



# Premarital relationships and condom use among young people in Suva, Fiji

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**Abstract.** *Background:* Young people in Fiji experience high rates of sexually transmissible infections and early pregnancy. Despite being identified as a key priority group in national strategies, little is known about use of condoms among young people in premarital relationships. This study aimed to enhance understandings of premarital sex and condom use practices among young people in Fiji. *Methods:* Focus group discussions with 33 young women and men aged 18–29 years and 17 interviews with young women aged 18–26 years in an urban setting in Fiji were conducted. Inductive thematic analysis examined condom use practices. *Results:* Participants described a range of contextual influences inhibiting or enabling condom use. Factors inhibiting condom use included sociocultural expectations regarding premarital abstinence; young people's engagement in hidden sexual relationships; limited intergenerational dialogue about sexual health issues; judgmental attitude of staff at condom access points; male dominance of condom use preferences; and belief condoms disrupt intimacy, reduce sexual pleasure and infer a lack of trust. Factors that enhanced condom use included accessing condoms through discreet methods; adult beliefs that supported safe sex practices; and refusing to have sex without a condom. *Conclusion:* Findings broaden understandings of young people's condom use practices in Suva, Fiji. The findings illustrate the need for culturally appropriate youth-centred sexual and reproductive health (SRH) programs and services. Specific strategies that might enhance young people's condom use include community- and youth-led responses; peer condom distribution; provision of condom dispensers in community settings; scaling up of youth-friendly SRH services; and the delivery of comprehensive sexuality and relationships education.

**Additional keywords:** Pacific, qualitative, sexual and reproductive health, youth.

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## Introduction

In Fiji and other Pacific Island countries, improving the sexual and reproductive health (SRH) of young people is identified as a priority in national and regional strategies.<sup>1–3</sup> In Fiji, young people experience high rates of sexually transmissible infections (STIs), with one study reporting 34% of antenatal clinic attendees aged <25 years testing positive for chlamydia.<sup>4</sup> High rates of adolescent pregnancy – 49 per 1000 girls aged 15–19 years<sup>5</sup> – are also documented. Condom use among young people has been reported as low and inconsistent.<sup>6,7</sup> Available research suggests premarital sex is common<sup>8–10</sup> and in order to reduce social risks – such as damage to personal and family reputations, stigma and discrimination – young people tend to hide their sexual activity from peers and adults.<sup>11,12</sup> Yet, in Fiji and other Pacific Island countries, there is little qualitative research that examines young people's perspectives on and experiences of SRH concerns that arise in premarital relationships, including factors influencing condom use.

The effect of contextual factors on young people's sexual and relational practices – such as condom use and covert romantic and sexual encounters – is well documented.<sup>11,13–16</sup> These include influences at interpersonal (e.g. gender roles and norms, power dynamics within relationships, beliefs and attitudes of adults), institutional (appropriateness and accessibility of SRH information and services) and societal (e.g. religious and cultural influences, laws and policies) levels.<sup>15,17–19</sup> In many low and middle income countries (LMICs), there are powerful social and symbolic meanings attached to condoms, which discourage young people from using them, including the association of condoms with disease, immorality and promiscuity.<sup>18,20–24</sup> As such, 'using a condom is not a simple physical act – it also has social meaning'.<sup>18</sup>

Understanding the contextual influences on condom use and how these connect with sexual health, risk-reduction practices and access to health services can enhance the design and

delivery of more appropriate SRH care for young people. Drawing on these ideas, this study aimed to enhance understandings of premarital sex and condom use practices among young people living in an urban location in Fiji. To our knowledge, this is the first qualitative study to explore unmarried young people's condom use practices in Fiji.

## Methods

This paper draws on qualitative data collected during a mixed-methods study designed to explore sociocultural influences on young people's sexual health practices. Data were collected between June 2011 and September 2012 in Suva, Fiji. This paper, which is one of several describing findings from the study,<sup>11,25,26</sup> explores the contextual influences on young people's condom use practices in premarital relationships.

In-depth qualitative enquiry was conducted with young people enrolled at a local university. This included four single-sex focus group discussions with young iTaukei (Indigenous Fijian) women and men aged between 18 and 29 years and 17 in-depth interviews with young iTaukei women aged between 18 and 26 years. Purposive sampling<sup>27</sup> was used to recruit participants of different ages and socioeconomic backgrounds, with a range of sexual experiences. Initially, potential participants were informed about the study by the first author. Thereafter, a snowball sampling strategy was used whereby enrolled participants were asked to provide information about the study to other young people they knew who might be interested in participating in the study.

Four single-sex focus group discussions were conducted involving 16 iTaukei women and 17 iTaukei men, with the purpose of exploring the shared meanings, attitudes and experiences assigned to premarital sex and SRH, and how young people communicate about SRH issues with others.<sup>28,29</sup> Semi-structured discussion guides were used to explore participants' views and experiences related to premarital relationships, condom use, gender norms and sexual health. The first author facilitated the female group discussions and a trained iTaukei man facilitated the male group discussions. Group discussions lasted between 60 and 90 min, and were undertaken in English or in local language with translation support.

The first author then conducted semi-structured interviews with 17 iTaukei women aged between 18 and 26 years, to gather personal insights and stories about young women's perspectives on and experiences of premarital relationships, including condom use. All interviews were held in English and lasted between 60 and 90 min.

Group discussions and interviews were audiotaped and transcribed verbatim. Data were input into NVivo 10 (QSR International, Melbourne, Vic., Australia) and coded thematically using inductive techniques by the first author to identify reoccurring themes related to young people's sexual health practices, including condom use.<sup>27</sup> Quotes are used in this paper to illustrate thematic findings using young people's voices.

Ethical approval was obtained from the Human Research Ethics Committee of the University of Melbourne, the Fiji

National Health Research Committee and the University of the South Pacific Research Ethics Committee. Pseudonyms are used to protect the identity of participants.

## Results

### *Socio-cultural expectations about young Fijian's SRH*

#### *Refraining from premarital relationships*

Young people discussed social expectations – reproduced by parents, adults and church leaders, as well as peers – that they should refrain from sex before marriage. These expectations focussed largely on young women. Young men faced less pressure from adults to abstain, and some experienced significant peer pressure to engage in premarital sex.

*'I think actually there is still a view that... the woman has to be a virgin before marriage. Men not so much. It's like men, you have to have sex or it's like you have to have several experiences with another woman before you actually marry a virgin.'* (Lela, female, 23 years)

These gendered expectations manifested in the close monitoring and subsequent judgement by adults and peers of young women's sexuality and sexual practices. Young women discussed at length the social risks they faced, including damaged sexual reputations and collective shame if their engagement in premarital sex was publicly exposed.<sup>11</sup>

*'Women need to keep themselves holy and pure for if we get married... if you're not a virgin and they [community] find out on your wedding day... you'll be stigmatised for life!'* (Eta, female, 21 years)

In contrast, peer affirmation of male sexuality was influenced by their engagement in premarital sexual activity. Sexual prowess led to currency in the masculine hierarchy of friendship groups in Suva.

*'It's like when you have sex with a girl [you have] high status compared with others who don't.'* (Joni, male, 25 years)

#### *Limited intergenerational SRH dialogue*

Cultural communication practices inhibited intergenerational dialogue between young people and parents and other adults about SRH issues. A social expectation that young people be silent, respectful and obey the authority of elders, including their views on premarital sex, hindered young people's ability to discuss SRH issues with adults.

*'I think coming from the Fijian culture talking about sex is tabu (taboo) and I think... [for] many of us students, Fiji students talking about sex in the open is... it's not on.'* (Tomas, male, 18 years)

*'In the Fijian culture for some of us we don't talk about that even with our mum's, like ah reproductive and sexual health.'* (Eta, female, 21 years)

Discussing issues related to their premarital relationships with a parent or adult of the opposite sex was reported as particularly difficult.

*'The thing about my parents is that they think the daughters haven't been through such things [sex], they think we're still innocent [laughs]. I don't know how to explain to him [father], 'oh my gosh I've been through that', but I just can't.'* (Lulu, female, 21 years)

#### Views on condom use

Young people discussed social perceptions – reproduced by parents, adults and church leaders – that inhibited condom use. This included a belief that supplying young people with condoms would encourage premarital sexual activity. Contraceptive use also contradicted Christian values associated with procreation.

*'I was part of a workshop...[and] one of the church leaders, he was giving out his concern for massive distribution of condoms throughout Suva and condoms just given freely ... his main concern is like we are promoting sex to other young people when we give out condoms and you know it's true eh?'* (John, male, 19 years)

*'My mum said that contraceptives [condoms and birth control] are un-Christian.'* (Ana, female, 24 years)

#### Resisting social expectations

Some young people reiterated support for these social values during data collection, particularly church teachings about condom use and gendered expectations about premarital sex. However, there was also strong evidence of young people rejecting these values. Some young women challenged what they perceived as a sexual double standard where women are expected to practice premarital abstinence, but men are largely free to pursue sex before marriage.

*'They [adults] are always emphasising it on girls but ... what about the guys? A lot of the guys they are not even virgins before they get married to a virgin girl, so it's unfair!'* (Elenoa, female, 19 years)

Young women questioned social views and judgements that restricted condom use on the basis that condoms are required to protect their sexual health and prevent pregnancy.

*'They're [adults] saying condoms promote sex and you're not allowed to have sex until you're married and I'm like seriously, [young] people would rather use condoms you know? Practice safe sex rather than getting pregnant. So, it's so funny, it's more like they promote pregnancy! [laughs] Safe sex saves yourself from pregnancy and all of that stigma and yet they are saying don't use condoms and yet people are still having sex.'* (Lela, female, 23 years)

Engagement in premarital sex was documented as commonplace among young people, although it was largely hidden. Young people, especially young women, indicated care was required to keep relationships and sexual activity secret from adults and some peers to avoid social risks. Dating and sexual practices were confined to 'safe spaces' – such as campus, dorm rooms, house parties, nightclubs, public parks

and motels – which provided a space for sexual intimacy away from the judgmental gaze of adults.<sup>8,30</sup>

*'Most students think it's a tabu (taboo), you can't have that [sex]. But the truth is they're all doing it ... I think they've accepted it, accepted the fact that even if it's wrong people do it so it's part of life. ... [but] it's like unspoken. You can't say ... out loud that having sex before marriage is OK, but you can do it.'* (Ruth, female, 20 years)

#### Condom use among young Fijians

##### Condom use intentions

Young people perceived condoms to be important, and identified condom use as a means of protecting themselves and their partner against STIs, HIV and pregnancy. During a focus group discussion, Roger (male, 18 years) said, *'I think ah protection [condoms] is important because no one wants to be a parent at such a young age'*. Josefa (male, 24 years) replied, *'Or HIV positive. No one wants to catch a disease'*. Ideas were reinforced during interviews as well.

*'I think that it's [condom] great ah I think that more people need to use it and they need to use it every time they have sex because STIs aren't a joke anymore.'* (Carolina, female, 20 years)

One young woman who was not yet sexually active intended to use condoms to safeguard her education and employment opportunities by reducing the likelihood of an unplanned pregnancy. Young women perceived premarital pregnancy as having long-lasting implications, including stigma and discrimination, social isolation, university drop-out and subsequent limited livelihood opportunities.

*'I'm thinking along the line that probably one day I'm going to have sex with my boyfriend so like for me the idea of condoms was like so foreign but then it came up to my mind that I'm actually going to have to use it one day to safeguard my interests as well as his because we are both studying ... So, I have to come to that realisation it's actually going to help me.'* (Lela, female, 23 years)

Peer influences shaped young people's intention to use condoms. Young women asked for advice from peers and older same-sex siblings about condoms and other forms of contraception. Some disclosed that peers encouraged use of condoms and safe sex practices, but others said their social group had largely negative attitudes about condoms.

*'My friends, the social group I hang out with they are a very safe group, so they use condoms a lot.'* (Carolina, female, 20 years)

*'Most of my friends they don't, they don't really like the condom. They only use the pills.'* (Lulu, female, 21 years)

##### Barriers to condom use

Young men and women described feeling uncomfortable accessing condoms from places where adult community members worked. For instance, they felt unable to talk with

adults about SRH and worried about having to respect the authority of elders' views on premarital sex, some of whom deterred young people from accessing condoms.

*'If [a] young person goes up to a place where they provide condoms and ... sees that the person who is providing condoms is ah an older person say like 50 ... [he will say] 'I just can't go and get it from him.'* (Timoci, male, 19 years)

Some reported experiences of difficult, judgmental interactions with shopkeepers when trying to purchase condoms.

*'I went to buy a condom and then the girl [shop keeper] asks me. 'how old are you?' and I was like 18 and she was like 'do your parents know what you are doing?' ... and she gave me that look, and I was so embarrassed because other people were looking. It was supposed to be [private]. ... but like everyone had to know about it.'* (Louise, female, 18 years)

Young women found it particularly challenging to access condoms. The potential for gossip, sexual defamation and a compromised sexual reputation if seen collecting condoms limited their willingness to be seen at locations where condoms were freely available. Gossiping about peers was reportedly commonplace. For example, young women who were seen accessing or carrying condoms risked being branded 'dirty' (Pippa, female, 20 years) or 'promiscuous' (Nicola, female 19 years), whereas men largely escaped such moral judgement.

*'I think it's ok if males go [access condoms]. ... because everyone knows males are sexually active. But then when a woman goes, I think they think that you're like a whore.'* (Julie, female, 26 years)

Young people's use of condoms during sexual encounters was complicated by wider social influences and relationship dynamics. Condoms were often viewed as unnecessary in romantic relationships. For some young women, condoms were thought to disrupt intimacy and expressions of love.

*'I've done it [sex without a condom] and I've tried it that way and it's just like my mentality has changed from using a condom to not using a condom. It feels like I love you more which is stupid, I know it's stupid, but it just turns out that way.'* (Lulu, female, 21 years)

Non-use of condoms was seen by young people as a way of illustrating trust within their romantic relationship. Young women maintained that condoms were unnecessary in a committed relationship where trust had been established.

*'If you're in an intimate relationship ... you don't need to use condoms. [They are] only for those people who are single. Coz you trust each other.'* (Polly, female, 23 years)

Other young men and women preferred condomless sex – referred to as 'skin-to-skin' (Tomas, male, 18 years) – as this enhanced sexual satisfaction and desire. Some men, however, also acknowledged that condoms prolonged sexual intercourse before ejaculation.

*'Every time I sleep with my girlfriend, she's the only one who cares about condoms. She's the only one who pulls out the condom. I told her I don't like using condoms. On one side I like condoms because it gives me, I last longer, gives me power but on the other side it's like no taste it's like you know a lollipop with the wrapper still on.'* (Ricky, male, 26 years)

Gendered roles in negotiations between young women and men influenced condom use. Young women reported that male partners frequently determined whether condoms could be used, and used a range of tactics to coerce women into having sex without a condom, including verbal pressure, subtle manipulation and deception.<sup>11,26</sup>

*'Even with words there is so much pressure ... [he said] 'there is no feeling, how can you make love to me with a plastic bag [condom]', ... it's all pressure eh? Like some men don't know when they say such words ... it pressures the girls so much eh? and for them it's like nothing.'* (Karen, female, 20 years)

#### Enablers to condom use

Across Suva, free condoms were provided at the STI clinic, youth centres and on the university campus. Condoms were also available for purchase at retail outlets. Although a few young people disclosed they were comfortable accessing condoms through these outlets, most preferred to source condoms through discreet methods such as friends or peer educators, who were easily approachable and trusted.

*'One of my friends since we were in university, I've been supplying her with condoms.'* (Marisia, female, 26 years)

*'My friends and I get [condoms] from the peer eds or the medical centre [on campus].'* (Joni, male, 25 years)

Some young women rejected gendered and social norms by carrying condoms and insisted on using condoms in their relationships. Despite facing resistance from male partners, these women described refusing sexual activity if their male partners rejected condom use.

*'Sometimes [name of boyfriend] is very hesitant so I'll be like 'it's either that [condoms] or there's no sex, simple.'* (Amelia, female, 22 years)

Despite intergenerational SRH communication barriers, there was also evidence of adult support for young people's sexual health. A few young women described speaking with mothers about sex and contraceptive use, some of whom provided condoms to ensure safe sex practices.

*'My mum gives me condoms ... she'll ask me 'do you have, still have condoms?' [and] if I don't, she'll like go down to the health centre and get some [laughs].'* (Rosie, female, 23 years)

#### Discussion

For the first time in Fiji, our findings provide qualitative insights into factors influencing condom use among young people. Complementing research in other LMICs,<sup>15,18,23,24</sup> our



findings illustrate how contextual factors shaped sexual practices and condom use among young people in Suva.

A range of contextual influences inhibiting young people's condom access and use were identified. Young people in this study engaged in sexual relationships, but did so in ways that were hidden to ensure they were seen to be respecting parental authority and expectations about premarital sex. This complements research in other Pacific Island countries.<sup>20,31,32</sup> The hidden nature of these relationships restricted young people's access to condoms and willingness to seek advice regarding their relationships, including managing their desires around contraceptive use.<sup>31,32</sup>

Condom access was limited by cultural values that restricted open, intergenerational dialogue about sexuality and reproduction, and social expectations that young people should refrain from premarital sex.<sup>33,34</sup> Young people in this study reported limited opportunities to openly discuss sexual matters and seek SRH information and support from adults. Communication barriers inhibited young people's access to condoms in locations where adults worked due to difficult judgmental interactions with adults, and the dangers of challenging elders' authority and control of youth sexuality.<sup>35,36</sup> This enhanced young people's vulnerability to unwanted sexual health outcomes. Condom access was particularly challenging for young women who risked damaging their reputation if seen collecting condoms.<sup>23,24</sup>

Condom use during sexual encounters was complicated by wider social influences and gendered relationship dynamics. Among young people in the study, condom use was thought to disrupt intimacy and expressions of love, reduce sexual pleasure and satisfaction, and non-use of condoms inferred trust in one's partner.<sup>20,23,24,37</sup> In the context of their romantic relationships, there was an assumption among young people that love equals protection.<sup>38</sup> Uneven power relations further constrained condom use – men typically dictated safe sex practices and some young women disclosed experiences of condom coercion.<sup>23,39</sup>

However, we identified instances where interpersonal networks supported safe sex practices among young people. Condom access was enabled by some parents who were able to discuss SRH issues, encourage safe sex practices and supply young people with condoms. Condom access was also enabled through trusted peer networks, including friends and peer educators on campus, which has been documented in Pacific Island countries<sup>20,40</sup> and other LMICs.<sup>41</sup>

There was also evidence that young people resisted and negotiated social influences that inhibited their SRH. Young people's willingness to use condoms was supported by an understanding of the protection condoms offer against STIs and pregnancy, and that pregnancy prevention was key to completing their university education and enhancing future employment opportunities. Although decisions regarding condom use in romantic relationships were heavily gendered, some young women challenged male dominance in decision-making by describing efforts to negotiate safe sex practices with male partners or refusing to have sex without a condom.<sup>23</sup>

## Limitations

This was a small qualitative study that took place in one urban location. Young people involved in the study were iTaukei, aged 18–29 years and attending university. Data were collected in 2011 and 2012. However, there has been little change in SRH policy and programs with young people in the last decade in Fiji – national health promotion efforts are still centred around individual behaviour-change strategies and abstinence-based models of SRH education.<sup>3,25</sup> Despite the dates of data collection, findings remain relevant and can contribute to the development of enhanced responses to young people's SRH in Fiji. To improve understandings of premarital sex and condom use among young people in Fiji, future research would benefit from exploring experiences of young people from other ethnic groups, those not attending university or living in non-urban settings and those aged <18 years.

## Policy and program implications

Despite these limitations, our findings provide insights into potential strategies to increase condom use among young people in Fiji and the broader Pacific region. In order to be effective, SRH health promotion strategies in Fiji require action at multiple – individual, interpersonal, community, institutional and policy – levels.

It is important to move beyond individual behaviour-change strategies that are central to current national policy,<sup>3</sup> and acknowledge the support of peer, family and community networks in promoting young people's SRH.<sup>35,42,43</sup> Our findings illustrate the value of utilising peer educators and supportive adults to enhance access to SRH information and condoms,<sup>20,40,43</sup> supporting previous calls for community-driven responses to sexual health in the Pacific.<sup>35,44</sup> Another strategy would be to explore safe mechanisms of encouraging parent–child dialogue about SRH issues without consequence for young people who are engaged in premarital sex.

Increasing young people's access to condoms is vital. This could include condom dispensers in locations frequented by young people (nightclubs, universities, parks) to enable discrete access in community settings. Scaling up of high-quality, comprehensive, culturally appropriate and 'youth-friendly' services that offer a range of sexual and reproductive health services is also essential.<sup>35,45</sup> Access to affordable, non-judgmental, confidential services that are available at times appropriate to young people's lives is key. Providing support and training in these areas for existing and new health service staff would help overcome social values that drive judgmental and poor service experiences for young people.

SRH promotion messages supported by comprehensive sexuality and relationships education programs in school, community and other peer-based settings – curriculum-based teaching about the cognitive, emotional, physical and social aspects of sexuality<sup>46</sup> – would bring responses to young Fijian's SRH in line with international best practice. This requires a focus on health literacy, interpersonal and negotiation skills to assist young people secure healthy relationships and manage their SRH through reducing the risk of STIs, HIV, pregnancy

and sexual violence. Engaging young women and young men in ways where they work together to advocate for young people's sexual and reproductive health and rights, would help encourage gender-equitable norms, respectful relationships and male involvement in sexual decisions and actions.

## Conclusion

Our findings illustrate the strong effect of contextual factors on young people's premarital relationships and condom use practices in Suva, Fiji. Moving beyond the limits of individual behaviour-change programs and abstinence-based models of SRH education that have dominated responses to date, findings suggest the need for community- and youth-led responses that engage young women and young men – and other adult members of societies – in the development of culturally appropriate youth-centred SRH programs and services. These would engage with the sexual health needs and lived experiences of young women and men in gender-equitable and respectful ways.<sup>15,47</sup>

## Conflicts of interest

The authors declare no conflicts of interest.

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