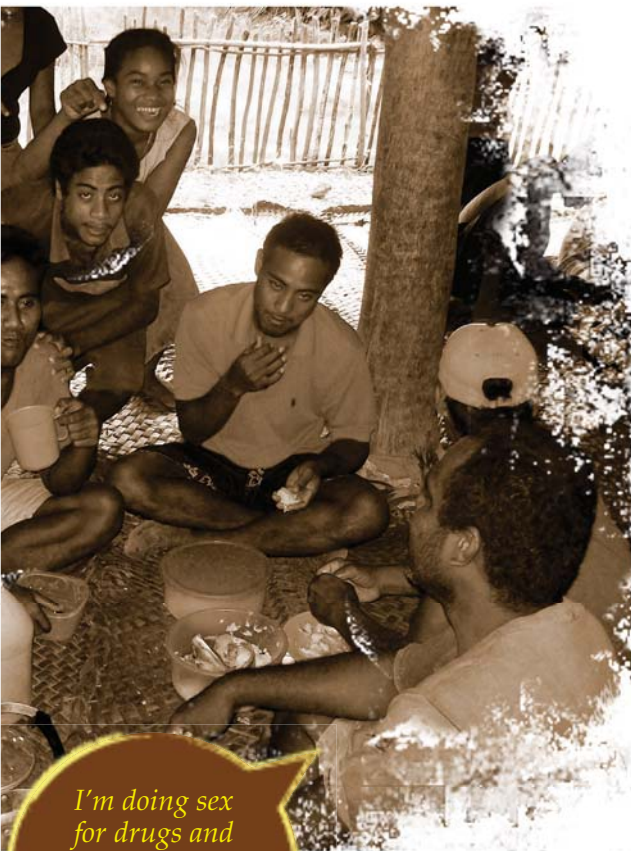


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I'm doing sex for drugs and alcohol.

Practices that increase risk and vulnerability to HIV and AIDS

- * **Females and males involved in sex work:** reported by 36 respondents, only 49% of them reported using a condom at last sexual encounters. There are more females engaged in commercial sex than males at 23.2% and 3.3% respectively and more adolescents (14.6%) than young people (11.9%). Fifty-one percent of those engaging in commercial or transactional sex did not use a condom at last sexual encounters. They were motivated by need for money, need drugs or alcohol, other reasons, coercion and need for food.
- * **Men having unprotected sex with men (MSM):** 35% of sexually active males reported unprotected MSM with multiple partners. Forced sex of MSM was reported by 47.2% in Kiribati and 67% on Abemama.
- * **Forced Sex:** reported by 43% of sexually active youth with ongoing vulnerability for 79%. First sex was forced for 21.1% of sexually active youth overall. More females (31%) experienced forced first sex as compared to males (11.8%). Forced sex increases HIV risk and vulnerability as it is rarely protected sex.
- * Only 42.9% of sexually-active youth use condom at last high-risk sex with non-regular partner indicating 57.1% had **unprotected high-risk sex**.
- * **Increased risk related to substance use was significant.** Two-thirds of samples reported alcohol use, over half used *kaokioki* and a quarter used *kava*. The rate of frequent alcohol consumption (more than three times per week) was 12.2%. There were no IDUs reported in this sample. Substance abuse leads to commercial, transactional and forced sex and put youth at high risk of HIV/AIDS infection.
- * 13.2% of 15-19 year olds sampled had **first sex before they turned 15 years old**, including 9.7% on South Tarawa and 28.6% on Abemama with some youth reporting sex as young as 9 years. Most sexual encounters were not protected.

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Communication

- * Findings indicated that 48% read the newspaper once a week; almost all had access to a working radio; about 1/3 to a working TV; and 1/4 to a mobile phone. Eighty-five percent listened to the radio and 45% watched TV with listening and viewing patterns having largest numbers on weekends and lowest during mid-week. There was little difference between current, preferred, and trusted sources of information on HIV and AIDS.
- * Two-thirds of respondents had attended a program on preventing HIV; 74% had heard an AIDS programme on radio; 72% had seen a poster; and 39% had seen a video on HIV or AIDS.

Healthcare Utilisation

- * Utilisation of health workers as sources of information on HIV and AIDS, or as a source for condoms was **higher for males (33% and 44% respectively) than females (18% and 22% respectively)**.
- * Sixty-seven percent of most-at-risk youth reported attending an HIV prevention workshop.



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Recommendations

Findings in the KAP survey show that there are specific groups among Kiribati adolescents and young boys and girls who carry higher risks and vulnerability to STIs, HIV and AIDS. There is an urgent need to design specific intervention targeting those who are marginalised and at higher risks and vulnerability. The risks are reduced with their increased ability to make informed decision on when they are ready for sex; and make choices on how to protect themselves from STIs, HIV and AIDS; and further enable them to live a healthy and productive life. The survey also reported practices that increase risk and vulnerability to HIV and AIDS for SI adolescents, and young boys and girls.

In order to ensure that adolescents and young people (boys and girls), particularly those who are most at risk and vulnerable to infection, are protected and enjoy a life that is free from STI (including HIV), the following recommendations are made:

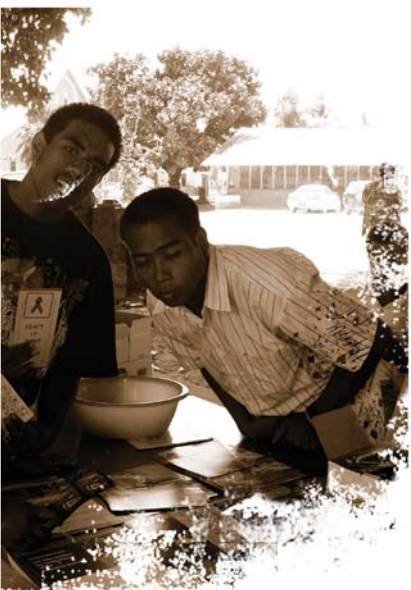
I. HIV programme targeting Most-at-Risk Adolescents and Young People (MARA/YP) and Especially Vulnerable Adolescents and Young People (EVA/YP)

The KAP survey gives strong evidence that MARA/YP and EVA/YP groups are more at risk and vulnerable to HIV and AIDS among sampled adolescents and young people. The Kiribati survey sample of 367 youth, of whom 236 were sexually active, included 36 respondents who engaged in commercial and/ or transactional sex. Thirty respondents reported having commercial sex of whom four were male and 26 female. All but three of those who engaged in commercial sex also engaged in transactional sex (27) and six only engaged in transactional sex for a total of 33. In relation to their risk behaviours, 51% of those engaging in commercial or transactional sex did not use a condom the last time. Findings also demonstrate a higher percentage of risk (MARA/ MARYP) for males (35.1%) than for females (16.9%) and higher vulnerability for females (13.2%) than males (9.1%).

The programme interventions for MARA/YP and EVA/YP should be carried out by defining MARA/YP, EVA/YP, and their geographical settings; and through needs identification. These work should involve mainstream adolescents and young people, and representatives from at-risk and vulnerable groups. The Government of Kiribati should also develop policy guidelines and standards for programming and interventions that address the needs of most-at-risk and vulnerable adolescents, young boys and girls; and build their protective factor; while ensuring that interventions do not violate human rights.

II. Selection of appropriate HIV prevention interventions for MARA/YP

Based on survey findings, the Government of Kiribati needs to identify the best way to accomplish its human rights obligations and promote public health that take into account the specific cultural contexts. This should particularly target the marginalised or disadvantaged adolescents and young girls, adolescents and young girls and boys engaging in commercial and transactional sex and adolescents and young men who have sex with men. Since their risky behaviours are often illegal, adolescents and young people engaging in these practices would unlikely access healthcare services which are viewed as unfriendly to their specific needs. Consequently, mainstream HIV prevention and treatment efforts fail to reach out to these groups.



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The government should consider HIV prevention interventions that are customised for MARA/YP and EVA/YP. The first step should be engaging these groups in discussions to find out what HIV prevention interventions that work well with them, such as youth clinics with flexible opening hours, and counselling service that involves trained counsellors who understand the needs of marginalised youth. Public health messages to foster behaviour change should cater to the specific groups' different needs. As such, public information message on the correct use of condom could be accompanied with skill building. Other interventions such as peer education programmes and the provision of youth-friendly healthcare services should be designed to meet the needs of MARA/YP and EVA/YP. Engaging these groups in developing an HIV prevention interventions programme ensures long-term, sustainable behaviour changes in adolescents and young people.

III. Strengthen Sexual and Reproductive Health (SRH) Services for all Adolescents and Young People

The survey shows that only 10% of Kiribati respondents were tested for HIV and received their results, highlighting the concern that MARA/YP and EVA/YP are not accessing SRH services to an acceptable level. Several reasons cited include services are not readily available, not accessible, or not friendly to young people. The study has also shown that many adolescents and young boys and girls are unaware of the existence of SRH services, while others do not feel the need to use SRH services. There is a need to scale up SRH services for adolescents and young people that meet the agreed national standards. As an initial step, the government needs to issue guidance on minimum standards for youth-friendly SRH services, and address the needs of adolescents and young people as identified by adolescents and young people themselves.

Access to and the use of SRH services by adolescents and young people complement other prevention interventions. The SRH services should include information dissemination, STI management, family planning, HIV counselling and testing services, and other counselling services. The KAP study also shows that Kiribati youth trust health facilities and health workers as their sources of information, thus providing an opportunity to disseminate relevant and correct information to young people who are in contact with healthcare providers.

IV. Strengthen Communication for Development Programs for dissemination of HIV and AIDS prevention messages that are relevant to young girls and boys through suitable communication channels

The KAP findings show that radio and newspapers are the most preferred sources of information for Kiribati youth. According to the survey, there was an increased condom use among youth following an HIV prevention message that was broadcast on the radio. A message will have significant impact to the public if it is disseminated continuously for more than six months. The messages for the youth must be developed with their participation, or by youth themselves. However, technical assistance is needed during messages development to ensure that they produce the intended result. In addition, public information messages targeting MARA/YP and EVA/YP should be relevant to their needs and acceptable to other community members as well. All communication messages must be directed towards action for specific target groups.



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V. Strengthen partnership and coordination among programme stakeholders

Partnership and coordination amongst programme stakeholders are extremely important, as reflected in the KAP study. This should include planning, implementing, monitoring and evaluating prevention efforts in consultation with national and regional agencies, as well as with community stakeholders.

VI. Strengthen adolescents and young people participation in HIV programming and information exchange

Kiribati youth recommended that programming involve young people in communities instead of the same volunteers to increase effectiveness in their respective areas and enhance reliability of HIV information. Therefore, youth engagement in designing and implementing programmes to promote active learning is crucial. At the same time, it is important to strengthen the capacities of adolescents and young people, including MARA/YP and EVA/YP, to ensure that they could deliver quality information to their peers and provide a vital link to access SRH services including services for HIV.

VII. Provide opportunities for livelihood

The study suggest that there are certain social determinants such as poverty and lack of job opportunities that increase the risk and vulnerability of Kiribati adolescents and young people to HIV and AIDS. For a significant proportion of adolescents and young people, poverty is a reality that hampers development and affects access to healthcare services. It is recommended that programmes for young people, including MARA/YP and EVA/YP, could provide the opportunities for building entrepreneurship to generate income and secure employment.

For more information
UNICEF Pacific Office





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