



RISKS & VULNERABILITIES TO HIV OF YOUNG KEY POPULATIONS



Findings from a national survey in Kenya



Young people are defined as those aged between 10-24 years.

Key populations are those at increased risk of HIV, irrespective of the epidemic type or local context, due to specific higher-risk behaviours. According to WHO, men who have sex with men, people who inject drugs, people in prisons and other closed settings, sex workers, and transgender people are the five key populations. In Kenya, female sex workers, men who have sex with men and people who inject drugs are identified as key populations.

Source: Consolidated Guidelines on HIV Prevention, Diagnosis, Treatment and Care for Key Populations - 2016 Update. WHO and Kenya AIDS Strategic Framework 2014/15 - 2018/19

Young adults, aged 10-24 years, who belong to one or more of the key populations (KP), are especially at risk for HIV. Social, legal and structural factors increase their vulnerability to the epidemic¹. However, young key populations are missed by programmes meant for young people or for adult key populations. This creates a critical gap in HIV response and undermines the investments in the response that the country has already made.

HIV & YOUNG KEY POPULATIONS IN KENYA

Kenya has the fourth highest HIV burden in the world with 1.5 million people living with HIV². Key populations (KPs) in the country are at a higher risk of HIV with 33% of all new infections occurring among them. Within new infections, more than half (51%) occur among adolescents and young people (15-24 years)3.

VULNERABILITY OF YOUNG KPS TO HIV

Young people who belong to one or more KPs, or who engage in activities associated with them, are particularly vulnerable to HIV due to various reasons.

△≠▲ Widespread stigma and discrimination

Sexual violence on young people

Peer coercion into risky behaviours

Power imbalances in relationships

Alienation from family and friends

Policies and laws that demean or criminalise their behaviours

Education and healthcare systems that ignore, reject or otherwise fail to provide the information and treatment that they need to stay safe

However, the Kenyan response to HIV largely neglects these young KPs. The funding for research, HIV prevention and treatment for them is inadequate. HIV service providers are poorly equipped to serve young KPs. Also, the staff of programmes for young people may lack the sensitivity, skills and knowledge to work specifically with young KPs.

This brief presents the findings from a national survey among young key populations on their risk and vulnerability to HIV in Kenya. The evidence presented in this brief can inform and support the design of programmes and policies for young KPs in the country.

http://www.unaids.org/en/regionscountries/countries/kenya

https://www.avert.org/professionals/hiv-around-world/sub-saharan-africa/kenya

http://www.kulanpost.com/48-young-people-are-infected-with-hiv-everyday-nacc/

METHOD

Polling Booth Survey (PBS) was used to conduct this annual outcome survey. PBS participants were recruited using a two-stage, stratified cluster sampling procedure. A total of 56 PBS group sessions were conducted over the duration of the study. Three different questionnaires were used, for PBS sessions, with young female sex workers (YFSWs), young men who have sex with men (YMSM), and young people who inject drugs (YPWID). Descriptive analysis produced frequencies, proportions, and comparative statistics. Data were weighted using KP size estimates and aggregated to provide site-wide estimates for specific indicators, with town and site typology breakdowns. All PBS sessions were led by two research assistants, one of whom self-identified as a KP member.



SAMPLE



56 total sessions of PBS

with YFSW with YMSM with YPWID



657 total respondents

The sample was drawn from Nairobi and Mombasa for all the three subpopulation. Additional site of Kisumu was added for YFSW and YMSM.

The National AIDS & STI Control Programme (NASCOP), Kenya, prioritised three study sites - Nairobi, Mombasa and Kisumu - for young key population to account for regional heterogeneity in HIV risk and vulnerability.

Table 1: Number of respondents by county and subpopulation

	FSWs	MSM	PWID	Total
Nairobi	113	104	74	291
Mombasa	83	65	61	209
Kisumu	84	73		157
Total	280	242	135	657

AGE AND SEX OF RESPONDENTS

Majority of the young key population respondents were in the age group of 18-24 years. Less than 10% of the YFSW, YMSM and YPWID respondents were below the age of 18 years. All YFSW respondents were females and all YMSM respondents were males. 36% of the YPWID respondents were female.

Table 2: Age and sex of respondents by subpopulation

	FSWs N= 280	MSM N= 242	PWID N= 135
Age range (years)			
15 – 17 years	14	7	10
18 – 24 years	250	235	123
Not specified	16	0	2
Sex			
Male		242	99
Female	280		36

WHAT DID THE SURVEY FIND?



RISK BEHAVIOURS

All YFSW had exchanged sex with other men

100% of YFSW had exchanged sex with other men for good and money in the last one month. A YFSW had an average of 19 paying clients per week. 59% of the YFSW also had regular non paying male partners.

YFSW reported engaging in anal sex

14% of the YFSW reported engaging in anal sex in the last one month.

Injecting drug use low among YFSW

Only 7% of YFSW reported injecting heroin or other narcotic drugs in their lifetime. Out of the lifetime injectors among YFSW, 65% had injected drugs in the last one month.

BEHAVIOURAL OUTCOMES

Condom use high with clients and low with regular partners

90% of YFSW used condoms at last sex with a paying client. In contrast, only 56% of the YFSW used condoms at last sex with a regular non paying male partner.

Condom use during anal sex not very high

Only 58% of YFSW reported using condoms during last anal sex.

Reported condom breakage during sex

18% of YFSW reported condom breakage and slippage during sex.

Quarter of the YFSW reported not using condoms during sex

25% of the YFSW had at least one occasion of unprotected sex with a paying client in the last one month. Reasons for not using condoms included alcohol consumption by one of the partners during sex (38%), partners' unwillingness to wear a condom (33%), and more money from the client for sex without a condom (27%); and non availability of condoms during sex (26%).

Majority of the YFSW had been met by a peer educator 87% of FSWs reported meeting with the peer educators in the last three months.

HEALTH SERVICE OUTCOMES

Testing for HIV high among YFSW

97% of YFSW reported having tested for HIV in their lifetime and 84% in the past three months.

Less than 70% of YFSW reported ART linkage and adherence

Out of the 18% of YFSW, who reported being HIV positive, only 65% of YFSW were enrolled in ART at the time of the survey. 37% of YFSW currently on ART reported missing their ART appointment in the last month.

Less than a third of YFSW enrolled in PreP

29% of the YFSW reported being currently enrolled in PreP, a HIV prevention method.

Many YFSW accessed HIV services from the DIC

A considerable majority (69%) of YFSW reported visiting or receiving services from the drop-in-centres (DIC) or project clinic in the last 3 months.

STRUCTURAL OUTCOMES

Experience of violence from police higher than that from clients

In the last six months, 47% of the YFSW reported experiencing police violence or arrest and 24% forced intercourse.

Most YFSW did not receive support during the event of violence

Only 40% of the YFSW reported receiving support from a KP serving organisation during an event of violence.



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RISK BEHAVIOURS

Majority of YMSM exchanged sex with other men

63% of the MSM had exchanged sex with other men in their lifetime and 61% in the last one month. A YMSM had an average of 7 clients per week. 80% of the YMSM had engaged in anal sex in the last one month.

YMSM had both male and female partners

More than half of the YMSM had regular male non paying partner (63%) and regular female partner (51%).

Injecting drug use low among YMSM

13% of YMSM also reported injecting heroin or other narcotic drugs in their lifetime. Out of the lifetime injectors among YMSM, 65% had injected drugs in the last one month.

BEHAVIOURAL OUTCOMES

More than 80% of the YMSM used condoms during sex

84% of the YMSM used condoms at last sex with a paying client. A high number of YMSM (85%) reported condom use at last anal sex.

Condom use with female partners and male partners varied for YMSM

More number of YMSM used condoms with a regular non paying male partner (82%) as compared to a regular non paying female partner (78%).

Few reported condom breakage

Only 11% of YMSM reported condom breakage and slippage during sex.

Less than a quarter reported condom non use

16% of the YMSM had unprotected sex with a paying client on at least one occasion in the last one month. Partners' unwillingness to wear a condom was the most cited reason (20%) followed by one of both partners

drinking alcohol (17%). About 14% of YMSM reported non availability of condoms at the time of sex, and an offer of more money from the client for non use of condom, as the reasons for engaging in unprotected sex.

Testing for HIV high among YFSW

78% of YMSM had been met by peer educators in the last three months.

HEALTH SERVICE OUTCOMES

Testing for HIV high among YMSM

95% of YMSM reported having tested for HIV in their lifetime and 82% in the past three months.

Close to 80% of YMSM reported ART linkage and adherence

Out of the 20% of YMSM, who reported being HIV positive, 77% of the YMSM were enrolled in ART. However, 35% of YMSM reported missing their ART appointment in the last month.

Low PreP enrollment among YMSM

Among YMSM, only 13% reported being currently enrolled in PreP.

Most YMSM accessed HIV services from the DIC

75% of the YMSM reported visiting or receiving services from the drop-in-centres (DIC) or project clinic in the last 3 months.

STRUCTURAL OUTCOMES

Less than 30% YMSM reported violence from police or clients

In the last six months, 27% of the YMSM reported experiencing police violence or arrest and 13% forced intercourse.

Most YMSM did not receive support during the event of violence

Only 41% of the YMSM reported receiving support from a KP serving organisation during an event of violence.





RISK BEHAVIOURS

Majority (87%) of the YPWID reported injecting heroin or narcotic drugs in the last one month. A YPWID injected 19 times per week.

BEHAVIOURAL OUTCOMES

Low condom use and high condom breakage reported among YPWID

Only 63% of PWIDs had used condoms at last sex with a paying client. Use of condoms with a regular non paying partner was even lower at 45%. Many YPWID (26%) reported breakage of condoms.

Clean needle and syringe usage high

88% of YPWID had used a clean needle and syringe during their most recent injection. 14% reported sharing needles at the last injecting episode. 29% of YPWID also reported non availability of clean needle in the last one month.

Most YMSM had been met by a peer educator

79% of PWID reported that they had been met by peer educators in the last three months.

HEALTH SERVICE OUTCOMES

Fewer YPWID tested for HIV in the past three months While 93% of YPWID reported having tested for HIV in

their lifetime, only 73% had tested for HIV in the past three months.

ART adherence poor among YPWID

Out of the 19% of YPWID, who reported being HIV positive, 78% were rerolled in ART at the time of the survey. However, 73% of YPWID reported missing their ART appointment in the last month.

PreP enrollment among YPWID negligible

Only 3% of YPWID reported being enrolled in PreP.

Many YPWID accessed HIV services from the DIC

67% of YPWID reported visiting or receiving services from the drop-in-centres (DIC) or project clinic in the last 3 months.

STRUCTURAL OUTCOMES

Majority of YPWID reported experiencing police violence

In the last six months, 53% of the YPWID reported experiencing police violence or arrest. About 20% of the YPWID also reported being subject to forced intercourse.

More than half of the YPWID received help to deal with violence

56% of the YPWID reported receiving support from a KP serving organisation during an event of violence.

CONCLUSION

The evidence clearly shows the risks and vulnerabilities of young key populations in Kenya and calls for an appropriate evidence based programme Guidelines for HIV and STI Programming among programming with young key populations to address their risk and vulnerabilities.









