

Future priorities for sexual and reproductive health in Kiribati

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Background

Sexual and reproductive health (SRH), and family planning (FP), are important aspects of public health and social development in Kiribati. Ensuring accessible and effective FP services is essential for improving maternal and child health, reducing unintended pregnancies, and empowering individuals and families to make informed choices about their reproductive health.

Kiribati has some of the highest need for SRH services in the Pacific, with the prevalence of modern contraception at 27% and unmet need for contraceptives sitting at 17% according to the 2018-2019 Kiribati Social Development Indicator Survey. The island nation faces unique challenges when it comes to FP and SRH. Its scattered geography, cultural diversity, and limited healthcare resources have made it important to tailor SRH and FP programs to local contexts. Over the past decade, various initiatives and programs have been implemented to improve SRH service accessibility and outcomes in Kiribati. However, it is imperative to assess the effectiveness of these programs and identify areas for improvement to ensure that the needs of all communities are met.

Research goal and objectives

This research project seeks to assess how well FP and SRH programs are working in Kiribati, and to determine future priorities for improving these initiatives, particularly in the outer islands.

Methodology

The research project was conducted over the period May- November 2024, with field work conducted in South Tarawa and two outer islands (Maiana and Butaritari) in July and August. The research used different qualitative methods, and thematic analysis was used for data analysis. Sources of data included community focus group discussions (FGDs) on South Tarawa, and on the outer islands of Maiana and Butaritari; in-person interviews with key stakeholders, and data from community surveys carried out on the 6 outer islands of North Tarawa, Butaritari, Abaiang, Aranuka, Abemama and Marakei.

Prior to the fieldwork, ethical and research approval was obtained from the Office of Te Beretitenti, Office of the President (OB). Our engagement approach was based on respectful and meaningful relationships and ethics of care (to do no harm). Participation was voluntary, and consent was obtained either verbally or in writing.

To ensure confidentiality, interview responses that were recorded and written-up to exclude any identifying information, as participants were clearly advised that their responses can be 'free and frank', and any opinions or experiences they shared would remain confidential in the report.

In total, 50 participants attended eight FGDs (14 youth, 11 single mothers, 10 young couples, and 5 members of the rainbow community). Twenty-two of these participants were from Butaritari, 19 were from Maiana, and 9 were interviewed in South Tarawa. Another 45 stakeholders were interviewed in Maiana (n=13), Butaritari (n=14), and Tarawa (n=18). The stakeholders interviewed were traditional leaders, mayors,

councillors, clerks, medical assistants/nurses, teachers, church representatives from Kiribati Uniting Church, Assembly of God, Kiribati Protestant Church, and the Catholic Church, women's groups, Ministry of Health and Medical Services (MHMS), United Nations Family Planning Association, Kiribati Institute of Technology, Ministry of Education, Ministry of Women Youth Sport and Social Affairs (MWYSSA), New Zealand High Commission, and Kiribati Family Health Association (KFHA) and its board.

Findings

The stakeholder interviews and FGDs confirm that the main NGO provider of Kiribati's SRH services, KFHA, plays a vital role in the community. Their programs closely align with the Government of Kiribati's priorities, and KFHA collaborates with MHMS to help deliver SRH/FP programs in the community, allowing MHMS to focus on primary care and secondary care.

SRH/FP services are also changing over time to respond to the different and growing needs in the community. Key players and funders will need to work more closely together and better coordinate to ensure SRH/FP services are regularly accessible, regardless of where people live.

Successes

All stakeholders noted that KFHA's FP services and SRH training and education programmes are working well. Stakeholders provided several examples of what was working well on their island, such as how KFHA delivers government's priorities through working within Kiribati culture and different faiths. They said that KFHA adapts its services and training to the different cultures on the outer islands and uses different approaches to deliver sensitive information. Some participants noted that KFHA has been working closely with outer Island Councils to get their support, to help them reach out to the villages and different communities on the island.

Participants also commented that KFHA is very careful about how it liaises with the different churches. There appears to be a growing pragmatism and willingness by some churches to work more closely with KFHA, collaborating with KFHA and using church maneaba for clinics when their community visits from the outer islands.

Gaps and challenges

Participants in the outer islands identified a lack of a KFHA branch on their island or the lack of an outer island KFHA hub. This is largely due to the infrequent and irregular visits by KFHA and government, meaning that clinics often run out commodities. It also means that reinforcing the 'healthy family' messaging is not being maintained.

Cervical testing, especially in the outer islands is low, despite new approaches leading to faster diagnosis. Misinformation may be contributing to these low numbers. Community survey responses refer to lack of awareness and fear or embarrassment.

They also noted that there are still challenges with some religious denominations, in particular the Catholic Church, and its lack of support for modern family planning methods. Several participants called for ongoing/regular training on the Cycle Beads contraceptive.

There was a concern that without additional resources, including extra staffing, KFHA could risk spreading itself too thin, especially as the government lacks the resources to undertake SRH/FP in the wider community, including the outer islands.

Implications

Future resourcing and strategies to improve FP and SRH initiatives in Kiribati will need to involve more frequent visits to the outer islands. This could involve either increasing the number of visits from South Tarawa, establishing KFHA branches on the outer islands, or creating a centralised 'hub' specifically focused on the outer islands. This hub could be based in South Tarawa or on one of the outer islands. Along with an increase in services to the outer islands, there is a need for a continual supply of commodities for clinics.

Capacity building is of ongoing importance, in particular by KFHA for MHMS staff on SRH/FP, and SRH education for community and church leaders. Operational approaches to improve the effectiveness of services could also include use of community and church maneaba for clinics and workshops. While these approaches may not be financially demanding, discussions with community and church leaders are time intensive. Other operational strategies, such as more collaboration and engagement with MWYSSA's male behaviour change program, may also increase pressure on KFHA staff rather than needing additional funding. The use of trained volunteers and peer facilitators is seen as a way to overcome some resourcing challenges, and to reach communities on the outer islands not benefiting from the SRH/FP services.

There is also a demand to provide dedicated targeted services for 'hard to reach' groups such as sex workers and the rainbow community. Better collaboration between the MHMS and KFHA will help avoid any duplication of services. This may help improve advance notice and communication around visits to the outer islands between MHMS and KFHA. Any additional clinics either in South Tarawa or on the outer islands (e.g. at youth centre or on secondary school campuses) or extra days at current clinics would need additional nurse staff.