

Young People and HIV/AIDS

Young People at the Centre of HIV/AIDS Epidemic

The fourth most populous country in the world with an estimated population of 222.8 million, Indonesia has 30% of its total population in the 10-24 year age group^{1,2}. While the estimated HIV prevalence rate for the adult population (15-49 years) was 0.1% in 2001, HIV/AIDS is increasingly affecting the young population with the prevalence rate for those aged 15-24 years being 0.05%³. The cumulative percentage of all reported AIDS cases indicates that the 20-29 year age group is the most affected (Figure 1).

UNAIDS estimates that there were 170 000 (100 000 - 290 000) people living with HIV/AIDS in 2005. Between January to December 2005, 2 638 new AIDS cases were reported. Among them, 54.4% were 20-29 years old. Of the 875 new HIV positive cases, 56.5% were 20-29 years old⁴ (Table 1).

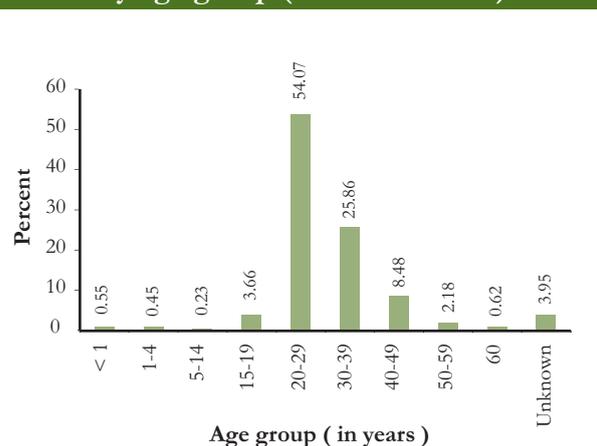
Table 1: New AIDS and HIV cases by age group in Indonesia, January - December 2005

Age group (in years)	AIDS	Percent	HIV	Percent
<1	2	0.1	5	0.6
1 - 4	9	0.3	14	1.6
5 - 14	8	0.3	2	0.2
15 - 19	82	3.1	39	4.5
20 - 29	1 434	54.4	494	56.5
30 - 39	711	27.0	206	23.5
40 - 49	216	8.2	63	7.2
50 - 59	60	2.3	18	2.1
>60	14	0.5	6	0.7
Unidentified	102	3.9	28	3.2
Total	2 638	100.0	875	100.0

Source: Analyzed from HIV/AIDS Provinces' Reports, Directorate General of Disease Control and Environmental Health, Ministry of Health, Indonesia, quarter I-IV 2005.

Most of the new cases were related to IDU behaviour (53.8% in AIDS and 34.4% in HIV) and heterosexual activities (41.9% and 51.5%) (Table 2).

Figure 1: Cumulative percent of AIDS cases by age group (December 2005)



Source: HIV/AIDS Report, Directorate General of Disease Control and Environmental Health, Ministry of Health, Indonesia, quarter IV, 2005

From 1987 to 2005, 5 321 persons with AIDS and 4 244 HIV-positive cases were reported⁴.

Though the first case of AIDS was reported in 1987, all HIV/AIDS data collected in Indonesia till 1998 indicated HIV prevalence to be less than 0.1%.

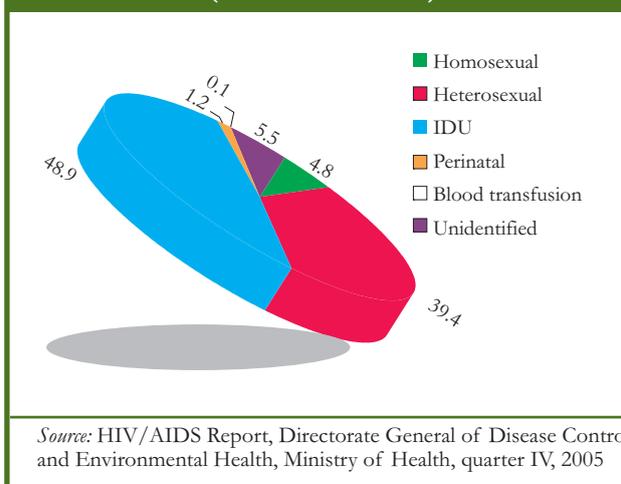
Table 2: New AIDS and HIV cases by mode of transmission (January - December 2005)

Mode of transmission	AIDS	Percent	HIV	Percent
Heterosexual	1 105	41.9	451	51.5
Homosexual	94	3.6	32	3.7
IDU	1 419	53.8	301	34.4
Transfusion	-	-	-	-
Perinatal	19	0.7	14	1.6
Unknown	1	0.0	77	8.8
Total	2 638	100.0	875	100.0

Source: Analyzed from HIV/AIDS Provinces' Reports, Directorate General of Disease Control and Environmental Health, Ministry of Health, Indonesia, quarter I-IV 2005.

Prevalence rates began to rise from 1999 and the reported number of cases infected through injecting drug users (IDUs) rose sharply since 2000. The HIV prevalence among injecting drug users increased threefold- from 16% to 48% between 1999 and 2003. Indonesia is now classified as a country with a concentrated epidemic, primarily among its IDUs (Figure 2).

Figure 2: Cumulative percent of AIDS cases according to mode of transmission (December 2005)



Young People Are Vulnerable to HIV & STIs

HIV transmission to a large extent is influenced by the incidence of sexually transmitted diseases (STIs). Studies on high-risk groups have reported high incidence of STIs in female sex workers (Table 3).

A study in 2003 covering seven cities of Indonesia reported 42% of sex workers to be infected with STIs

such as gonorrhoea and chlamydia⁵. Though age-specific data for the age group of 10-24 years is not available, research suggests that a high-level of STI in networks where multiple partnerships are common accentuates the spread of HIV in the wider population, a large number of which consists of youth.

Table 3: STI prevalence in women and female sex workers

STI Prevalence	Rate	Year	Range
Syphilis(women 15-49 years)	0.8	(1997-1999)	
Syphilis female sex worker (FSW)	29.7	(2000-2001)	19.6-39.7
Chlamydia (FSW)	23.0	(2000-2001)	22.2-39.6
Gonorrhoea (FSW)	29.7	(2000-2001)	19.6-30.9
Trichomoniasis	5.6	(1997-1999)	4.9-6.3

Source: Epidemiological fact sheets on HIV/AIDS and STIs, Indonesia UNAIDS, UNICEF, WHO 2004 update

Many Young People Are Especially at High Risk

Girls and young women

Indonesian women have in general made appreciable advances in their health status and education though gender disparities between men and women are still pronounced, particularly among the lower economic class. The number of people living in poverty increased dramatically after the economic meltdown of 1997. A majority of those affected were women⁶. Often the

economic dependence of young women on men makes it difficult for the former to refuse sex or practice safe sex out of fear of losing out on key resources. The prevalent marriage norms which limit the freedom of choosing sexual partners or the obligation on the part of women marrying older men – who may be sexually active prior to marriage or be infected with STI/HIV– increases their susceptibility to HIV infection⁷.

The median age of first marriage for girls in Indonesia is 19.2 years (IDHS 2002/2003). However, studies have shown that in rural areas more than 30% are married between 16-18 years and more than 10% tied the knot before they turned 15⁷. Physiological immaturity and the socioeconomic status of girls and young women becomes a challenge to the prevention of HIV which needs women to make independent decisions regarding their sexual health⁸.

Young sex workers

It is estimated that Indonesia has more than 200 000 female sex workers⁹. According to the 2001 sentinel surveillance reports in Jakarta, the HIV prevalence among commercial sex workers showed wide regional variations ranging from 0-26.5%⁷.

Though age-specific data on sex workers is not available, a sharp rise in HIV prevalence has been reported in some areas of the country. Among commercial sex workers in West Jakarta HIV prevalence shot up to 1.18% in the year 2000. Similarly among massage girls in North Jakarta the figure increased from 0% to 1.51% during 1996/1997-2000 (Table 4). HIV prevalence as high as 17% was reported in Sorong in 2003⁵. One of the major reasons cited for this spurt is low condom use both by sex workers and their clients.

Area	Commercial sex workers	Year	HIV prevalence
North Jakarta	Brothel based CSW	1994/1995-2001	<1%(0.05 - .99)
West Jakarta	Street CSW	1995-2000	Increased from 0% to 1.18%
North Jakarta	Massage girls	1996/ 1997-2000	Increased from 0% to 1.51%
East Jakarta	CSW	1998/1999	1.9%

Source: National AIDS Strategic Plan 2003-2007, Director General of Disease Control and Environmental Health, Ministry of Health, Indonesia, 2002

Young men who have sex with men (MSM)

Age-specific data on young men who have sex with men is not available. However, data on transgender sex workers reveal a sharp increase in HIV prevalence from 0.3% in 1995 to nearly 22% in 2002 - in Jakarta⁹. There is also evidence of a large number of male sex workers having unprotected sex with female sexual partners. Results of behaviour surveillance and studies

on MSM in cities like Bali and Makassar reported that nearly 10% of MSM also had sex with their wives and fiancées while 40% reported having sex with male heterosexuals. Condom use was low for both permanent partners as well as clients, as revealed in Table 5.

MSM condom use	Permanent partners	Clients
Always use condoms	12.1%	11.6%
Often	6.5%	12.7%
Rare	12.9%	19.9%
Sometimes	12.9%	12.7%
Never use condoms	55.7%	43.1%

Source: Behaviour Survey on MSM, Directorate General of Disease Control and Environmental Health, Ministry of Health, Indonesia 2000

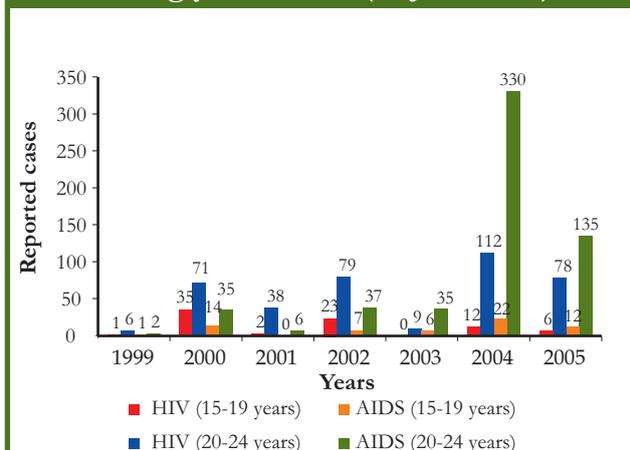
Young injecting drug users (IDUs)

Indonesia is classified as a country with concentrated HIV epidemic, primarily among its IDUs. In Jakarta, HIV prevalence among IDUs rose from 0% to 47% between 1997 and 2001⁵. In 2003, 48% of the reported AIDS cases had acquired infection through the heterosexual route while 34% by injecting drug use¹⁰. Recent data (January–December 2005) also indicates

that there are more new cases of AIDS and HIV related to IDU behaviour (53.8 % in AIDS and 34.4 % in HIV)⁴.

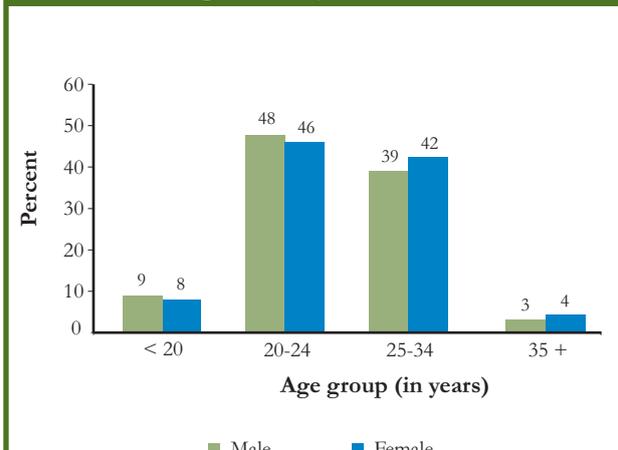
More than 40% of the reported AIDS cases among IDUs in Indonesia were in the 15-24 year age group. (Figure 3). Data on IDUs in the cities of Jakarta, Bandung, Surabaya and Medan indicate that the maximum number of them belong to the 20-34 year age group (Figure 4). Information from various rehabilitation

Figure 3: Reported HIV/AIDS cases among youth IDUs (30 June 2005)



Source: Presentation by Anasrul SR & Fonny S (MoH - Indonesia), Regional Consultations on HIV & Young People, 11-14 Oct. 2005 Chiang Mai, Thailand.

Figure 4: Age distribution of IDUs in Jakarta, Bandung, Surabaya & Medan, 2005



Source: Ministry of Health and Central Bureau of Statistic, Indonesia, 2005 : Behavioural Surveillance Survey, as presented by Anasrul SR & Fonny S, (MoH-Indonesia) Regional Consultation on HIV & Young People 11-14 Oct, 2005, Chiang Mai, Thailand

centres in Jakarta in 2004 indicated a high HIV prevalence of 48% among the IDUs. Most of these IDUs were young, relatively well educated and living with their families⁵.

It is evident that risk behaviours are common among young IDUs. Apart from the use of contaminated needles and syringes for drug injection, most injectors are also sexually active and often have more than one partner or buy sex. Most of them do not use condoms during commercial sex. Results of a survey (Rapid Assessment Response/RAR) showed that 70% of IDUs shared unsterilized needles with two to eight persons (Table 6). While 70% of the IDUs surveyed had two or more sexual partners, condom use was less than 10% among them⁷.

The overlapping of sexual and injecting drug user networks has resulted in the spread of HIV even to the remote areas of the country.

Table 6: Risk Behavior among IDUs

Risk behaviour	Percent
Used drugs through injection	48-65%
Used unsterilized needles	70% (between 2-8 persons)
Have more than 2 sexual partners	70%
Consistent use of condoms	Less than 10%

Source: National AIDS Strategic Plan 2003-2007, Directorate General of Disease Control and Environmental Health, Ministry of Health, Indonesia, 2002

Why Young People Are More Vulnerable

Early initiation of sexual activity

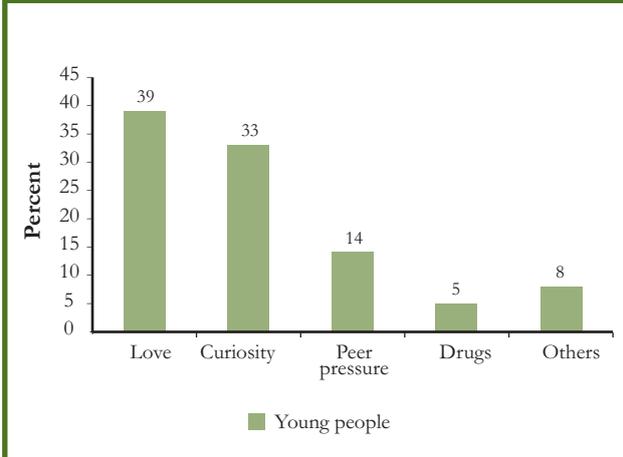
Though a traditional society, premarital sexual activity among young people in Indonesia is not uncommon. Studies indicate that almost 12.5% of adolescents approved of premarital sexual relationship if they planned to marry the same person and 8.6% felt it to be a part of being in love⁶. Love and curiosity were cited as the most common reasons for the initiation of young people in sexual activity. Peer pressure and

drugs also influence the sexual behaviour of young people (Figure 5).

According to another behavioural surveillance survey in two big cities of the country – Jakarta and Surabaya – the number of sexually active male students in high school had increased from 8.8% in 1997 to 22.9% in 1999.

The corresponding figure for female students of the same schools in 1997 was 0.5%, which increased to 4.3%

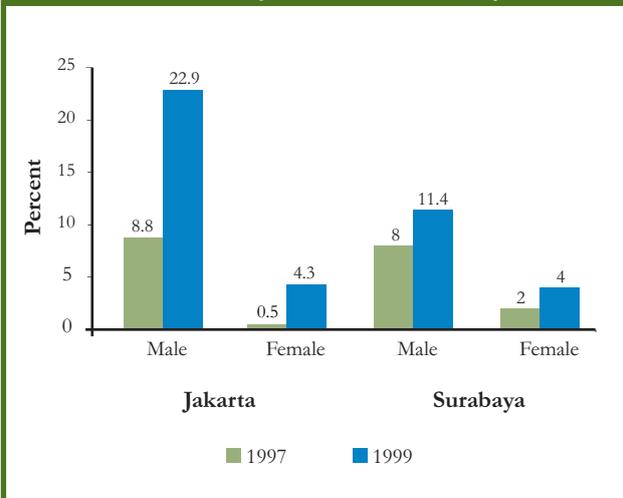
Figure 5: Reasons for first sexual intercourse among young people



Source: Presentation by Anasrul SR & Fonny S (MoH - Indonesia), Regional Consultations on HIV & Young People, 11-14 Oct. 2005 Chiang Mai, Thailand.

in Jakarta in 1999. In Surabaya, the corresponding figures for male students was 8% in 1997 and 11.4% in 1999, while that for females students was 4% in 1999, up from 2% in 1997 (Figure 6).

Figure 6: Increasing sexual activity in high schools in Jakarta & Surabaya



Source: National AIDS Strategic Plan 2003-2007, Directorate General of Disease Control and Environmental Health, MoH, Indonesia, 2002

Educational levels have improved considerably across the country since the government in 1994 promulgated a law which made it mandatory for schoolchildren to attend school until they graduate from junior high school over a nine year period. However, dropout rates in senior school are high, especially among girls. Female students who drop out of school tend to have unsafe sexual behaviour compared to the more educated girls. A study across Jakarta, Manado and Surabaya indicated that condom use increased with increasing levels of education⁷.

Young people lack information and skills

Indicators on knowledge about HIV/AIDS in the 15-24 year age group showed that almost 80% of young men (20-24 years) had heard of HIV/AIDS while only 67.3% young women (20-24 years) were similarly aware. The percentage of awareness went down to 60% in the 15-19 year age group.

Knowledge about transmission and prevention of the infection was also found to be low, with only 27% of males and 23.8% of females in the 20-24 year age group being aware of at least two ways of preventing HIV. That young people lacked in-depth knowledge was revealed by the fact that less than 10% of both young men and women said they knew that a healthy looking person can be infected with HIV (Table 7). Misconceptions regarding HIV/AIDS are also widespread among young people. About 47% of youth were aware that HIV is not transmitted by supernatural means while only 32% knew that mosquito bites do not transmit HIV (Table 8).

The vulnerability of young people is compounded by their scant knowledge of how HIV is spread or how infection can be avoided. They often adopt risky

Table 7: Knowledge of young people on HIV/AIDS

	15-19 years		20-24 years	
	Male	Female	Male	Female
Heard of HIV/AIDS	-	59.8%	79.6%	67.3%
Know that healthy looking person can be infected with HIV.	-	6.8%	5.1%	7.1%
Knows at least 2 ways of transmission	-	27.7%	51.9%	37.8%
Knows at least 2 ways of prevention	-	17.0%	27.0%	23.8%

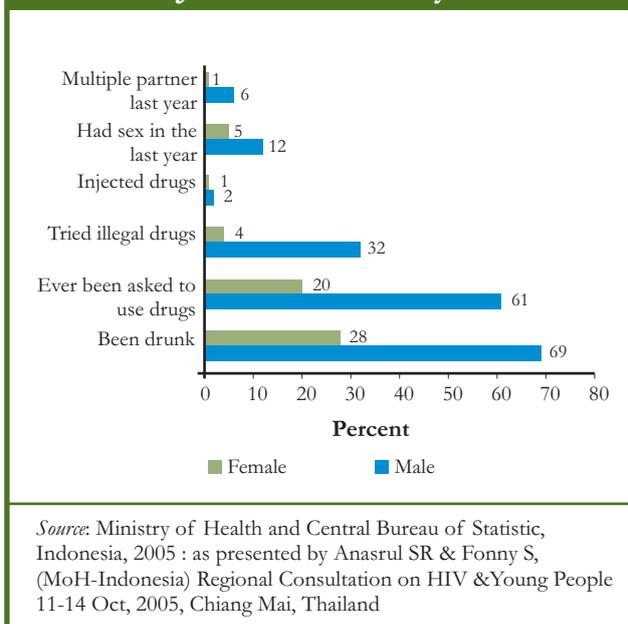
Source: SDKI (Indonesia Demography and Health Survey) 2002-2003 and BPS (Central Statistics Board) as presented by Anasrul SR & Fonny S, (MoH-Indonesia) Regional Consultation on HIV & Young People 11-14 Oct, 2005, Chiang Mai, Thailand

Table 8: Misconceptions regarding HIV transmission

Youth who know HIV cannot be transmitted by	Percent
Supernatural means	47%
Mosquito bites	32%

Source: Young People and HIV/AIDS-Opportunity in Crisis, UNICEF/UNAIDS/WHO 2002

Figure 7: High school students (16-18 years) reporting different risk behaviour in Jakarta and Surabaya



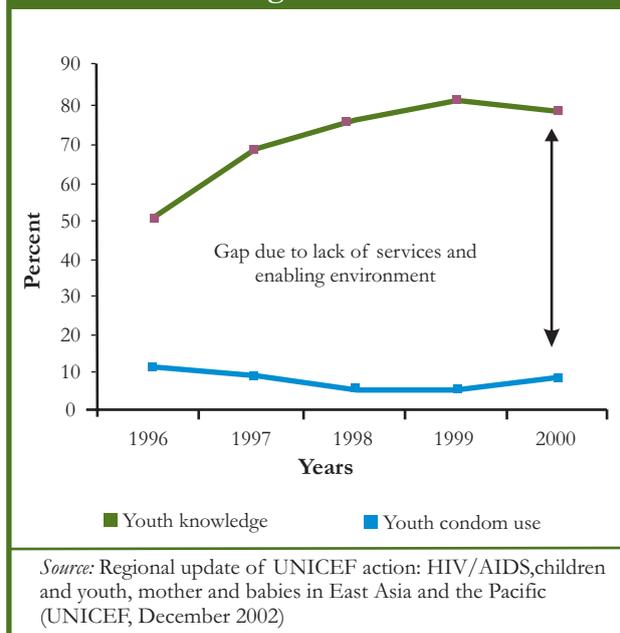
behaviours (Figure 7) since they are poorly informed about their bodies, sexuality and the consequences of unprotected sex, substance abuse and injecting drug use.

Focusing on the Young to Halt the Spread of HIV/AIDS

The first National HIV/AIDS Strategy of Indonesia was formulated and put into action in 1994. In 2003, Indonesia's National AIDS Commission (NAC) revised the National HIV/AIDS Strategy to respond to the increasing numbers of people affected by HIV/AIDS. In 2005 NAC also coordinated all sectors to formulate a National HIV/AIDS strategy for Youth.

The national response to HIV/AIDS reflects Indonesia's goals for participation to achieve international

Figure 8: Gap between young people's understanding and their behaviour



Data from the behavioural surveillance survey reveals that less than 10% of young people well informed about HIV prevention were using condoms consistently⁸. It has also been found that though most IDUs know where to procure sterile needles almost 88% of IDUs still used non sterile injecting equipment⁵.

Studies also reveal that mere information alone is inadequate as it does not necessarily result in safe or preventive behaviours. Lack of services and enabling environment can lead young people to adopt risky behaviours (Figure 8). Increase in knowledge about HIV/AIDS does not necessarily result in increased condom use.

commitments and in particular the resolutions set forth in the UNGASS and ASEAN Declarations on HIV/AIDS in 2001.

Based on a comprehensive review of literature and an extensive consultation with related parties and specialists, seven programme priority areas of the National HIV/AIDS Strategy of Indonesia for the next five years have been identified:

- HIV/AIDS prevention

- Care, treatment and support for PLHA
- HIV/AIDS and STI surveillance
- Operational studies and research
- Enabling environments
- Multi-stakeholder coordination
- A sustainable response

Programmes on HIV/AIDS targeting young people

HIV infection in Indonesia has largely spread due to risky sexual activity or injecting drug use. The Department of National Education of Indonesia has formulated a curriculum on sexuality/reproduction education along with information on HIV/AIDS for schoolchildren. The educational effort has also been carried out through the peer education model and lifeskill education. For young people who are out of formal school there are youth organizations which carry out awareness-building activities.

Prevention and control of STIs is also being used as an effective intervention to reduce HIV transmission and has become a basic component of the national response against HIV/AIDS. Prevention and control of STIs includes health education, peer education, counselling and treatment of patients. This activity is carried out in two schemes: one is through clinics at government and private hospitals and the other by periodic examination of STIs at the commercialized sex areas.

A harm-reduction policy has been initiated for drug use. This features health education and counselling to drug users. They are counselled on the use of sterile disposable needles or cleaning and sterilizing the needle to be used. These activities have been carried out by the government and NGOs on a limited scale. IDUs are reached through peer group approach since they are often a hidden community.

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