and her parents would 'get angry if they found out'. Another interviewee said: 'I am afraid because if my mother found out … sometimes my mother go punch. I didn't tell to my mother, because I'm afraid of my mother and my families. I have my secret with me.'

One interviewee talked about being forced to have sex, but it was her husband rather than a client who had assaulted her. She said that if she said 'no to him, he will get angry'.

The Tuvalu HIV Officer also believes that identifying female sex workers is likely to lead to discrimination from the community and families chasing them out of home.

5.4 Capacity assessment of HIV organisations and services

5.4.1 Organisational mapping

The Tuvalu MoH, TuFHA and the Tuvalu Red Cross are the main organisations in Tuvalu working in HIV/STI prevention. The Tuvalu Pina Association, Tuvalu Maritime Training Institute, Tuvalu Overseas Seamen's Union, National Council of Women and National Youth Council have undertaken some activities in HIV/STI prevention over the past few years as well. Prevention activities include education, condom distribution, and HIV/STI testing, predominantly taking place on the main island of Funafuti on which approximately half of Tuvalu's population resides. In recent years, the focus of development activities in the country has broadly shifted to climate change, with a reduction in funding for HIV prevention. This shift is reflected in the work of many of the organisations, which are now focusing on climate change-related activities. All organisations are based on the island of Funafuti; however, the Red Cross has representatives on the outer islands and the MoH has outer-island clinics.

No organisation currently specifically targets men who have sex with men or sex workers, though some engage directly with *pina*. In 2015, TuFHA attempted to engage with females thought to be undertaking sex work. This was unsuccessful, as the group of women denied being involved in sex work. The women were subsequently reached through broader community outreach activities. The recently formed Tuvalu Pina Association, as well as the Red Cross and TuFHA, engage with transgender or *pina* in HIV-prevention activities. The Tuvalu Pina Association was established in 2015 following the Pacific Sexual Diversity Network (PSDN) Conference in Tonga. The organisation is currently in the process of gaining legal recognition as an association. The main mandate of the organisation is to advocate for the rights of *pina*. The association is comprised of 15 members who are members of two informal *pina* groups. In addition to the Tuvalu Pina Association, PSDN currently has a Tuvalu representative who is a board member of PSDN and is responsible for executing the Board's objective and activities at the national and community level in Tuvalu. The representative is currently studying in Suva and was unavailable for interview.

There are two seafarer organisations: the Tuvalu Maritime Training Institute and the Tuvalu Overseas Seamen's Union (TOSU). The former carries out HIV/STI-related education and condom distribution as part of its seafarer training program. The MoH, TuFHA and the Red Cross also conduct HIV and STI prevention workshops at the Maritime Training Institute, and with other seafarers on an ad hoc basis. In 2011, a workshop was held by TOSU to develop an HIV Workplace Policy for Seafarers, the details of which could not be located at the time of the visit.

The National Council of Women is an umbrella organisation for 17 women's community groups. The National Youth Council undertakes the same role for youth and comprises 15 youth groups from Funafuti and outer islands. Both organisations have conducted HIV and sexual and reproductive health education workshops integrated into larger activities on an ad hoc basis when funding is available.

5.4.2 HIV and STI prevention activities in Tuvalu

5.4.2.1 National oversight, coordination and funding

National oversight and coordination of HIV and related activities is provided by the Tuvalu National AIDS Council (TuNAC). The council consists of multidisciplinary representatives from government, media, NGOs and seafarer organisations. The council currently does not have representatives from transgender/MSM populations or sex workers. Given the hidden and informal nature of sex work in Tuvalu, it is unlikely that sex worker representation would be possible. However, a member of the Tuvalu Pina Association or the Pacific Sexual Diversity Network representative could be suitable in providing transgender representation.

The work of TuNAC was guided by the Tuvalu HIV and other STIs National Strategic Plan, which expired in 2013. A workshop was held in 2014 to review the previous plan and develop a new plan, which needs finalising. It is reported that TuNAC and the MoH are currently working under a Joint Country and Global Fund Work Plan. Prior to the conclusion of the Pacific HIV Response Fund (a joint Australian and New Zealand government funding mechanism) in 2014, the Tuvalu Association of NGOs (TANGO), an umbrella organisation for community organisations, provided secretariat and grant management support to TuNAC. This involved preparation of proposals for community organisation grants, selection of recipients, and oversight of grant spending and acquittals.

5.4.2.2 HIV and STI testing, counselling and treatment

HIV and STI testing, counselling and treatment are provided by the MoH at the Princess Margaret Hospital on Funafuti. Until 2014, TuFHA was also providing testing services; however, at the request of the MoH, clients are now referred to the hospital for testing. It is unclear why the MoH requested that TuFHA cease testing activities. Given that key informants indicated a high degree of recognition and trust of TuFHA's services (including testing), re-establishing this service is advisable.

The Red Cross refers blood donors to the hospital for HIV testing when a blood donation is required. All seafarers are required to undertake an HIV test before signing a work contract. No clarification was provided as to whether people who test positive for HIV would be ineligible to undertake a seafaring job. Testing is not available on the outer islands, although testing on outer islands has taken place during TuFHA mobile outreach visits when an MoH laboratory technician has been available to undertake the visit.

5.4.2.3 Condom distribution

Condoms and lubricants are provided to the MoH by the United Nations Population Fund (UNFPA). The MoH works with TuFHA, the Red Cross and the Maritime Training Institute to distribute condoms. TuFHA and the Red Cross distribute condoms through condom distribution boxes, which are placed outside each building, and through their peer education networks during public events and outreach activities to nightclubs and communities. The Tuvalu Pina Association has also recently started distributing condoms (which it accesses through TuFHA) at the nightclubs and among their peers. The Maritime Training Institute reported that condoms are accessible through its clinic (upon request) and also on its training boats. It was reported that condoms can be purchased occasionally from the petrol stations. Other than at these outlets, condoms and lubricants are not widely available. TuFHA

reported that condoms are generally well received by the public during outreach activities; however, female condoms are not popular and lubricant is not usually available. Condoms are unlikely to be accessible on outer islands. Key informant interviews indicated that condom use is rare among key population groups.

5.4.2.4 Peer education

The Red Cross and TuFHA have an extensive network of peer motivators both in Funafuti and the outer islands; however, both organisations reported that many are now inactive. The peer motivators are volunteers who assist with condom distribution and sexual and reproductive health education among their peers. A small number of peer motivators are transgender or *pina*. There are no MSM, sex worker and seafarer peer motivators. The last peer motivator training in Funafuti was held by the International Planned Parenthood Foundation (IPPF) in 2013. A previous peer educator training was held by the Secretariat of the Pacific Community (SPC) in 2009. Currently, peer education and strategic health communication activities and workshops carried out by the Red Cross and TuFHA take place on an ad hoc basis and are not coordinated between the two organisations.

5.4.2.5 Strategic health communication

While workshops to develop HIV/STI information, education and communication (IEC) materials were reported, there are no printed IEC materials available, with organisations indicating a lack of funding for printing existing materials as well as a need to develop new materials.

Awareness workshops are targeted at seafarers, young people and communities and are predominantly conducted by TuFHA and the Red Cross. TuFHA carries out HIV prevention education as part of the sexual and reproductive health workshops that it conducts with communities. The target group is predominantly youth. The Red Cross carries out basic HIV prevention education as part of its first-aid training with communities. In 2014, a Pina Beauty Pageant was held by the *Waka Waka* to promote the rights of *pina*. During this time, TuFHA carried out an HIV prevention workshop with *pina*. This is the only reported HIV-related activity to have taken place with *pina*. No HIV prevention activities have been targeted at MSM or sex workers due to their hidden nature and social taboos. TuFHA and the Red Cross deliver HIV prevention workshops to seafarers at the Maritime Training Institute. The Institute also includes one day's training on HIV prevention as part of its training curriculum. This is administered by the Institute's in-house Medical Officer.

5.4.2.6 Advocacy and legislation

Limited advocacy activities currently occur. The MoH reported that it attempted to engage parliamentarians in discussions about HIV legislation with limited success. In future, the Tuvalu Pina Association plans to undertake advocacy activities to promote the rights and recognition of *pina*.

5.4.2.7 Other support services

Social support is available from the National Council of Women for women who have experienced violence and sexual assault. Pre- and post-test counselling is provided by the MoH for those who undergo HIV testing. There are currently no other support services available.

5.4.3 Cross-cutting organisational strengths

- **Tuvalu National AIDS Council** – Tuvalu has a national HIV coordinating body with a wide breadth of stakeholders. The organisation currently does not have a representative from the transgender/*pina* community.
- **Peer and NGO member networks** – TuFHA and the Red Cross currently have a wide membership and established peer networks, which should continue to be strengthened to include greater involvement of key populations.
- **Seafarer workshops** – the MoH, TuFHA and the Red Cross all carry out HIV prevention workshops and HIV prevention is part of the Maritime Training Institute's seafarer training curriculum. The quality of the workshops, however, is unknown.
- **Integration of services** – HIV prevention activities are integrated into sexual and reproductive health education (TuFHA) and first-aid training (Red Cross). Currently, the MoH routinely tests all ANC patients for HIV and other STIs.
- **Condom distribution** – Condoms are currently provided by UNFPA to the MoH. Condoms are distributed by TuFHA, the Red Cross and the Tuvalu Pina Association. Condoms are available from a number of different locations in Funafuti, including the nightclubs, TuFHA and Red Cross offices, petrol stations and the Maritime Training Institute. Condoms are distributed at national events. This should be maintained and condoms also should be placed in other accessible and discreet outlets, such as the hotel and guesthouses.

5.4.4 Cross-cutting organisational capacity building needs

- **Finalisation of the National Strategic Plan (NSP)** – technical assistance is required to finalise the NSP. Consider an integrated sexual and reproductive health strategic plan.
- **Strengthening the coordination of HIV/STI activities** – a joint work plan between organisations based on an up-to-date national strategic plan would prevent overlap of activities and improve efficiency.
- **Capacity building in monitoring and evaluation (M&E) and reporting** – a need for further training in developing skills in M&E, reporting and utilisation of data in policy and programming. Training is requested in the use of Global Fund reporting requirements and templates.
- **Peer motivator network strengthening** – many peer educators are currently inactive or have left for paid employment. The last peer motivator training took place in 2013. Therefore, motivators would benefit from refresher training and greater levels of ongoing support.

- **Review of legislation and policy to promote human rights** – it is currently unclear whether legislation exists that supports the rights of people living with HIV/AIDS (PLWH) and other key affected populations, particularly those of diverse sexual orientation and gender identify. Further investigation is recommended.
- **Sexual and reproductive rights training** – training for decision-makers such as parliamentarians and program managers on sexual and reproductive rights and engaging with key populations.
- **Development and dissemination of context-appropriate IEC materials** – develop and disseminate context-appropriate IEC materials that can be used in clinics and outreach activities to ensure accurate and clear messaging.
- **Reach outer islands** – expand HIV and STI testing and counselling and strategic health communication activities to the outer islands through the use of rapid tests during outreach and/or at local clinical services.
- **Funding** – following the end of the Pacific Response Fund, there is currently a gap in the funding of HIV activities. The primary donor is the Global Fund, plus an A$5,000 annual contribution from the government. TuFHA and the Red Cross currently receive some funding from international affiliates.

5.4.5 Identified capacity building resources

There are a number of regional partners, such as UN agencies, SPC and the Pacific Sexual Diversity Network, as well as other international affiliated organisations (IPPF/IFRC), that currently provide support or may be able to provide support in capacity building.

5.5 Suggestions for Further Support to Key Populations

We have a number of suggestions for further support for organisations to assist key populations in Tuvalu

1. TG/MSM - Support the Tuvalu Pina Association to become an established and registered organisation with the structures and resources in place to carry out peer activities including condom distribution. Undertake sensitisation training/workshops with health workers and community members to reduce stigma toward Pina and MSM.

2. Seafarers – Update the HIV training manual used at the Maritime Training College and provide the clinician/educator at the college with refresher training. Strengthen HIV and other STI testing opportunities for seafarers upon return from overseas.

3. FSW - It would not be appropriate to have a sex worker program given the small number and hidden nature of FSW. The method TuFHA used to reach FSW, which was to carry out community workshops for the whole community in communities which they suspected sex workers to exist is the best approach. However, TuFHA could look at recruiting one or two young women they suspect engage in sex work as peer educators, though they would need to be discrete about this.

4. TuFHA is a very good resources with a wide pool of peer educators, provider of clinical services and the main health educators of communities. Interviewees from KAPs reported they have or would go to TuFHA for clinical support and condoms and many stated they had learnt about HIV from TuFHA community workshops. Both TuFHA and Red Cross expressed a need for further training of peer educators, funding to reach outer islands and funding to develop IEC materials (at present there are no IEC materials available in the country). In addition, TuFHA reported their supply of condoms has recently stopped (they used to get them from the UNFPA via the MoH) and that the MoH no longer allows them to test for HIV. These appear to be wasted opportunities. We would recommend UNDP look more closely at how it could work with TuFHA to reach all three key populations particularly in terms of condom distribution and testing.

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ANNEX1: UNAIDS GARP data needs

DATA - TUVALU

Indicator relevance: Topic relevant, indicator relevant, data available

Data measurement Tool:

Please specify data measurement tool:

Data collection period:

Additional information related to entered data. e.g. reference to primary data source (please send data to My Documents if possible), methodological concerns:

Data related to this topic which does not fit into the indicator cells. Please specify methodology and reference to primary data source. Please send data to My Documents if possible:

Sample Size:

Number of Survey Respondents: 4

	All	Males	Females	>25	25+
Percentage (%) Percentage of sex workers who answered "Yes" to both questions	**75.0 %**		**75.0 %**		
Numerator Number of sex workers who answered "Yes" to both questions	**3**		**3**		
Denominator Total number of sex	**4**		**4**		

workers surveyed					
Percentage (%) Percentage of sex workers who answered "Yes" to question 1, "Do you know where you can go if you wish to receive an HIV test?"	**100.0 %**		**100.0 %**		
Numerator Number of sex workers who replied "yes" to question 1	**4**		**4**		
Denominator Total number of sex workers surveyed	**4**		**4**		
Percentage (%) Percentage of sex workers who answered "Yes" to question 2 "In the last 12 months, have you been given condoms?	**75.0 %**		**75.0 %**		
Numerator Number of sex workers who answered "Yes" to question 2	**3**		**3**		
Denominator Total number of sex workers surveyed	**4**		**4**		

1.8 PERCENTAGE OF FEMALE AND MALE SEX WORKERS REPORTING THE USE OF A CONDOM WITH THEIR MOST RECENT CLIENT

	All	Males	Females	>25	25+
Percentage (%) Percentage of female and male sex workers reporting the use of a condom with their most recent client	**25.0 %**		**25.0 %**		
Numerator Number of female and male sex workers reporting the use of a condom with their most recent client	**1**		**1**		
Denominator Number of sex workers who reported having commercial sex in the last 12 months	**4**		**4**		

1.9 PERCENTAGE OF SEX WORKERS WHO RECEIVED AN HIV TEST IN THE LAST 12 MONTHS AND WHO KNOW THEIR RESULTS

	All	Males	Females	>25	25+
Percentage (%) Percentage of sex workers who received an HIV test in the last 12 months and who know their results	**25.0 %**		**25.0 %**		
Numerator Number of sex workers who have been tested for HIV during the last 12 months and who know their results	**1**		**1**		
Denominator Number of sex workers who responded to the questions	**4**		**4**		

1.11 PERCENTAGE OF MSM REACHED WITH PREVENTION PROGRAMS

	All	>25	25+
Percentage (%) Percentage of MSM who answered "Yes" to both questions	**14.3 %**		**14.3 %**
Numerator Number of MSM who answered "Yes" to both questions	**1**		**1**
Denominator Total number of MSM surveyed	**7**		**7**
Percentage (%) Percentage of MSM who answered "Yes" to question 1, "Do you know where you can go if you wish to receive an HIV test?"	**85.7 %**		**85.7 %**
Numerator Number of MSM who replied "yes" to question 1	**6**		**6**
Denominator Total number of MSM surveyed	**7**		**7**
Percentage (%) Percentage of MSM who answered "Yes" to question 2 "In the last 12 months, have you been given condoms? "	**14.3 %**		**14.3 %**
Numerator Number of MSM who	**1**		**1**

answered "Yes" to question 2			
Denominator Total number of MSM surveyed	**7**		**7**

1.12 PERCENTAGE OF MSM REPORTING THE USE OF A CONDOM THE LAST TIME THEY HAD ANAL SEX WITH A MALE PARTNER

Table for data input:

	All	**>25**	**25+**
Percentage (%) Percentage of men reporting the use of a condom the last time they had anal sex with a male partner	**14.3 %**		**14.3 %**
Numerator Number of men reporting the use of a condom the last time they had anal sex with a male partner	**1**		**1**
Denominator Number of respondents who reported having had anal sex with a male partner in the last six months	**7**		**7**

5.6

5.7 ?.?? PERCENTAGE OF MSM WHO RECEIVED AN HIV TEST IN THE LAST 12 MONTHS AND WHO KNOW THEIR RESULTS

	All	>25	25+
Percentage (%) Percentage of MSM who received an HIV test in the last 12 months and who know their results	**28.6 %**		**28.6 %**
Numerator Number of MSM who have been tested for HIV during the last 12 months and who know their results	**2**		**2**
Denominator Number of MSM who responded to the questions	**7**		**7**

1.13 PERCENTAGE OF TRANSGENDER REACHED WITH PREVENTION PROGRAMS

	All	>25	25+
Percentage (%) Percentage of TG who	**20.0%**		

answered "Yes" to both questions			
Numerator Number of TG who answered "Yes" to both questions	**1**		
Denominator Total number of TG surveyed	**5**		
Percentage (%) Percentage of TG who answered "Yes" to question 1, "Do you know where you can go if you wish to receive an HIV test?"	**80.0 %**		
Numerator Number of TG who replied "yes" to question 1	**4**		
Denominator Total number of TG surveyed	**5**		
Percentage (%) Percentage of TG who answered "Yes" to question 2 "In the last 12 months, have you been given condoms? "	**20.0 %**		
Numerator Number of TG who answered "Yes" to question 2	**1**		
Denominator Total number of TG surveyed	**5**		

1.14 PERCENTAGE OF TRANSGENDER REPORTING THE USE OF A CONDOM THE LAST TIME THEY HAD SEX

	All	**>25**	**25+**

Percentage (%) Percentage of TG reporting the use of a condom the last time they had sex	**60.0 %**		
Numerator Number of TG reporting the use of a condom the last time they had sex	**3**		
Denominator Number of respondents who reported having had sex in the last 12 months	**5**		

5.8 1.15 PERCENTAGE OF TRANSGENDER WHO RECEIVED AN HIV TEST IN THE LAST 12 MONTHS AND WHO KNOW THEIR RESULTS

	All	>25	25+
Percentage (%) Percentage of TG who received an HIV test in the last 12 months and who know their results	**0 %**		
Numerator Number of TG who have been tested for HIV during the last 12 months and who know their results	**0**		
Denominator Number of TG who responded to the questions	**5**		

?.?? PERCENTAGE OF SEAFARERS REACHED WITH PREVENTION PROGRAMS

Table for data input:

	All	>25	25+
Percentage (%) Percentage of SEAFARERS who answered "Yes" to both questions	**26.8**		**27.5 %**
Numerator Number of SEAFARERS who answered "Yes" to both questions	**11**		**11**
Denominator Total number of SEAFARERS surveyed	**41**		**40**
Percentage (%) Percentage of SEAFARERS who answered "Yes" to question 1, "Do you know where you can go if you wish to receive an HIV test?"	**87.8 %**		**87.5 %**
Numerator Number of SEAFARERS who replied "yes" to question 1	**36**		**35**
Denominator Total number of SEAFARERS surveyed	**41**		**40**
Percentage (%) Percentage of SEAFARERS who answered "Yes" to question 2 "In the last 12 months, have you been given condoms? "	**29.3 %**		**30.0 %**
Numerator Number of SEAFARERS who answered "Yes" to question 2	**12**		**12**
Denominator Total number of SEAFARERS surveyed	**41**		**40**

?.?? PERCENTAGE OF SEAFARERS REPORTING THE USE OF A CONDOM THE LAST TIME THEY HAD SEX

	All	>25	25+
Percentage (%) Percentage of SEAFARERS reporting the use of a condom the last time they had sex	**17.1 %**		**17.5 %**
Numerator Number of SEAFARERS reporting the use of a condom the last time they had sex	**7**		**7**
Denominator Number of respondents who reported having had sex in the last 12 months	**41**		**40**

5.9 ?.?? PERCENTAGE OF SEAFARERS WHO RECEIVED AN HIV TEST IN THE LAST 12 MONTHS AND WHO KNOW THEIR RESULTS

	All	>25	25+
Percentage (%) Percentage of SEAFARERS who received an HIV test in the last 12 months and who know their results	**31.7 %**		**30.0 %**
Numerator Number of SEAFARERS who have been tested for HIV during the last 12 months and who know their results	**13**		**12**
Denominator Number of SEAFARERS who responded to the questions	**41**		**40**