

HIV/AIDS in Kiribati

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Introduction

Kiribati consists of 33 low-lying scattered over 3.5 million square kilometres of the Pacific Ocean. The scattered nature of the islands causes considerable problems in administration, transport, communication and service delivery. The population is 72 355 (1990 census), 25 380 of which live on the capital island of South Tarawa, giving it a population density of about 1000 per square kilometre. Fifty percent of the population are 15 years old or less. The population growth rate is 2.24% and total fertility rate is 3.8%. The adult literacy rate is 90%.

There is significant migration from outer islands to South Tarawa for employment leading to a shift in lifestyle. The shift from small islands societal norms and separation from family units may contribute to a change in values and beliefs and an increase in risk taking behaviours. More than 10% of men aged 20–50 years are working overseas as merchant seamen separated from spouses and families, and resulting in an increase in the number of marriage rifts and divorces.

HIV/AIDS in Kiribati

The national response to AIDS falls under these phases:

- 1987 – Formulation of the National AIDS Committee (NAC) chaired by the Chief Medical Officer (CMO) and consisted of members from all government ministries, churches and other non-government organisations (NGO). Lately NAC has not been very active.
- 1988 – Development of the Short Term Plan (STP) with WHO support and short term consultant (STC) covering the period 1988 to 1989.

- 1989 – Development of the Medium Term Plan 1 (MTP1) to cover the period 1990–1993.
- 1993 – External review of STP (1988–1989) and MTP1 (1990–1993). This revealed that most of the activities were implemented as planned and the government was able to integrate most AIDS activities into the existing structures including Primary Health Care (PHC). The review also formed the basis for the development of Medium Term Plan 2 (MTP2), also called the National AIDS Plan (NAP) or the Strategic Plan to cover the period 1994–1998. MTP2 will be reviewed at the end of 1995 to coincide with the preparation of the next Kiribati National Health Plan.

To date, Kiribati has reported two people with HIV infections. The first was identified through blood donor screening and the second was found through outpatient medical evaluation. It is highly likely that there are more seropositive people unidentified in Kiribati considering the limited testing activities and the universal nature of the under-reporting of HIV infections. There

has been no AIDS case diagnosed. It is expected that Kiribati will have a few cases of AIDS during the next five to ten years.

Risk situation

The geographical isolation and the current low prevalence of STD may have protected Kiribati from HIV infection. However, the high mobility of the population, the changing social structure and the development of tourism may increase the incidence of HIV infection.

The incidence of STD in Kiribati varies with the number of people travelling to and from Kiribati. Males being treated for STD are often unwilling to name contacts for fear of reprisal and loss of status in the community. Women often do not seek medical attention for STD because they are often asymptomatic or reluctant to be treated by male health workers. The lack of testing/screening facilities on all outer islands may also contribute to the problem.

With opportunities for employment, post-secondary education and entertainment on South Tarawa more young people are moving in to live with relatives and friends.

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Smoking and alcohol consumption is becoming a major problem among school leavers, both males and females. More than 1000 young men work on foreign shipping vessels, constantly travelling around the world and probably engaging in risk behaviours. Occasionally drugs have been found in their possession but this has not been problematic. Some people in Kiribati actually believe that the cure for HIV is 'just around the corner' so why bother with prevention.

Policies and programmes

With the completion of MTP1, several important components of an effective HIV/AIDS programme are in place. This includes laboratory capacity, condom supply and distribution system, programme management, public education and AIDS-related policies. MTP2 will maintain and strengthen these components while introducing new interventions.

Recognising that Kiribati lifestyle is changing and that the threat of large numbers of I-Kiribati becoming infected is unlikely, MTP2 is focused on specific programmes/projects:

School AIDS project: To ensure that children, before they leave school, are knowledgeable about HIV/AIDS and STD and that they will have developed skills that will help them prevent the transmission of these infections. Activities include school AIDS education; population curriculum; student activity book; and training of teachers.

Returning seamen project: Designed packet of information and "super sailor condoms". Activities include workshops for seamen.

Bar/Night-club project: To get people to reduce the number of sexual contacts, to use condoms and to find means for loose girls to regain status in the community. Activities include employment of two outreach workers under the project and workshops.

Employee STD/HIV preventive project: For employees who frequently travel overseas and to encourage safer sexual practices. Activities include information campaign to increase the knowledge of HIV and STD among government workers.

Radio project: Radio programmes for different target groups.

Outer-islands old men project: To take advantage of traditional systems for relaying information and making the community involved and responsible for their health. Activities include outer island visits and annual meeting with the 'old men' to provide community HIV/AIDS information.

Out of school youth project: A programme for out of school youth. Activities include informal education system to provide opportunities for skill development (including local skills) and training. Religious groups to play the key supervisory roles and NAP to support the sex education

and HIV/AIDS/STD components.

Policies

The following AIDS-related parameters are being developed for policy making:

- Transmission through blood: promote action to reduce the need for blood transfusion; promote safer blood supply; promote sterile conditions; and promote safer drug-use behaviour.
- Perinatal transmission.
- Confidentiality.
- Non-discrimination against HIV infected people
- The right to access of information, condoms, health care and public services.
- STD clinic management and HIV/AIDS care management.

There is no existing law or legal framework with respect to HIV/AIDS in Kiribati. The guidelines currently in place are based on existing laws with respect to human rights and medical ethics.

References

References are available from the author on request



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