Understanding HIV risks and Vulnerability among young people of PICs

Dr. Annefrida Kisesa-Mkusa
Summary

- Background
- Methodology
- Key Results
  - Knowledge
  - Practices which increase risks to STI and HIV
  - Communication
- Recommendations
HIV prevalence is in PICs relatively low

Known fact that globally some key populations (most at risk populations) are at higher risks and vulnerability to HIV infection than general population

New HIV infections: higher in amongst 19-24 years, particularly girls

Targeted interventions makes a difference to HIV response

Data gaps (to inform interventions)
Objectives

- To assess nature of risk and vulnerability to HIV & AIDS among key populations at higher risk of HIV, and those identified to be vulnerable (adolescents and young people, in Kiribati, Vanuatu and Solomon islands)
- To determine factors influencing risk, vulnerability and the potential of future interventions to reduce risk and vulnerability to HIV and AIDS in the 3 countries.
- To determine: Communication patterns
  - Current and desired mass communication
  - factors potentially influencing future communication (information and advice) on HIV and AIDS.
Why?: Specific questions: asked

- What risk behaviours are involved?
- What are the contexts of vulnerability?
- What factors contribute to risk and vulnerability (knowledge level, practices)
- What are their attitudes about issues related to their sexuality?
- What health and social services do youth utilise?
Specific questions: Communication

- What channels of communication do youth currently access and use?
- What programming and channels of communication would they prefer?
- What types of HIV and AIDS information do youth currently receive?
- How would they prefer to be informed about HIV and AIDS advice and information?
- What sources do they trust the most for HIV and AIDS advice and information?
Where?

- Solomon Islands: Honiara, Gizo, and Choisel and Malaita,
- Vanuatu: Port Villa, Tafoa and Malampa
- Kiribati: South Tarawa and Abemama atol
## Definitions & Acronyms as used in the report

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<thead>
<tr>
<th>Term</th>
<th>Description</th>
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<td>MARA</td>
<td>Most at Risk Adolescent*</td>
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<td>MARYP</td>
<td>Most at Risk Young Person*</td>
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<td>EVA</td>
<td>Especially Vulnerable Adolescent *</td>
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<td>EVYP</td>
<td>Especially vulnerable Young Person*</td>
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Research Team

- International Consultant
- 1 Focal Person from MOH/MHMS for each country
- 2 Research Consultants for each country
- Teams of Data Collectors for each country (adolescents and young persons, including MARYP)
- Data Entry Clerks (4)
- Supported by HIV coordinators, and team of UNICEF staff members
Ethical considerations

- Cleared by National Ethical Research committees
- Written informed consent
- Confidentiality
- Agreement for UNICEF to store data for 7 years
- Code of conduct for data collectors (Trained and signed)
- Research team worked with individuals and some organizations working with these groups:
  - to assist with contacts, locating interviewees, meeting space
  - To provide short-term support as well as ongoing sustainable services for those who might be in need following the interview for which the team were unable to provide.
6 Consultative workshops:
- Port Villa and Tanna (TAFEA), Malekula (Malampa province)
- Honiara, Gizo (Western Province), Choisel, an Malaita
- Tarawa & Abemama

During workshops
- Understanding global definitions of MARYP, MARA, and EVA
- Explored local understanding of risks to HIV, vulnerability, and contributing factors
- Explored Specific sites for identification of young people at high risks
Quantitative data collection methods

- Mapping workshops (informed “hot spots” or sites for high risk population, to be included in the study)

- Survey questionnaire
  - Field testing
  - Data collectors trained

- Access to study population
  - Streets, bars, wharfs, markets, clubs, hotels, beaches, on the wharf and onboard ship; hotels, beaches, post Tsunami camps, sporting fields,
  - In Solomon Islands: in logging camps
  - Started with KI (Service providers), snowball technique
  - Sometimes interviewed at night (as identified)
Sampling Strategy for quantitative component, and sample size

- Purposive selection of sites/"hot spots"
  - Nonrandom purposive sampling: on location,
  - “Snow ball technique used
  - Sample Size: based on estimated total population of youth aged 15-24 years in the selected provinces, CL 95 % (and CI of 4.16 for SI, CI Kiribati 5.4, and CI for VT 5.2)
  - Sampled 602 young persons in SI, 509 in VT, and 367 in Kiribati

- School sample:
  - Random sampling within selected schools (formed a 1/3 of sampled population)
Rationale for Sampling

- Sought cross section of most at risk & especially vulnerable youth, and other youth
- Results not intended to be generalizable to general population
- Provides basis for remeasurement & data to inform policy & programme development
Qualitative Methods

- **Focus Group Discussions**
  - Youth
    - general population,
    - identified key populations and vulnerable populations (MARA, MARYP, EVA, EVYP
  - Stakeholders
    - Stakeholders

- **Key Informant Interviews (semi structured)**
  School Principals, young people,
  People engaged in sex work, MSM
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Comprehensive knowledge
Comprehensive knowledge

- UNGASS indicator
- Answers 5 questions:
  - 3 knowledge questions
  - Assess misconception
- In all countries answered well on individual questions
  - 60% or more answered correctly for each question
Knowledge level: SI

Figure 17. Knowledge of Individual HIV and AIDS facts

Figure 19. Comprehensive knowledge of HIV and AIDS by gender, age, school or community
Comprehensive knowledge

**Kiribati**

- Adolescent: 9.4%
- Young Person: 15.7%
- School: 9.7%
- Community: 14%

**Vanuatu**

- Port Vila (N=213): 34%
- Tanna (N=130): 14%
- Malekula (N=167): 19%
- Total (N=510): 24%

Figure 20. Comprehensive knowledge of HIV and AIDS by province

M: 14%
F: 12%
In school: 9.4
Risk perception?
Most at risk or belonging to Vulnerable group: less than 1 in 5 thought they were at any risk of HIV infection.

“I feel that I can never be infected.”
Forced sex
Forced sex

- 38% reported to been forced to have sex when they did not want to with variation between males at
  - 28% males and females at 49%.
  - 23%: Honiara area & 68% for those in Choiseul.
- 71% still feel vulnerable to being forced, (52.2% in Western Province to 92.5% in Choiseul Province)

Forced sex has implications for HIV risk and vulnerability: rarely protected sex.
Forced sex

Vanuatu
- 45% admitted to forced sex
- 39% felt that they were still vulnerable
- almost 2/3 of the sexually active females in this sample experienced forced sex, (as did over one-quarter of sexually active males).

Kiribati
- 43% reported forced sex
- Varied from 38%-71%
- 79% of those forced report still being vulnerable
- 33.3% for males to 54.1% for females
- 47.2% among MSM
- first sex was forced for 21.1% of sexually active youth

Forced sex has implications for HIV risk and vulnerability: rarely protected sex.
Condom use
Three-quarters were sexually active.

Those sexually active youth reporting condom use at last high risk sex (with non regular partner) were
- Kiribati (males 44% M, 41% F)
- Vanuatu (males: 49.5%, females 34.6%).
- SI (Males 37.9%, females 28.4%).
- School based sample: 23.3% SI

More than twice as many respondents said they chose to use a condom to prevent pregnancy than to prevent STIs, including HIV,
Commercial and transactional sex
Kiribati
- 367 interviewees
- 30 reported commercial sex (4 males and 26 females)
- 2/3 did not use a condom last time

Solomon Islands
- 12.4% (56) sexually active report having CSW.
- 10.7% (44) transactional sex.
- 2/3 did not use a condom last time

Vanuatu:
30.7% (66 out of 326 sexually active) reported having engaged in commercial sex
- 28.8% in Port Villa,
- 17% in Tanna
- 10.1% Malekula
101 reported transactional sex (61 of these also reported commercial sex)
MSM
specific groups of adolescents and young boys and girls carry higher risks and vulnerability to STIs, HIV and AIDS

Among high risk groups: increased risk and vulnerability to HIV and AIDS for adolescents, and young boys and girls.

- Comprehensive knowledge is very low: Kiribati F: 12%, VT F: 20%, and SI F: 27%
- Risk perception is very low
- Forced sex is a big issue (45% VT, 43% KB, and 38% Solomon islands.
- MSM: age of first sex was as low as 13, forced to have first sex, low condom use, multiple partners
- Commercial and transactional sex:
  - basic needs
  - Even among school children

Opportunities/missed opportunities identified (trusted source of information: health care providers, preferred source of information: parents and guardians)
Small numbers (eg in SI 5 out of 233 sexually active), similar to SGSS

Forced sex is issue for the MSM group.
  - Some report physically forced to have first sex
  - Significant number report “ever forced”

The age of first sex was as low as 13,

Unprotected sex,

Multiple partners
Lessons learned from shared experiences

- Size estimation
- Weighting
- Dissemination of result: national, regional, communities (ISSUES!)
- Evidence convinced partners to increase focus on YKAP, including during NSP developments, and during resource mobilization (GFATM). Now their needs are recognized
Thank you!