

understanding hiv and aids risk and vulnerability among vanuatu youth



Practices that increase risk and vulnerability to HIV and AIDS

- * **Females and males involved in sex work:** reported by 66 respondents, only 39% of them reported using a condom at last sexual encounters. More females engaged in commercial sex than males at 27.2% and 13.4% respectively, and adolescents (22.5%) than young people (17.8%). **Transactional Sex** was reported by 101 respondents, 31.3% of whom are females as compared to 30.10% males. Only 39% of them reported using condom at last sexual encounters. They are motivated by need for money, coercion, need for food, drugs and alcohol.
- * **Men having unprotected sex with men (MSM):** 11 of 14 respondents reported unprotected sex with multiple partners. Sixty percent of whom reported forced sex of MSM.
- * **Forced Sex:** reported by 45% of sexually active youth with ongoing vulnerability for 39%. First sex was forced for 36% of sexually active youth overall and 43% for Port Vila respondents. More than twice the percentage of females (61.70%) experienced forced sex than males (28.10%). Forced sex increases HIV risk and vulnerability as it is rarely protected sex.
- * Sexually active youth reported 42% condom use at last high-risk sex with non-regular partner, indicating 58% had **unprotected high-risk sex**. Forty-nine percent of males reported using condom at last high-risk sex than 34.6% females.
- * **Increased risk related to substance use was significant.** Forty-three percent of respondents reported alcohol use, 34% *kava*, and 18% homebrew. The rate of frequent alcohol consumption (more than three times per week) was 7.3%. No interviewee reported IDU, but five reported sharing needles. Substance abuse leads to commercial, transactional and forced sex and put youth at high risk of HIV and AIDS infection.
- * 11.4% of 15-19 year olds sampled had **first sex before they turned 15 years old**; including 8.5% for Port Vila, 11.8% Tanna and 14.4% Malekula; with some youth reporting sex as young as 7 years old. Most sexual practices were unprotected, while 85% female respondents reported being physically forced at their first sexual encounters.

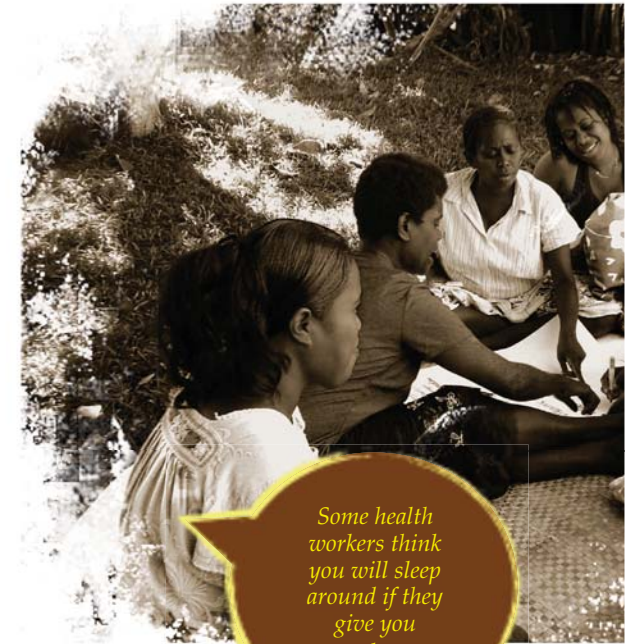
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Healthcare Utilisation

- * **Utilisation of health workers as sources of information on HIV and AIDS or as a source for condoms was higher for males than females.** Utilisation of clinics as a source of condoms was 56% for males and 43% for females.
- * Forty-eight percent of most-at-risk adolescents and 55% most-at-risk young people reported attending an HIV prevention workshop.

Communication

- * Findings indicated that 59% respondents read the newspaper once a week. Fifty-five percent had access to a working radio; 45% had access to a working TV; and about 81% to a mobile phone. Sixty-two percent listened to the radio and 50% watched TV with listening and viewing patterns having largest numbers on weekends and lowest in mid-week. There was little difference between current, preferred, and trusted sources of information on HIV and AIDS.
- * Fifty-nine percent had attended a program on preventing HIV; 63% had heard an AIDS programme on radio; 92% had seen a poster and 81% had seen a video on HIV or AIDS.



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Recommendations

Findings in the KAP survey show that there are specific groups among Vanuatu 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 Vanuatu 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:

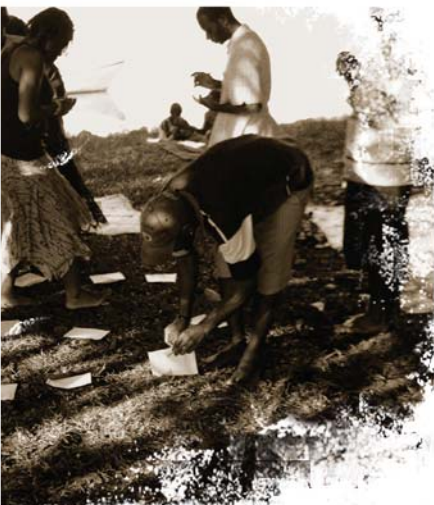
I. HIV programme targeting Most-at-Risk Adolescents and Young People (MARA/YP) and Especially Vulnerable Adolescents and Young People (EVA/YP)

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 survey sample of 510 youth, of whom 326 were sexually active, included 66 respondents who engaged in commercial and/ or transactional sex. Sixty-one of the 66 were also engaged in transactional sex plus an additional 39 who only had transactional sex for a total of 100. Sixty-six respondents who reported commercial sex constituted 20.2% of sexually active youth in this sample and by gender, 22 (13.4%) of males and 44 (27.2%) of females. In relation to their risk behaviours, 59% were having transactional sex in comparison to about 30% of those not having commercial or transactional sex. Findings also demonstrate a higher percentage of risk (MARA/MARYP) females (28.6%) than males (24.3%) and vulnerability for females (EVA/EVYP) (20.7%) than males (16.4%).

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 Vanuatu 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 Vanuatu 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 Vanuatu 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 Vanuatu 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 Vanuatu 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.

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.



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

Vanuatu 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 Vanuatu 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
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