BEHAVIORAL SURVEILLANCE SURVEY (BSS) RESULT IN INDONESIA 2004-2005

In Cooperation
Badan Pusat Statistik with Departemen Kesehatan

Behavioral Surveillance Survey (BSS) Result in Indonesia 2004-2005

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Foreword

This publication entitles HIV Infection Risk Behavior Situation in Indonesia based on result of Behavioral surveillance survey in year 2004/2005. As the previous BSS in year 2002/2003, recently this survey activity collaborate with the Central Bureau of Statistic in supported both technical and financial in support form Family Health for Indonesia – ASA with USAID, IHPCP with AusAID and also with World Health Organization. Today activities collaborate also with other ministry in health sector through Sub directorate AIDS and STI, also with the local and national non government organization, civil society especially to the outreach target to MSM, transgender and IDUs.

This publication content of summary of survey report in all outreach coverage by BBS in year 2004/2005 in 16th survey location, they are female sex workers; clients sex worker, transgender, male sex worker, gay, and IDUs. We would like to thanks and appreciated to all supportive participants for the implementation of BSS 2004/2005, including this published publication. Highly appreciation we address to FHI and USAID, technical team who are involved in BSS 2004/2005 from ASA program, and technical staff in Central Statistic Bureau directorate. We are also grateful for Directorate of Communicable Disease Control and staff, and also Local NGOs who are really support the implementation of BSS 2004/2005.

Hopefully this publication can be meaningful advantage for HIV & AIDS transmitted prevention, especially in Indonesia.

Jakarta, September 2005
Social Statistic Deputy

DR. Rusman Heriawan

Foreword

AIDS threatening become spread widely all over in Indonesia. We know that AIDS epidemic in Indonesia, as such as in other Asia countries, not like in Africa, mainly driven by injecting drug use and therefore quickly spreading. This caused by sharing needles among IDUs and efficiently transmitted way for HIV transmission.

AIDS threatening become widely spread in whole area in Indonesia. As we know that AIDS epidemics in Indonesia, similar as the other Asian countries, different with Africa, the behavior is driven by injecting drug user that cause quick spread. Quick spread of the epidemics caused by the alternate drug use by injecting drug users, this is the most efficient method to transmit the HIV virus. Double epidemics are the HIV and the injecting drug users, threatening that are most constrain, most anxious, to be appropriately and quickly responded in Indonesia.

Withregards to this, I would like to greet the publicity of Survey Surveillance Perilaku (SSP) – Surveillance Behavior Survey, year 2004/2005, which is well-suited the Government Regulation (Peraturan Pemerintah) No. 25, year 2000. Therefore the Directorate General of Communicable Disease Control and Environment Health (CDC & EH), MoH has the responsibility to do epidemiology survey for infectious diseases, which part of the 2nd generation surveillance, whereas the small part of the activity is the part of the SSP actualization. This SSP result has the expectancies to know the problem enormity, the purpose of the program – also for the program evaluation, sense and intervention which have been done to some vulnerable populations.

Regards to the SSP 2004 – 2005 implemented activity, we are highly appreciating all participants; individually and institutionally, who have their part in this activity.

Jakarta, September 2005
Director General of Communicable
Disease Control & Environment Health of
Ministry of Health

Dr. I Nyoman Kandun, MPH

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List of Abbreviation

A	Abstinensia
AIDS	Acquired Immuno Deficiency Syndrome
B	Be Faithfull
BPS	Badan Pusat Statistik - Statistics Indonesia
BSS	Behavioral Surveillance Survey
C	Condom
CIS	Cluster Information Sheet
CRS	Chain Refferal Sampling
CS	Civil Servants
DC	Drop in Center
D/H	Driver/helpers
E	Employees
FHI	Family Health International
FSW	Female Sex Worker
HIV	Human Immuno-deficiency Virus
IDU	Injection Drugs User
MTCTP	Mother to Child Transmition
MTD	Motorcycle Taxi Drivers
NGO	Non-Government Organization
PL	Port Laborers
pps	probability proportional to size
PSU	Primary Sampling Unit
RDS	Respondent Driven Sampling
S	Sailors
SIBH	Self Identified Bisexual/Homosexual
STI	Sexsually Transmitted Infection
VCT	Voluntary Conselling and Testing
WHO	World Health Organization

Table of Key Indicators

Percentage of Respondents Who Ever Heard HIV/AIDS

City/ District	Direct FSW		Indirect FSW		Male		Trans-sexuals	Male Prostitutes	Gay Men	IDUs
	1	2	1	2	1	2	2	2	2	2
Medan/Deli Serdang	83.2	78.0	96.5	98.5	89.3	84.0	-	-	-	99.6
Palembang	85.6	76.4	94.0	89.5	87.8	82.0	-	-	-	-
Tanjung Pinang	92.4	83.6	90.4	89.2	90.8	83.3	-	-	-	-
Jakarta	84.4	75.2	93.2	91.6	84.0	76.5	96.4	99.1	99.1	96.5
Karawang/Bekasi	64.4	69.2	90.0	92.0	47.3	97.5	95.2	98.6	98.7	96.5
Semarang	87.9	94.4	96.4	98.8	80.8	87.5	-	-	-	-
Surabaya	71.5	90.0	89.8	98.0	94.0	93.5	97.6	100.0	99.5	99.6
Denpasar	89.8	86.8	98.5	95.0	87.3	86.5	-	-	-	99.3
Kupang	93.7	94.4	89.0	89.0	86.9	75.0	-	-	-	-
Pontianak	-	80.0	-	87.5	-	94.8	-	-	-	-
Manado/Bitung	85.7	91.2	93.6	97.0	80.5	88.3	-	-	-	-
Makassar	87.3	86.8	81.9	90.5	83.5	77.5	94.4	-	-	-
Ambon	66.4	90.0	92.5	90.0	-	93.0	-	-	-	-
Merauke	94.3	98.1	96.9	95.5	91.0	85.2	-	-	-	-
Jayapura	89.7	96.4	90.4	90.5	-	97.7	-	-	-	-
Sorong	87.9	96.4	94.6	94.5	90.3	92.3	-	-	-	-

Table of Key Indicators

Percentage of Respondents Who Know Use Condom During Commercial Sex Encounter Can Prevent the Spread of HIV

City/District	Direct FSW		Indirect FSW		Male		Trans-sexuals	Male Prostitutes	Gay Men	IDU
	1	2	1	2	1	2	2	2	2	2
Medan/Deli Serdang	59.2	66.8	81.5	92.0	39.8	55.3	-	-	-	97.6
Palembang	54.4	55.6	72.5	75.0	58.5	55.5	-	-	-	-
Tanjung Pinang	77.6	70.4	66.4	80.0	72.8	64.8	-	-	-	-
Jakarta	61.2	55.2	73.2	66.8	61.3	54.8	93.6	96.5	97.3	81.2
Karawang/Bekasi	30.8	47.2	62.0	77.2	23.0	63.2	76.8	94.2	92.2	87.0
Semarang	69.7	86.4	78.2	89.6	60.8	72.3	-	-	-	-
Surabaya	53.7	76.4	74.4	89.6	78.5	83.8	84.4	100.0	98.4	95.0
Denpasar	78.8	81.6	86.3	86.0	63.8	75.3	-	-	-	97.4
Kupang	86.6	92.0	73.1	70.0	65.6	60.5	-	-	-	-
Pontianak	-	65.2	-	68.0	-	80.3	-	-	-	-
Manado/Bitung	61.4	71.2	69.9	77.0	56.5	71.5	-	-	-	-
Makassar	78.5	79.6	59.8	77.0	63.2	63.5	89.1	-	-	-
Ambon	41.1	79.3	58.5	76.0	-	76.3	-	-	-	-
Merauke	88.6	90.6	85.8	88.0	68.8	72.4	-	-	-	-
Jayapura	83.0	75.6	77.2	72.0	-	61.6	-	-	-	-
Sorong	74.6	85.6	86.1	84.0	67.5	81.0	-	-	-	-

Table of Key Indicators

Percentage of Respondents Who Pay for Sex With Female Commercial Sex Workers in the Last Year

City/District	Male		IDU
	1	2	2
Medan/Deli Serdang	55.9	55.3	31.6
Palembang	42.5	57.3	-
Tanjung Pinang	92.5	47.3	-
Jakarta	42.5	57.0	26.9
Karawang/Bekasi	25.5	9.7	40.2
Semarang	44.2	65.3	-
Surabaya	30.8	52.5	51.6
Denpasar	19.0	57.0	44.1
Kupang	55.1	68.0	-
Pontianak	-	45.8	-
Manado/Bitung	32.1	46.3	-
Makassar	33.9	37.5	-
Ambon	-	84.0	-
Merauke	46.4	38.4	-
Jayapura	-	30.2	-
Sorong	28.3	31.0	-

Table of Key Indicators

Percentage of Respondents Who Have Multiple Sex Partners in the Last Year

City/District	Male		Gay Men	IDU
	1	2	2	2
Medan/Deli Serdang	62.4	50.8	-	96.0
Palembang	40.8	47.3	-	-
Tanjung Pinang	94.9	43.3	-	-
Jakarta	40.1	55.0	54.5	96.0
Karawang/Bekasi	25.2	7.9	43.3	98.8
Semarang	45.8	55.0	-	-
Surabaya	34.3	48.5	38.3	95.2
Denpasar	20.5	54.0	-	99.0
Kupang	59.1	60.8	-	-
Pontianak	-	43.0	-	-
Manado/Bitung	38.6	43.8	-	-
Makassar	38.5	29.8	-	-
Ambon	-	84.5	-	-
Merauke	57.1	41.2	-	-
Jayapura	-	18.2	-	-
Sorong	33.0	27.5	-	0.0

Table of Key Indicators

Average of Guest Who Served in the Last Week

City/District	Direct FSW		Indirect FSW		Transsexuals	Male Prostitutes
	1	2	1	2	2	2
Medan/Deli Serdang	23.9	48.0	84.3	90.7	7.6	16.3
Palembang	32.5	48.4	58.2	61.5	17.7	15.0
Tanjung Pinang	57.4	63.6	58.1	76.0	39.7	38.3
Jakarta	23.0	40.6	50.8	45.4	14.8	17.3
Karawang/Bekasi	18.9	23.5	45.8	62.5	4.9	44.4
Semarang	76.3	75.6	78.0	89.8	30.2	30.4
Surabaya	43.7	41.4	39.6	41.9	32.2	41.8
Denpasar	85.0	83.3	60.5	48.2	31.6	31.5
Kupang	74.3	75.6	41.8	42.6	32.9	29.4
Pontianak	-	60.4	-	38.6	-	26.4
Manado/Bitung	41.4	52.0	38.0	60.9	30.5	32.6
Makassar	60.9	60.0	33.7	53.9	26.7	25.3
Ambon	40.0	67.3	22.3	20.5	-	20.7
Merauke	76.5	73.6	77.3	77.4	70.3	56.8
Jayapura	88.4	79.3	39.9	33.6	-	52.4
Sorong	48.0	87.6	58.5	54.4	26.6	33.1

Table of Key Indicators

Percentage of Respondents Who Use Condom in Last Commercial Sex

City/District	Direct FSW		Indirect FSW		Male		Trans-sexuals	Male Prostitutes	Gay Men	IDU
	1	2	1	2	1	2	2	2	2	2
Medan/Deli Serdang	23.9	48.0	84.3	90.7	7.6	16.3	-	-	-	32.9
Palembang	32.5	48.4	58.2	61.5	17.7	15.0	-	-	-	-
Tanjung Pinang	57.4	63.6	58.1	76.0	39.7	38.3	-	-	-	-
Jakarta	23.0	40.6	50.8	45.4	14.8	17.3	80.6	83.6	66.7	31.5
Karawang/Bekasi	18.9	23.5	45.8	62.5	4.9	44.4	63.3	78.1	57.1	44.2
Semarang	76.3	75.6	78.0	89.8	30.2	30.4	-	-	-	-
Surabaya	43.7	41.4	39.6	41.9	32.2	41.8	71.1	46.8	55.6	25.0
Denpasar	85.0	83.3	60.5	48.2	31.6	31.5	-	-	-	38.8
Kupang	74.3	75.6	41.8	42.6	32.9	29.4	-	-	-	-
Pontianak	-	60.4	-	38.6	-	26.4	-	-	-	-
Manado/Bitung	41.4	52.0	38.0	60.9	30.5	32.6	-	-	-	-
Makassar	60.9	60.0	33.7	53.9	26.7	25.3	49.2	-	-	-
Ambon	40.0	67.3	22.3	20.5	-	20.7	-	-	-	-
Merauke	76.5	73.6	77.3	77.4	70.3	56.8	-	-	-	-
Jayapura	88.4	79.3	39.9	33.6	-	52.4	-	-	-	-
Sorong	48.0	87.6	58.5	54.4	26.6	33.1	-	-	-	-

Table of Key Indicators

Percentage of Respondents Who Always Use Condom in Commercial Sex (In the Last Year for Males, and in the Last Week for Female Sex Workers)

City/District	Direct FSW		Indirect FSW		Male		Trans-sexuals	Male Prostitutes	Gay Men	IDU
	1	2	1	2	1	2	2	2	2	2
Medan/Deli Serdang	8.3	14.3	44.8	64.8	0.5	6.0	-	-	-	16.5
Palembang	7.8	18.9	23.6	34.2	3.6	11.4	-	-	-	-
Tanjung Pinang	17.4	32.4	29.3	42.7	16.8	13.9	-	-	-	-
Jakarta	4.1	14.7	18.4	26.0	4.3	7.7	56.1	53.3	48.2	10.2
Karawang/Bekasi	3.3	7.7	19.6	47.5	1.0	9.1	16.7	50.0	14.3	29.0
Semarang	32.4	28.9	47.3	61.5	19.5	9.1	-	-	-	-
Surabaya	14.8	17.3	11.9	28.2	16.7	12.3	49.3	28.6	22.2	12.9
Denpasar	36.4	50.0	41.1	29.5	19.7	16.8	-	-	-	20.9
Kupang	30.3	36.2	20.9	29.5	18.6	14.2	-	-	-	-
Pontianak	-	16.3	-	16.6	-	14.4	-	-	-	-
Manado/Bitung	19.7	29.5	16.9	35.7	10.2	19.8	-	-	-	-
Makassar	19.1	17.2	10.5	31.1	15.0	16.1	26.9	-	-	-
Ambon	16.2	34.7	3.6	4.5	-	10.9	-	-	-	-
Merauke	44.4	51.3	42.7	64.9	28.6	43.3	-	-	-	-
Jayapura	55.8	52.5	25.4	14.3	-	14.3	-	-	-	-
Sorong	19.3	66.5	30.9	31.4	9.7	24.4	-	-	-	-

Table of Key Indicators

Percentage of Respondents Who Ever Use Injecting Drugs

City/District	Direct FSW		Indirect FSW		Male		Trans-sexuals	Male Prostitutes	Gay Men
	1	2	1	2	1	2	2	2	2
Medan/Deli Serdang	2.8	3.6	1.0	0.5	1.8	0.8	-	-	-
Palembang	2.8	1.2	5.0	1.5	0.0	0.3	-	-	-
Tanjung Pinang	2.0	1.6	3.2	2.0	0.5	1.9	-	-	-
Jakarta	1.2	0.4	0.0	1.2	0.5	0.3	1.2	4.0	0.5
Karawang/Bekasi	0.0	0.0	1.0	1.2	0.7	-	0.4	5.8	0.9
Semarang	2.0	1.2	0.0	0.4	0.3	0.0	-	-	-
Surabaya	0.4	1.2	1.2	0.8	0.5	1.9	0.4	2.6	2.2
Denpasar	0.4	0.0	1.0	0.5	0.5	0.3	-	-	-
Kupang	0.4	1.6	1.1	2.5	0.5	1.6	-	-	-
Pontianak	-	1.6	-	1.0	-	2.1	-	-	-
Manado/Bitung	3.6	3.6	2.4	1.5	1.0	0.5	-	-	-
Makassar	1.6	0.4	1.0	1.0	0.3	0.3	3.3	-	-
Ambon	0.0	0.0	0.5	5.5	-	1.7	-	-	-
Merauke	1.6	0.0	1.6	3.8	0.0	0.3	-	-	-
Jayapura	0.0	0.4	0.5	1.0	-	-	-	-	-
Sorong	0.0	1.2	1.5	4.5	0.3	1.0	-	-	-

Table of Key Indicators

Percentage of Respondents Who Infected by Sexually Transmitted Infection in the Last Year

City/District	Direct FSW		Indirect FSW		Male		Trans-sexuals	Male Prostitutes	Gay Men
	1	2	1	2	1	2	2	2	2
Medan/Deli Serdang	31.6	41.6	13.5	2.5	19.6	14.3	-	-	-
Palembang	19.2	24.4	17.5	15.5	13.0	9.9	-	-	-
Tanjung Pinang	29.6	36.8	28.0	34.0	25.2	15.4	-	-	-
Jakarta	20.0	35.6	8.0	23.2	7.6	11.6	24.4	21.9	5.0
Karawang/Bekasi	32.8	24.8	13.0	34.0	14.5	-	8.8	18.8	2.2
Semarang	26.9	33.2	17.6	21.2	14.0	13.5	-	-	-
Surabaya	18.7	27.6	10.6	12.8	13.1	14.6	16.4	6.8	7.1
Denpasar	30.6	37.6	19.8	30.0	8.5	17.1	-	-	-
Kupang	25.0	16.8	25.3	12.5	17.0	13.0	-	-	-
Pontianak	-	37.6	-	23.0	-	14.7	-	-	-
Manado/Bitung	37.9	42.4	23.7	30.5	11.9	10.5	-	-	-
Makassar	38.3	29.2	43.2	26.0	14.5	9.1	22.5	-	-
Ambon	9.4	28.7	7.5	26.0	-	9.8	-	-	-
Merauke	56.1	15.1	39.4	11.3	19.1	7.1	-	-	-
Jayapura	15.4	25.2	11.7	11.5	-	-	-	-	-
Sorong	14.9	20.8	12.9	26.5	14.2	13.7	-	-	-

Table of Key Indicators

Percentage of Respondent Who Seek Treatment From Healthcare Professional for Sexually Transmitted Infection in the Last Year

City/District	Direct FSW		Indirect FSW		Male		Trans-sexuals	Male Prostitutes	Gay Men
	1	2	1	2	1	2	2	2	2
Medan/Deli Serdang	60.8	66.4	59.3	80.0	54.3	70.0	-	-	-
Palembang	81.3	59.0	57.1	71.0	55.3	35.1	-	-	-
Tanjung Pinang	74.3	64.1	88.6	62.4	79.8	60.0	-	-	-
Jakarta	56.0	31.5	25.0	31.0	41.7	36.6	59.7	39.7	35.3
Karawang/Bekasi	70.7	40.3	42.3	44.7	46.5	-	68.8	42.9	42.9
Semarang	60.9	78.3	58.8	86.8	58.3	67.4	-	-	-
Surabaya	43.5	84.1	59.3	81.3	30.3	65.3	44.6	44.4	33.3
Denpasar	75.6	88.3	66.7	45.0	71.0	46.0	-	-	-
Kupang	74.6	69.1	45.7	40.0	31.2	51.1	-	-	-
Pontianak	-	61.7	-	39.1	-	56.8	-	-	-
Manado/Bitung	30.5	64.2	27.1	63.9	39.5	54.1	-	-	-
Makassar	47.9	58.9	18.6	26.9	51.2	45.8	46.9	-	-
Ambon	70.0	58.1	53.3	42.3	-	39.5	-	-	-
Merauke	79.7	75.0	78.0	86.7	62.3	52.2	-	-	-
Jayapura	56.4	92.1	65.2	52.2	-	-	-	-	-
Sorong	59.5	65.4	42.3	50.9	29.2	31.1	-	-	-

Introduction

Background

The workshop held in November 2003 to discuss the 2002-2003 Behavioral Surveillance Survey (BSS) results recommended that further BSS be conducted every two to three years to ascertain the extent of behavior changes occurring within target groups. Based on this recommendation, in 2004/2005 the BPS in collaboration with the Department of Health, and with the support of FHI/USAID, conducted the BSS in 13 locations (regencies/municipalities), and in 3 other locations with the support of IHPCP/AusAID. An BSS Survey was also carried out in the city of Pontianak in April 2004 in collaboration with the Department of Health and the BPS, with the support of WHO.

The 2004/2005 BSS was essentially repetitions of the 2002/2003 surveys, with the survey locations and target groups largely being the same. However, the 2004/2005 BSS was expanded to cover additional target groups. In addition, a further location (Bandung municipality) was added. The target groups were expanded to include men who have sex with men and transsexuals in Jakarta, Surabaya and Bandung, and injecting drug users in Jakarta, Surabaya, Bandung and Medan. Meanwhile, the Army/Police Dept. target group was replaced by the Jayapura civil servant target group, while the sailor/fisherman target group in Karawang regency was replaced by the factory employee/operative target group. In the case of the youth target group, this was changed from youth between the ages of 15 and 24 (2002/2003 BSS in Merauke regency), to high school students in Surabaya municipality.

Bearing in mind the wide range of target groups involved, and difficulties concerning methodology and access to particular target groups, the BSS in a number of cities was conducted in stages. In the case of Surabaya municipality, for example, surveys of female commercial sex workers, the male clients, and injecting drug users were conducted in 2004, while the surveys of high school students and men who have sex with other men (gay men and male prostitutes) were carried out in the first quarter of 2005.

Survey Methodology

Reports were compiled on each survey location (at the provincial level), covering all of the target groups found in the location. The findings of the SSP Surveys on the non-high risk groups, that is, high school students in Jakarta and Surabaya, employees in Karawang regency and civil servants in Jayapura, were compiled as a single report as to facilitate comparison between the target groups surveyed.

A general description of the BSS process, its connection with second generation surveillance, and the survey methodology employed for each target group are presented in the appendix to this report.

1

Risk of HIV Spread

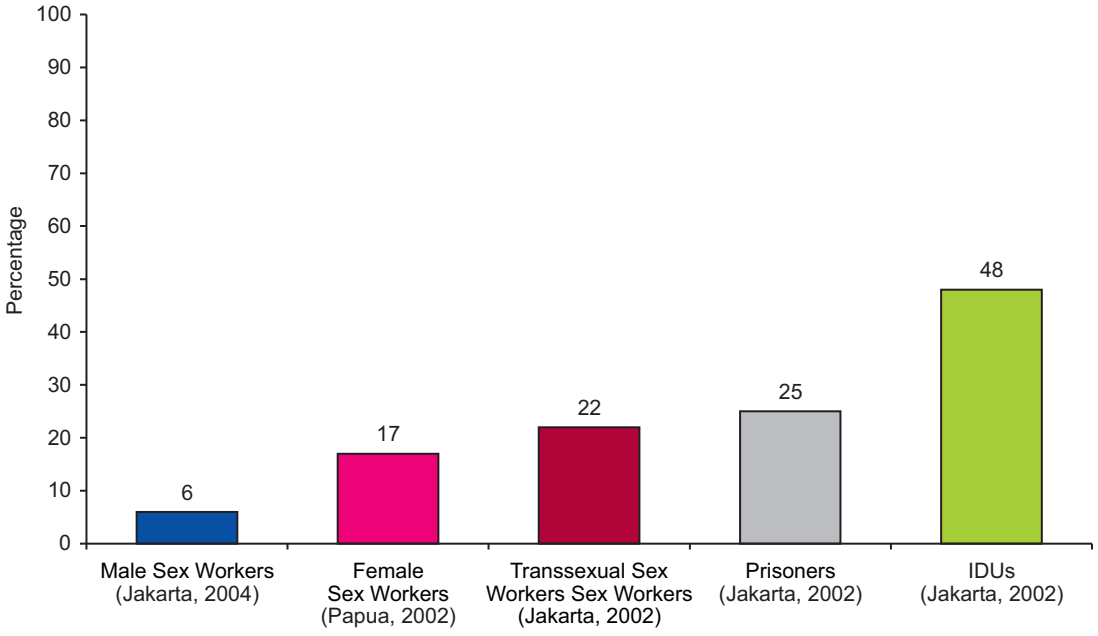
The HIV/AIDS Epidemic and Dynamics of High Risk Behavior

One of the most pressing healthcare needs at the present time in Indonesia, and one that must be immediately addressed, is reducing the rate of HIV transmission and ameliorating the effects of the HIV/AIDS epidemic. In order to do this, strategic and appropriate responses must be quickly put in place.

The available information and data paints a very worrying picture indeed. The rate of transmission of HIV continues to increase in a number of monitored sub-populations, as does the number of reported AIDS cases. The effort to prevent the spread of HIV requires the support of all, as does the provision of medical treatment and psycho-social support for those people living with HIV/AIDS.

The rate of HIV transmission in Indonesia is increasing in various parts of the country, particularly among a number of the sub-populations monitored as part of the national HIV Sentinel Surveillance System. The findings of the Sentinel Surveillance show that the rate of HIV infection in Indonesia was relatively high among the monitored sub-populations up to mid-2004, with 48 percent of injecting drug users, 22 percent of transsexual commercial sex workers, and 18 percent of female commercial sex workers being infected with HIV. In addition, the blood transfusion unit of the Redcross of Indonesia's Jakarta branch reported an increase in the percentage of blood contaminated with HIV from 0.07 percent in 2002 to 0.11 percent at the end of 2003.

Figure 1.1.
Highest HIV Prevalence Rates among Selected Subpopulation in Indonesia, 2002 - 2004



In determining appropriate and strategic responses for reducing the rate of transmission of HIV and ameliorating the impact of the epidemic, further research will need to be carried out on the basis of the available data in order to gain a proper understanding of the potential for a worsening of the epidemic. We also need to jointly consider the threat of even faster spread among the at-risk subpopulations, and the likelihood of spread into the general population. Through correct preventative measures, it is hoped that we will be able to reduce the number of new HIV cases. At the present time, it is estimated that there are between 90,000 and 150,000 people infected with HIV in Indonesia. Accordingly, appropriate support services are required for those members of the community who are living with HIV/AIDS. In addition, discrimination in the provision of healthcare services needs to be tackled, including ensuring access to medication and support services.

The response of the government and people of Indonesia is currently set out in the 7 points of the Sentani Commitment, which was agreed on in January 2004. This was followed by the evaluation of the implementation of the Sentani Commitment in Denpasar and Jakarta in 2005.

The responses to the HIV/AIDS epidemic set out in the Sentani Commitment are as follows:

- Promoting the use of condoms during every high-risk sexual activity, with a target of 50 percent usage by 2005;
- Providing antiretroviral therapy to at least 5,000 people living with HIV/AIDS by the end of 2004;
- Reducing harm among injecting drug users;

- Reducing stigmatization of and discrimination against people living with HIV/AIDS;
- Establishing and empowering provincial, regency and municipal AIDS committees;
- Developing laws and regulations conducive to HIV/AIDS prevention, care and support programs; and
- Scaling up efforts to prevent the spread of HIV/AIDS.

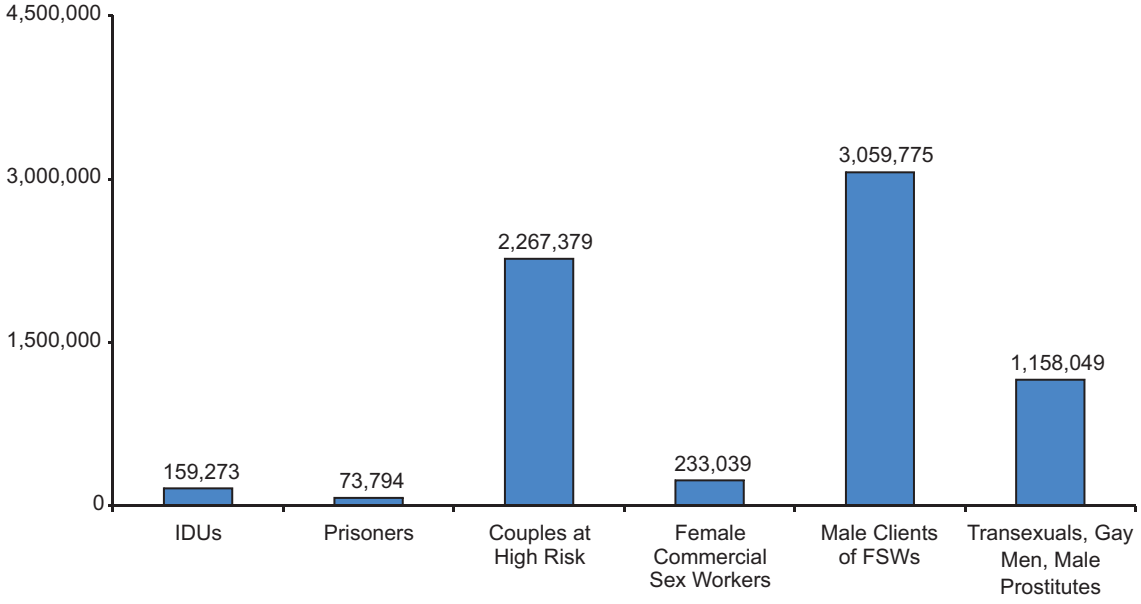
To date, more than 14 provinces have been designated by the government as priority areas for HIV/AIDS prevention efforts in Indonesia. These provinces are as follows: North Sumatra, Riau, Riau Islands, Jakarta Special Capital District, Banten, West Java, Central Java, Yogyakarta Special District, East Java, Bali, West Kalimantan, North Sulawesi, West Irian Jaya, and Papua. We all hope that the putting into effect of the seven points of the Sentani Commitment will result in a reduced rate of HIV transmission in Indonesia.

The HIV/AIDS Epidemic in Indonesia

Planning of the necessary strategic responses for dealing with the epidemic in a particular area must be based on the information at hand regarding the number of subpopulations at risk of HIV and the potential for the worsening of the epidemic in that area.

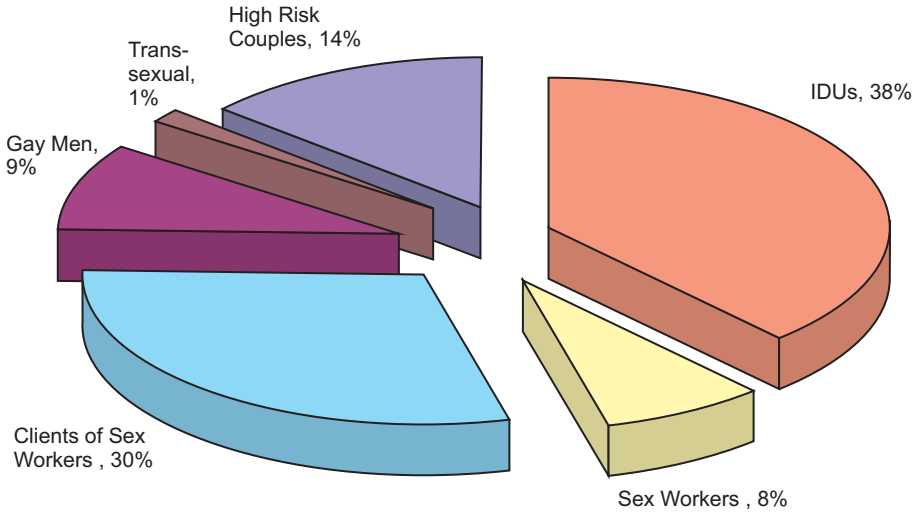
Currently, there are an estimated three million men who use the services of female commercial sex workers, and another 2.2. million couples in steady relationships who are at high risk. These figures clearly show the great potential for the spread of HIV through high-risk sexual behavior. With regard to injecting drug users, while the number is relatively small compared to the other subpopulations, the spread of HIV among the members of this sub-population has been very rapid (see Figures 1.1 and 1.2).

Figure 1.2.
Estimated Size of Populations Vulnarable to HIV in Indonesia, 2002



There are three major forms of particularly high risk behavior in Indonesia that account for the majority of infections, namely, injecting drug use (47 percent), paying for commercial sex (20 percent) and the practice of anal sex among transsexuals, gay men and male prostitutes (12 percent). The efforts to treat and provide support for those infected with HIV need to prioritize these three groups. This includes voluntary HIV testing and pre- and post-test counseling.

Figure 1.3.
People with HIV/AIDS in Indonesia, by Risk Group, 2002



A. Transmission Through Commercial Sex

There are a variety of ways in which HIV may be transmitted from one person to another. But, essentially, all involve an exchange of bodily fluids. HIV is transmissible through sexual intercourse, blood transfusion, injecting drug use involving the sharing of needles/syringes, from HIV-positive mother to child, and through the use of un-sterilized medical instruments. The two principal modes of transmission in Indonesia are sex with multiple partners and the sharing of needles/syringes by injecting drug users. The potential for increased spread through commercial sex is immense due to the high level of mobility of both commercial sex workers and their clients. In addition, the low level of condom use in sexual activity between commercial sex workers and their clients greatly facilitates the spread of the virus.

High Risk Sex and Mobility

Commercial sex workers – female, transsexual and male prostitutes – are at high risk of contracting HIV. This risk increases with the length of time the person has been engaged in offering commercial sex and his/her level of mobility (between different cities and provinces).

Transsexuals in Indonesia tend to be involved in commercial sex work for much longer than female sex workers or male prostitutes. On average, an Indonesian transsexual spends around 12 years as a commercial sex worker, compared to around 4 years in the case of male prostitutes and 3 years in the case of female commercial sex workers (see Figure 1.4).

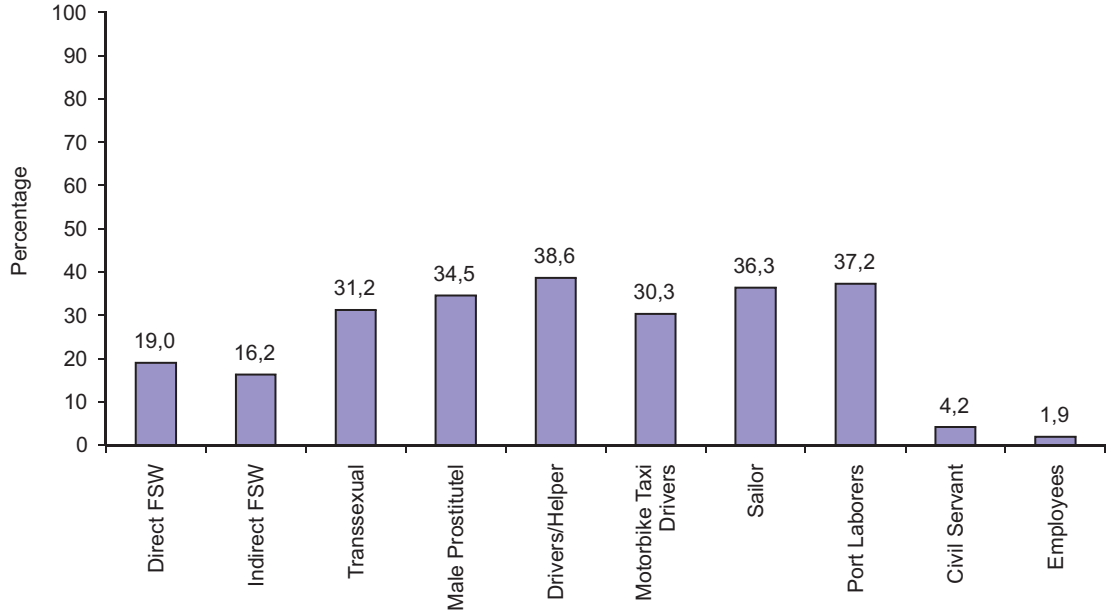
Figure 1.4.
Length of Time Spent as Sex Worker

Transsexuals spend much longer as sex workers than female sex workers or male prostitutes

Transsexuals also have a higher level of mobility than other types of commercial sex workers. With the average transsexual commercial sex worker having spent 12 years involved in the sex trade and seven of these spent in the survey locations, this means they spend the remaining 5 years in other cities, or moving from city to city. This compares with only two years in the case of the average male prostitute and 1 year in the case of female commercial sex workers.

From the perspective of the number of commercial sex workers who move to other provinces to sell sex, it will be seen that a higher percentage of male prostitutes and transsexuals do this compared to female commercial sex workers. It was found that around 35 percent of male prostitutes and 31 percent of transsexuals worked in the sex trade in other provinces on a temporary basis, while only between 16 percent and 19 percent of female commercial sex workers did so. The greater the number of commercial sex workers who move between provinces to sell sex, the greater the potential for the spread of HIV. The behavior of men who avail of commercial sex services also has great potential to facilitate the transmission of HIV. Among the at-risk men who served as respondents, 39 percent of truck drivers/helpers, 31 percent of motorbike taxi drivers, 36 percent of sailors, and 37 percent of port laborers admitted they had paid for sex in a number of different provinces during the last year. Among the civil servants and employees who engaged in high risk behavior, the corresponding figures were relatively low at less than five percent in both cases.

Figure 1.5.
Percentage of Commercial Sex Workers Who Engaged in Other Provinces, and Commercial Sex Clients Who Bought Sex in Other Provinces in the Past Year



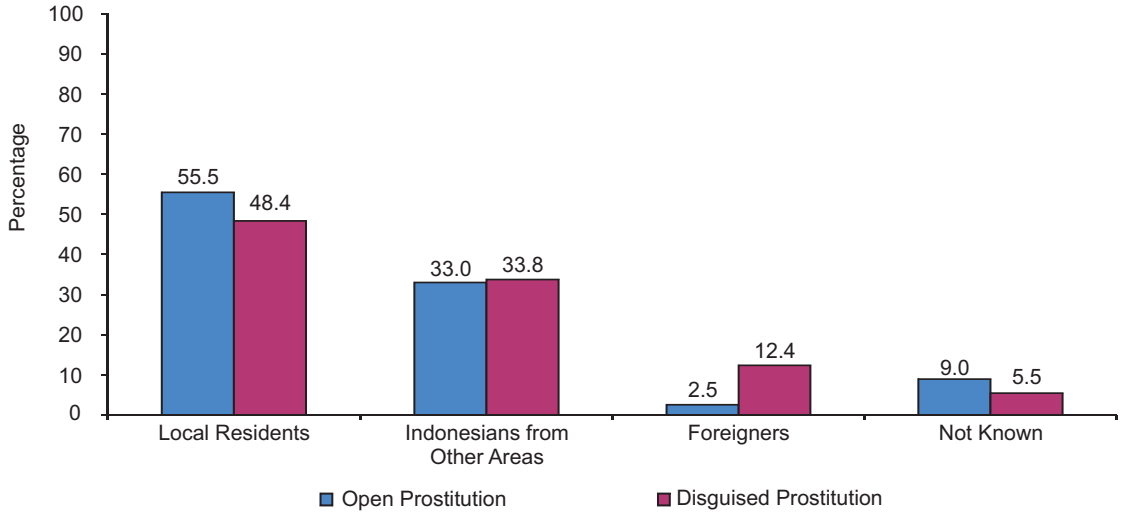
The mobility of male prostitutes and transsexuals is higher than that of female commercial sex workers

Background of Commercial Sex Workers and Their Clients

The biggest group of female commercial sex workers (42 percent) came from East Java, followed by West Java (18 percent), Central Java (14 percent) and North Sulawesi (6 percent). Among FSW working as 'disguised prostitution' (i.e. indirect), 27 percent came from East Java, while 15 percent came from West Java and Central Java each, and 14 percent from North Sulawesi. Almost one-third (30 percent) of transsexuals came from South Sulawesi, 27 percent from West Java and 20 percent from East Java. More than one-third (34 percent) of male prostitutes came from West Java, and 15 percent each from Central Java and East Java. The majority of commercial sex workers came from West, East and Central Java.

With regard to the male clients of commercial sex workers, 60 percent of the respondents came from three provinces – East Java, Central Java and North Sumatra - with the remainder hailing from a number of other provinces. The places of origin of clients is important when assessing the potential for the spread of HIV as they are likely to have sexual relations with other women, including wives and girlfriends, as well as commercial sex workers in their home provinces and other places. According to information provided by the direct female sex workers, more than half of their clients were local residents (56 percent) while 33 percent were Indonesians from other parts of the country. In the case of indirect female sex workers, 48 percent of their clients were local residents, and 34 percent Indonesians from other parts of the country, while 12 percent were foreigners.

Figure 1.6.
Places of Origins of Female Commercial Sex Workers Clients
(in percent)



According to female sex workers, most of their clients are local residents or Indonesian migrants

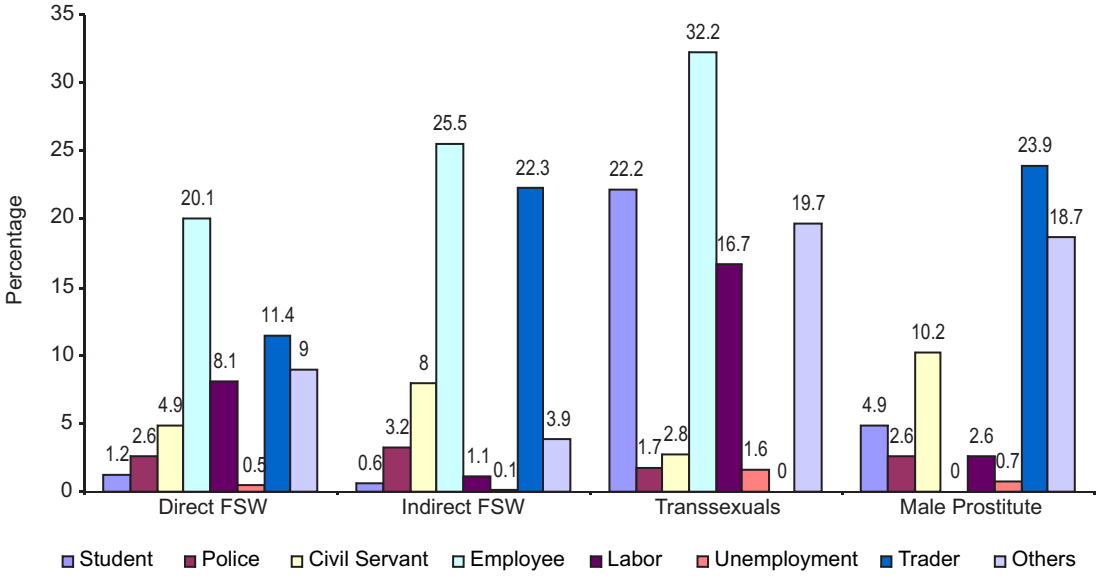
Types of Employment Among Sex Workers' Clients

The clients of commercial sex workers were engaged in a wide variety of occupations. According to information provided by the female commercial sex workers, between 20 percent and 26 percent were company employees, while between 11 percent and 22 percent were traders. However, a third of the respondents did not know the occupations of their clients.

Among the transsexuals, the majority of their clients were company employees (32 percent), while students (school and university) accounted for 22 percent.

The high level of students using the services of transsexuals could be due to their relatively low charges. This is obviously something that is extremely worrying. In addition, some 4 percent of the clients of male prostitutes were also found to be students. In general, the client profile of the male prostitutes was somewhat different from the other two groups, with 24 percent of their clients being traders and 10 percent civil servants.

Figure 1.7.
Most Recent Client of Commercial Sex Workers by Occupation (percentage)

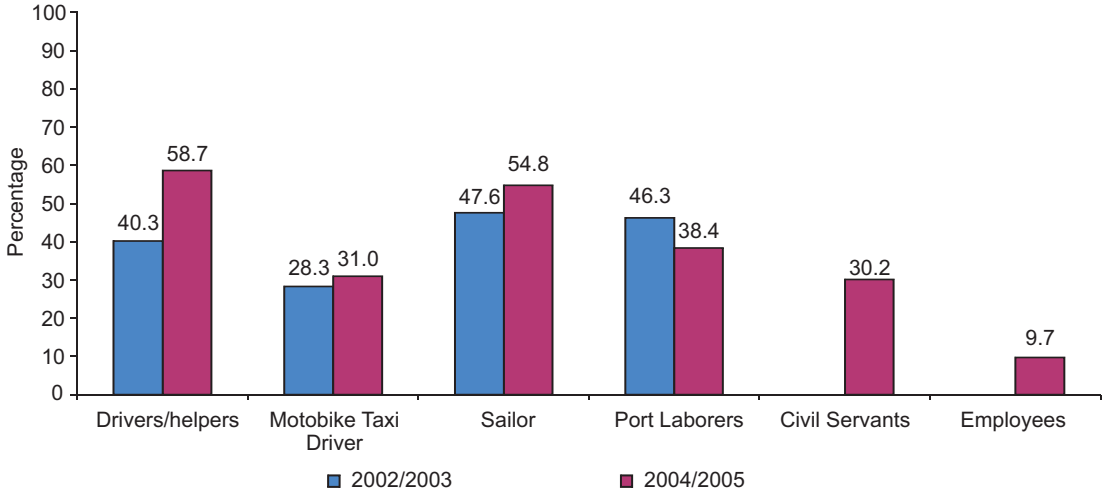


According to the female CSWs and transsexuals, the majority of their clients are company employees and traders

Trends in the Commercial Sex Industry

As we all know, sex is part of human life. Even though men may be separated for one reason or another from their normal sexual partners, they are still able to buy sex. The results of the BSS among the male groups revealed that the proportion of drivers/helpers who paid for sex in the last year rose from 40 percent in 2002/2003 to 59 percent in 2004/2005. Similarly, the proportion of sailors who had paid for sex in the same period rose from 48 percent to 55 percent, while the proportion of motorbike taxi drivers who did so rose from 28 percent to 31 percent. By contrast, the proportion of port laborers who purchased sex in the last year declined from 46 percent to 38 percent. In the case of the civil servants group (in Jayapura), the proportion who had bought sex in the previous year was around 30 percent, while only 10 percent of employees (in Karawang) had done so (see Figure 1.8.a).

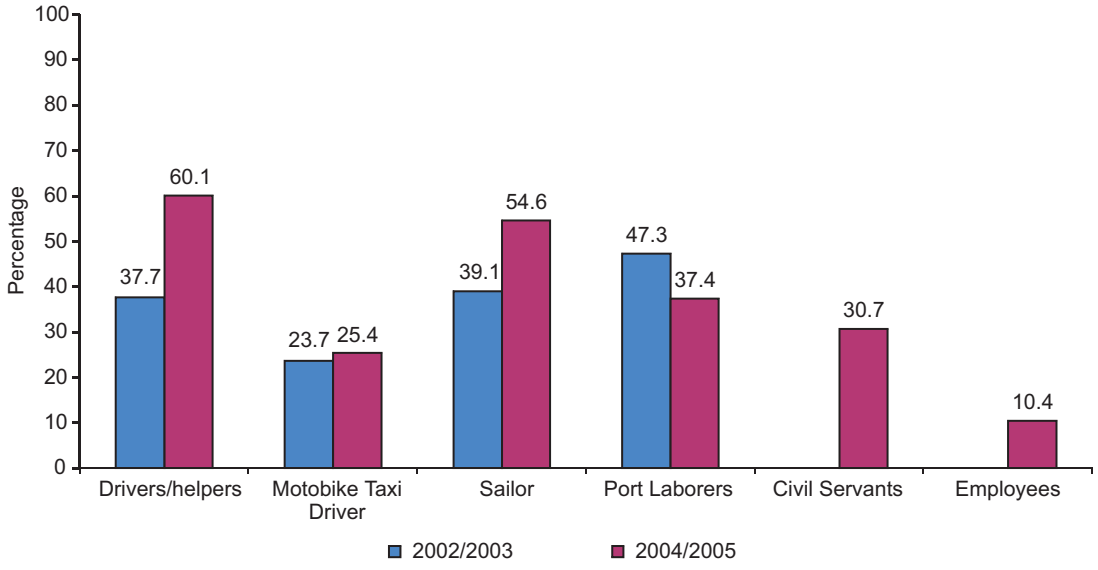
Figure 1.8a.
Percentage of Men Who Paid for Sex in the Last Year



From the findings of the surveys, it was ascertained that the number of married men who bought sex had also risen sharply. In the case of the drivers/ helpers, the proportion rose from 38 percent in 2002/2003 to 60 percent in 2004/2005, while for the sailors, the proportion rose from 39 percent to 55 percent. Meanwhile, there was little change in the case of the motorbike taxi drivers, with the proportion staying constant at between 24 percent and 25 percent. By contrast, the proportion for port laborers declined from 47 percent to 37 percent. In the case of the civil servant group, one-third admitted to paying for sex, while only 10 percent of employees did likewise. These figures clearly illustrate the dangers of HIV transmission to wives and steady partners (see Figure 1.8.b).

The propensity of men to pay for sex does not vary much even if the man is married. This has serious Implications for the spread of HIV

Figure 1.8b.
Percentage of Married Man Who Paid for Sex in the Last Year



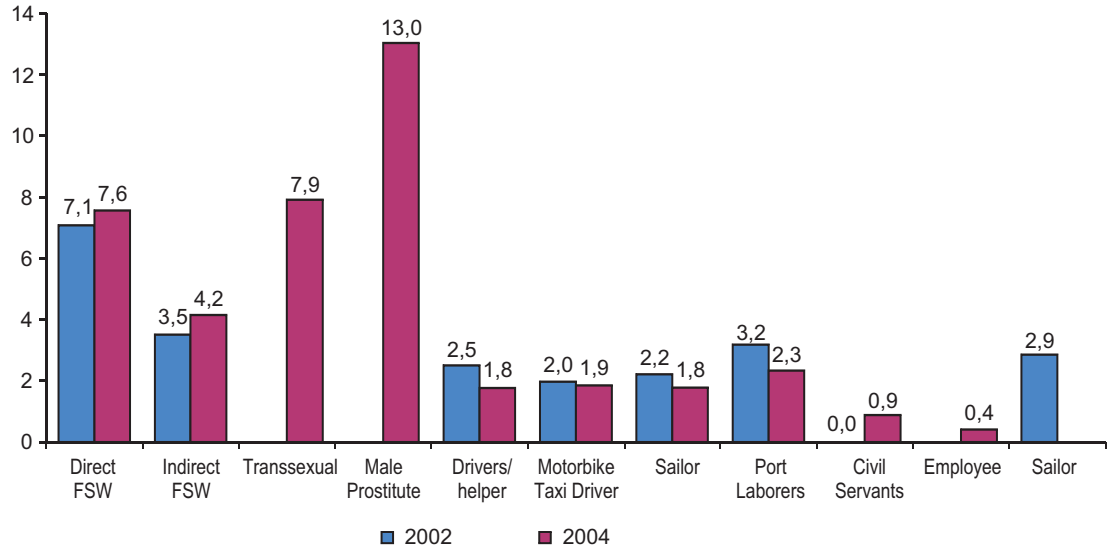
Frequency of Commercial Sex Contacts

One of the factors that increases the risk of contracting HIV is frequent commercial sex contacts. The number of contacts refers to the number of times a client pays for sexual services from a commercial sex worker.

Among the commercial sex workers, the male prostitute group had the highest number of contacts per week, with male prostitute serving 13 clients on average. This group was followed by the transsexuals, with an average of between 7 and 8 clients per week, direct female sex workers with between 7 and 8 clients per week, and indirect female sex workers with 4 to 5 clients per week. These figures show in increase in the number of clients served by direct female sex workers from 3 in 2002/2003 to 4 in 2004/2005, while the number of clients served by indirect female sex workers remained constant at around 7 to 8 per week.

The frequency trends among men who paid for sex as between 2002/2003 and 2004/2005 showed declines among almost all respondent groups. Among drivers/helpers, the frequency declined from 2 to 3 times per month to 1 to 2 times. Among the sailors, the frequency declined from 2 to 3 times per month to 1 to 2 times, and among the port laborers from 3 to 4 times to 2 to 3 times. As for the motorbike taxi drivers, there was no change with the frequency remaining constant at between 1 and 2 times per month (see Figure 1.9).

Figure 1.9.
Number of Clients per Week (Commercial Sex Workers) and Number of Times Sex is Paid for per Month (Clients)



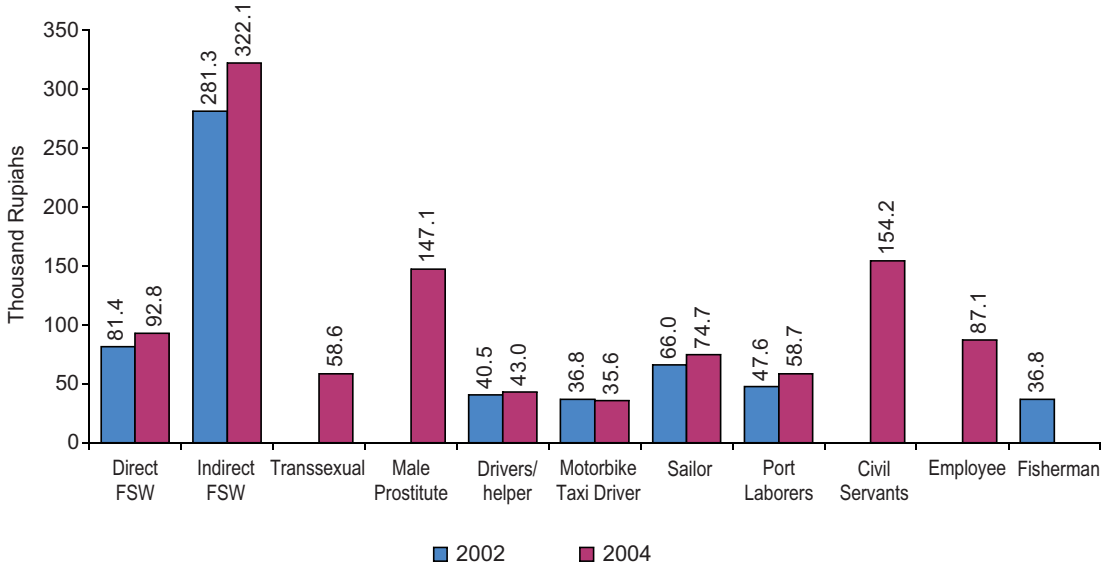
From the number of clients served by female sex workers, it is clear that the demand for their services is still high even though a declining trend is apparent

The Price of Sex

The survey findings show that the overall trends among men who pay for sex have not changed much over time, although there has been a slight decrease in demand among some of the male respondent groups. The number of commercial sex contacts remains high even though the price has not come down. Among direct female sex workers, the price actually increased from an average of Rp 81,000 in 2002/2003 to an average of Rp 93,000 in 2004/2005, representing a hike of around 12 percent. In the case of indirect female sex workers, the average price increased by Rp 40,000 from Rp 281,000 to Rp 322,000. Meanwhile, the average price charged by transsexuals in 2004 was Rp 59,000, while male prostitutes charged Rp 147,000 (see Figure 1.10).

From the perspective of the average price paid by men for the services of female commercial sex workers, this tended to be close to or a little lower than the average price charged by direct female sex workers. This shows that, in general, the men who responded to the BSS were clients of direct female sex workers. Among the civil servant group, the average price paid came somewhere in between the average prices charged by the direct female sex workers and direct female sex workers. This shows that some of the civil servants availed of the services of direct female sex workers and some the services of indirect female sex workers.

Figure 1.10.
Average Prices for Commercial Sex (Charged by Sex Workers and Paid by Clients)



The high-risk male respondents to the SSPs are primarily the clients of female sex workers engaged in open prostitution, as shown by the average price paid

B. Transmission among Injecting Drug Users

Besides being transmitted by high-risk sexual activity, HIV is also frequently spread through the sharing of non-sterile needles and syringes. In fact, the transmission of HIV through this mode is much more "efficient" than through high risk sexual activity. Among the factors that influence the spread of HIV through this vector are the sharing of needles/syringes, the length of time a person is addicted, the frequency of buying drugs as part of a group/circle, the frequency of "shooting up" together, access to clean needles and syringes, time spent in prison and injecting in prison, mobility, and sharing needles/syringes in other cities.

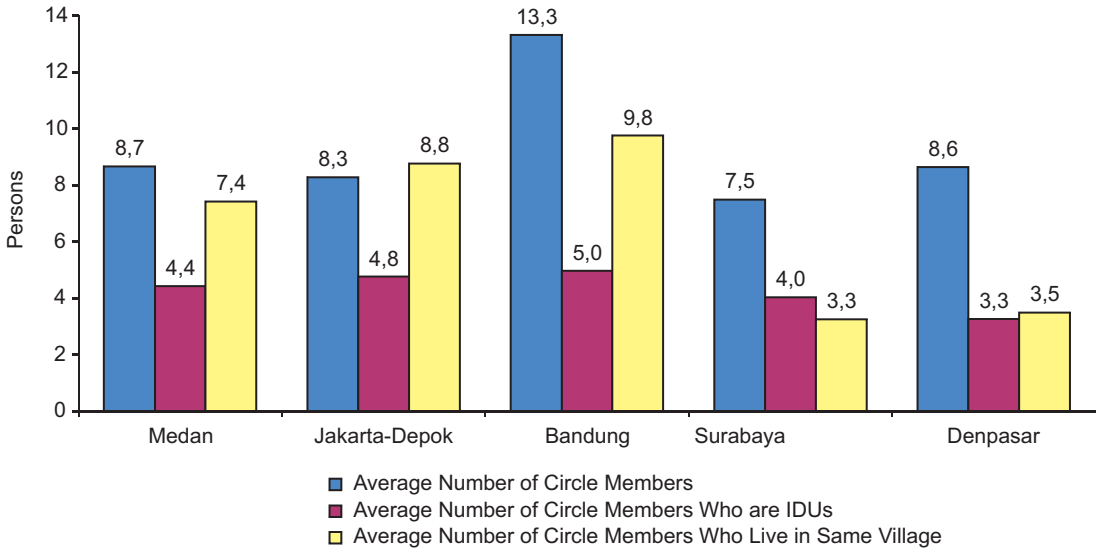
Circle of Friends

One of the characteristics of injecting drug users is the fact that they tend to gather in groups to "shoot up" together. The more friends in a particular circle, the greater the number of people who are likely to "shoot up" in a group. The findings of the SSP Surveys on the injecting drug user group show that the average size of a circle ranges between 7 and 14 people, with the biggest circles being found in Bandung, where the number of people injecting together during one week averaged between 13 and 14. By contrast, the smallest circles were found in Surabaya, where they averaged between 7 and 8 people.

"Shooting up" Together

Among the members of circles who gathered together in the last week, an average of between 3 and 5 were injecting drug users. There was little difference in the average number of injecting drug users in each circle as between Medan, Jakarta-Depok, Bandung, Surabaya, and Denpasar. However, the largest number of injecting drug users in each circle was found in Bandung (5 persons), while the lowest was in Denpasar (3-4 persons). These figures show that all the members of a circle have the opportunity to engage in injecting drug use. In addition, they reveal that in each circle, besides the injecting drug users, there were also between 3 and 9 persons who were not injecting drug users, but who run the risk of becoming injectors. The findings also reveal that between 3 and 10 injecting drug users in each circle lived in the same village/suburb, with the highest number in this regard being found in Bandung (9 to 10 persons) and the lowest in Surabaya (between 3 and 4 persons).

Figure 1.11.
Average Number of Members in Injecting Drug User Circles



Injecting drug users are never alone, they have many friends, some of whom are also drug addicts

Length of Addiction

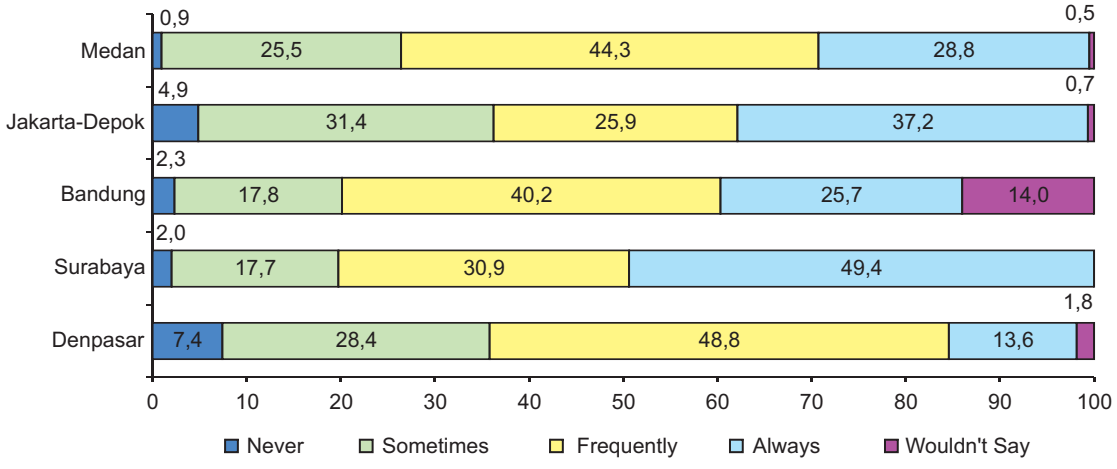
One of the factors that increases the risk of HIV transmission among members of a circle of friends is the length of time a person has been addicted. The longer a person has been an injecting drug user, the greater the chances of that person being infected HIV, although this also depends on the behavior of the person himself/herself.

From the results of the BSS, it was found that there were significant differences between the injecting drug users in Medan, Jakarta-Depok, Bandung, Surabaya, and Denpasar as regards the average length of time addicted as an injecting drug user. Injecting drug users in Jakarta tended to be addicted for the longest period of time – 5.4 years, or around 5 years and 5 months. Meanwhile, in Denpasar the equivalent figure was 5.2 years, and 4.4 years in Medan, 3.5 years in Surabaya and 2.9 years in Bandung. The length of time a person has been an addict increases the likelihood of their contracting HIV, especially if they normally shoot up as part of a circle.

Buying Drugs Together

The common practice among injecting drug users of chipping in to buy their drugs together gives rise to another common practice – that of sharing the drugs that have been readied for injecting (in the form of solution). This, once again, facilitates the transmission of HIV. The highest percentage of injecting drug users who also purchase their drugs together was found in Surabaya. Almost half of injecting drug users in Surabaya always chip in together to buy drugs. If we add this figure to the number of injecting drug users who often chip in to buy drugs together, then it rises to more than 80 percent. In fact, only two percent of injecting drug users never buy drugs together as part of a circle. Meanwhile, the smallest percentage of injecting drug users who always bought their drugs together was found in Denpasar (13.6 percent). In addition, compared to the other four cities, Denpasar also had the highest percentage of injecting drug users who never bought their drugs as part of a circle at 7.4 percent (see Figure 1.12)

Figure 1.12.
Percentage of Injecting Drug Users by Frequency of Purchasing Drug Together



Most of Injecting Drug Users frequently chip in to buy drugs

Preferred Locations for Shooting Up

While some differences were found regarding preferred locations for injecting drugs in Medan, Jakarta-Depok, Bandung, Surabaya, and Denpasar, in general, the principal locations used for injecting were rented rooms (own room, or friend's). The top three preferred locations for shooting up in Medan were alleyways (26 percent), own rented room (20 percent), and parks (18 percent). In Jakarta-Depok, more than half of injecting drug users injected in rented rooms, with 45 percent doing so in their own rented room and 17 percent in the rented rooms of friends, while 9 percent injected in alleyways. The preferred locations for almost 90 percent of injecting drug users in Bandung were also rented rooms, with 54 percent injecting in the rented rooms of friends and 36 percent doing so in their own rented rooms, while 4 percent injected in public toilets. The situation was similar in Surabaya, with the preferred locations being the rented rooms of friends (37 percent), own rented room (25 percent) and alleyways (8 percent). In Denpasar, the favorite locations were own rented rooms (45 percent), the rented rooms of friends (34 percent) and derelict or vacant houses/properties (10 percent).

Injecting Frequency

Frequency of injecting also has an influence on the spread of HIV. The more often a person injects as part of a group, the greater the opportunity for the transmission of HIV. The results of the surveys revealed differences between the injection frequency per week of injecting drug users in Medan, Jakarta-Depok, Bandung, Surabaya and Denpasar. The highest frequency was found among injecting drug users in Medan, who injected almost every day (average of 6 times per week). Next came injecting drug users from Jakarta-Depok who reported injecting 5- 6 times per week, IDUs from Surabaya reporting 4-5 times per week, IDUs from Denpasar injecting from 3-4 times per week, and IDUs injecting only 2-3 times per week in Bandung.

Access to Clean Needles/Syringes

In general, injecting drug users obtain new, sterile needles/syringes from pharmacies or other drug users. However, many injecting drug users have little or no access to clean needles/syringes, particularly in Bandung and Denpasar. In Medan, more than 90 percent of injecting drug users obtained clean needles/syringes from pharmacies, while 8 percent obtained them from other drug users. In Jakarta and Depok, there were a number of ways of obtaining new needles/syringes. However, the three principal sources were drugstores/stalls (36 percent), NGO field workers (34 percent) and pharmacies (8 percent). In addition, 6 percent of injecting drug users in Jakarta-Depok obtained clean needles/syringes from other drug users. The situation regarding clean needles/syringes is particularly worrying in Bandung, where more than 46 percent of injecting drug users reported having no access to clean needles/syringes, while among those who could access clean needles/syringes, 28 percent obtained them from pharmacies and 20 percent from other drug users. Meanwhile, more than 90 percent of injecting drug users in Surabaya obtained clean needles/syringes from pharmacies, and 5 percent obtained them from other drug users. A similar situation to that in Bandung prevailed in Denpasar, with more than 47 percent of injecting drug users lacking access to clean needles/syringes. Of those who could obtain them, 33 percent did so from pharmacies and 16 percent from NGO field workers.

Mobility of Injecting Drug Users

Injecting drug users and drug addicts in general are involved in quite extensive social networks, although these remain hidden from the general population. The results of the BSS revealed the existence of "inter-city" and "inter-provincial" networks, as shown by the high percentage of injecting drug users who had injected in other cities and provinces. A total of 48 percent of injecting drug users in Medan had injected at one time or another in Jakarta province, while 10 percent had injected in Nangroe Aceh Darussalam province, North Sumatra province and West Java province respectively, and 7 percent in Bali. Among injecting drug users in Jakarta province, 65 percent had injected in West Java province, 6 percent in Central Java province, Yogyakarta province, and East Java province respectively, and 4 percent in Lampung province. In Bandung, 69 percent had injected in Jakarta Province, 9 percent in Yogyakarta province and 3 percent in East Java province. In Surabaya, 56 percent of injecting drug users had injected in Jakarta province, 14 percent in Yogyakarta province, and 9 percent in Bali province. Finally, in Denpasar, 58 percent of injecting drug users had injected at one time or another in East Java province, 21 percent in Jakarta province, and 5 percent in Yogyakarta province.

This practice of shooting up in other cities and provinces provides an effective medium for spreading HIV to the four corners of the archipelago.

Other Risks Associated With Injecting Drug Use

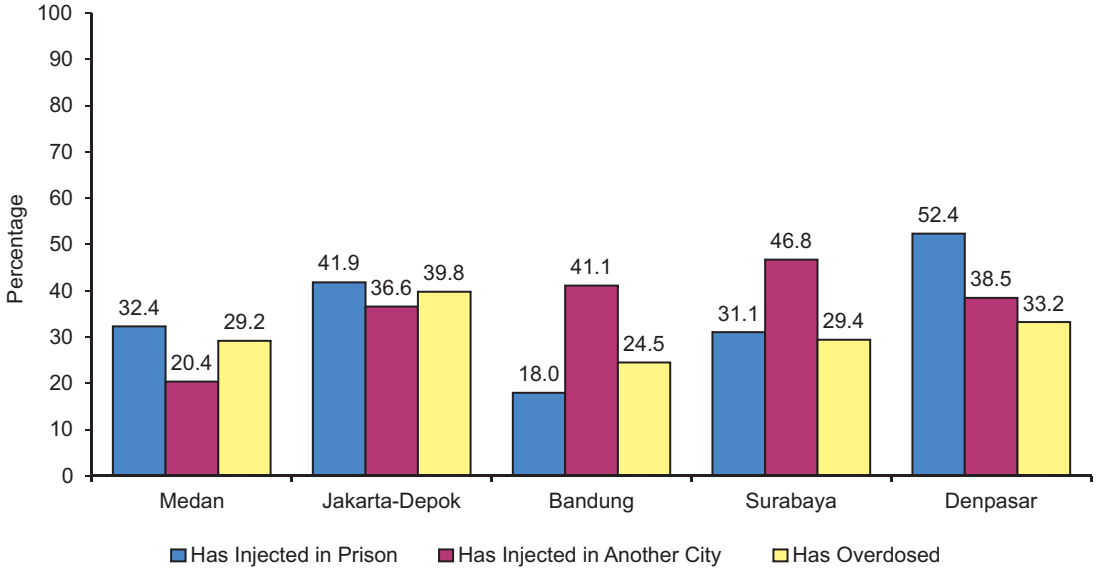
Besides the risks described above, other high risk factors include having injected drugs in prison, having injected drugs in other cities and having overdosed.

Having injected drugs in prison entails a high risk of contracting HIV as prison drug use is typically done in groups and there is a lack of clean needles/syringes. The percentage of injecting drug users who injected in prison varies quite significantly between Medan, Jakarta-Depok, Bandung, Surabaya, and Denpasar. The majority of the injecting drug users in Denpasar had injected while in prison. At 52 percent, this was the highest percentage compared to the other four cities. Meanwhile, the lowest percentage was found in Bandung at 18 percent.

Injecting together in other cities also has the potential to spread the virus to these cities. The highest percentage of injecting drug users who injected in other cities was found in Surabaya, where 47 percent of the respondents had done so. Meanwhile, the smallest proportion was found in Medan, where 20 percent had done so.

The most dangerous risk facing injecting drug users is that of overdosing, that is, taking more drugs than can be accepted by the body, with death being the inevitable result unless medical assistance is obtained. Almost 40 percent of the injecting drug users in Jakarta-Depok had overdosed at one time or another, representing the highest proportion of all five cities, while the lowest percentage (24 percent) was found in Bandung (see Figure 1.13)

Figure 1.13.
Percentage of Injecting Drug Users by Other Injecting Drug Risks



Many IDUs inject in other places, including prison and other cities

2

High Risk Behavior and Trends

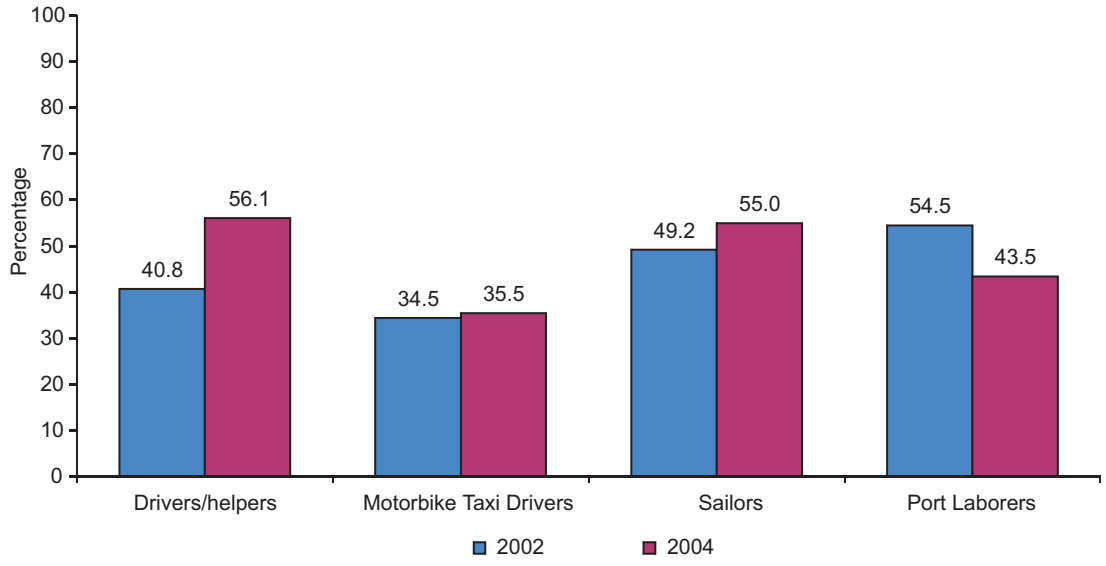
A. High Risk Behavior among Sex Workers and Their Clients

There are three main methods of avoiding HIV that are recommended by health workers for groups involved in high risk sexual activity, namely, "A" refraining from sexual activity/abstinence, "B" if you are going to have sex, remain faithful to one partner, and "C" if you are going to pay for sex, use a condom.

Sexual Behavior Trends

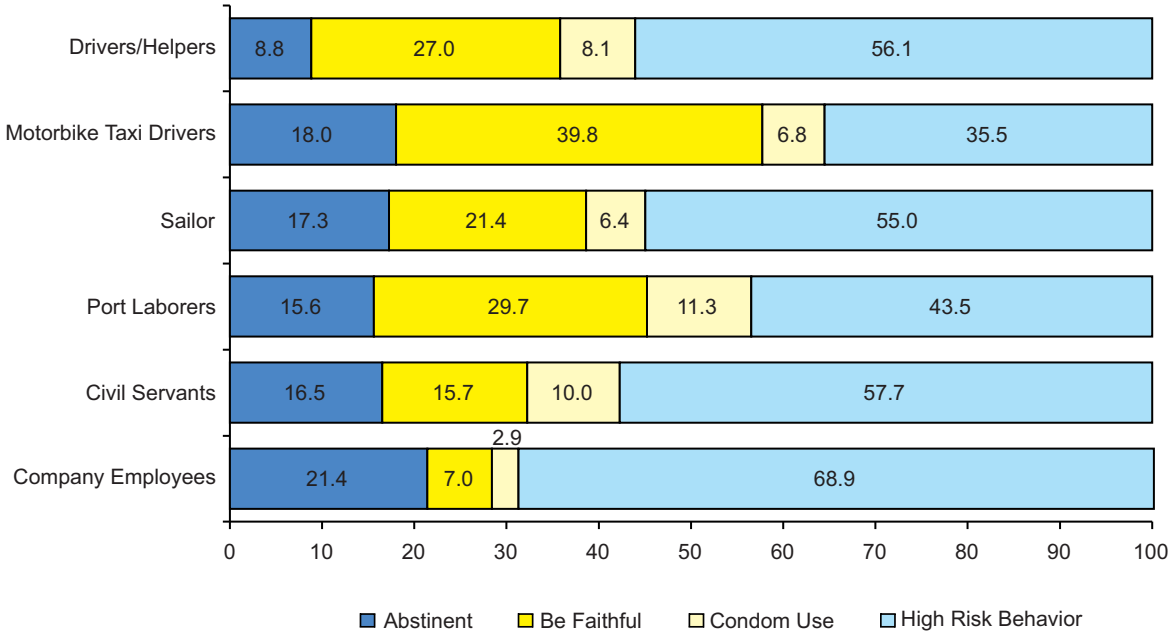
Sexual behavior among the drivers/helpers, motorbike taxi drivers, sailors and port laborers tended to become more high risk between 2002/2003 and 2004/2005. High risk behavior in the form of paying for sex increased among drivers/helpers from 41 percent to 56 percent, and from 49 percent to 55 percent among sailors. In the case of port laborers, however, the opposite happened, and the percentage paying for sex declined from 55 percent to 44 percent. Meanwhile, the figure for motorbike taxi drivers remained constant at 35 percent.

Figure 2.1a.
High Risk Behavior Trends among Male Respondent



Abstinence does not appear to be a popular option, as seen by the percentage of men (in 2004/2005) reporting sexual satisfaction (between 9 percent and 21 percent), faithfulness to one partner (between 7 and 40 percent) and condom use (between 3 percent and 11 percent).

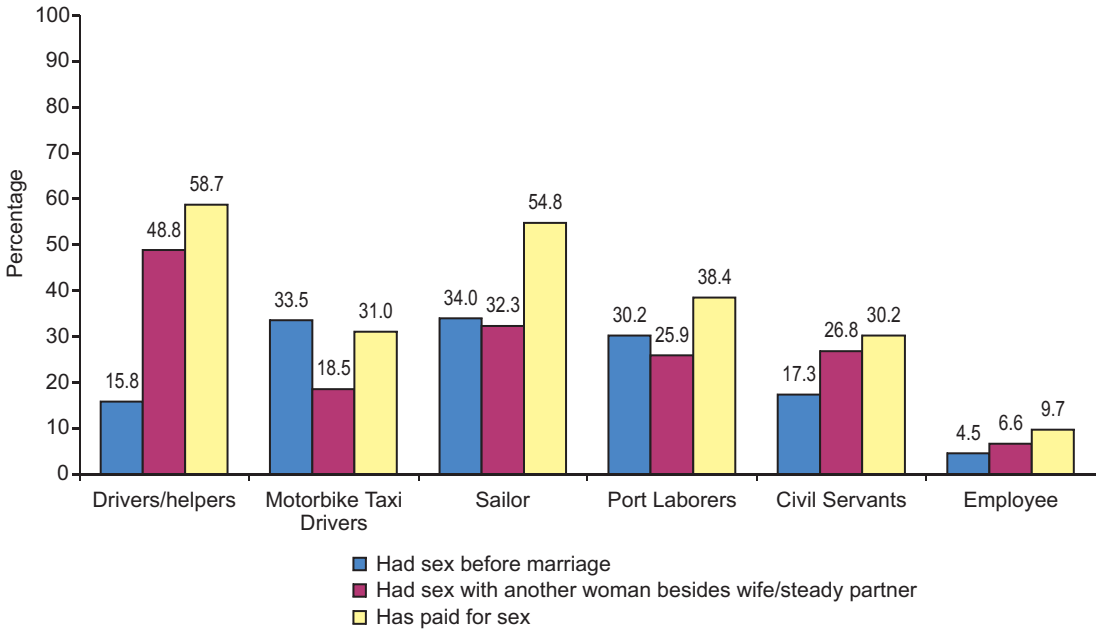
Figure 2.1b.
Percentage of Male Respondents by "ABC" Behavior



Men display very high risk sexual behavior, with many paying for sex but not using a condom

A third of high risk males engaged in sexual activity before marriage, with the proportion varying between 5 percent and 34 percent, and the highest proportion being found among the sailors and the lowest among the employees. Meanwhile, of those who had sexual relations with a partner other than their normal sexual partner in the last year, the highest percentage was found among drivers/helpers (49 percent) and the lowest among the employees (7 percent). The proportion of men who engaged in commercial sex varied between 10 percent and 59 percent, with the highest proportion being found among the drivers/helpers.

Figure 2.2.
Percentage of Male Respondents by Sexual Behavior



One third of the men in all groups had sex before marriage and had liaisons with other women after marriage

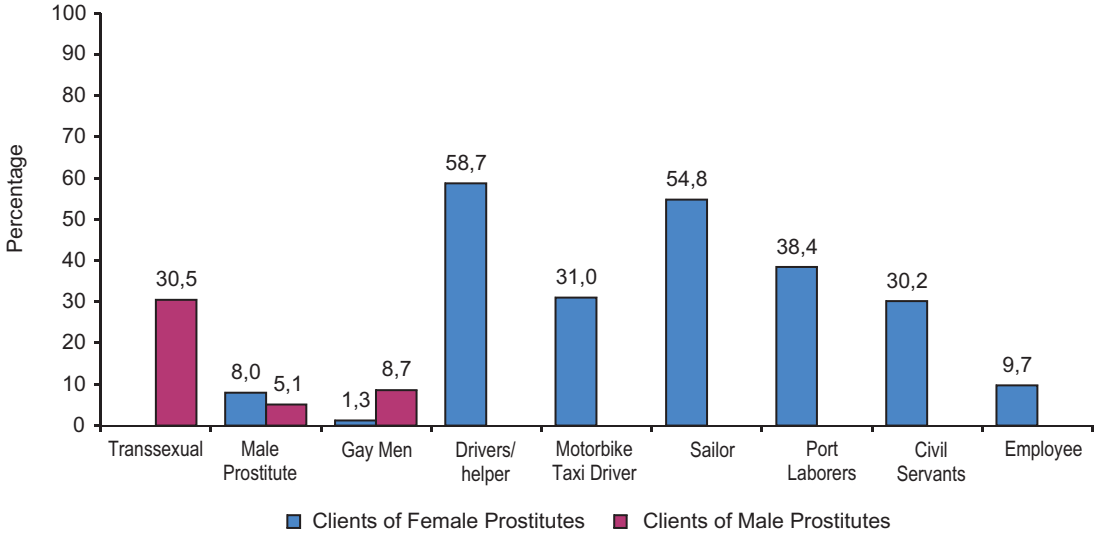
Sexual Behavior Among High Risk Males

Besides high risk heterosexual males, the 2004/2005 also surveyed groups of males that have sex with other men. Included in this group are transsexual sex workers, male prostitutes, and gay men.

The surveys found that among men who paid for sex during the last year, more than half of the sailors and drivers/helpers had availed of the services of female commercial sex workers. None of them admitted to having used the services of a male prostitute. By contrast, there were a number of male prostitutes and gay men who admitted to using the services of female commercial sex workers.

Those men who paid for sex with male prostitutes were made up of transsexuals, gay men and other male prostitutes. Of these three groups, the highest proportion of those who paid for sex with male prostitutes was transsexuals (31 percent).

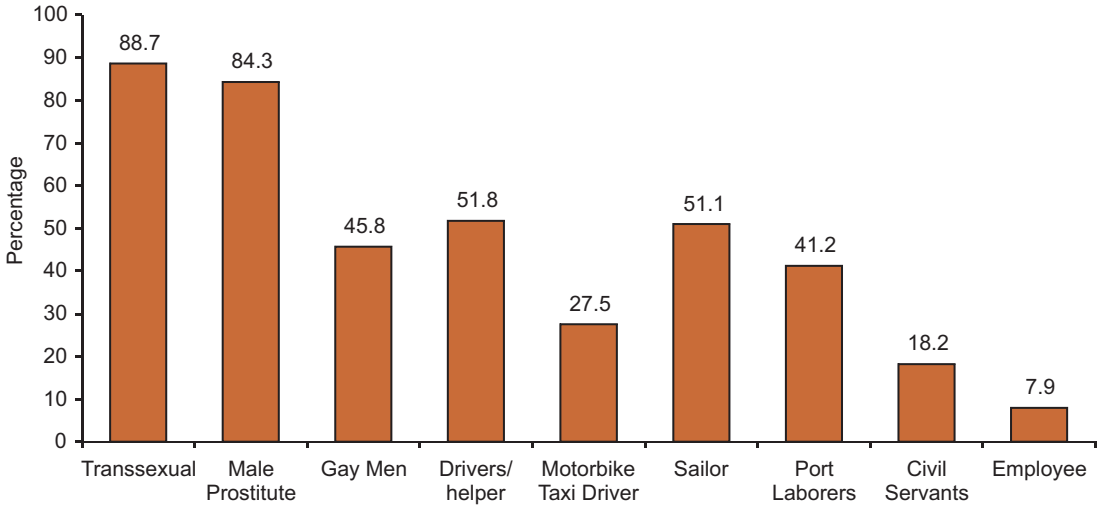
Figure 2.3.
Percentage of Males Who Pay for Sex With Female Commercial Sex Workers and Male Prostitutes



A significant number of transsexuals also pay for sex with male prostitutes

One of the characteristics of men in high risk groups is that they have more than one sexual partner. The highest proportion of multiple sexual partners was found among the transsexuals (89 percent), followed by male prostitutes (84 percent), sailors (51 percent), drivers/helpers (52 percent), gay men (46 percent) and port laborers 41 percent). This means that the risk of transmission of HIV is very high among these groups as they already suffer from high HIV prevalence rates.

Figure 2.4.
Percentage of High Risk Males Who Have Multiple Sex Partners

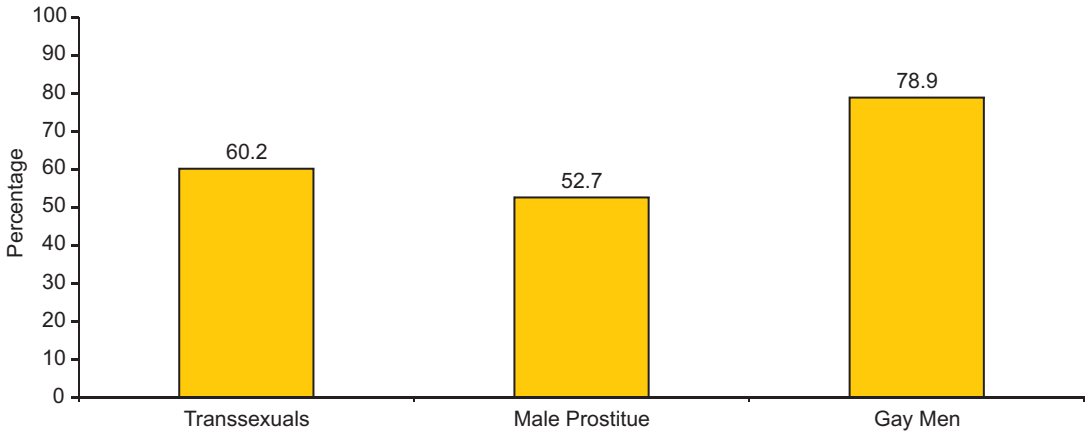


The members of these groups have multiple sex partners particularly transsexuals and male prostitutes

Sexual favors may also be obtained free of charge. The level of non-commercial sex is highest among transsexuals, male prostitutes and gay men. If they like their dates, the members of these groups will quite often engage in sex for free. More than half of the men who had sex with members of these three groups said that they did not have to pay with the highest proportion being found among male prostitutes.

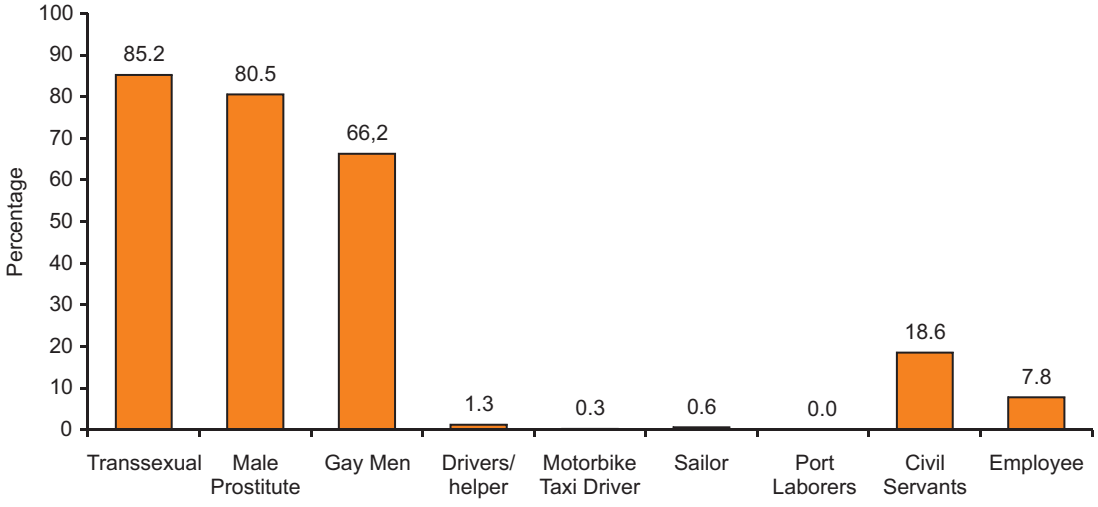
More than 50 percent of men who have sexual relations with transsexuals, gay men and male prostitutes do not have to pay

Figure 2.5.
Percentage of Male Sex Workers Who Have Provided Free Sexual Services to Men



Anal sex is much more dangerous for the transmission of HIV than vaginal sex. Among these three groups, the respective percentages of those who had anal sex in the last month were 85 percent for transsexuals, 81 percent for male prostitutes, and 66 percent for gay men. Among better educated men, such as the civil servants and employees, the proportions who engaged in anal sex were 19 percent and 8 percent respectively. In addition, although the percentages were small, there was also a group of men who normally used the services of female commercial sex workers who had engaged in anal sex with a transsexual or other man in the last year. The highest proportion of such men was found among drivers/helpers (1.3 percent).

Figure 2.6.
Percentage of High Risk Males Who Engaged in Anal Sex in the Last Year (Among Clients Who Paid for Sex in the Last Year)



Almost three-quarters of men who have sex with other men engage in anal sex

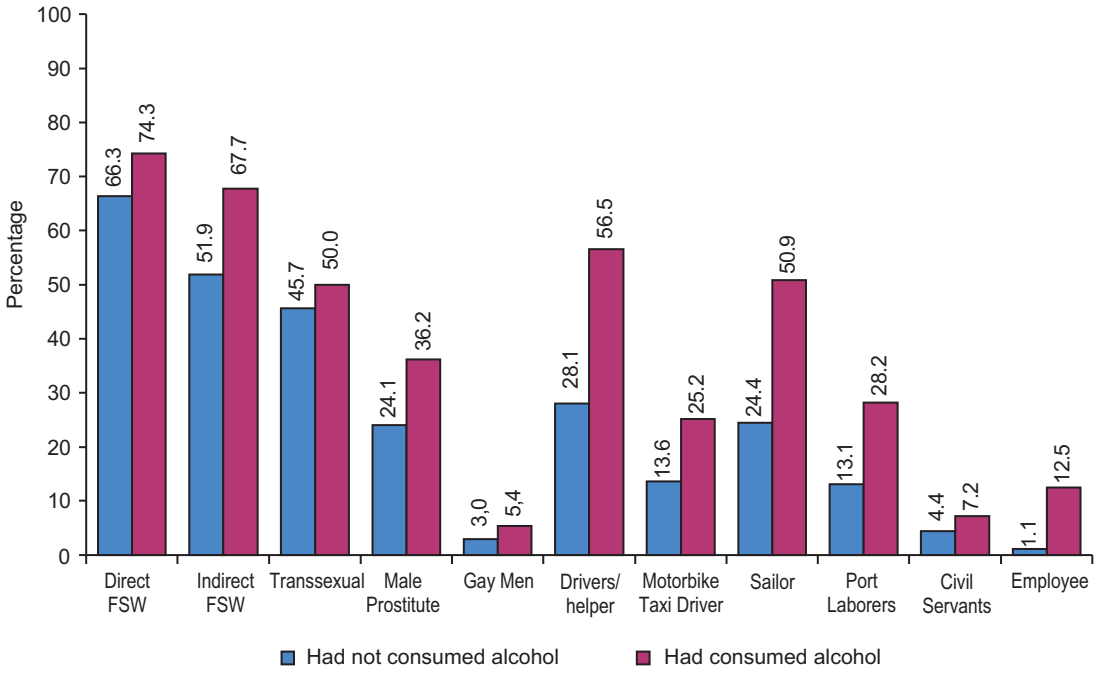
Influence of Alcohol and Drugs on Non-Use of Condoms During Commercial Sex

More than two-thirds of all female commercial sex workers (both direct and indirect) had at one time of another engaged in commercial sex acts without using a condom. The proportion who had never used condoms among those who engaged in open prostitution (i.e. direct) was slightly higher than those involved in disguised prostitution.

The failure to use condoms during commercial sex is probably due to a number of factors, including the consumption of alcohol and drugs. It is suspected that commercial sex among both male and female sex workers is closely associated with the consumption of alcohol and drugs, perhaps for the purpose of increasing sexual desire or for other reasons. The consumption of alcohol has a clear correlation with the low incidence of condom use among drivers/helpers, sailors, port laborers, motorbike taxi drivers and male prostitutes.

In general, it was found that condom use was lower among respondents who had consumed alcohol. Among the drivers/helpers, or example, the percentage that ever had commercial sex without using a condom stood at 28 percent for those who had not consumed alcohol. However, for those who had consumed alcohol, the proportion doubled to 56 percent. Among the sailors, the equivalent proportions between those who had not consumed alcohol and those who had were 24 percent and 51 percent, while among employees, the proportions were even higher at 1 percent compared to 12 percent.

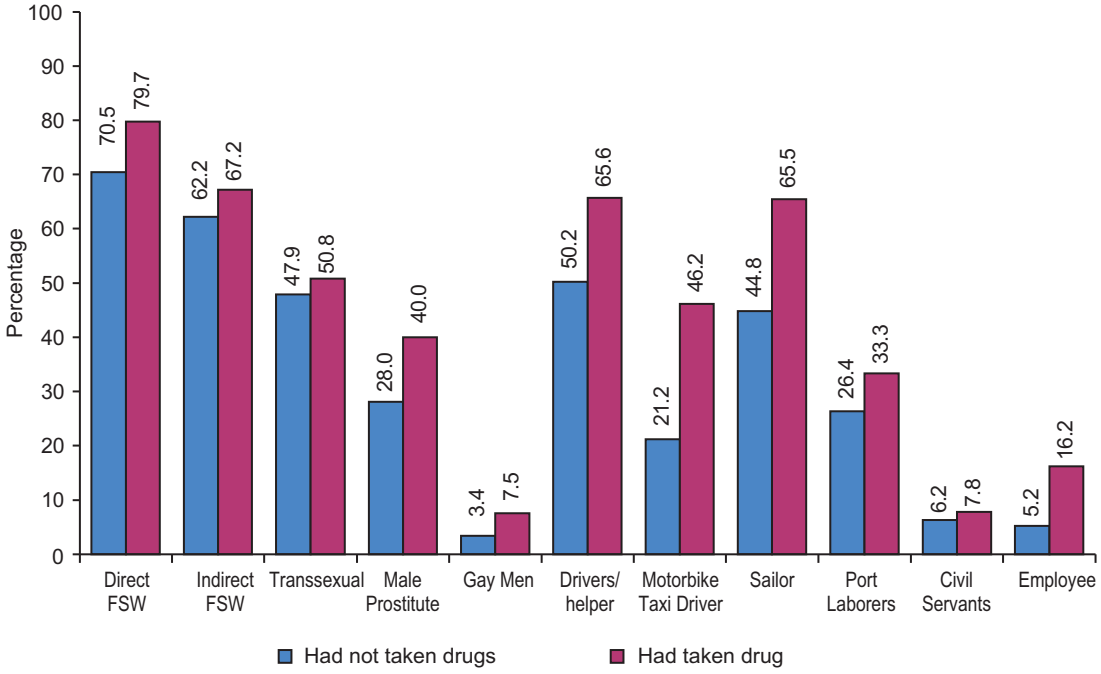
Figure 2.7.
Percentage of Respondents Who Engaged in Unprotected Commercial Sex Acts Under the Influence of Alcohol/not Under the Influence of Alcohol



Another factor that also contributes to the incidence of unprotected commercial sex is drugs. People often take drugs to stimulate their sexual desire. However, in doing so, they subsequently forget to use a condom or feel that it is not necessary.

As in the case of alcohol, the proportions of drivers/helpers, sailors, male prostitutes, and motorbike taxi drivers who engaged in unprotected commercial sex was much higher after the consumption of drugs than was the case with those who had not consumed drugs. Among sailors and drivers/helpers who took drugs, 66 percent engaged in commercial sex without using a condom, while among the female commercial sex workers (both direct and indirect) who had used drugs, the proportion who engaged in commercial sex without using a condom was between 67 and 80 percent. By contrast, the influence of drugs on condom use among gay men and civil servants in their most recent commercial sex encounter was relatively small at less than 8 percent.

Figure 2.8.
Percentage of Respondents Who Engaged in Unprotected Commercial Sex Acts Under the Influence of Drugs

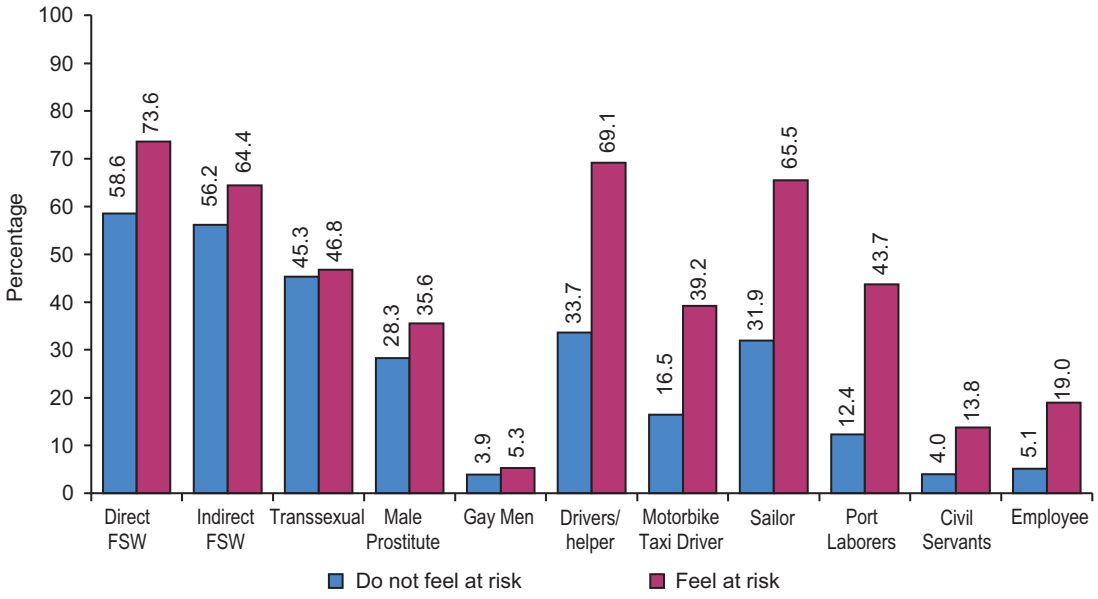


The influence of drugs on lack of condom use during commercial sex is clear among sex workers and male clients

Risk Perceptions among High Risk Individuals

Many members of the high risk groups are aware that their sexual behavior and work entails a significant risk of contracting HIV, and try to protect themselves by always using condoms during commercial sex acts. However, it appears that the percentage of those who do not practice safe sex (using condoms during commercial sex acts) is higher among those who report feeling at risk for HIV. The divergence is particularly apparent among drivers/helpers and sailors, where the proportions that engaged in unprotected sex are twice as high among those who feel at risk for HIV. Among drivers/ helpers, 69 percent do not use condoms compared to the 34 percent who do, while among sailors the proportions are 65 percent compared with 32 percent. This begs the question as to why condom use is so low among those who know that their behavior is high risk.

Figure 2.9.
Percentage of Respondents Who Have Engaged in Unprotected Commercial Sex Acts by Level of HIV Risk Awareness



Many members of high risk groups are aware of the dangers inherent in their behavior, but continue to engage in high risk sexual behavior

B. High Risk Behavior among Injecting Drug Users

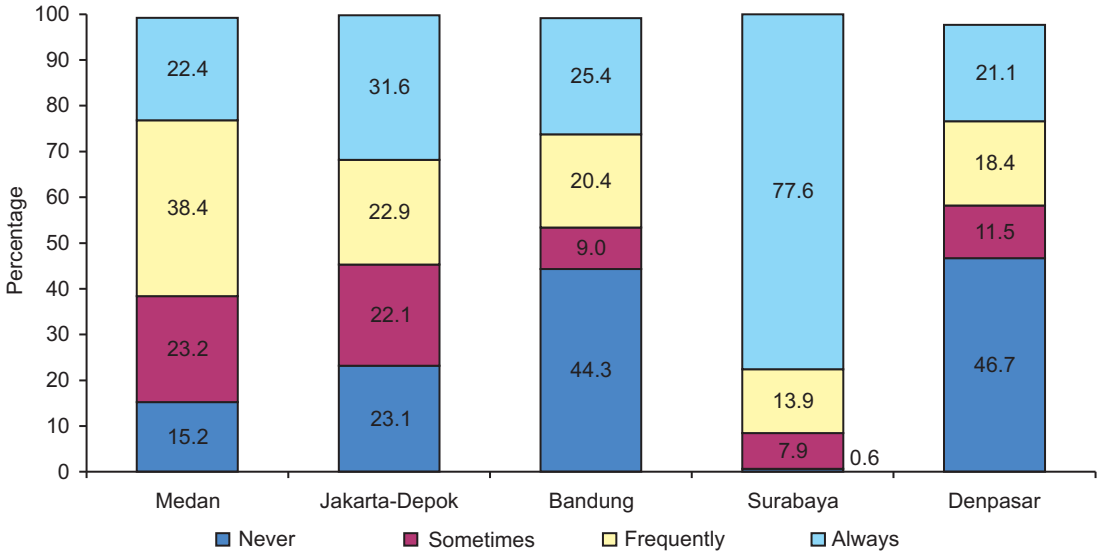
One of the common practices of injecting drug users is referred to in Bahasa Indonesia as "berbagi basah"(literally, "sharing wet"). This is where the drugs are mixed, or cut, in water or blood in the syringe by the drug users, and then shared around by the members of the circle. This is a very efficient way of getting high from the economic perspective as the users do not need to buy new needles/syringes and everyone can chip in to buy the drugs and be assured of an equal share. It is also a highly effective way of transmitting infection from one person to another through the blood in which the drugs are dissolved. As a result, the risks involved in this practice are exceedingly high, with two of the most commonly transmitted infection being hepatitis and HIV.

Frequency of "Berbagi Basah"

The findings of the BSS on injecting drug users in Medan, Jakarta-Depok, Bandung, Surabaya, and Denpasar revealed that the practice of *berbagi basah* was most common in Surabaya, with three-quarters (78 percent) of injecting drug users sharing drugs in this way. In fact, at 0.6 percent, there was almost no injecting drug user who had never shared drugs in

this way. By contrast, Denpasar had the highest number of injecting drug users (47 percent) who had never practiced *berbagi basah*, and the smallest number of injecting drug users who always shared drugs in this way (21 percent). Thus, the risk of transmission arising from this practice is highest in Surabaya and lowest in Denpasar, with the other cities coming somewhere in between.

Figure 2.10.
Percentage of Injecting Drug Users by Frequency of Practicing "Berbagi Basah"



More than 50 percent IDUs who had ever "berbagi basah" in injected drugs

Influence of Purchasing Drugs Together on "Berbagi Basah"

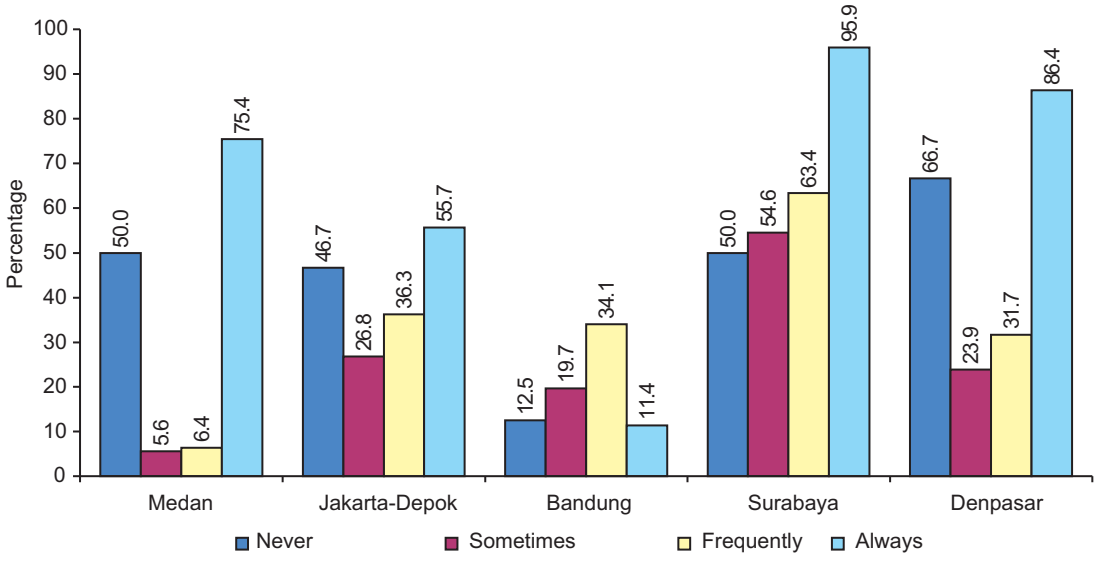
Another practice that is very common among injecting drug users is the members of the circle chipping in together to buy drugs. This practice serves to build up a high level of camaraderie and fellow-feeling among the members of the circle. The findings of the BSS on injecting drug users show that there is a strong correlation between the practice of chipping in to buy drugs and that of *berbagi basah*. This is clear from the fact that the closer the bonds between the members of the circle, or the more frequently they chip in to buy drugs together, the higher the percentage of those who practice *berbagi basah*.

This could possibly lead to the conclusion that the practice of *berbagi basah* is a progression from the practice of jointly purchasing drugs. Conversely, a sense of camaraderie and fellow-feeling will not be developed if drugs are purchased individually, and practicing *berbagi basah*

is less likely. Whatever the case, the ultimate outcome of this sense of community is that all of the members are exposed to HIV and other serious diseases. The phenomenon was particularly evident among injecting drug users in Surabaya, where of those who purchased drugs jointly, almost all (96 percent) engaged in *berbagi basah*. However, a similar phenomenon was not detected in Bandung, where only 11 percent of those who chipped in to buy drugs jointly engaged in *berbagi basah*.

Another surprising finding is the prevalence of *berbagi basah* among those who never bought drugs as part of a group. Percentage-wise, a high proportion of injecting drug users who never pooled their cash to buy drugs in Medan, Jakarta-Depok, Surabaya and Denpasar nevertheless engaged in *berbagi basah*. In fact, in Denpasar more than half (67 percent) of those who said they never bought drugs as part of a group engaged in *berbagi basah*. The proportions for Medan and Surabaya were also very high at 50 percent respectively, while the proportion in Jakarta-Depok was 47 percent. However, in Bandung only 12 percent of those who never purchased drugs as part of a group engaged in *berbagi basah*. The practice of *berbagi basah* among injecting drug users who never chip in with others to buy drugs may indicate that these injecting drug users are financially better off than those who do purchase drugs as part of a group.

Figure 2.11.
Percentage of Injecting Drugs Users Who Always Engage in "Berbagi Basah" by Frequency of Purchasing Drugs as Part of a Group



The practice of buying drugs as part of a group has an influence on the prevalence of "berbagi basah"

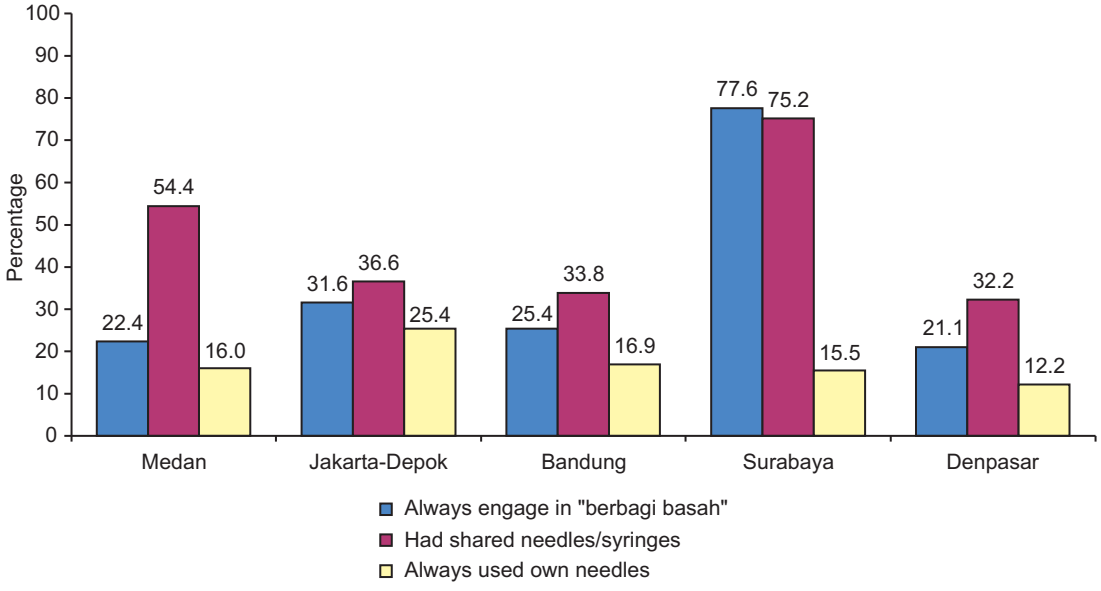
Sharing of Needles/Syringes in the Last Week

Another practice that is very common among injecting drug users is the sharing of the same needles/syringes. On average, the number of IDUs who used the same needles/syringes in a small group during the last week in Medan was between 3 and 4, in Surabaya and Jakarta-Depok it was between 2 and 3 and in Denpasar only 1 to 2. This shows that injecting drug users frequently inject together with different people.

Injecting Behavior

The BSS findings showed that in Medan, Jakarta-Depok, Bandung, Surabaya, and Denpasar, only between 12 and 15 percent of users injected safely, that is, by always using their own needles/syringes. The highest percentage of injectors who practiced safe behavior was found in Jakarta-Depok at 25 percent, and the lowest in Denpasar at 12 percent. The highest percentage of high risk injecting behavior was detected in Surabaya, where more than three-quarters of injecting drug users had shared needles and more than 77 percent always engaged in *"berbagi basah"*. With regard to this phenomenon, the injecting drug users in Denpasar displayed the lowest percentages, with 32 percent having shared needles/syringes, and only 21 percent having practiced *"berbagi basah"*.

Figure 2.12.
Percentage of Injecting Drug Users by Injecting Behavior



Borrowing/Lending of Needles/Syringes

It is a common practice among injecting drug users to help each other out by lending needles/syringes. In Medan, the proportion of injectors who borrowed needles/syringes stood at 65 percent, in Jakarta-Depok 47 percent, in Bandung 35 percent, in Surabaya 69 percent, and in Denpasar 32 percent. Meanwhile, the proportion of injecting drug users who lent needles stood at 72 percent in Medan, 57 percent in Jakarta-Depok, 33 percent in Bandung, 78 percent in Surabaya, and 33 percent in Denpasar. Given this behavior, it is frequently the case that needles/syringes used by one group will be later used by another group.

The injecting behavior of drug users is in general very high risk

Preferred Locations for Sharing Needles/Syringes

Injecting drug users like to seek out safe places in which to inject. These include their own rented rooms, rented rooms of friends, public toilets, alleyways, railway stations, cars, parking lots, vacant or derelict houses/properties, waiting rooms, parks and on the sidewalk.

The BSS findings show that the preferred location for shooting up in Medan was in alleyways. Of those who inject in alleyways, 22 percent shared needles/syringes and 8 percent used common needles/syringes. In Jakarta-Depok, the favorite location was in own rented rooms, where 9 percent of injecting drug users shared needles/syringes. However, only 0.25 percent used common needles/syringes. In Bandung, the preferred location for shooting up was a friend's rented room, where 25 percent shared needles/syringes and 3 percent used common needles/syringes. Like Bandung, the favorite location in Surabaya was the rented room of a friend, where 48 percent of injecting drug users shared needles/syringes, and 3 percent used common needles/syringes. Meanwhile in Denpasar, the preferred location was own rented rooms, where 16 percent shared needles/syringes. No use of common needles/syringes was recorded in Denpasar.

Incorrect Sterilization

The risk level among injecting drug users is greatly amplified by the failure to follow hygienic injecting practices. Besides the practice of "berbagi basah", borrowing and lending needles/syringes and using the needles/syringes of others, many injecting drug users fail to properly sterilize their needles/syringes.

Many injecting drug users only clean their needles/syringes with clean water, without the use of bleach. The proportion practicing incorrect sterilization methods were as follows: 93 percent in Medan, 86 percent in Jakarta-Depok, 74 percent in Bandung, 79 percent in Surabaya, and 97 percent in Denpasar. The situation is further exacerbated by the fact that many injecting drug users clean their needles/syringes in dirty water, with 5 percent doing

this in Medan, 3 percent in Jakarta-Depok, 3 percent in Bandung, 36 percent in Surabaya, and 4 percent in Denpasar.

It is clear that injecting drugs is high risk behavior, with many injectors not sterilizing their needles/syringes before use

Sexual Behavior

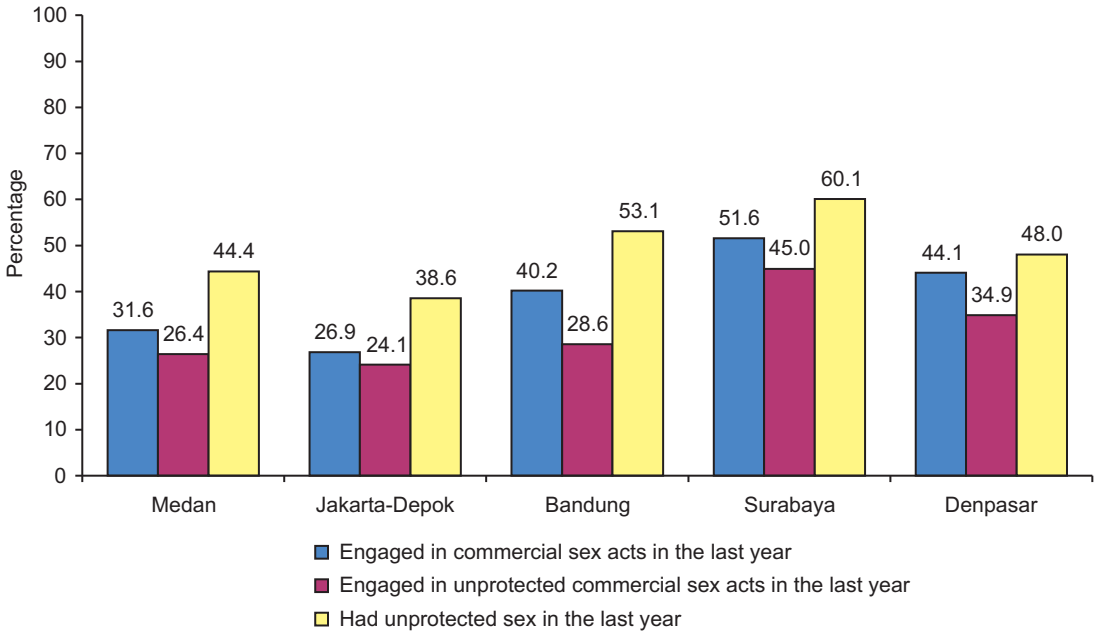
The majority of injecting drug users in Bandung and Denpasar had steady sexual partners, or spouses. The same also applied in the other cities, although the percentages were smaller. The percentages of injecting drug users who had steady partners or spouses were as follows: 42 percent in Medan, 37 percent in Jakarta-Depok, 69 percent in Bandung, 35 percent in Surabaya, and 67 percent in Denpasar.

Regarding the number of injecting drug users who used a condom during their most recent sexual encounter, the percentages for each city were as follows: 14 percent in Medan, 25 percent in Jakarta-Depok, 38 percent in Bandung, 20 percent in Surabaya, and 27 percent in Denpasar. Meanwhile, the percentages of those who always used a condom during the last year were as follows: 8 percent in Medan, 8 percent in Jakarta-Depok, 15 percent in Bandung, 5 percent in Surabaya, and 6 percent in Denpasar.

Besides having steady sexual partners, many of the injecting drug users also had unprotected sex with commercial sex workers, with the proportions in Jakarta-Depok and Surabaya being 24 percent and 45 percent respectively. Given these findings, it is little wonder that injecting drug users represent the group that is most vulnerable to the spread of HIV. The prevalence of HIV transmission among injecting drug users in Jakarta provides ample proof of this.

Of injecting drug users who pay for sex, between 24 percent and 45 percent do not use condoms

Figure 2.13.
Percentage of IDUs by Sexual Behavior



3

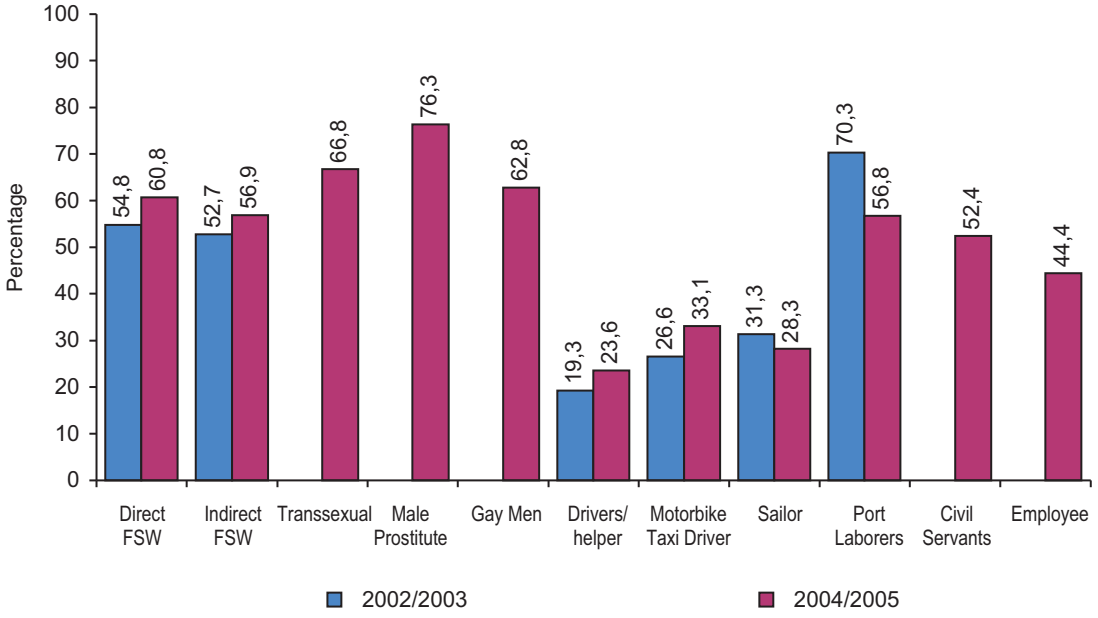
HIV Prevention Behavior

A. Risk-Reduction Behavior among Commercial Sex Workers and Their Clients

Appropriate behavior for preventing the spread of HIV includes abstaining from sex, monogamy, the use of condoms during high risk sex, and not sharing needles/syringes.

The data on three of the high risk groups reveal some changes in behavior regarding condom use. Significant behavioral changes were detected among drivers/helpers and motorbike taxi drivers regarding condom use as between 2002/2003 and 2004/2005, with the proportion of drivers/helpers using condoms increasing from around 19 percent to 24 percent. Meanwhile,condom use among motorbike taxi drivers increased from 27 to 33 percent. However, the proportion actually declined among other male groups, from 31 to 28 percent for sailors and from 70 to 56 percent for port laborers. As for the female commercial sex workers, increases in condom use were recorded among female sex workers engaged in open prostitution and those engaged in disguised prostitution, although in both cases the increases were relatively small, from 55 to 61 percent among direct female sex workers and from 53 to 57 percent for indirect female sex workers.

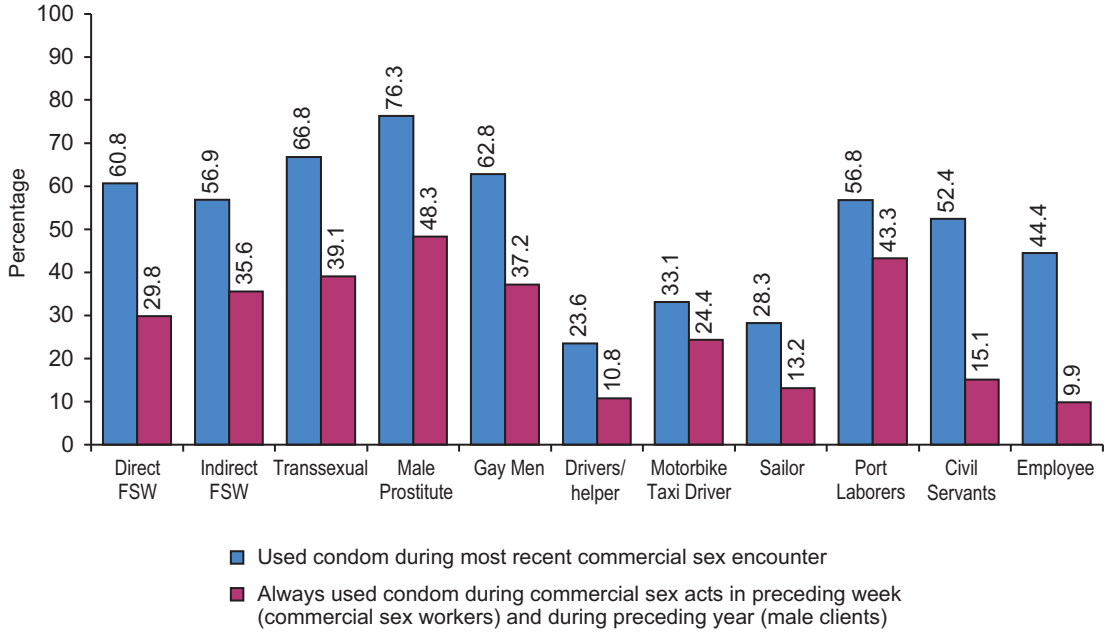
Figure 3.1.
Condom-Use Trends in Last Commercial Sex Encounter



There have been improvements in condom use among female commercial sex workers, drivers/helpers and motorbike taxi drivers

The level of condom use was, in general, higher among male prostitutes, transsexuals, and gay men compared to the female commercial sex worker population and the male respondents, except in the case of the port laborers. Viewed from the perspective of condom-use consistency, that is, always using a condom during commercial sex acts, the highest level of consistency was evident among the male prostitutes, 48 percent of whom said they always used a condom during commercial sex acts. By contrast, the drivers/helpers and the employees displayed the lowest level of consistency in the use of condoms during commercial sex acts.

Figure 3.2.
Percentage of Condom Use During Commercial Sex Acts



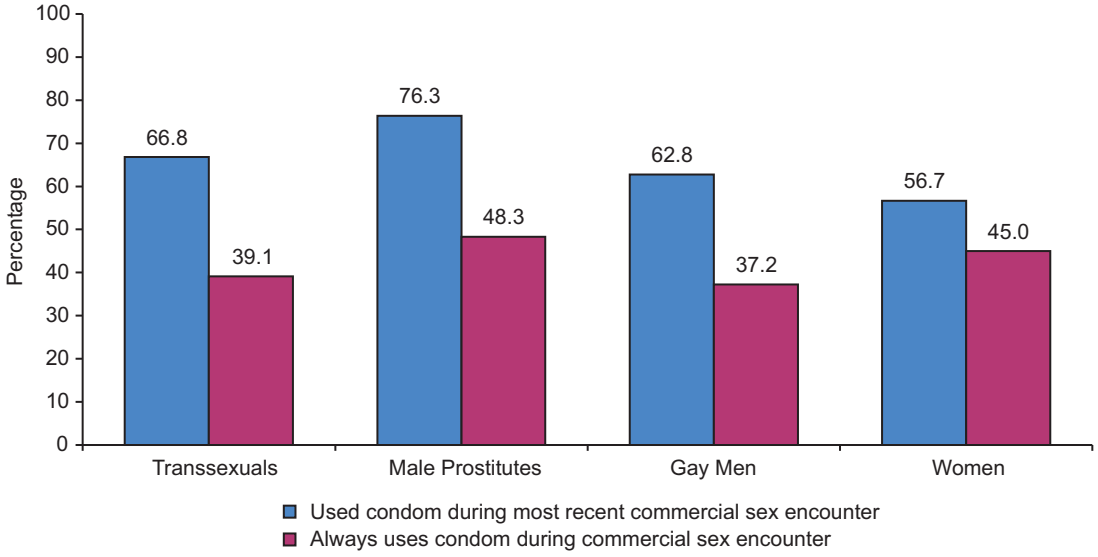
Condom-Use Behavior During Anal Sex

Among the male prostitutes, 76 percent used a condom during their last commercial sex encounter with a client, while 48 percent said they always used condoms when serving their clients. The condom-use level was similar when male prostitutes served gay clients, with 63 percent using a condom during their last commercial sex encounter, and 37 percent saying they always used a condom when serving a gay client. Among transsexuals, 67 percent of the male prostitutes said they used a condom during their last commercial sex encounter, while 39 percent said they always used a condom in such circumstances.

Besides selling anal sex to other men, it was found that male prostitutes also engaged in commercial sex with women. Based on the information provided by the male prostitutes, 57 percent used a condom during their last commercial sex encounter with a women, while 45 percent said they always used condoms during such encounters.

Male prostitutes are less likely to use condoms during sex with male clients than during sex with female clients

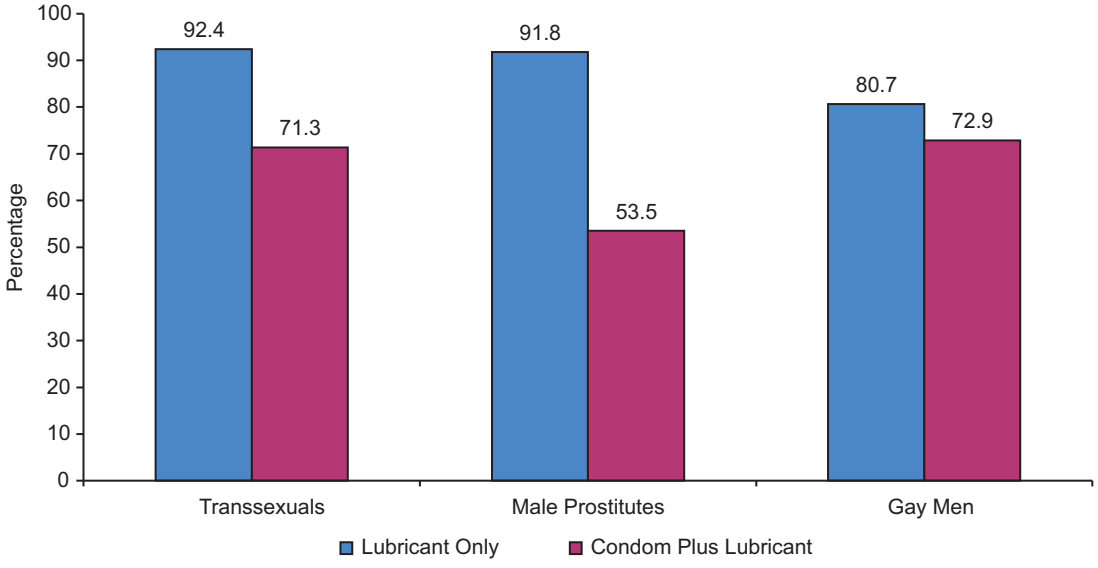
Figure 3.3.
Percentage Frequency of Condom Use During Commercial Sex Acts Between Male Prostitutes and Their Clients



Use of Lubricant During Anal Sex

The use of lubricants plays an important role in sexual intercourse, particularly during anal intercourse, with men who have sex with men normally using them. The second round of BSS found that around 90 percent of men who have sex with other men use lubricants when engaging in anal sex. In the case of gay men, however, the proportion was lower at around 80 percent.

Figure 3.4.
Use of Lubricant Only Compared to Condom Plus Lubricant



While almost all men who have sex with other men used lubricants during sex, a lower percentage used lubricants with a condom

In fact, condom and lubricant use should be combined during anal sex between men. The two groups that displayed the highest proportions of combined condom and lubricant use were gay men at 73 percent and the transsexuals at 71 percent. However, among the male prostitutes, only around half combined condom and lubricant use.

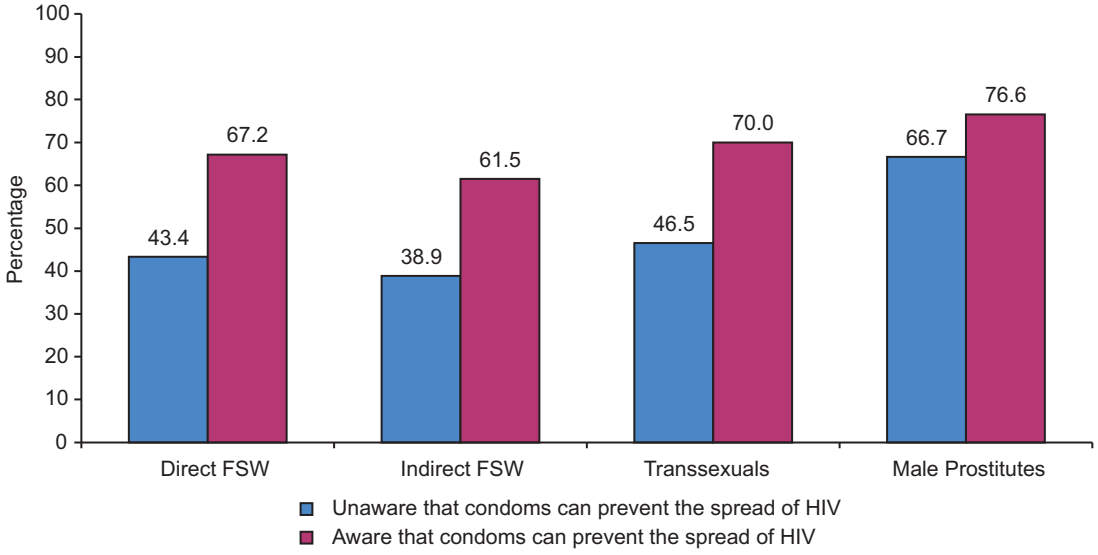
Condom Use in Commercial Sex According to Awareness, Access, Availability and Willingness to Suggest Condom Use

In commercial sex, a condom represents a vital weapon in the effort to prevent the spread of sexually transmitted infection (STI), including HIV/AIDS. Inculcating an awareness of the effectiveness of condoms is one of the major tasks undertaken by health workers in the field in the hope that the target groups will gain the necessary knowledge on how to prevent the spread of HIV/AIDS, and that this will be reflected in their sexual behavior. However, it remains a fact that many sex workers and their clients fail to use condoms when performing commercial sex acts.

Nevertheless, the campaign to spread awareness of the benefits of condoms in preventing the transmission of HIV/AIDS has had a positive impact on the level of condom use during commercial sex. In fact, the impact has been quite significant among all groups of commercial sex workers, save for the male prostitutes. Among the female commercial sex workers and transsexuals, the percentage difference in condom use between those who are aware that condoms can prevent the spread of HIV and those who are not stands at more than 20 percent, while among the male prostitutes, the percentage difference is around 10 percent.

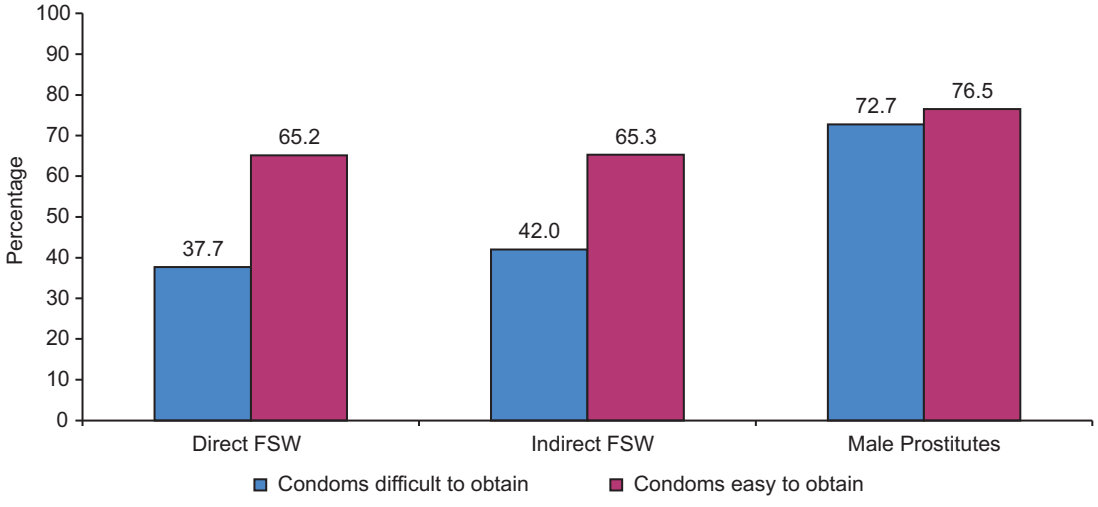
Knowledge that condoms can prevent the spread of HIV has had a positive impact on condom use among commercial sex workers

Figure 3.5.
Percentage of Condom Use During Most Recent Commercial Sex Encounter by Awareness that Condoms Can Prevent the Spread of HIV



The availability of condoms in places where sexual transactions are likely to occur has been found to have a positive effect on increasing condom usage. The impact of condom availability is particularly apparent in the case of female commercial sex workers, with the proportion of condom use during most recent commercial sex encounter being much higher in locations where condoms are easily available than in places where they are not so available. Although not as pronounced as in the case of female sex workers, ready availability of condoms has also been found to increase condom use among male prostitutes.

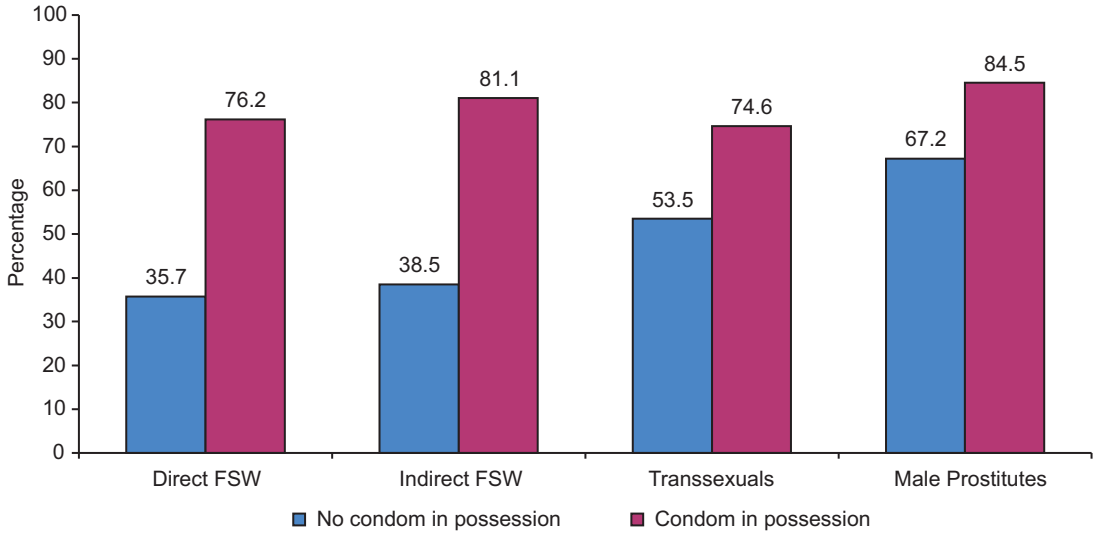
Figure 3.6.
Percentage of Condom Use During Most Recent Commercial Sex Encounter by Condom Availability



The use of condoms among commercial sex workers is influenced by condom availability

The use or non-use of condoms by commercial sex workers is also influenced by whether they actually have a condom in their possession at the time the commercial sex act is about to take place. By ensuring they have condoms in their possession, they show that they are willing to use them when performing commercial sex acts. The findings of the BSS revealed a difference in the level of condom use during most recent commercial sex encounter between those sex workers who had a condom in their possession and those who did not, with the proportion of the former using condoms being much higher than the latter. In the case of direct female sex workers, the respective proportions were 76 percent versus 36 percent, while among indirect female sex workers, the equivalent figures were 81 percent as against 38 percent.

Figure 3.7.
Percentage of Condom Use During Most Recent Commercial Sex Encounter by Possession of Condom

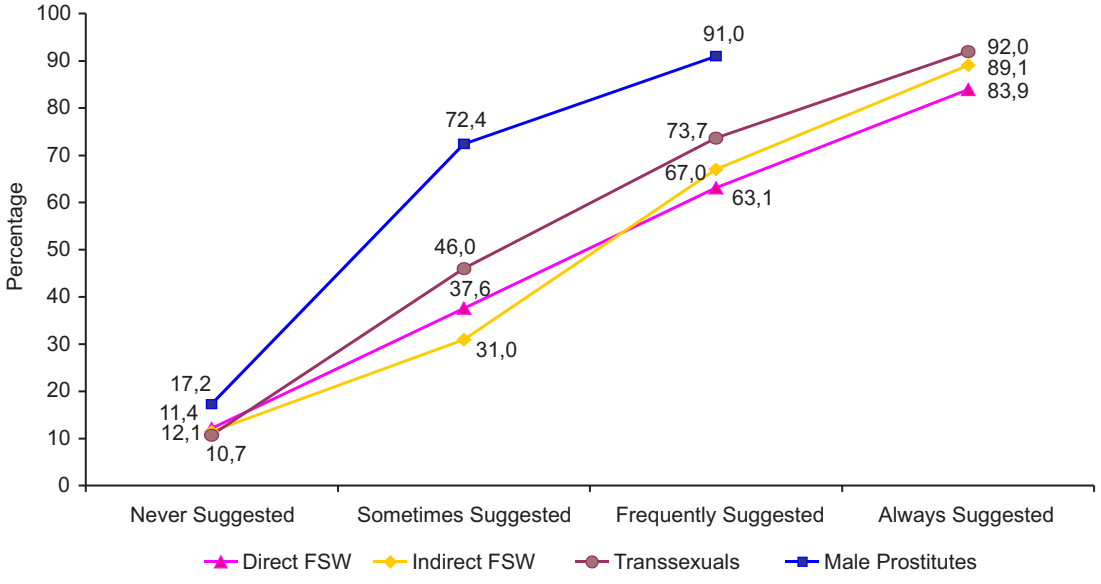


The level of condom use during commercial sex encounters is also influenced by the willingness of the sex worker to suggest the use of a condom to the client. Among those commercial sex workers who did not suggest condom use, the proportion that used condoms during their most recent commercial sex encounter was only between 10 and 20 percent. The level of condom use correlates directly with the frequency of suggesting the use of a condom to the client. The more often the sex worker suggests the use of a condom, the higher the level of condom use. Thus, the level of condom use during most recent commercial sex encounter

among commercial sex workers who always suggested condom use to their clients was very high at between 80 percent and 90 percent.

The level of condom use among commercial sex workers who frequently or always suggested it to their clients was above 60 percent for female commercial sex workers, male prostitutes and transsexuals.

Figure 3.8.
Percentage of Condom Use During Most Recent Commercial Sex Encounter by Frequency of Suggesting Condom Use

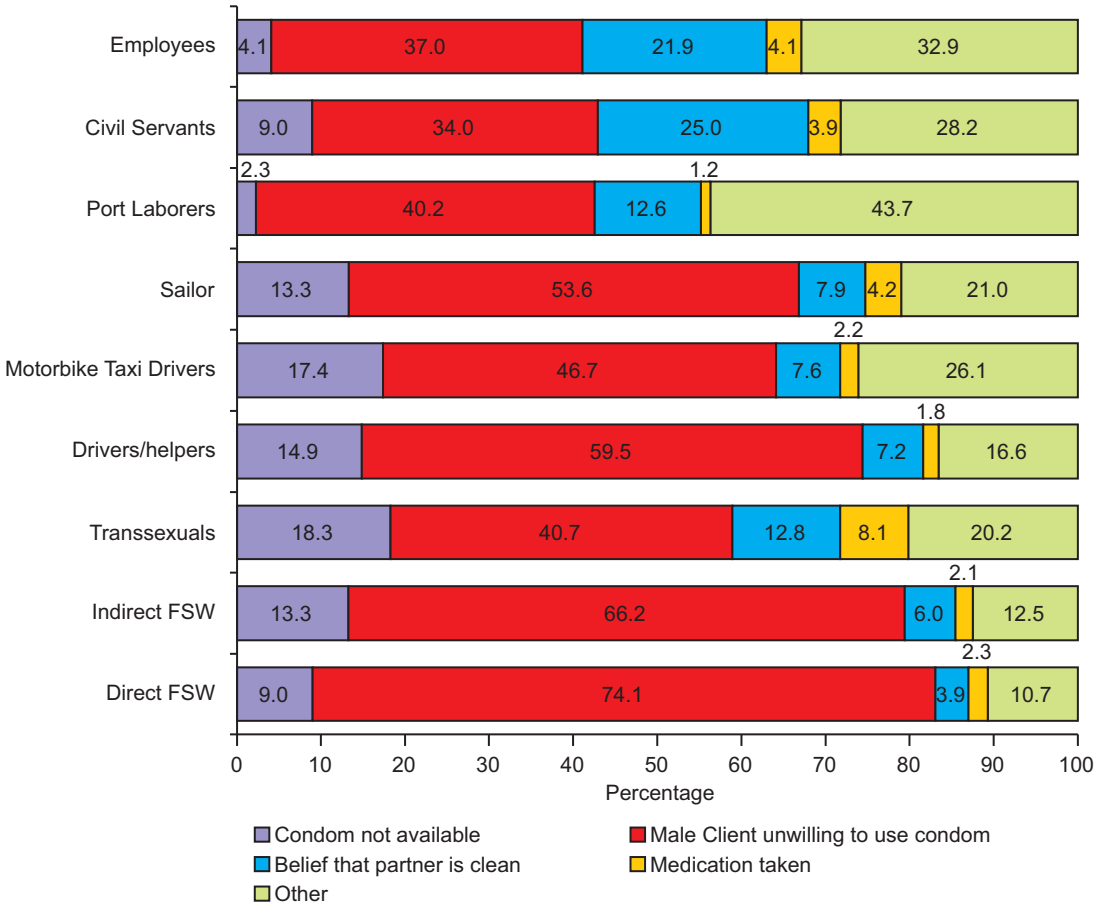


Male prostitutes and transsexuals are relatively successful in persuading their clients to use condoms

Principal Reasons for Not Using Condoms

Various reasons were elicited from the respondents for not using condoms, with the principal reason being that their male clients were unwilling to do so. This reason was put forward by both the commercial sex workers and their clients. Other reasons included the fact that a condom was not available and the belief that the sex partner was free of disease.

Figure 3.9.
Percentage of Respondents by Reasons for Not Using a Condom During Most Recent Commercial Sex Encounter



B. Risk Reduction among Injecting Drug Users

Various methods are recommended to injecting drug users to help prevent the transmission of HIV, including always carrying and using their own needles/syringes, refraining from lending to, or borrowing needles/syringes from other injectors, sterilizing their needles/syringes, and using condoms when having sex, particularly commercial sex or sex with partners other than their steady partners.

Using Own Needles/Syringes

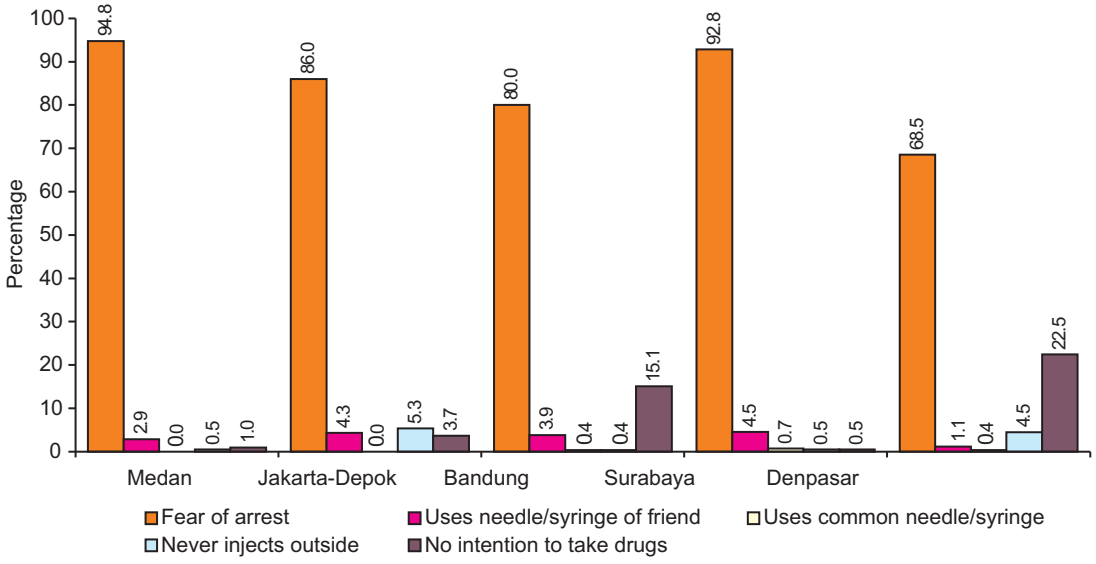
Ensuring the ready availability of clean needles/syringes is one means of reducing the risk of HIV transmission. The proportion of injecting drug users who say they always carry their own needles/syringes was found to be relatively small at 16 percent in Medan, 25 percent in Jakarta-Depok, 17 percent in Bandung, 15 percent in Surabaya, and 12 percent in Denpasar.

From the perspective of the injecting drug users, carrying their own needles/syringes is a risky proposition, as can be seen from the findings of the BSS, where the main reason stated

for not carrying own needles/syringes was the fear of being arrested by the police/authorities. In Medan, approximately 95 percent of injecting drug users gave this reason for not carrying their own needles/syringes – the highest figure for any of the five cities - while the lowest proportion giving this reason was found in Denpasar at 68 percent.

Another common reason was the fact that they did not intend to use drugs outside their homes, with 15 percent of injecting drug users giving this reason in Bandung and 22 percent in Denpasar.

Figure 3.10.
Percentage of IDUs by Reasons for Not Carrying Own Needles/Syringes

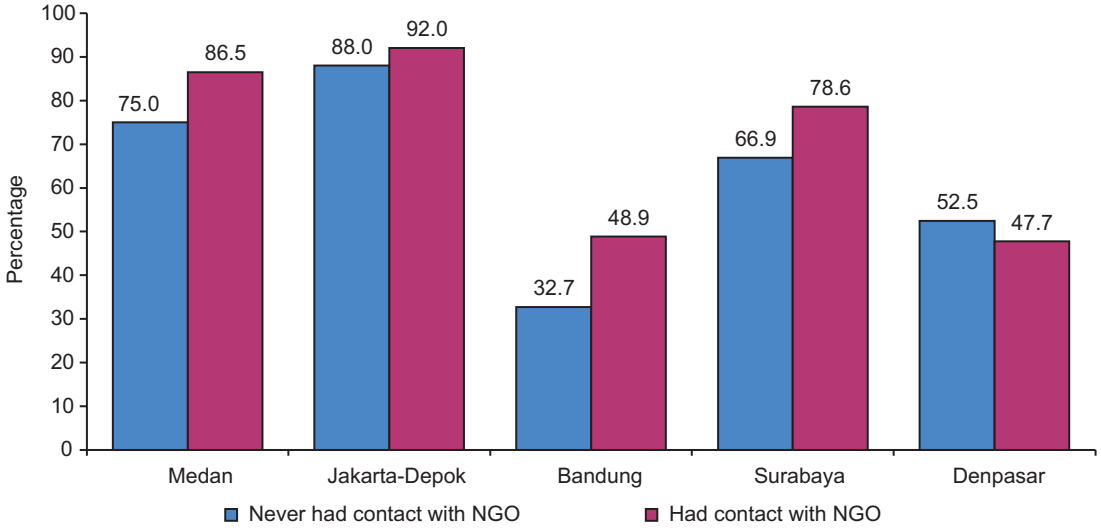


Not Sharing Needles/Syringes

The behavior of the majority of injecting drug users is categorized as high risk for the spread of HIV. One way of reducing the risk is to not share needles/syringes (to always use own needles/syringes). In Medan, 43 percent of injecting drug users did not share needles/syringes, while the figure for Jakarta-Depok was 62 percent, Bandung 17 percent, Surabaya 24 percent and Denpasar also 24 percent.

The work conducted by NGOs in encouraging injecting drug users to refrain from sharing needles/syringes has had a positive impact, with the proportion of injecting drug users who had come into contact with NGO workers and who refrained from sharing needles/syringes being higher than among the injecting drug users who had never had contact with NGO workers. However, a contrary situation prevailed in Denpasar, where the percentage of injecting drug users who had never had contact with NGOs and who did not share needles/syringes was found to be higher than in the case of the injectors who had had contact with NGOs.

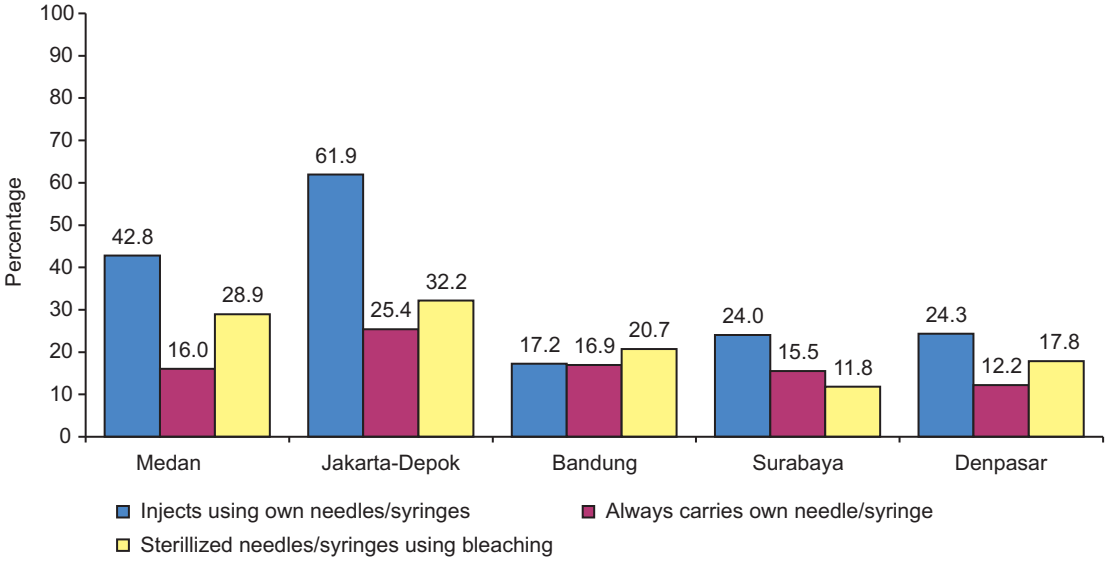
Figure 3.11.
Percentage of Injecting Drug Users Who Use Own Needles/Syringe by Contact with NGOs



Correct Sterilization of Needles/Syringes

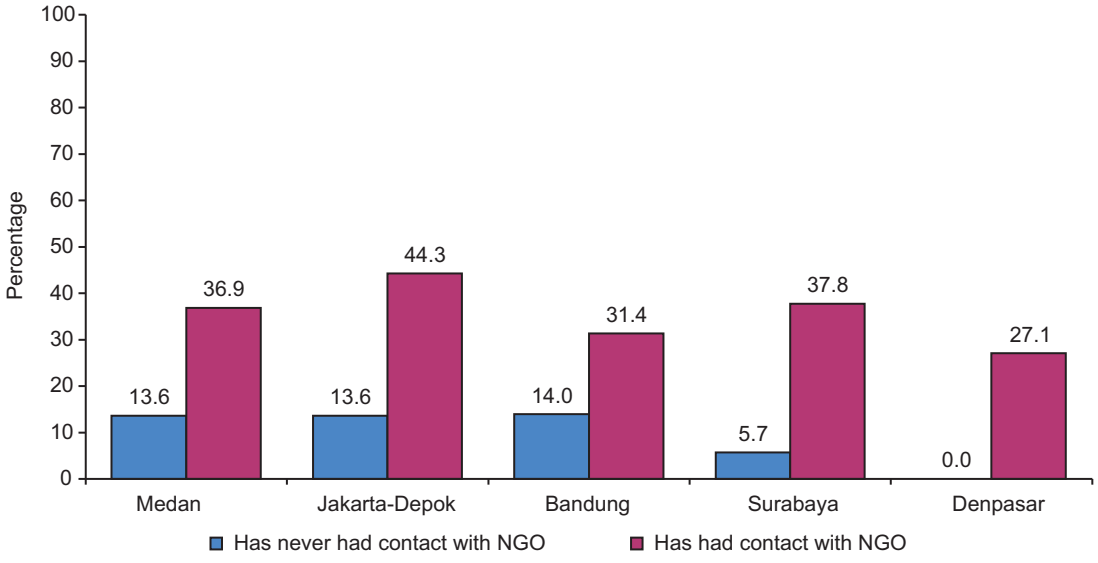
Another high risk behavioral characteristic of injecting drug users is the failure to properly clean needles/syringes prior to and after injecting. The percentage of injecting drug users who properly sterilized their needles/syringes through bleaching was relatively small in each of the five cities, with 29 percent of injecting drug users doing so in Medan, 32 percent in Jakarta-Depok, 21 percent in Bandung, 12 percent in Surabaya, and 18 percent in Denpasar.

Figure 3.12.
Percentage of Injecting Drug Users by Safe Injecting Behavior



The influence of NGO outreach workers in encouraging injecting drug users to sterilize their needles/syringes through bleaching appears to be quite significant, with the percentage who do so after contact with NGOs being much greater than in the case of those injecting drug users who have never had contact with NGOs. In fact, in Denpasar, only those injecting drug users who had contact with NGOs at one time or another actually sterilized their needles/syringes through bleaching, although the proportion was still small at 27 percent.

Figure 3.13.
Percentage of Injecting Drug Users Who Sterilize Their Needles/Syringes Through Bleaching, by Contact with NGO



Only a relatively small percentage of injecting drug users practice safe injecting behavior

Participation in Rehabilitation Programs

Some of the survey respondents had at one time or another participated in rehabilitation programs, with 33 percent in Medan, 31 percent in Jakarta-Depok, 15 percent in Bandung, 24 percent in Surabaya and 36 percent in Denpasar having done so. This, at the very least, reveals that participation in a rehabilitation program in no way guarantees that those involved will be able to permanently control their drug addiction.

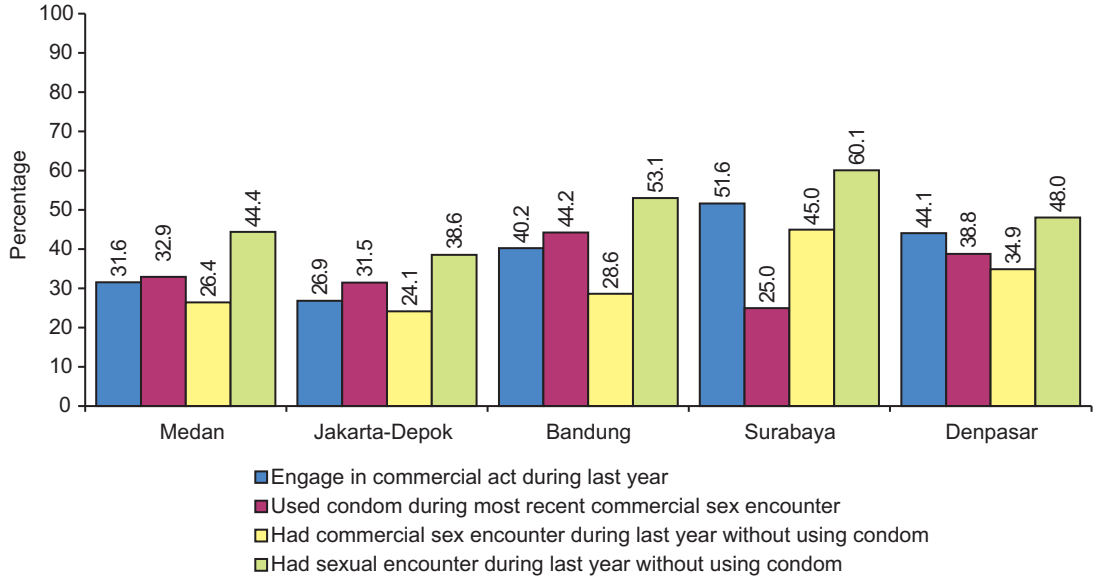
Reducing Risks from Sexual Behavior

The risk of HIV transmission is increased through unsafe sex. Reduced risk of injecting drug users contracting HIV through their sexual behavior can be brought about through consistent

condom use during sex, particularly with a sex partner other than the injecting drug user's steady partner.

Injecting drug users also represent a high risk group whose members regularly engage in commercial sex, with the majority of such commercial sex encounters not involving condom use. The percentage of injecting drug user respondents who had commercial sex within the last year varied between 27 percent in Jakarta-Depok and 52 percent in Surabaya. Among those injecting drug users who engaged in commercial sex acts during the last year, the lowest proportion of condom use was found in Surabaya at 25 percent and the highest in Bandung at 44 percent.

Figure 3.14.
Percentage of Injecting Drug Users by Sexual Behavior



Injecting drug users do not practice safe sex, which will likely accelerate the spread of HIV among high risk groups

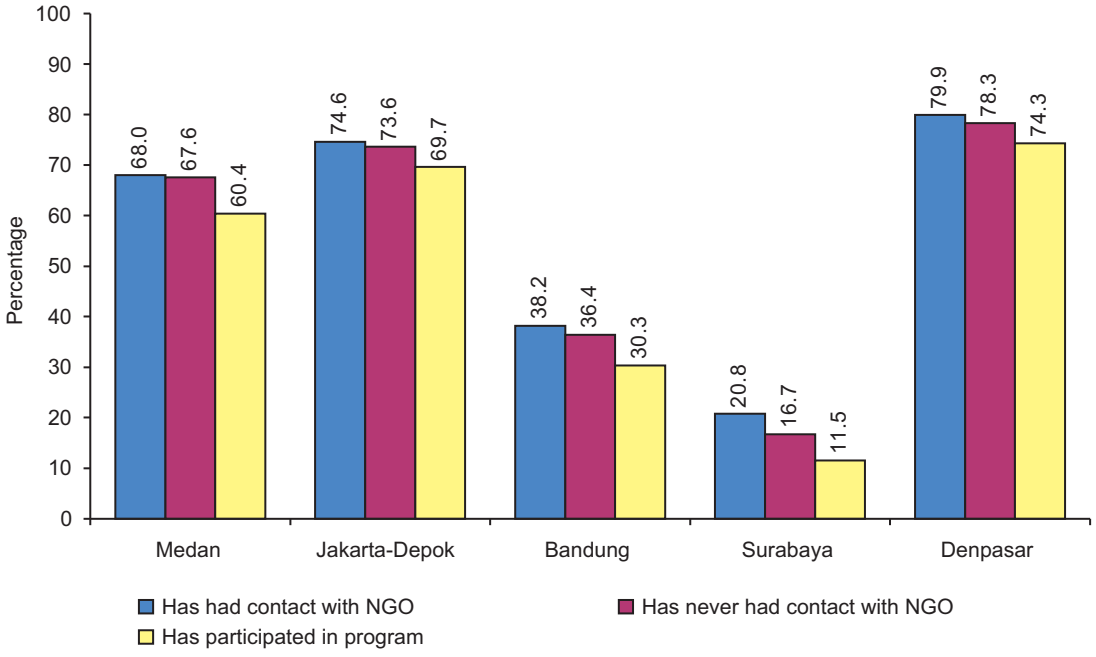
Outreach and Intervention

One way of reducing risk is through the outreach and education programs run by NGOs. The survey findings revealed significant differences in the number of injecting drug users who have had contacts with NGO field workers, with the highest proportion in Denpasar at 80 percent and the lowest in Surabaya at 21 percent.

The proportion of injecting drug users who have been provided with information by NGO workers at one time or another also varied, with the figures for each of the five cities being as

follows: 68 percent in Medan, 74 percent in Jakarta-Depok, 36 percent in Bandung, 17 percent in Surabaya, and 78 percent in Denpasar. Accordingly, the proportion of injecting drug users who had benefited from the various programs run by the NGOs also varied significantly, with the highest proportion being found in Denpasar at 74 percent and the lowest in Surabaya at 12 percent.

Figure 3.15.
Program Coverage among Injecting Drug Users



4

Treating Sexually Transmitted Infection (STI) and HIV Testing

Knowledge and awareness provide the starting points for the resolution of any problem. Although not always directly connected with the efforts to prevent the spread of sexually transmitted infection and HIV, knowledge about how to avoid sexually transmitted infection and where to seek help should one be contracted is essential for everyone, and in particular for members of groups that are at high risk of contracting sexually transmitted infection and HIV.

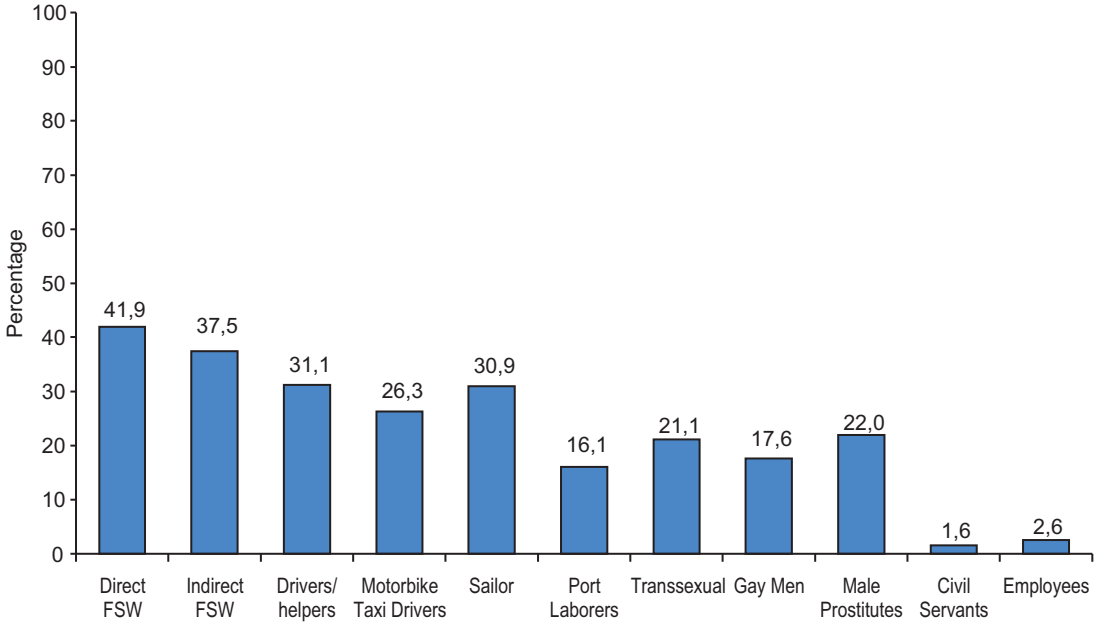
Erroneous Knowledge about How to Prevent HIV

Correct knowledge about HIV/AIDS provides the ammunition that is needed to prevent their spread. However, the reality on the ground shows that many respondents possess "incorrect" information about HIV/AIDS and how to prevent contracting it. Meanwhile, many respondents who are in possession of "correct" information fail to adopt preventive behavior.

One of the most widespread erroneous beliefs is that HIV can be prevented by taking medication. Between 16 and 42 percent of the survey respondents said that HIV can be

prevented by taking medication, with the highest proportion being found among direct female sex workers (42 percent) and the lowest among port laborers. The groups that most frequently said that medication could prevent HIV were the female commercial sex workers,

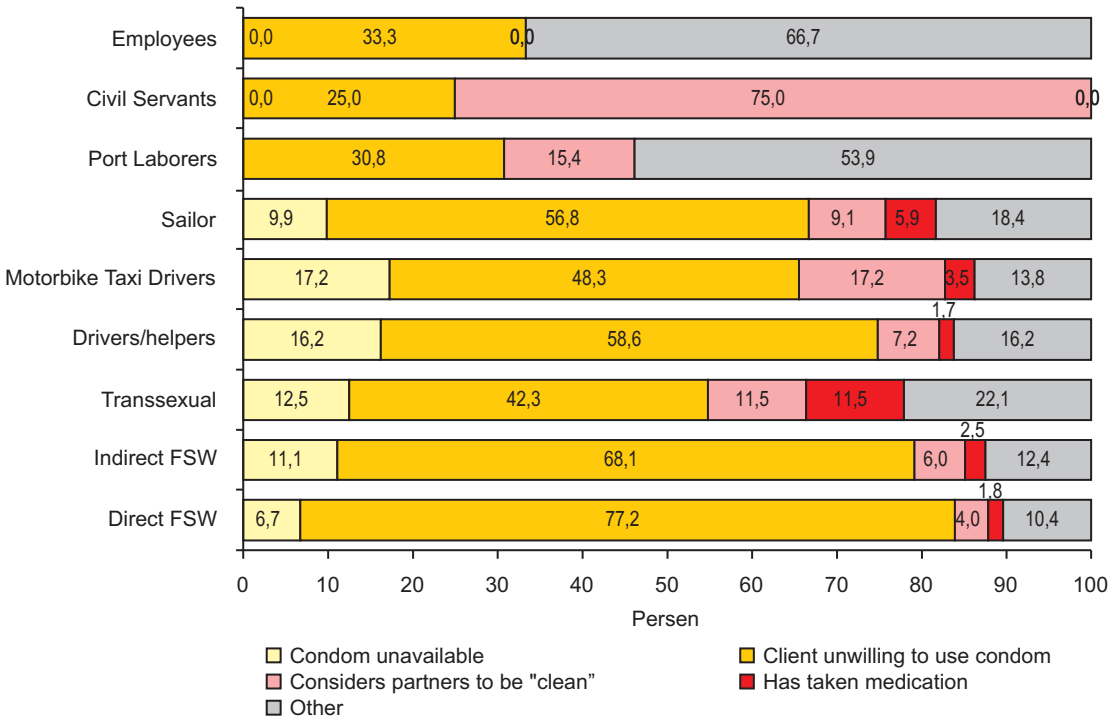
Figure 4.1.
Percentage of Respondents Who Believe That HIV Can Be Prevented by Taking Medication



However, despite their belief that taking medication can serve to prevent HIV, this appears not to be reflected in their sexual behavior. If they are convinced that medication can keep them safe from HIV, then they should give this as a reason for not using condoms during commercial sex acts. However, the majority of female commercial sex workers and their clients who did not use condoms said that this was because the client was unwilling to do so. Thus, almost all respondents who believe that medication can stave of HIV nevertheless say that their primary reason for not using condoms during commercial sex encounters is the fact that the client is unwilling to do so.

While this is the primary reason adduced for not using condoms, the belief that taking medication can prevent HIV also encourages high risk groups to place insufficient emphasis on the use of condoms. Action urgently needs to be taken to dispel this mistaken belief.

Figure 4.2.
Percentage of Respondent Who Believe that Taking Medication Can Prevent HIV by Reasons for Not Using Condoms During Most Recent Commercial Sex Encounter



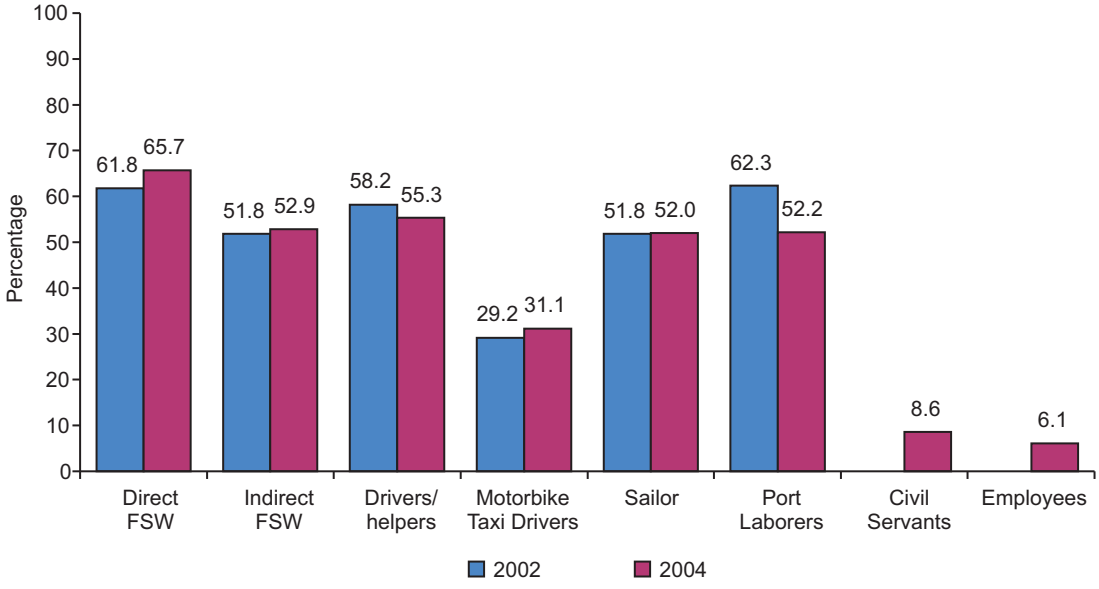
Mistaken beliefs result in members of high-risk groups taking erroneous actions to prevent HIV

Trends in Seeking Treatment for Sexually Transmitted Infection (STI)

Seeking STI treatment from unqualified providers is another consequence of erroneous perceptions and beliefs about sexually transmitted infection and HIV. However, in the interval between the two Survey rounds in the 18 sample locations, a slight improvement was made in the proportion of risk group members who sought STI and HIV treatment from a health care provider among almost all groups, save for the drivers/helpers and port laborers. An improvement of 4 percent was detected in the behavior of direct female sex workers.

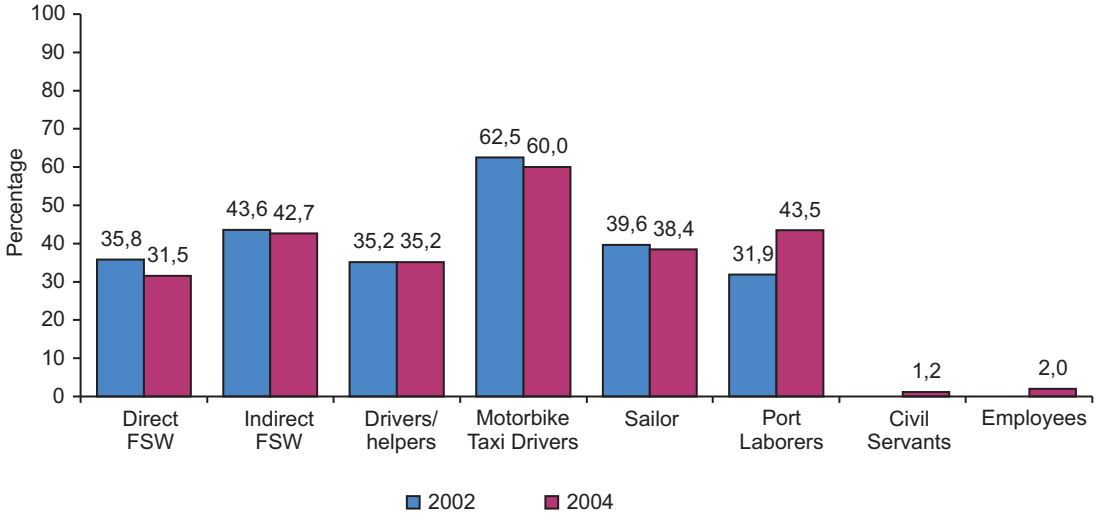
There has been some improvement in the level of appropriate behaviors when seeking treatment for sexually transmitted infection among both sex workers and clients

Figure 4.3.
Percentage of Respondent Who Seek Treatment From Healthcare Professional for Sexually Transmitted Infection



The direct female sex workers were the group with the highest propensity to seek treatment for sexually transmitted infection from healthcare professionals, while the motorbike taxi drivers were the group that had the highest propensity to self treat. Besides the motorbike taxi drivers, other groups with a high propensity (more than 40 percent) to self treat were the indirect female sex workers and port laborers.

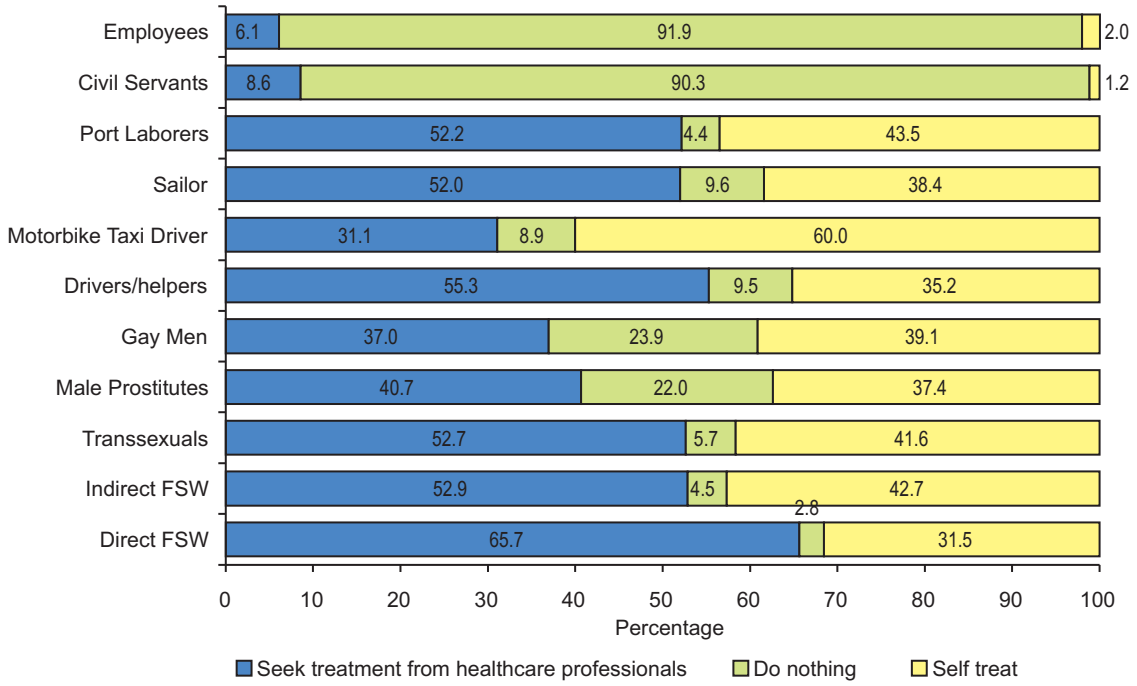
Figure 4.4.
Percentage of Respondent Who Self Treat Sexually Transmitted Infection



Although not very significant, there has been a decline when seeking treatment for sexually transmitted infection among both commercial sex workers and clients

The responses to the symptoms of sexually transmitted infection among the high risk groups were found to be relatively varied. Among men, including men who have sex with other men, the majority sought treatment from healthcare professionals, save in the case of motorbike taxi drivers, the majority of whom self treated first, and would only visit a healthcare professional if the symptoms became worse. By contrast, the majority of civil servants and employees preferred to do nothing when they experienced the symptoms of sexually transmitted infection, probably out of a sense of shame or fear that their condition would become known to their colleagues/fellow workers.

Figure 4.5.
Sexually Transmitted Infection Treatment Seeking Behaviors



While many seek treatment for STDs from healthcare professionals, many others resort to self treatment, particularly in the case of motorbike taxi drivers

Keeping in good health is of the utmost importance to everyone, but is particularly important in the case of commercial sex workers or people who have sex with multiple partners. Given the risks inherent in their work, commercial sex workers need to be extra vigilant in looking after their health, as do their clients. One of the ways in which commercial sex workers believe they are keeping healthy is to examine themselves internally.

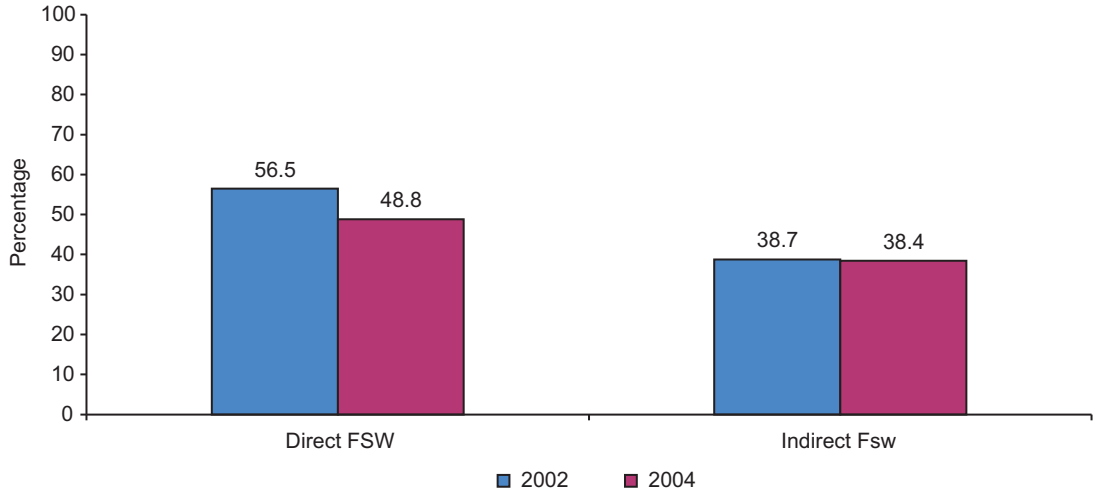
The second round of the surveys found that there was a decreasing tendency in this regard among female commercial sex workers. From the perspective of the high risk groups whose members most frequently examined them selves internally, the highest frequency was found among the transsexuals (74 percent), while 59 percent of male prostitutes also engaged in this behavior.

Among female commercial sex workers, the practice of self-injecting medicines to prevent sexually transmitted infection remain common. This practice, however, is also fraught with risks as it can lead to development of resistance to medication, or actually increase the dangers of disease transmission where needles/syringes are shared with others or are not properly sterilized. This practice is a great cause for concern, although there are signs that it is declining in popularity among female commercial sex workers. In fact, it has declined by almost 8 percent among female sex workers engaged in open prostitution.

Figure 4.6.
Percentage of Respondents Who Examined Themselves Internally During Last Month

The propensity to conduct internal self examinations has declined among female commercial sex workers, particularly among indirect sex workers

Figure 4.7.
Percentage of Female Commercial Sex Workers
Who Self Injected Medicines to Prevent Sexually Transmitted Infection
During the Last Month

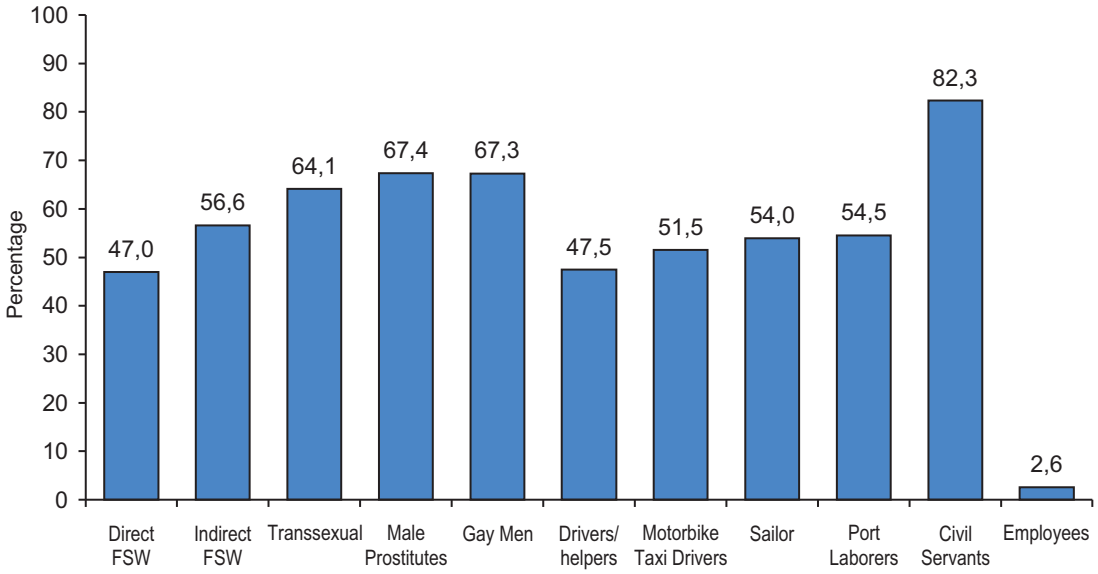


HIV Infection Can Only Be Confirmed by a Blood Test

The only way in which it can be confirmed that a person is HIV-positive is through a blood test. Despite frequently receiving advice and guidance from various sources, the female commercial sex workers still appear to know relatively little about HIV. This is clear from the fact that only between 47 percent and 57 percent of them were aware that a blood test is the only way of confirming HIV infection. A similar level of awareness was found among their clients, even though many of these would never have had contact with HIV outreach workers.

The groups with the highest level of awareness that a blood test is the only way of confirming HIV infection were the civil servants and men who have sex with other men (gay men, transsexuals and male prostitutes), with the level of awareness among these groups being much higher than among female commercial sex workers. This may be the result of higher education levels among the former, and a higher level of awareness of the risks of HIV compared to the female commercial sex workers.

Figure 4.8.
Percentage of Respondents Who Know that HIV Infection Can Only Be Confirmed by Blood Test



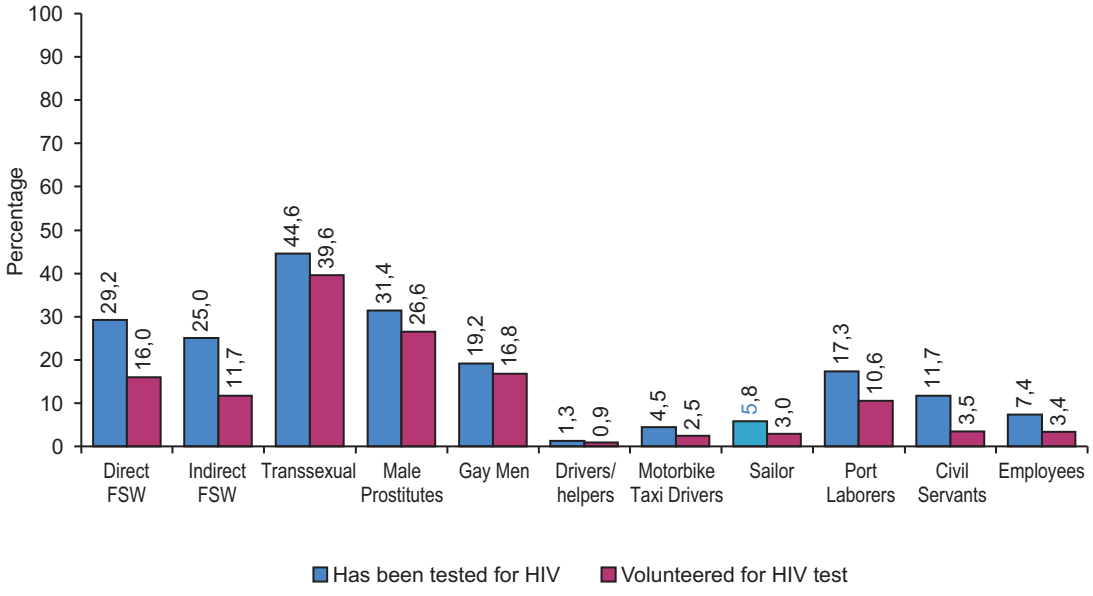
Besides the civil servants, men who have sex with other men have relatively higher level of awareness that HIV infection can only be confirmed by a blood test compared to other high risk groups

HIV Testing

Although an average of around 54 percent of the Survey respondents were aware that a blood test is the only way of confirming HIV infection, only around 20 percent had ever been tested. Of the high risk groups, the group with the highest proportion of members who had been tested was the transsexual group (45 percent), followed by the male prostitutes (31 percent) and the direct female sex workers (29 percent). The proportion of those who volunteered to be tested averaged around 12 percent, with the highest proportions being found among the male prostitutes (27 percent) and the lowest among the drivers/helpers (less than one percent).

Few members of the high risk groups have been tested for HIV, and even fewer have volunteered to be tested and received counseling

Figure 4.9.
Percentage of Respondents Who have Been Tested for HIV and Received Counseling During the Last Year



5

High Risk Behavior among Young People

The potential for young people to become members of one or more of the at-risk groups is very high. This is due to the possibility of sexual behavior involving multiple partners, and of injecting drugs. In order to ascertain the level of knowledge among young people and the behavior exhibited by them, special BSS were conducted on young people in Central Jakarta municipality and Surabaya municipality, with the samples made up of high school students in grade III.

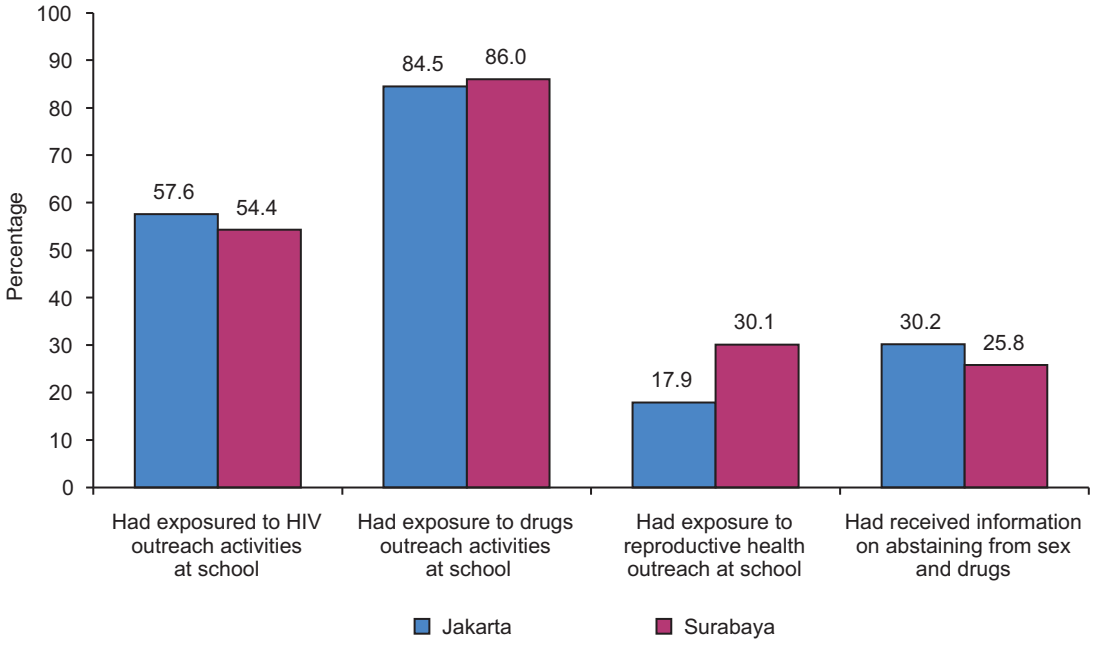
The respondents were drawn from a number of different types of high school, namely, general high schools, vocational high schools, and religious high schools, and included both public and private schools. A third grade class was selected at random in each school, and all the students of the class were then asked to write down the answers to a questionnaire at the same time during class. The questions were read out to the students by the survey officer. The number of sample classes and the breakdown of students by sex are as shown in the following table:

City	Number of Sample High Schools	Breakdown of Respondents		
		Males	Females	Total
Jakarta Pusat	41	607	633	1.240
Surabaya	25	394	526	920

Outreach and Education on Sexual Abstinence and the Dangers of Drugs

One of the ways of preventing young people from becoming involved in high risk behavior is the provision of education at school on reproductive health, and the dangers of HIV/AIDS and sexually transmitted infection. The BSS findings among students in Jakarta and Surabaya revealed that there are many students in these two cities who have never received information and education on sex, reproductive health, or the dangers of HIV/AIDS and drugs. Of the three types of outreach activities that were mentioned by the survey officers, the one that most students had been exposed to was education and information on the dangers of drugs (around 85 percent), followed by education and information on HIV (58 percent of the students in Jakarta and 54 percent in Surabaya). Meanwhile, slightly less than one-third of the students in Jakarta and Surabaya had never received education and information on reproductive health in school. Similarly, less than one-third of students in Jakarta and Surabaya had ever received education and information on the benefits of abstaining from sex or the dangers of drugs.

Figure 5.1.
Percentage of Students by Exposure to HIV Outreach



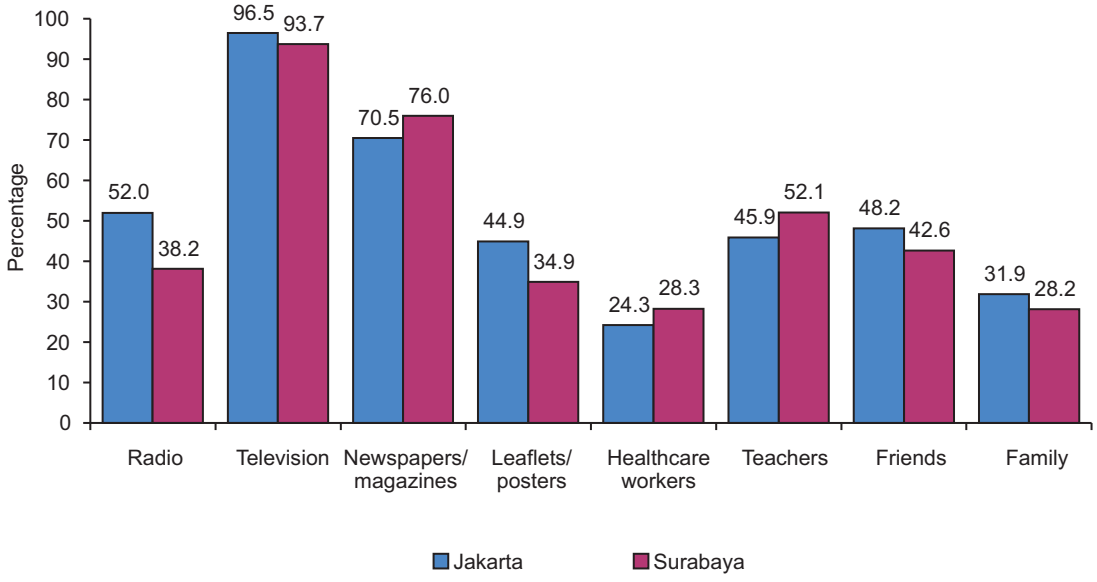
Only some of the high school students in Jakarta and Surabaya had ever been exposed to outreach or education on the benefits of abstaining from sex and drugs

HIV/AIDS Awareness

Ascertaining the level of awareness of the high school students about HIV/AIDS, and how it could be prevented, started with the students being asked whether they had ever heard of HIV/AIDS. The survey results clearly showed that almost all high school students in both Jakarta and Surabaya (more than 99 percent) had heard about of HIV/AIDS. The majority of them had heard about HIV/AIDS from television or read about HIV/AIDS in newspapers or magazines. This shows the great potential that the media has for spreading messages about HIV/AIDS, particularly regarding the dangers of HIV/AIDS and methods of prevention. The number of students who had learned about HIV/AIDS from their teachers/parents, who should in fact be in the front line of educating young people about the dangers of HIV/AIDS, was much smaller. The Survey findings also revealed that the contribution made by healthcare professionals in increasing knowledge about HIV/AIDS was also small. This may be seen from the low percentage of students who learned about HIV/AIDS from healthcare workers.

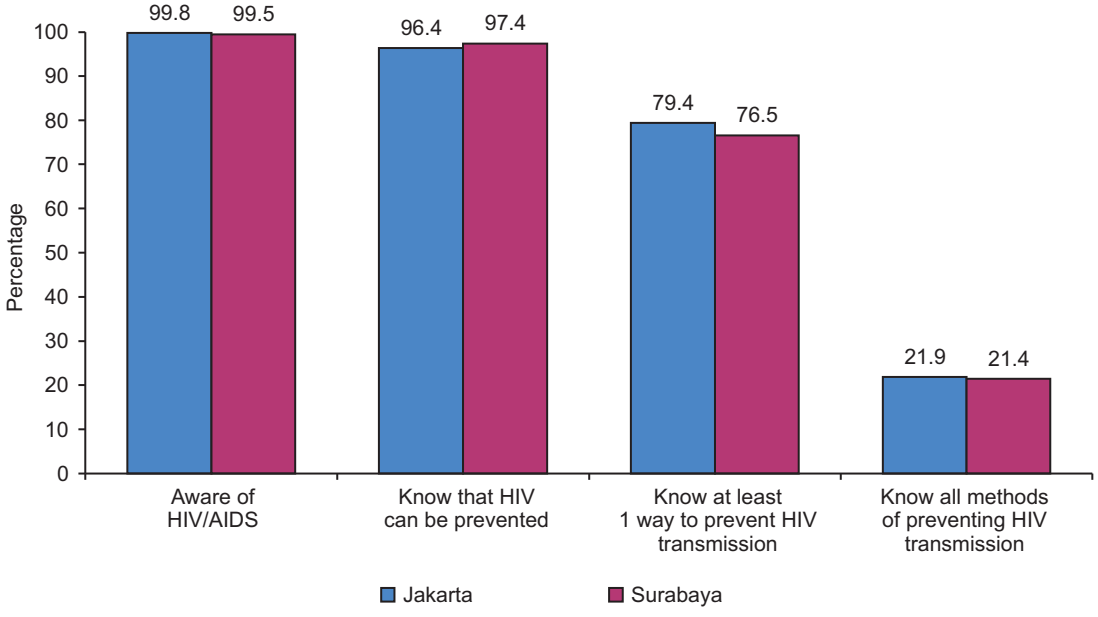
Television and newspapers/magazines could be the most effective media for disseminating information on HIV/AIDS to young people

Figure 5.2.
Percentage of Young People by Source of Information on HIV/AIDS



The majority of students, besides having heard of HIV/AIDS, were also aware that HIV could be prevented. More than 95 percent of the students in Jakarta and Surabaya said they knew that HIV could be prevented. In addition, around 80 percent of the students in both cities were aware of one of the ways in which the sexual transmission of HIV could be prevented (sexual abstinence, monogamy, or using a condom during sex). In addition, the same percentage knew that HIV transmission could be prevented by not sharing needles/syringes. However, only 20 percent of the high school students were aware of all of the ways in which HIV transmission could be prevented.

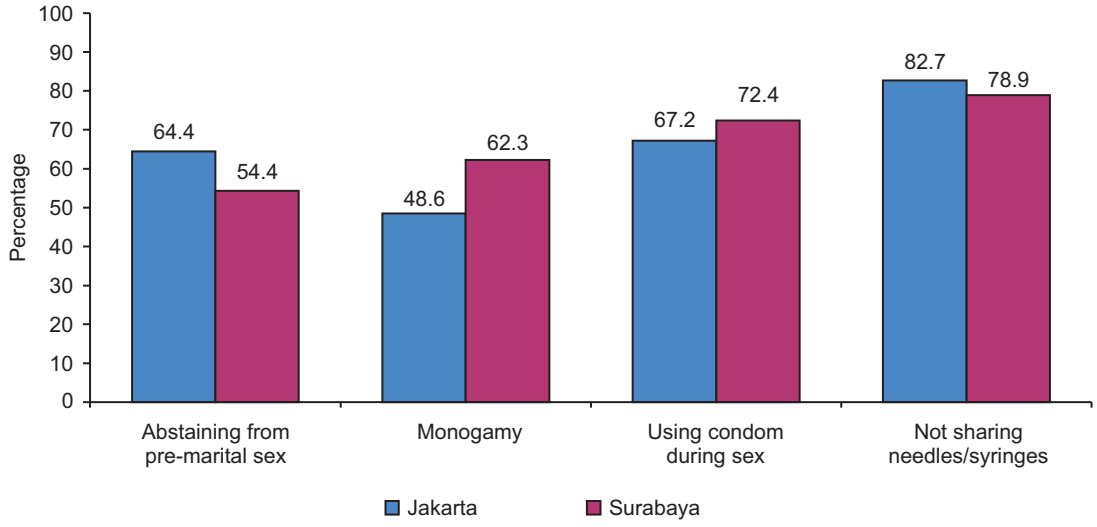
Figure 5.3.
Percentage of Students by Awareness of HIV and How to Prevent Transmission



Awareness of HIV/AIDS and how to prevent it is quite high among young people, but only around one-fifth know all the ways in which HIV can be prevented

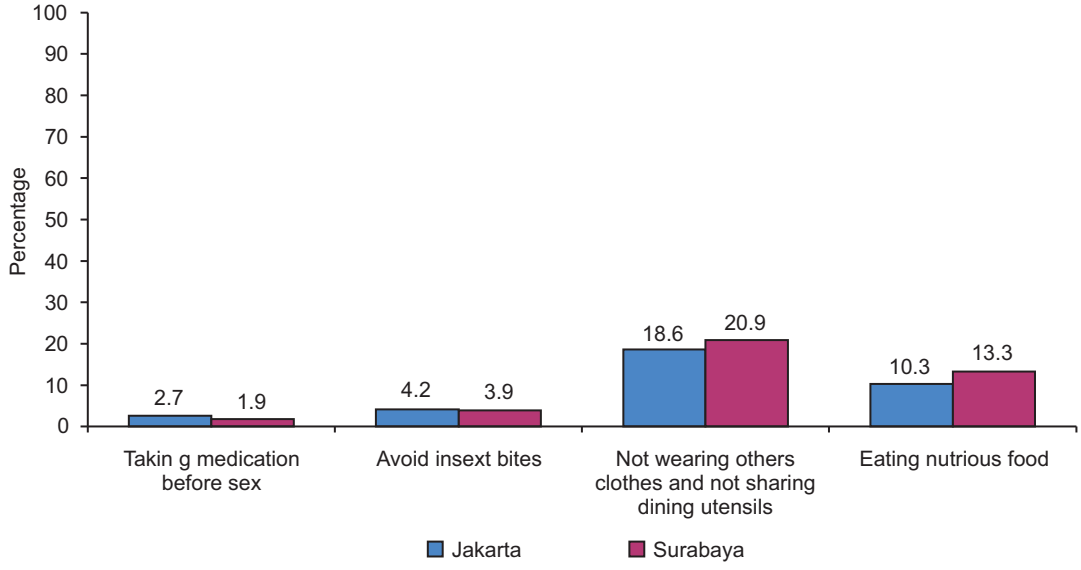
Reflecting the level of awareness of how to prevent HIV based upon the different methods of doing this, only around 64 percent of the high school students in Jakarta and around 54 percent in Surabaya said that abstaining from pre-marital sex was one way of avoiding HIV. The proportion of students who were aware that monogamy was another way of preventing the spread of HIV was even lower at around 49 percent in Jakarta and 62 percent in Surabaya. Meanwhile, around 70 percent of the students in both cities said they were aware that condom use during sex could prevent the transmission of HIV. The level of awareness of injecting drug use was even higher, with 80 percent of the students in both Jakarta and Surabaya saying they were aware that HIV transmission could be avoided by not sharing needles/syringes.

Figure 5.4.
Percentage of Students Stating Correct Methods of Preventing HIV Transmission



While the level of awareness among the young people about the correct methods of preventing HIV was quite high, a number of erroneous perceptions were identified both among the high school students in Jakarta and in Surabaya. One of these erroneous perceptions was that consuming nutritious food could help prevent HIV (around 10 percent). Meanwhile, 20 percent of the students said that HIV could be avoided by not wearing clothes or not using dining utensils previously used by a person with HIV.

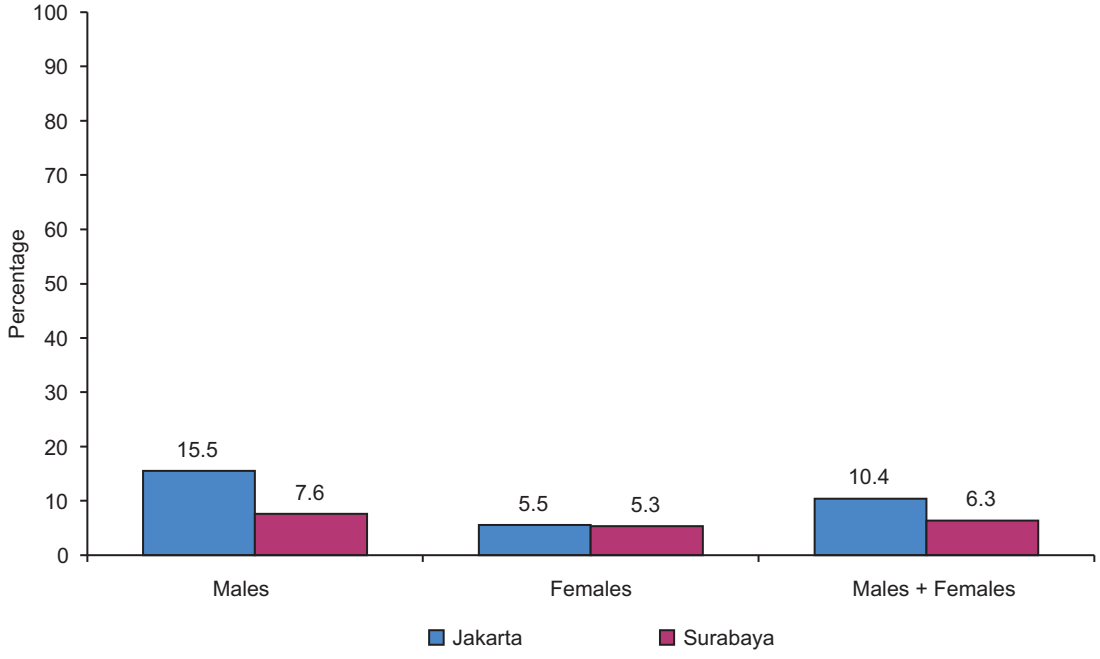
Figure 5.5.
Percentage of Students by Erroneous Perceptions of Methods of HIV Prevention



Sexual Behavior

One type of behavior that can increase the risk of HIV among young people is engaging in pre-marital sex. The survey findings showed that 10 percent of young people had sexual intercourse in the last year in Jakarta, and 6 percent in Surabaya. The highest proportion of young people who had sex within the last year was found among male students in Jakarta (15 percent), while 5 percent of students both in Jakarta and Surabaya said they had sex within the last year.

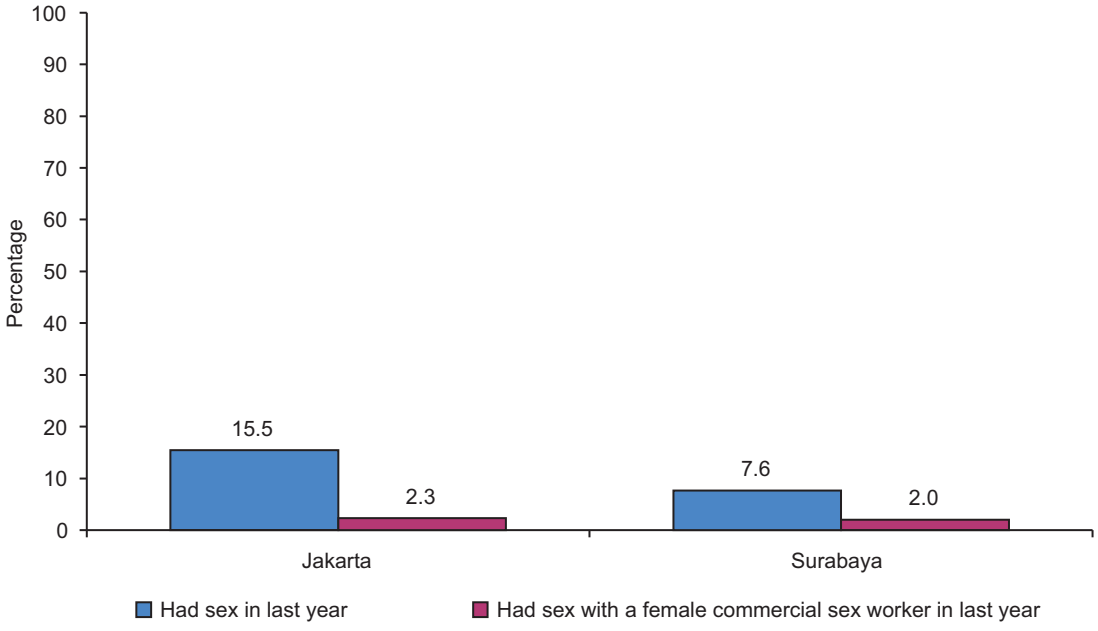
Figure 5.6.
Percentage of Young People Who Had Sex in Last Year



Approximately 1 in 10 high school students in Jakarta said they had sex in the last year

Meanwhile, approximately 2 percent of male high school students both in Jakarta and Surabaya said they had sex with a female commercial sex worker in the last year. This is a very worrying finding, particularly if the students in question failed to use condoms.

Figure 5.7.
Percentage of Male Students by Sexual Behavior



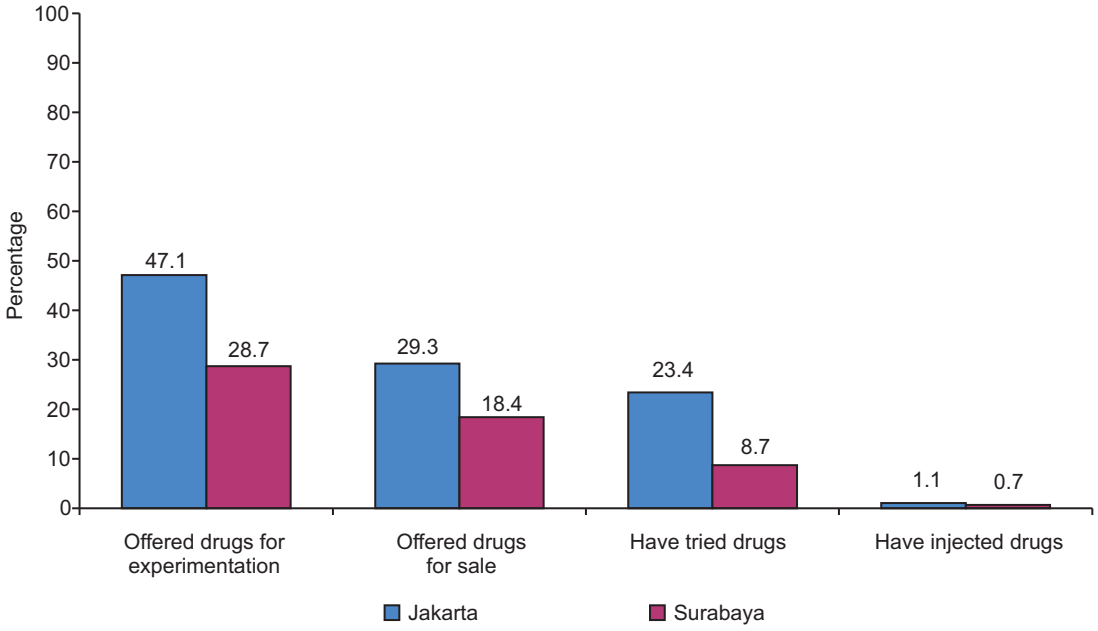
Some male high school students pay for sex with prostitutes

Drug Use

The activity that perhaps entails the highest risk of spreading HIV is injecting drug use, particularly where needles/syringes are shared. The survey findings showed that approximately 1 percent of the students in Jakarta and Surabaya had injected drugs at one time or another, while 23 percent of the students in Jakarta and 9 percent of the students in Surabaya had experimented with drugs at one time or another.

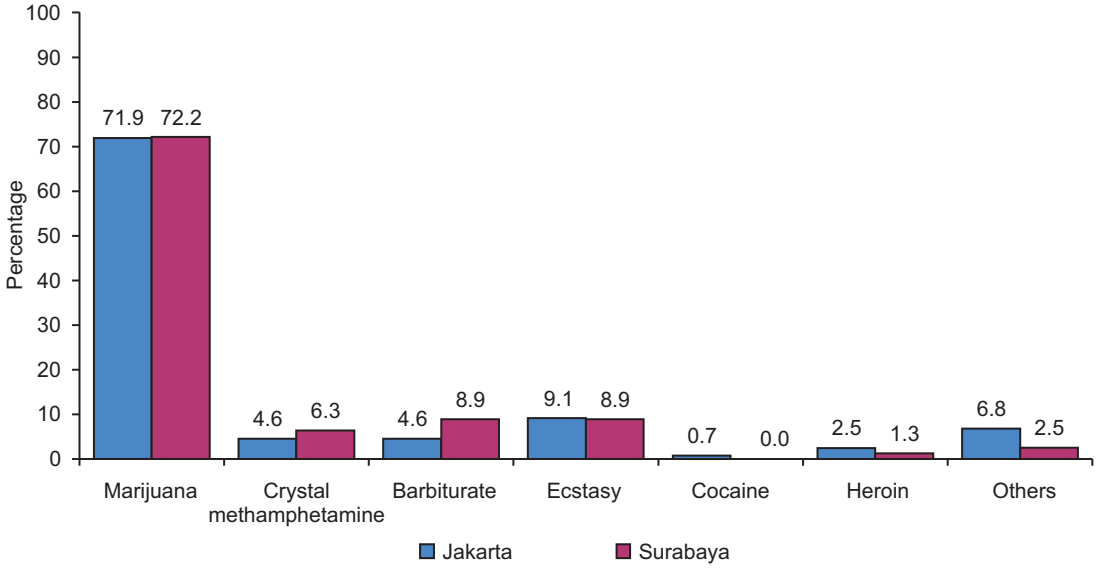
The existence of drug pushing rings among high school students is believed to facilitate students in obtaining drugs. Almost half of male students in Jakarta (approximately 47 percent) had been offered drugs to experiment with, while 29 percent of male students had been offered drugs for sale. This reality is extremely disturbing as the more students who are offered drugs, the greater the likelihood that they will try them without being aware of the risks and dangers they face.

Figure 5.8.
Percentage of Young People by Drug Use Behavior



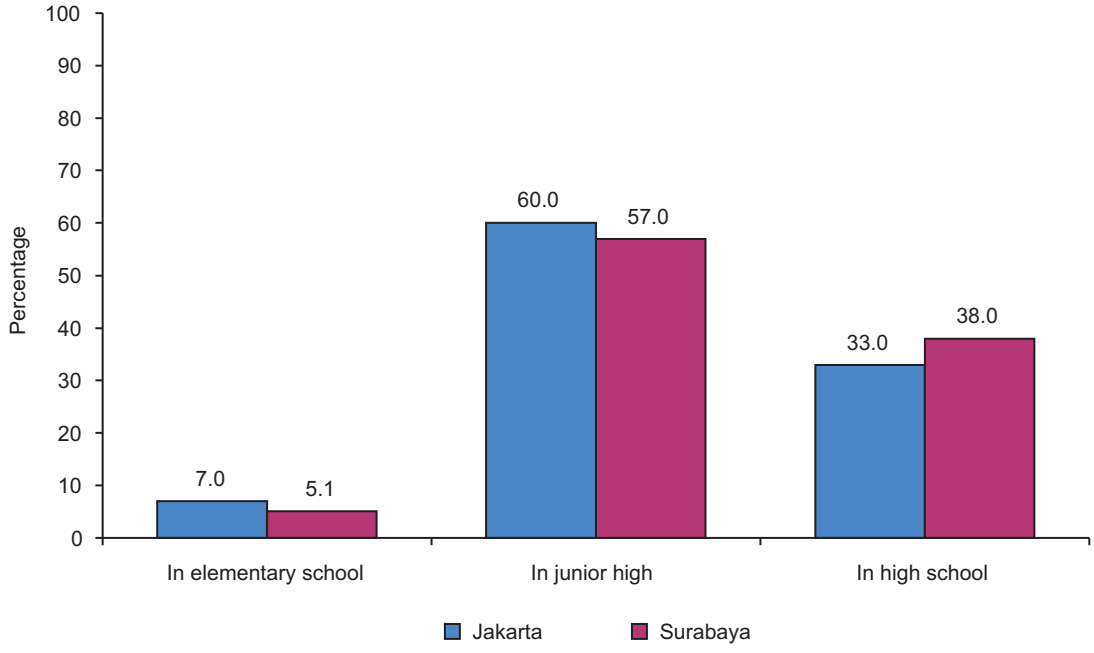
Of those students who said they had tried drugs, the most common drug experimented with for the first time by both students in Jakarta and Surabaya was marijuana, while ecstasy came second, and crystal methamphetamine (shabu-shabu) and 'magadon/rohipnol pill' came third. There were some students who injected drugs on the first occasion they used them, although the percentages were small at 2.5 percent in Jakarta and 1.3 percent in Surabaya, among those students admitting to trying drugs.

Figure 5.9.
Percentage of Young People by Type of Drug First Experimented With



Also very worrying is the fact that the majority of young people who tried drugs did so for the first time when they were still at junior high school. Of the students who had tried drugs, approximately 60 percent in Jakarta did so for the first time when in junior high school, while the equivalent figure for Surabaya was 57 percent. Thus, HIV outreach programs and education on the dangers of drugs need to start when students are in still in junior high.

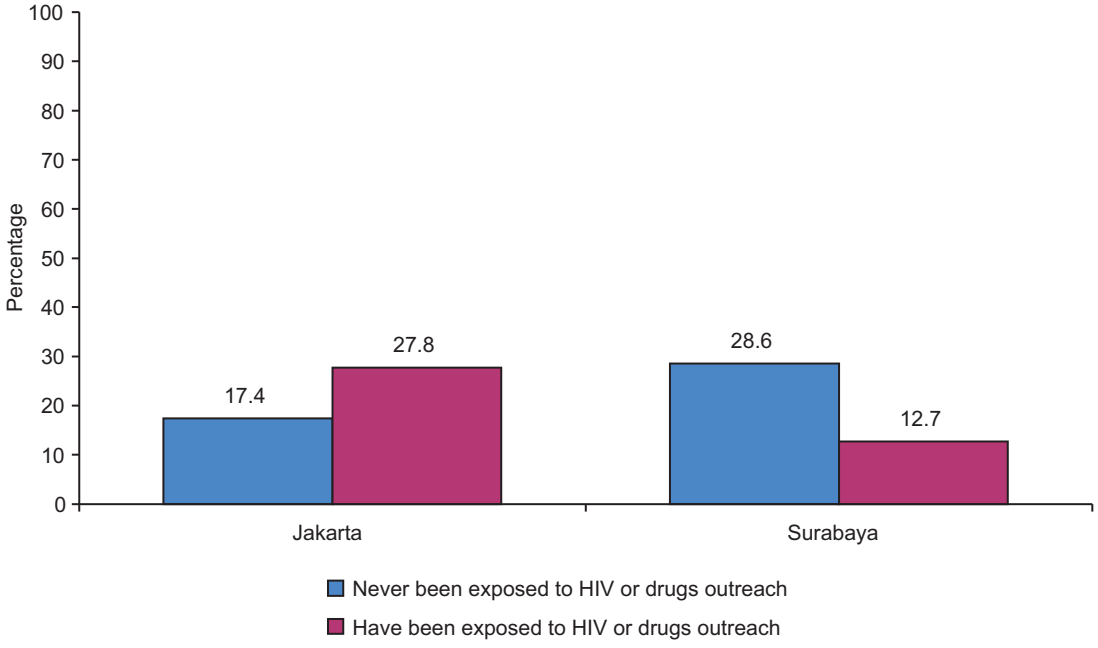
Figure 5.10.
Percentage of Students by Time When Drugs Were First



Influence of Outreach Activities on High Risk Behavior among Young People

As described above, a proportion of young people in both Jakarta and Surabaya already display high risk behavior when in high school. This consists of both high risk sexual behavior and high risk drug use behavior. One of the ways of reducing the level of risk to young people is the conducting of outreach activities on the dangers of drugs and HIV. The survey findings in Surabaya show that outreach has played quite a significant role in reducing high risk behavior. In that city, 13 percent of students who had been exposed to outreach activities on HIV and drugs engaged in high risk behavior compared to 29 percent of the students who had never been so exposed. However, the situation was different in Jakarta, where those who had been exposed to outreach activities on HIV and drugs displayed a higher propensity to engage in high risk sexual and drug behavior compared to those students who had never been so exposed.

Figure 5.11.
Percentage of Young People Engaging in High Risk Behavior by Exposure to HIV Outreach Activities



6

Prevention Programs and Their Impacts

Prevention Programs

Besides the provision of services, medication, treatment and support for people with HIV/AIDS, prevention efforts also need to be prioritized. With the HIV/AIDS epidemic currently concentrated among certain high risk populations, it is essential that effective and focused prevention programs be put in place before it is too late. If this effort is not made, or the prevention programs turn out to be unsuccessful, then it will be impossible to provide adequate services, treatment, medication and support to all of the people who are likely to become infected with HIV.

The available data clearly shows that the rate of transmission of HIV is increasing in all subpopulations characterized by high risk sexual behavior. However, the highest rate of transmission is among injecting drug users due to the fact that they frequently share needles/syringes.

What is a particular cause for concern is the high level of sexual contact between the various high risk groups. This only serves to accelerate the spread of HIV and sexually transmitted diseases among the members of these subpopulations.

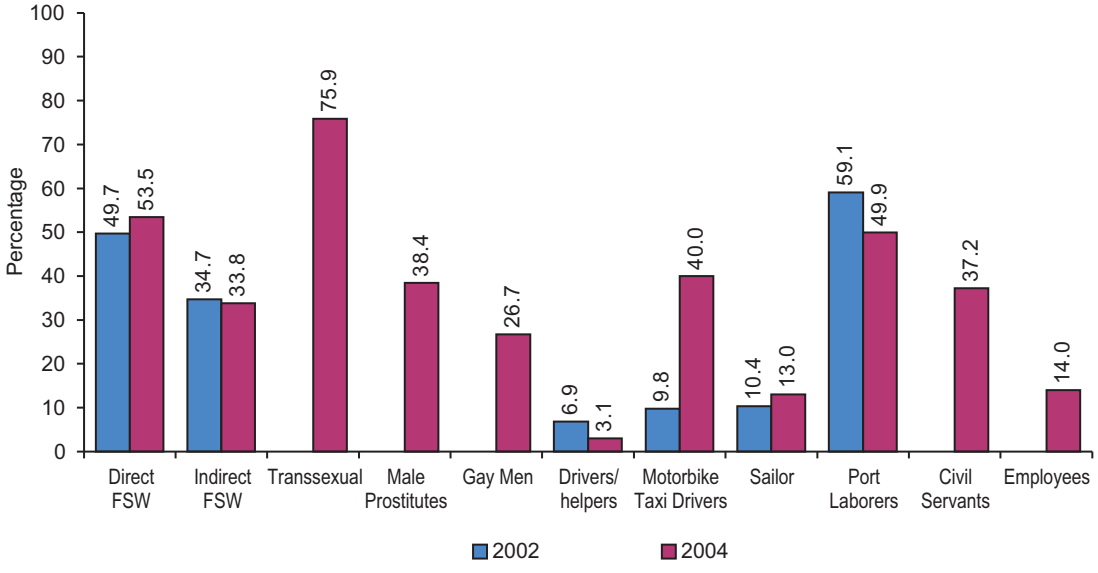
Bearing in mind that the spread of HIV is greatly influenced by the behavior of individuals, prevention programs should be focused on changing the behavior of the high risk sub-populations – injecting drug users, commercial sex workers and those who pay for sexual services. The following sections strive to ascertain the extent to which outreach activities have been successful in encouraging behavioral changes among members of the high risk groups.

Outreach Programs

HIV/AIDS outreach programs represent efforts to provide a correct understanding of HIV/AIDS. Preventative outreach programs are not only directed at those who are unaware of the dangers of HIV, but also at those who are infected with HIV and those who have developed AIDS.

All of the high risk groups surveyed in 2004-2005 had been reached by HIV/AIDS outreach programs, although there were significant variations in the extent of coverage between the different groups. Transsexuals as a group showed the highest level of coverage at 76 percent, followed by direct female sex workers. Groups with high levels of mobility –employees, drivers/ helpers and sailors– were found to have had little exposure to outreach programs. This is probably due to the fact that not many programs are specifically aimed at them. In fact, it was found that the exposure of the drivers/helpers had actually declined compared to 2002.

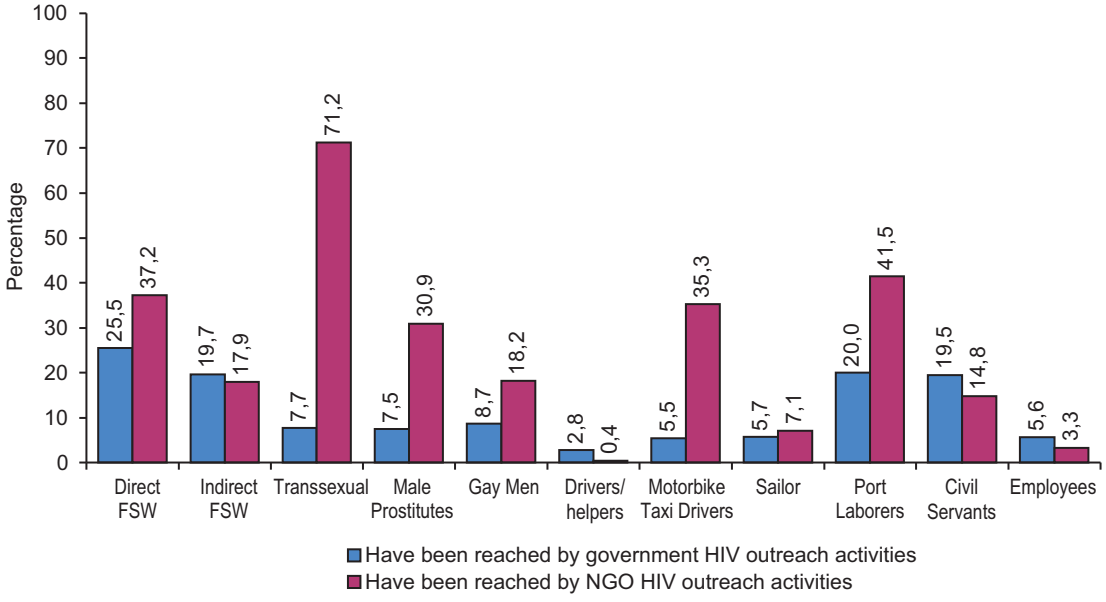
Figure 6.1.
Percentage Outreach Exposure Trends among Respondents



The National AIDS program is coordinated by government agencies and put into effect in collaboration with NGOs involved in the fight against HIV/AIDS. In the provision of education on HIV/AIDS, NGO workers play a crucial role, in fact, a greater role than that played by government agencies among almost all target groups. The gaps in government

coverage are clear to be seen in the case of the transsexual group, where the coverage provided by NGOs has reached almost 71 percent of transsexuals, compared to only 8 percent in the case of government agencies. Glaring differences between the coverage provided by NGOs and government agencies are also clear to be seen in the case of HIV prevention outreach services among female sex workers engaged in open prostitution, male prostitutes, gay men, motorbike taxi drivers, civil servants, employees and port laborers.

Figure 6.2.
Percentage of Respondents by HIV/AIDS Intervention Coverage



NGOs play a much greater role in HIV outreach, activities compared to government agencies particularly among men who have sex with other men, motorbike taxi drivers and port laborers

Condom Distribution

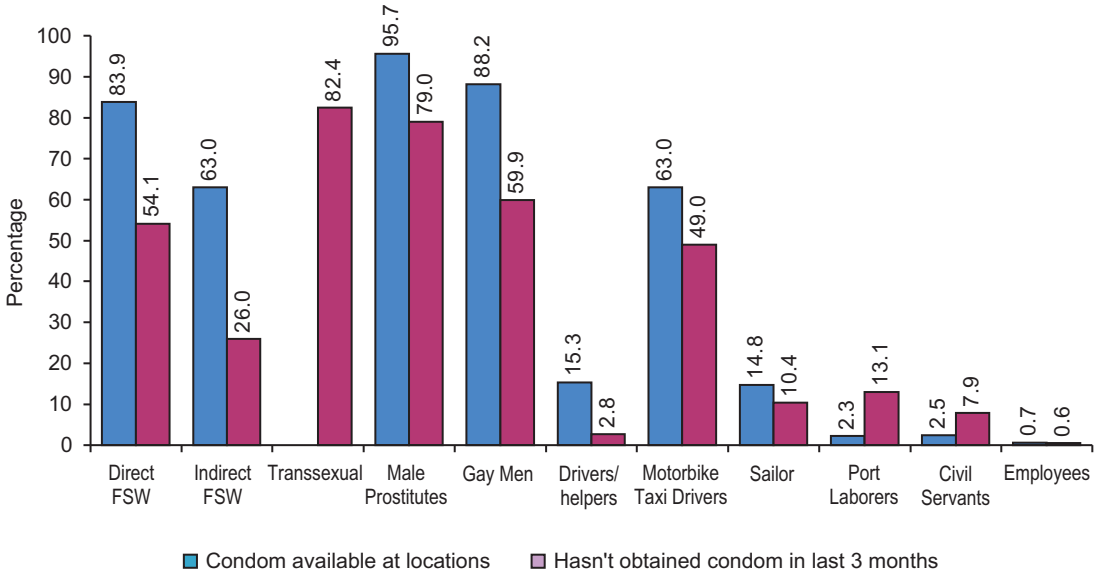
Increasing people's knowledge and awareness of HIV/AIDS needs to be supported by the provision of adequate means of prevention. This means that the supply of prophylactics, particularly condoms, must be made an essential aspect of the Indonesian HIV/AIDS prevention program.

Condom availability in places where commercial sex workers operate or conduct transactions is fairly adequate at the present time. This is shown by the fact that 80 percent of the direct female sex workers who were surveyed said they could readily obtain condoms in

the places where they operated, while 97 percent of male prostitutes said the same. However, the availability of condoms in the places where sailors work, in government offices, factories and in the places where drivers/helpers congregate is clearly inadequate. Among the sailors, only 15 percent said they could easily obtain condoms in the places where their vessels docked. In the case of the port laborers, only 2 percent said they could easily obtain condoms in the places where they worked.

The situation is further exacerbated by a lack of condom distribution programs to provide condoms in places where they are not readily available. It is likely that the easy availability of condoms in locations where sexual transactions are conducted is due to the fact that condom distribution programs are focused on these areas, while those locations where potential clients work or congregate receive much less attention. This is clear from the high proportions of respondents who obtained a condom in the last month among direct female sex workers (54 percent), transsexuals (82 percent), male sex worker clients (79 percent) and gay men (60 percent), and the low level of condom distribution among employees (0.6 percent), drivers/helpers (3 percent) civil servants (8 percent), sailors (10 percent) and port laborers (13 percent).

Figure 6.3.
Percentage of Sex Workers and Clients by Access to Condoms



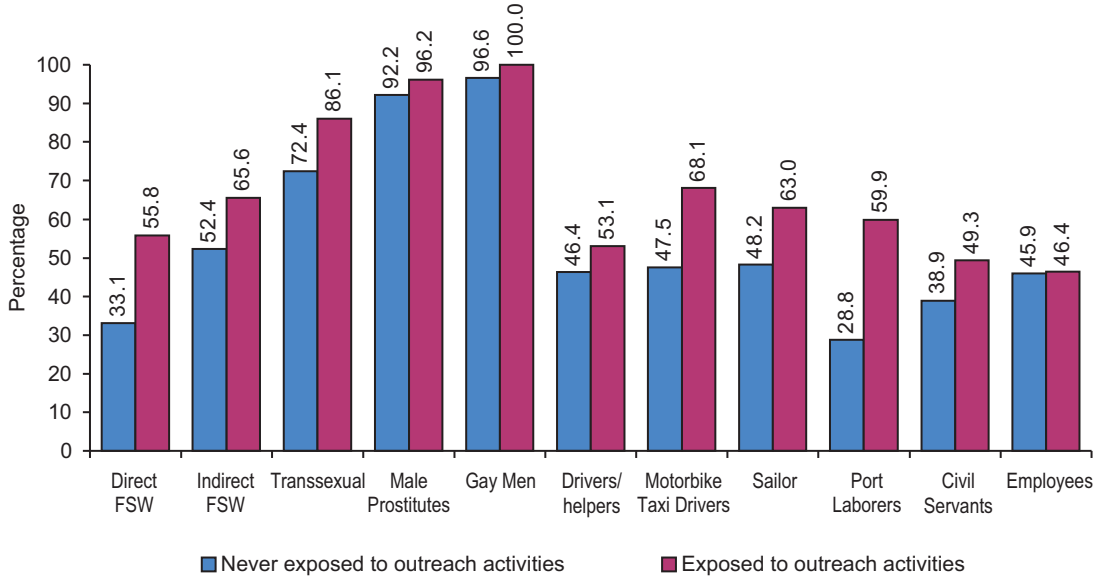
The availability of condoms in places where sexual transactions are conducted is adequate, but is inadequate in places where potential clients work

Program Impacts

Prevention programs are essentially aimed at controlling the spread of HIV/AIDS. These programs include the provision of information on HIV/AIDS, heightening awareness of the dangers of HIV/AIDS, and campaigns to transform high risk behavior into safe behavior.

Outreach programs can help to increase the awareness of people about how to avoid HIV infection. This is clear from the respondents who said they knew how to prevent the transmission of HIV/AIDS, with the percentage being higher among those who had exposure to outreach than among those who never had such exposure. Significant differences in knowledge among these two groups were apparent among all the sub-populations surveyed, with the exception of gay men and the clients of male sex workers, among whom the benefits of exposure to outreach were not so apparent. However, awareness of how to avoid HIV/AIDS was already very high among these two groups with the result that outreach programs targeting them may be of little further benefit.

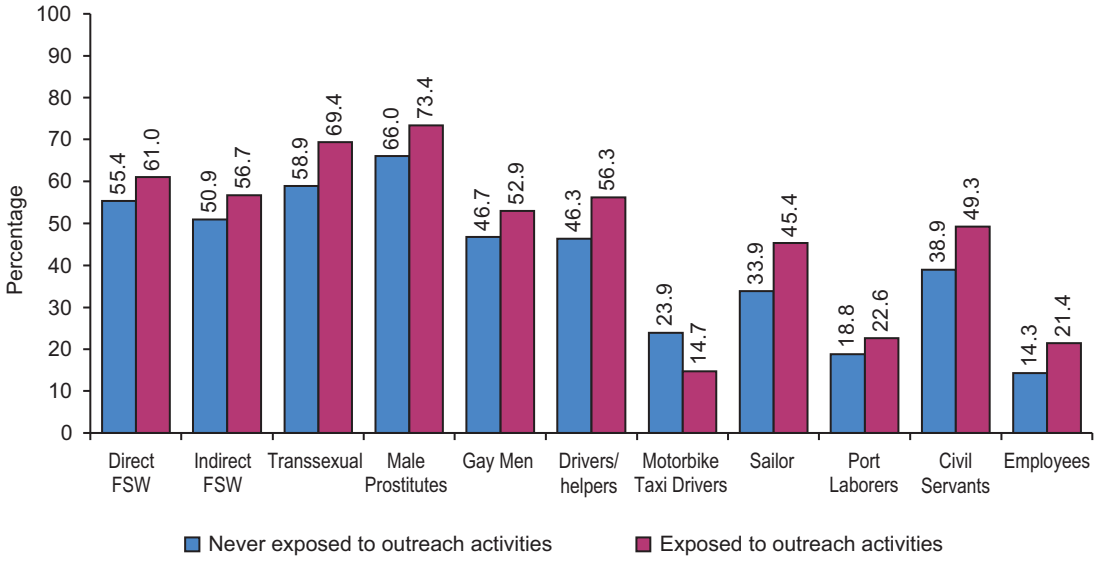
Figure 6.4.
Percentage of Respondents Who Know How to Prevent HIV/AIDS Transmission by Intervention Coverage



HIV/AIDS outreach programs have had an impact on increasing knowledge about ways of preventing HIV/AIDS

Awareness of the risks of HIV/AIDS varied significantly among respondents who had exposure to outreach activities and those who did not. Besides serving to increase the respondents' knowledge, outreach activities also helped heighten the awareness of high risk behavior among all target groups, with the exception of the motorbike taxi drivers. In fact, the motorbike taxi drivers who had exposure to outreach programs displayed less risk awareness than those who had never been so exposed.

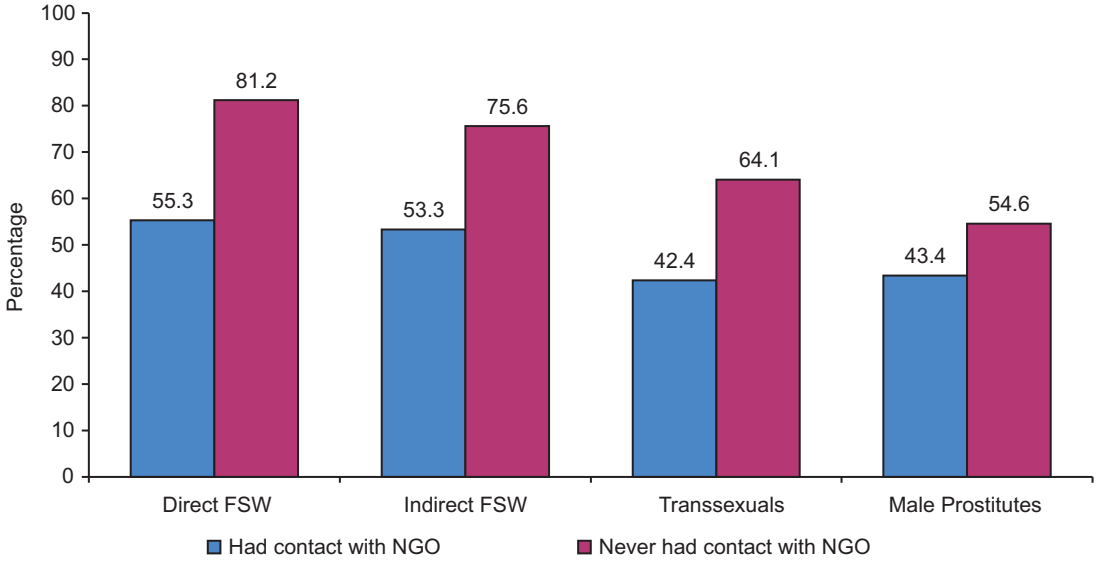
Figure 6.5.
Percentage of Respondents Who Feel at Risk of HIV/AIDS by Intervention Coverage



HIV/AIDS outreach programs also serve to heighten awareness of high risk behavior

The survey findings also indicate that the level of condom use in commercial sex is greatly influenced by the frequency with which the sex worker suggests that the client use a condom. The more frequently the sex worker suggests this, the higher the level of condom use. The proportion of sex workers who frequently or always suggest condom use was found to be higher among those who had contact with NGOs involved in the prevention program. The differences in this regard were particularly apparent among the female commercial sex workers and transsexuals engaged in prostitution.

Figure 6.6.
Percentage of Commercial Sex Workers Who Frequently or Always Suggest Condom Use by Contact with NGO

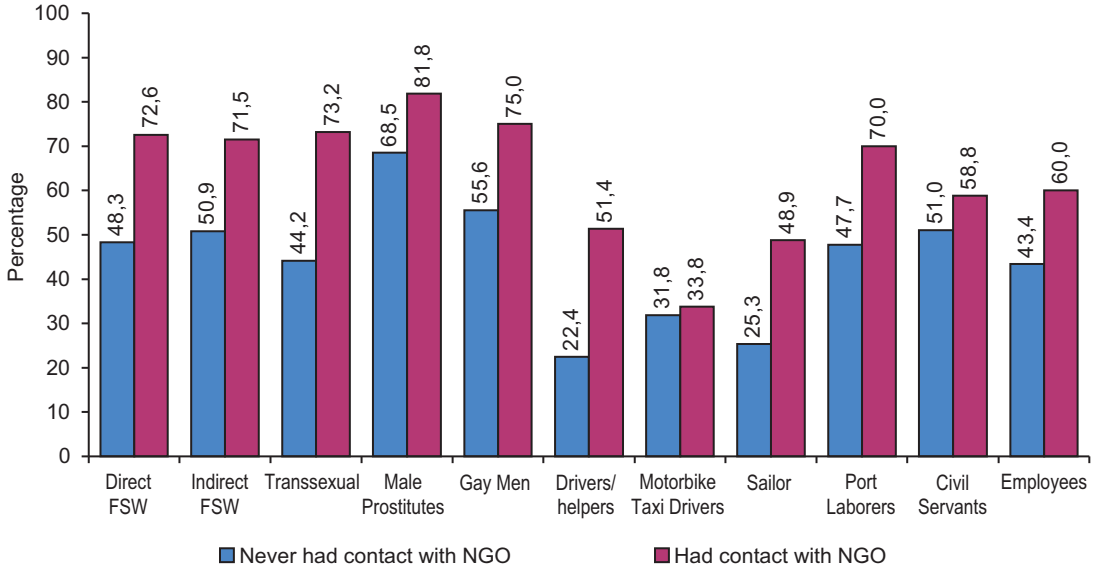


The decision to always suggest condom use to clients is influenced by contact with NGOs

The educational work conducted by NGOs among high risk groups was also found to have had an influence on condom use during most recent commercial sex encounter. In fact, the positive impact was very pronounced among drivers/helpers, with condom use during most recent commercial sex encounters doubling. Among drivers/helpers who had never had contact with an NGO, the proportion of condom use during most recent commercial sex encounter was only 22 percent, but this increased dramatically to 51 percent among those who had contact with a HIV/AIDS NGO at one time or another. However, only a very small difference was detected among motorbike taxi drivers, with 32 percent of those who had never had contact with an NGO using condoms during their most recent commercial sex encounters, compared to 34 percent among motorbike taxi drivers who had such contact.

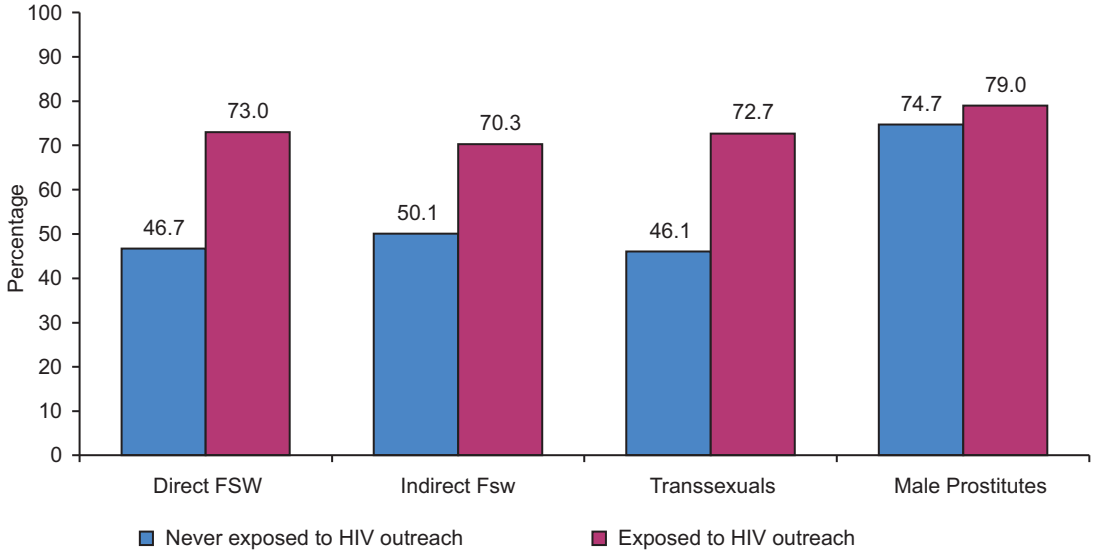
Condom use during most recent commercial sex encounter is also influenced by contact with HIV/AIDS NGOs

Figure 6.7.
Percentage of Respondent Who Used Condom During Most Recent Commercial Sex Encounter by Contact with NGO



A similar impact was produced by HIV/AIDS prevention outreach work. This can be seen from the significant difference in condom use during most recent commercial sex encounter among commercial sex workers who were exposed to outreach and those who were not so exposed, with the exception being male commercial sex workers, where there was only a difference of 4 percent between those who had been exposed to outreach and those who had not.

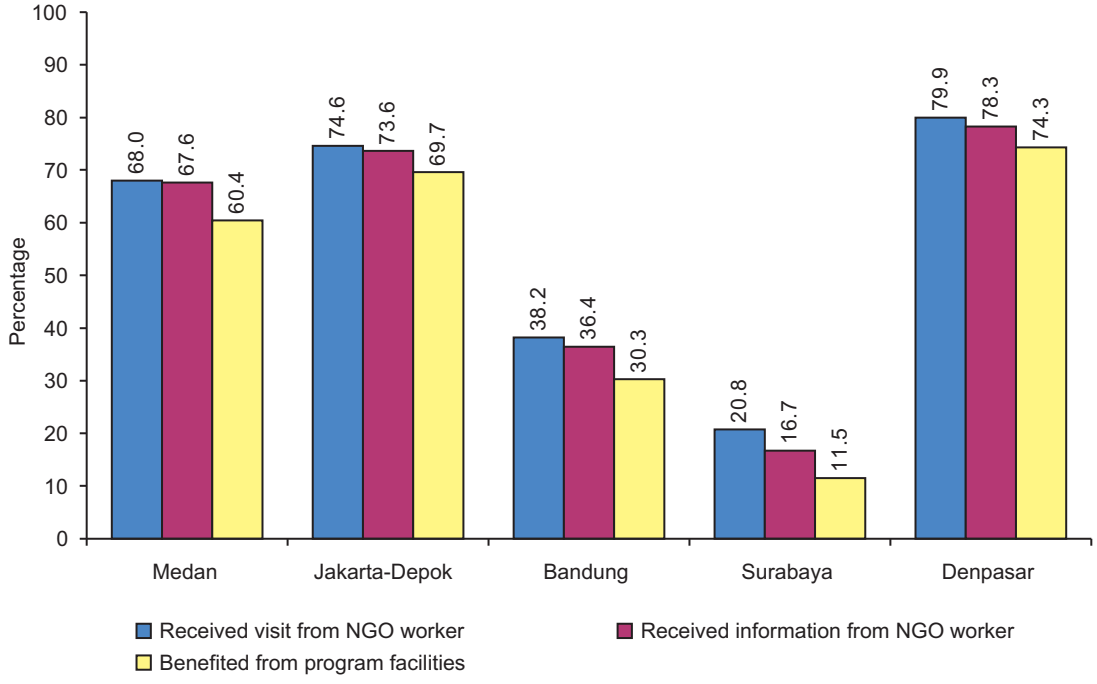
Figure 6.8.
Percentage of Condom USe During Most Recent Commercial Sex Encounter by Participation in HIV Outreach Programs



Exposure to HIV outreach also has a significant mpact on condom use among sex workers during most recent commercial sex encounter

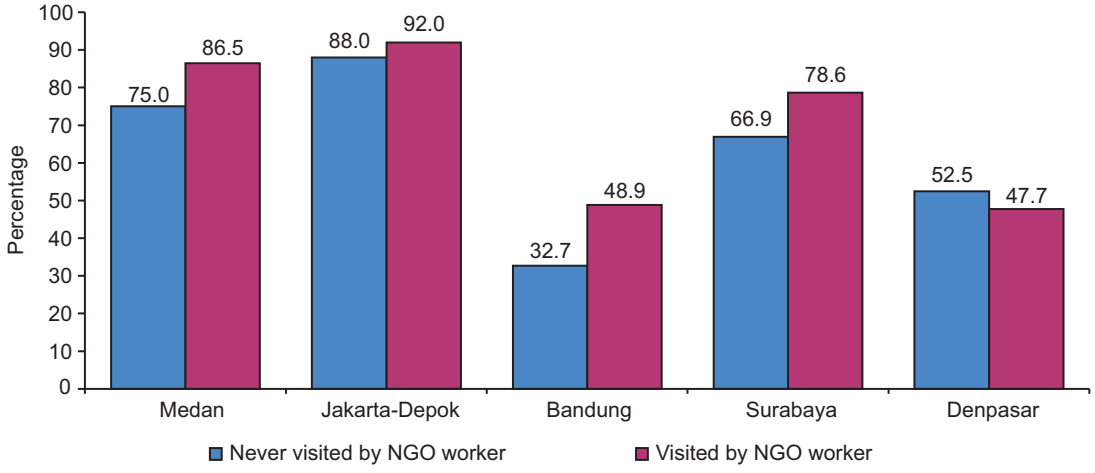
Among injecting drug users, the coverage of outreach and counseling varied considerable between the five cities surveyed. Coverage was lowest in Surabaya and Bandung, but this was probably due to the way in which the samples were selected in these cities, which differed from the method used in the other cities. In the case of Surabaya and Bandung, the samples were selected by means of Respondent Driven Sampling (RDS), which was integrated with the programs run by NGOs, with the main priority being placed on new injecting drug users who had never had contact with NGOs. By contrast, in Medan, Jakarta-Depok and Denpasar, Cluster Sampling was employed, with the clusters being the locations where injecting drug users gathered. Information on these locations was obtained from NGOs that already had contact with the respondents. The survey findings revealed a consistent pattern as regards injecting drug users who had been visited by NGO workers, who had received information from NGO officers and who had benefited from program facilities.

Figure 6.9.
Program Coverage among Injecting Drug Users



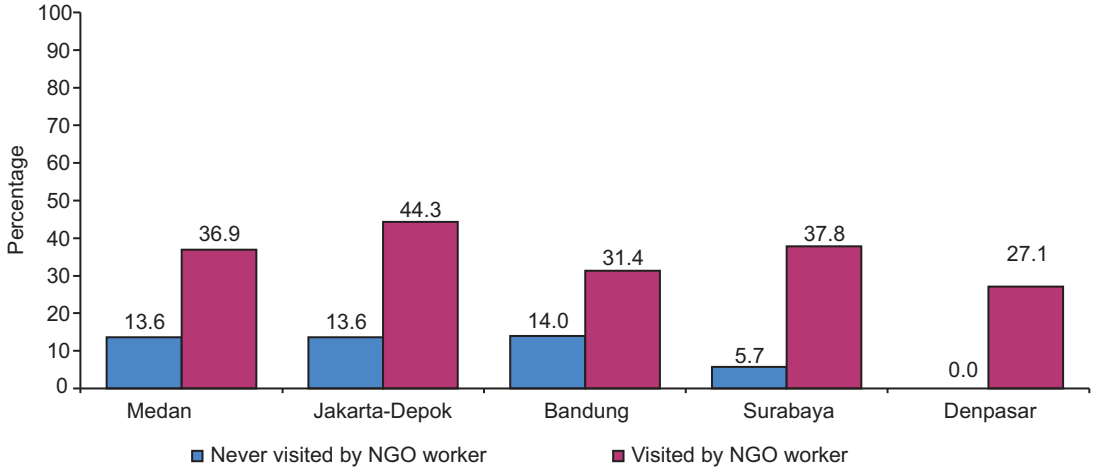
Visits from NGO workers produced a positive impact on increasing safe injecting behavior. This impact was particularly evident in the increased use of own needles/syringes in all of the cities, with the exception of Denpasar.

Figure 6.10.
Percentage of Injecting Drug Users Who Use Own Needle, by Level of Coverage



Visits by NGO workers have a positive impact on injecting behavior

Figure 6.11.
Percentage of Injecting Drug Users Who Practice Bleaching by Level of Coverage



The positive impact of visits by NGO workers is particularly apparent from the practice of bleaching to sterilize needles/syringes. In all of the cities, a significant difference was found as between injecting drug users who had received visits at one time or another from NGO workers and those who had never received such visits. In fact, in Denpasar, 21 percent of the injecting drug users who had received visits practiced bleaching as opposed to 0 percent in the case of those who had never received visits.

7

Mobility among High Risk Subpopulations and Relations Between High Risk Subpopulations

A. Mobility of High Risk Subpopulations

Mobility among Indonesian people has increased dramatically in recent years as a result of the rapid expansion of economic growth centers around the country. This expansion, together with the development of industrial, mining, forestry and fishing centers in many parts of the country results in a high level of labor mobility, particularly among men.

The growth of these centers has also led to a corresponding expansion of the service sector, including the entertainment and sex industries. Based on the findings of the Village Potential Survey conducted in 2002, which included questions on locations where sex transactions occurred, it was discovered that such locations are widespread throughout Indonesia.

The findings of the 2004 BSS present a picture of discernable mobility patterns among certain high risk subpopulations, namely, commercial sex workers, male clients of commercial sex workers, and injecting drug users. It is to be hoped that the information elicited by these surveys will encourage a greater understanding and awareness of just how extensive and serious the pattern of HIV transmission in Indonesia actually is at the present time.

Mobility of female commercial sex workers

The frequent movement of female commercial sex workers around Indonesia is a reality and is based upon well established patterns that indicate that such movements may be controlled and directed by syndicates operating in the entertainment and sex industries. Thus, there appears to be firmly established channels for the movement of female commercial sex workers between districts and provinces.

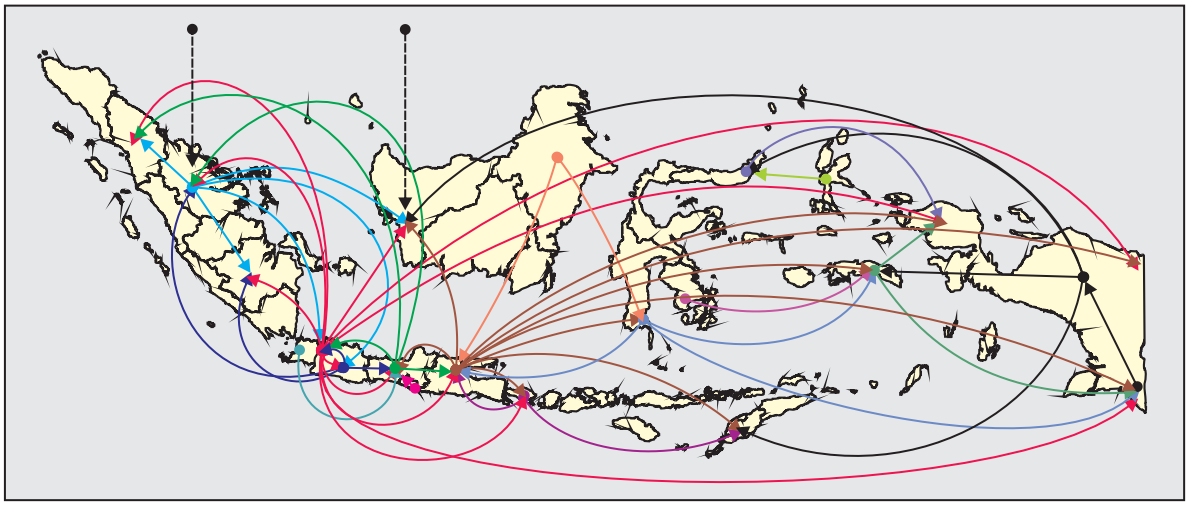
Mobility patterns among female commercial sex workers are shown in Figure 7.1., which details the places where the respondents worked as commercial sex workers prior to moving to the province in which they are now working. Mobility flows are only described where the percentage of movement is above 10 percent, with the thickness of the line showing the percentage of movements (the thicker the line, the higher the percentage).

In general, it will be seen that the province of Java are the principal suppliers of female commercial sex workers. West Java and Central Java are the primary suppliers for western areas of Indonesia, while East Java is the main supplier for eastern parts of the country. Besides serving as supplier areas, Central and East Java also constitute transit centers for female commercial sex workers from Java island before they move to areas outside of Java.

Riau Islands province represents one of the principal destinations of female commercial sex workers from Java island, and also serves as a transit center for other provinces in the western part of the country, including North Sumatra, South Sumatra, and West Kalimantan, as well as for female commercial sex workers returning to Java island. It is believed that the level of transit through Riau is quite high, as is the case also with Java.

The provinces of North Sumatra, South Sumatra and West Kalimantan are primarily destination centers and also serve as "dumping grounds" for female commercial sex workers

Figure 7.1.
Mobility Patterns among Female Commercial Sex Workers, 2004/2005



who have passed their prime while working in other provinces. Meanwhile, Riau and West Kalimantan provinces also receive female commercial sex workers from neighboring countries.

In the eastern parts of Indonesia, the supply of female commercial sex workers is dominated by East Java province, with female sex workers from this province operating in Bali, East Nusa Tenggara, South Sulawesi, Maluku, and Papua provinces, as well as in West Kalimantan province in western Indonesia. Save in the case of Bali and South Sulawesi provinces, the flow of female commercial sex workers from East Java tends to be unidirectional.

It is interesting to note that Papua province, which in general serves as a destination center for female commercial sex workers from East Java, also acts as a significant supplier of sex workers to North Sulawesi, Maluku, East Nusa Tenggara and even West Kalimantan provinces, which serve as "final dumping grounds" for those female sex workers who have passed their prime working in Papua.

In light of these findings, it is clear that special attention needs to be directed at those regions where young women tend to be drawn into the sex industry. If after a number of years working as commercial sex workers, they finally return to their home villages and marry, obviously the risk of transmitting HIV/AIDS to their husbands and offspring will be very great.

Given the mobility of female commercial sex workers, as shown in Figure 7.1., it is clear that the risk of the spread of HIV to new areas is a very high. Consequently, the same intensity of HIV prevention activities needs to be applied in each of the regions that are susceptible to high risk sexual behavior.

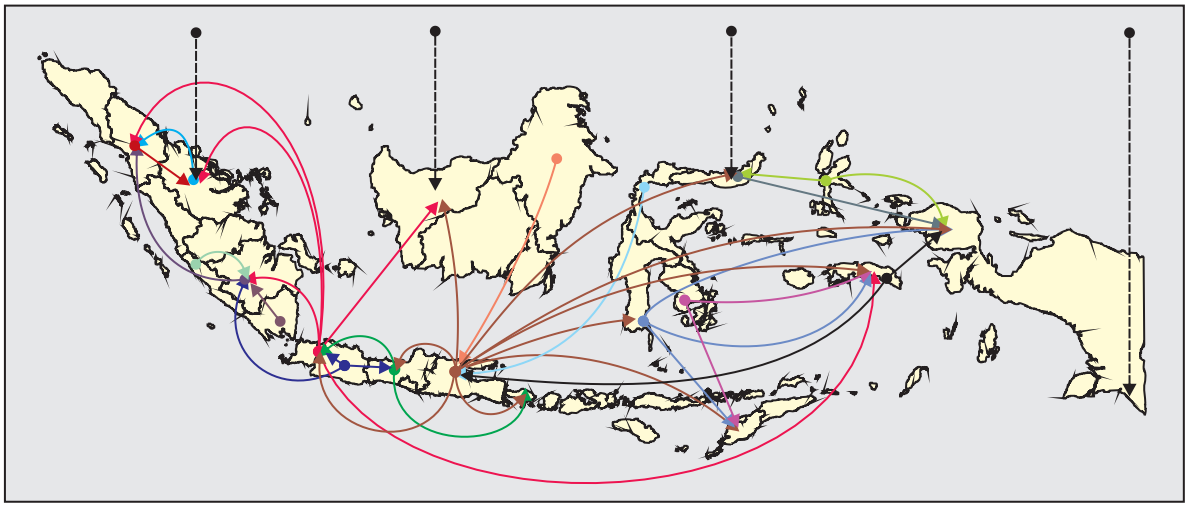
Client Mobility

The mobility trends for the male clients of commercial sex workers are shown in Figure 7.2. Unlike the female commercial sex workers, who display clear and discernable mobility patterns, no pattern is discernable in the case of the clients of female commercial sex workers. This is probably due to the great variety of respondents who participated in the SSP surveys. Clients in North Sumatra generally hailed from Sumatra island and Java island, while clients in West Kalimantan primarily originated from Jakarta, East Java and neighboring countries. In the case of East Nusa Tenggara and Maluku, clients hailed from a number of provinces in the eastern part of Indonesia. In addition to West Kalimantan, the provinces of Riau Islands and North Sumatra also received clients from neighboring countries.

Mobility of Transsexual Commercial Sex Workers

Mobility patterns among transsexual commercial sex workers appear to be complex. Nevertheless, preferences for working in certain cities are apparent, such as a number of cities on Java island like Jakarta and Surabaya. However, transsexual commercial sex workers are also to be found operating in many other cities, including cities in Sumatra, Sulawesi,

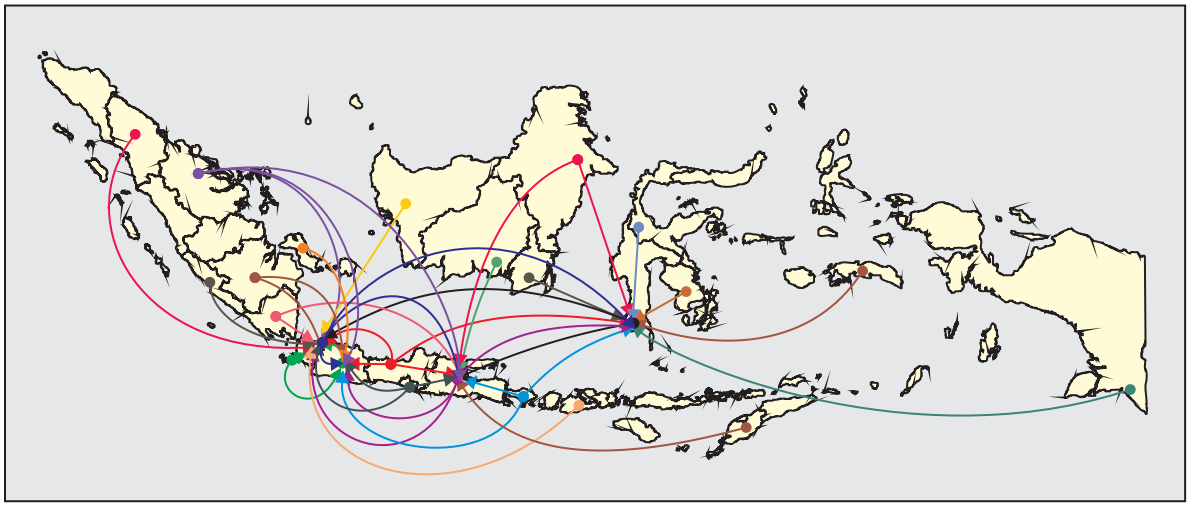
Figure 7.2.
Client Mobility, 2004/2005



Maluku, and even Papua. While the available data is based on surveys conducted in Jakarta, Bandung, Medan and Makassar, it is sufficient to indicate that transsexual commercial sex worker mobility extends to many parts of Indonesia.

The highest prevalence of HIV/AIDS among commercial sex workers affects the transsexual group. Given the high level of mobility among transsexuals and their relatively large number of clients, this group poses a serious threat of increased HIV transmission among both its members, their clients and their steady sex partners.

Figure 7.3.
Mobility Patterns among Transsexual Commercial Sex Workers, 2004/2005

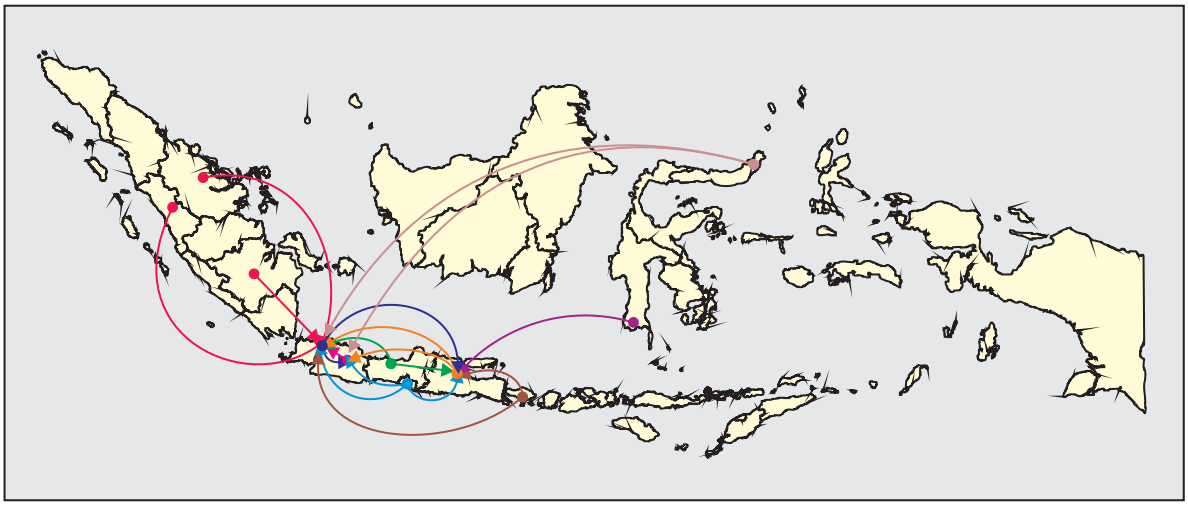


Mobility of Male Prostitutes

Mobility patterns among male prostitutes (referred to as "kucing" in the Indonesian language), appear to be different from those of the female commercial sex workers, and are generally confined to the major cities of Java and Bali. This reveals that the market for men who have sex with other men is still dominated by the cities of Java.

The movement of male prostitutes to Sumatra, Sulawesi and Bali appears to be relatively small scale. However, it should be noted that this conclusion is based on limited information obtained from surveillance of male prostitutes in Jakarta, Bandung and Surabaya, which cities were selected based on the relatively high number of male prostitutes operating in each of them.

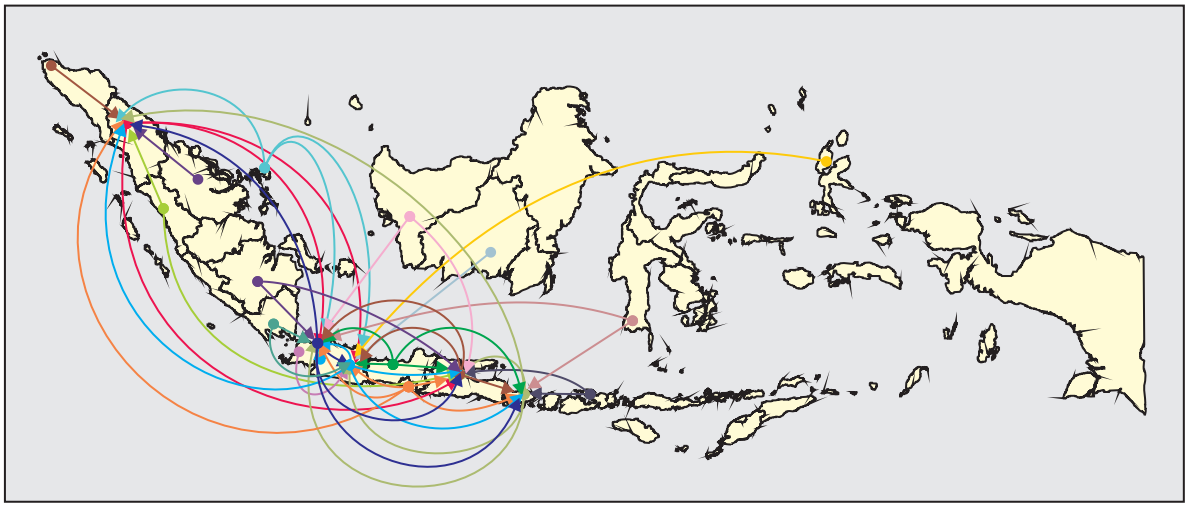
Figure 7.4.
Male Prostitute Mobility, 2004/2005



Injecting Drug User Mobility

The social networks of injecting drug users, while concealed, are nevertheless extensive. The survey findings reveal that wide intercity and interprovincial networks exist, as shown by the high percentages of injecting drug users who have injected in other cities and provinces. In the cities in which BSS were conducted on injecting drug users, a total of 48 percent of injecting drug users in Medan were found to have injected at one time or another in Jakarta province, while 10 percent had injected in Nangroe Aceh Darussalam province, North Sumatra province and West Java province respectively, and 7 percent in Bali. In the case of injecting drug users in Jakarta province, 65 percent had injected in West Java province, 6 percent in Central Java province, Yogyakarta province, and East Java province respectively, and 4 percent in Lampung province.

Figure 7.5.
Injecting Drug User Mobility, 2004/2005



Similarly, in Bandung, 69 percent of injecting drug users had injected as part of a group in Jakarta, 9 percent in Yogyakarta province, and 3 percent in East Java. In Surabaya, 56 percent of injecting drug users had injected in Jakarta province, 14 percent in Yogyakarta province, and 9 percent in Bali province. Finally, in Denpasar, 58 percent of injecting drug users had injected at one time or another in East Java province, 21 percent in Jakarta province, and 5 percent in Yogyakarta province.

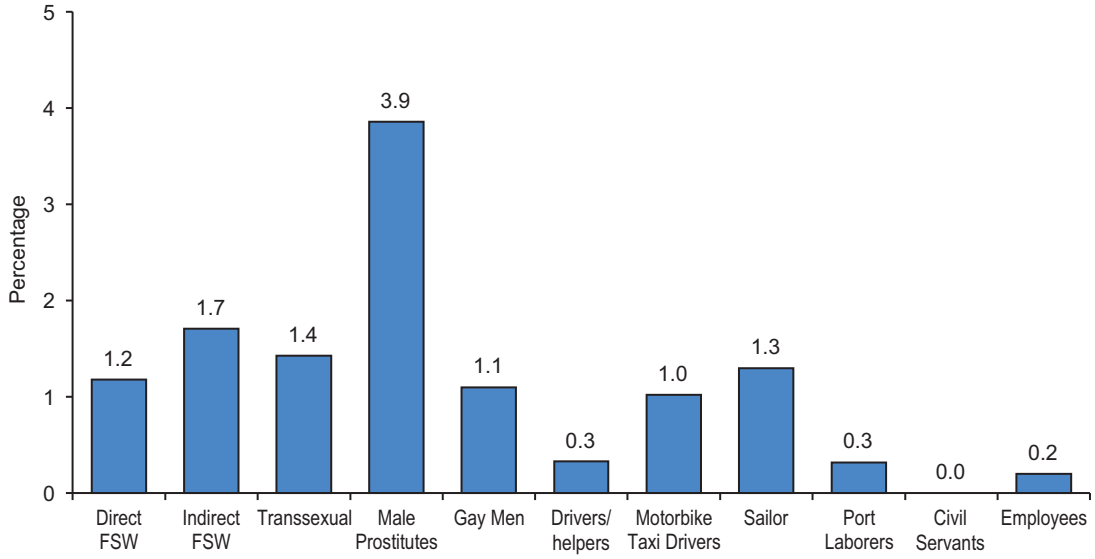
While the mobility map shows that the western areas of Indonesia, particularly Sumatra, Java and Bali, have a much higher intensity of injecting drug use than other areas, this is probably due to the fact that behavioral data was only collected in western Indonesia as a result of this region having the highest concentration of injecting drug users. Whatever the case, it is clear that the practice of injecting as part of a group in other areas has the potential to increase the spread of HIV around the country.

B. Transmission of HIV between High Risk Subpopulations

HIV is transmitted through exchanges of bodily fluids. Accordingly, one of the ways in which it can be transmitted between high risk subpopulations is through sexual relations. Based on the empirical data at hand, the quickest way of spreading HIV is through injecting drug use. Among the high risk groups other than the injecting drug users, it was found that approximately 1.3 percent of the target groups had injected drugs at one time or another, with the highest proportion being found among the male prostitutes at 4 percent.

Although the percentages were small, there were members of target groups other than the IDUs who had injected drugs at one time or another

Figure 7.6.
Percentage of Respondent Who Have Injected Drugs



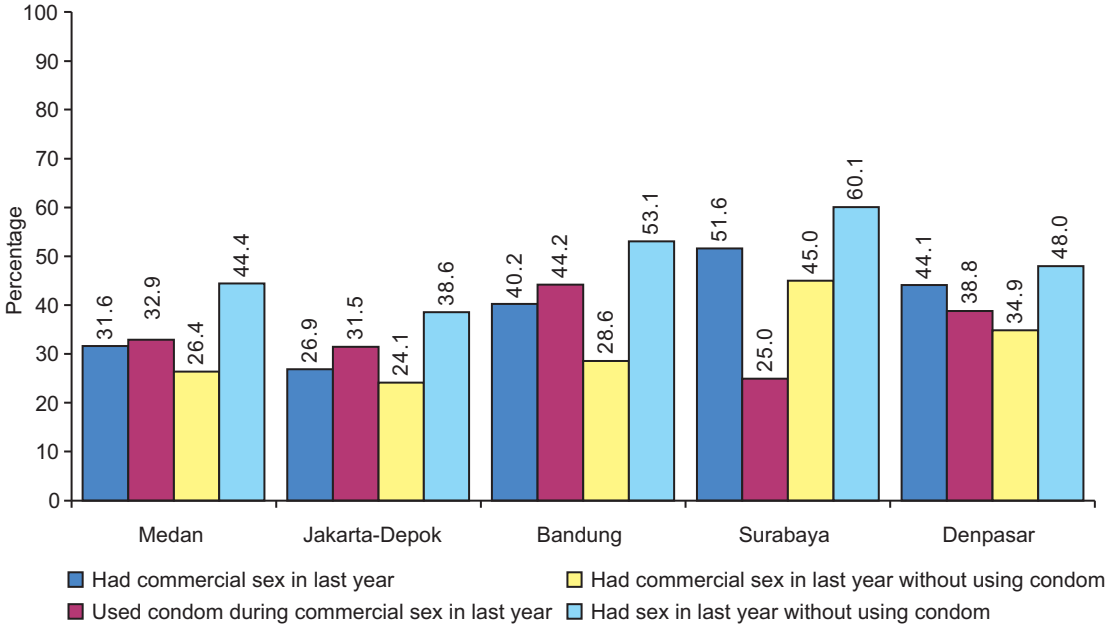
The injecting drug users are also highly active sexually. More than 50 percent of injecting drug users in Surabaya (the highest proportion) and approximately one quarter of injecting drug users in Jakarta-Depok (the lowest proportion) had had sex with a female commercial sex worker in the last year. Thus, there is not only the danger of continued transmission of HIV among the injecting drug users themselves, but also of its spread to their steady sex partners and commercial sex workers.

The relatively high prevalence of HIV among IDUs has the potential to increase its prevalence among female commercial sex workers

The danger of the transmission of HIV from injecting drug users to female commercial sex workers is compounded by a low level of condom use. Twenty-four percent of injecting drug users in Jakarta-Depok and 45 percent in Surabaya had sex with a commercial sex worker without using a condom during the last year. The risk of HIV spread becomes even higher when they also fail to use condoms during sex acts with other partners. Such behavior was apparent in 38 to 60 percent of injecting drug users.

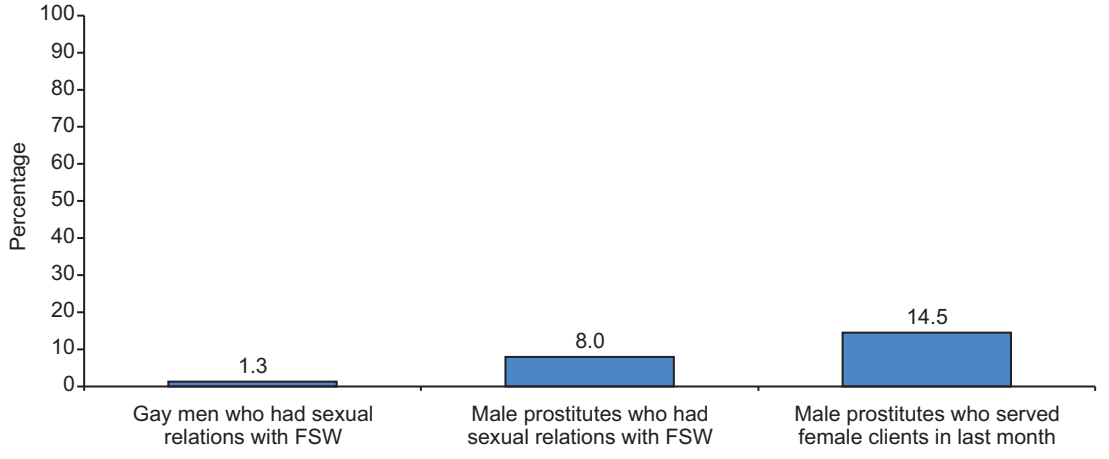
Almost half of the IDUs had sex without using a condom during the last year

Figure 7.7.
Percentage of IDUs by Sexual Behavior



Another type of behavior that also helps accelerate the spread of HIV is engaging in sex with both men and women (bisexual behavior). The potential for the transmission of HIV is increased by the fact that bisexuals also buy sex from female commercial sex workers.

Figure 7.8.
Percentage of High Risk Males by Other High Risk Behavior

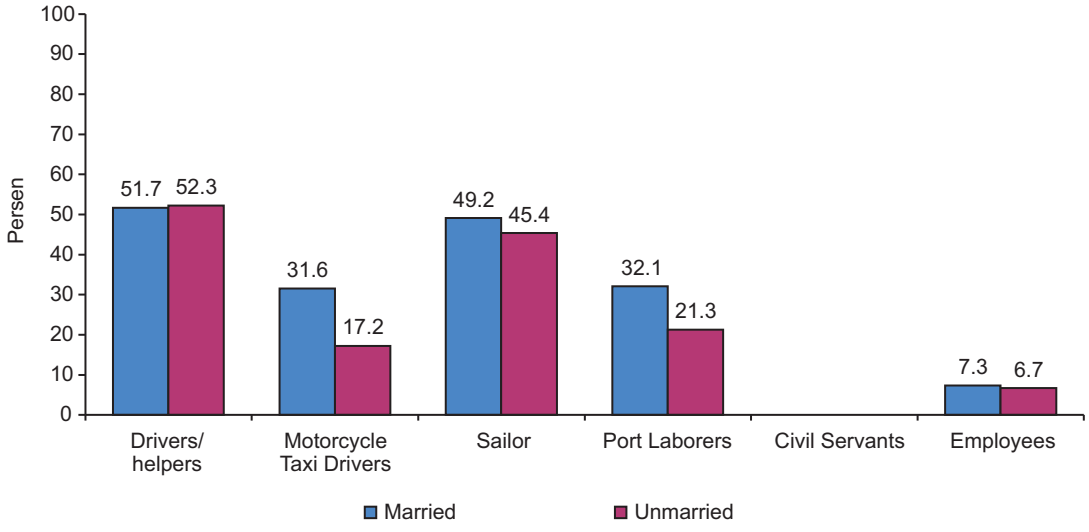


High risk bisexual behavior also poses significant risks of HIV transmission

Of the men who not only have sex with other men but also with women, the highest proportion was found among the male prostitutes, with 14.5 percent of the male prostitute respondents having sex with women clients in the last month. In addition, 8 percent of male prostitutes and 1.3 percent of gay men said that they had sex with female commercial sex workers at one time or another.

HIV can also be spread by high risk behavior among members of low risk populations, or even to members of groups that do not engage in high risk behavior, such as the faithful wives of husbands who buy sex from commercial sex workers. The survey revealed that quite a large number of married male respondents also engaged in commercial sex without using a condom during the last year, with the highest proportions being found among the truck drivers/helpers (more than 50 percent), followed by the sailors.

Figure 7.9.
Percentage of Male Respondents Who Engaged in Commercial Sex Without Using a Condom During Last Year by Marital Status



About 50 percent of married men in some occupations have the potential to infect their wives with HIV

Figure 7.10.
2004 BSS Findings

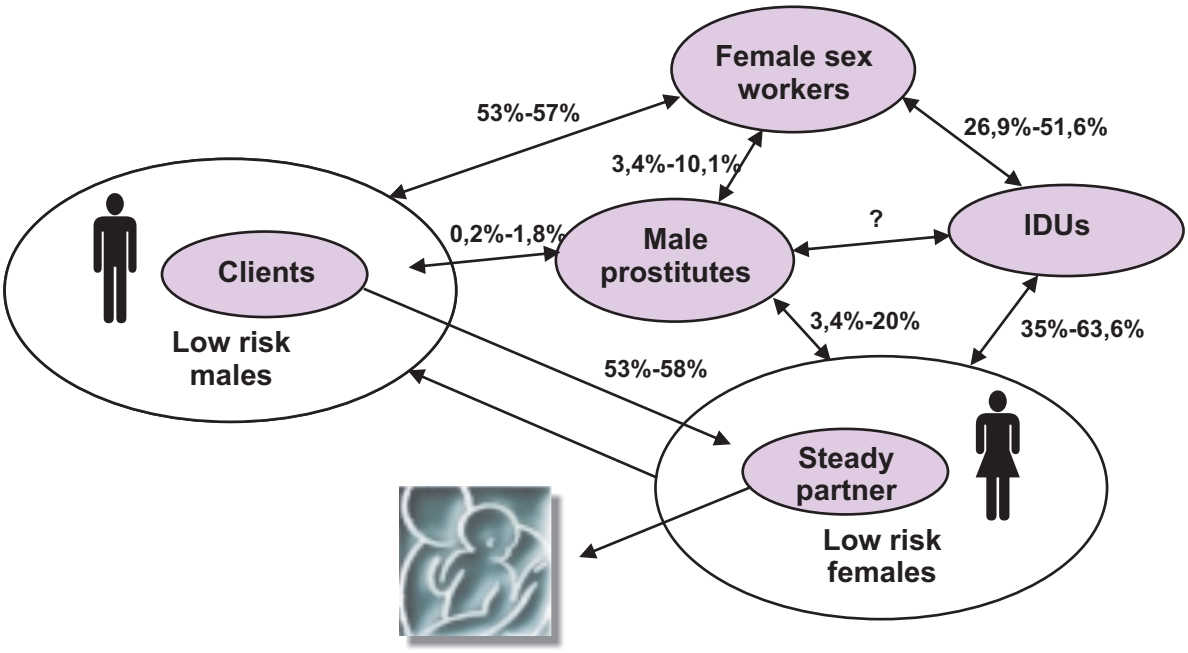


Figure 7.10. describes in simple, visual terms the risks of HIV transmission between at-risk subpopulations (based on the 2004 survey findings in Jakarta and Surabaya), and reveals the difficulties involved in trying to contain the spread of HIV in Indonesia. It also clearly shows the risk of HIV transmission through sexual behavior among the members of the high risk subpopulations. For example, based on the assumption that between 27 and 52 percent of the members of the injecting drug user subpopulation engage in sexual relations with female commercial sex workers, we can clearly see the potential for the spread of HIV among female commercial sex workers from the injecting drug user subpopulation. The virus will then be transmitted on to the clients of the female commercial sex workers.

Similarly, if we assume that a maximum of 2 percent of the high risk male subpopulations engage in anal sex with male prostitutes, this will obviously increase the likelihood of HIV transmission to the said high risk males. Thus, the risk not only arises from sexual contact with female commercial sex workers, but also from anal sex acts with male prostitutes. This pattern of multiple risks only serves to further increase the danger of transmission to others.

From the epidemiological perspective, the number of members of high risk subpopulations who engage in multi-risk behavior is quite large. This has the potential to not only maintain the rate of HIV transmission, but also to increase it. If our responses to the HIV/AIDS epidemic fail to address the relationships between high risk subpopulations and the mobility of their members, it will be difficult to contain the spread of HIV and to reach millennium development goals.

8

Conclusions

One of the most important ways of containing the spread of HIV/AIDS is to encourage changes in high risk behavior. With the epidemic in Indonesia currently concentrated among high risk subpopulations, such as commercial sex workers, commercial sex workers' clients, and injecting drug users, efforts to reach the members of these subpopulations need to be prioritized. This can be done by disseminating prevention messages, affording support for initiatives designed to encourage safe behavior, and providing the necessary healthcare services.

This report contains a description of the prevalent forms of high risk sexual and drug use behavior, and also describes the trends that are apparent at the national level. While only a small number of regions were surveyed, it is believed that the information presented here accurately reflects high risk behavior trends around the country.

In addition, a description has also been presented of trends regarding the seeking of treatment for sexually transmitted infection. This has been done in light of the fact that the prevention and treatment of sexually transmitted infection have long been neglected at the national level despite the important role these efforts have to play in containing and reducing the rate of HIV transmission. Accordingly, a national strategy for the prevention and treatment of sexually transmitted infection needs to be urgently formulated. In fact, the urgency of this is becoming increasingly pronounced due to the development of resistance by various types and strains of sexually transmitted infection to the standard antibiotics supplied by the Department of Health.

It is hoped that the description given in this report of high risk behavior among high school students in two big cities on Java island will encourage the promotion of safe behavior interventions that can prevent the spread of HIV among high school students and other young people. These efforts need to start in elementary school, or, at the very least, in junior high school.

Analysis of the data produced by the surveys on high risk subpopulations in a number of regions in Indonesia reveals a pattern of complex and interrelated behavior. The high level of mobility among members of the different subpopulations, both at the national and international levels, clearly shows that the threat of HIV is not limited to particular administrative areas or particular countries. High mobility levels greatly facilitate the spread of HIV. Thus, the efforts to contain and reduce the rate of HIV transmission must involve equal coverage for all areas. The fight against HIV/AIDS is coordinated at the national level by the National AIDS Commission and by regional AIDS commissions at the provincial, regency and municipal levels. The principal responsibility of the National AIDS Commission is to ensure coordination between the country's different sectors and regions to produce synergies in the prevention effort and reduce the number of new cases.

The complex patterns of high risk behavior revealed by this report mean that efforts to bring about changes in behavior must be based on appropriate behavioral-change theories. It is difficult to imagine that the necessary behavioral changes will be brought about if we focus our attention solely on transforming the behavior of individuals while neglecting the environmental factors that can contribute to encouraging and maintaining safe behavior.

Appendix

A Behavior Surveillance Survey (BSS)

B Survey Methodology

C Characteristics of Respondents

Behavior Surveillance Survey (BSS)

A Behavior Surveillance Survey (BSS) is a systematic and ongoing activity designed to collect, analyze, interpret and disseminate information on behavior in a particular subpopulation that is susceptible to HIV/AIDS transmission. The conducting of BSS surveys is an essential feature of second generation HIV surveillance.

By second generation HIV surveillance we mean the combining of behavioral surveillance with HIV serological surveillance, with the former serving to complement the latter. Consequently, the information produced by serological surveillance will be of much greater value when combined with the results of behavioral surveillance. Among the benefits that accrue from such combined surveillance activities are increased attention, concern and action in society as regards responding to the HIV epidemic, the identification of target subpopulations, the determination of prevention methods, proper planning of preventative responses, and effective monitoring of program outcomes.

To date, HIV surveillance has been confined to HIV prevalence among selected subpopulations. This is referred to as serological surveillance. However, if the HIV surveillance system is confined to serological surveillance, the opportunity for effective prevention will be lost. The data collected from behavioral surveillance will be of great benefit to the HIV prevention effort as the epidemic in this country is at a relatively early stage of development. HIV prevalence is still low in many parts of the country. Thus, there is still a window of opportunity for preventing the epidemic from spreading, and no effort must be spared in doing so. In order to increase the effectiveness of the prevention effort, all available resources must be concentrated on the effort to bring about behavioral change.

Second generation HIV surveillance also focuses on utilizing surveillance findings to support to HIV/AIDS prevention effort. The information produced by the BSS helps us identify communities at high risk of HIV infection, which in turn helps us in the planning of appropriate interventions for HIV/AIDS prevention, treatment and support. From the wider perspective, second generation HIV surveillance also plays an essential role in supplying the information that is required for the formulation of more effective HIV/AIDS prevention policies.

B

Survey Methodology

Survey Targets

At the present time, many new HIV cases are emerging among the members of high risk population groups, particularly among people who have multiple sex partners and injecting drug users who share needles/syringes.

The SSP target populations consist of adult males and females at high risk of contracting HIV. In the case of females, the high risk populations primarily consist of women who have multiple sex partners, such as direct female sex workers in red-light districts and brothels, or on the sidewalk, and indirect female sex workers, mainly made up of women who engage in commercial sex acts in order to earn extra income. These women are frequently employed in massage parlors, hairdressing/beauty salons, spas, bars, karaoke lounges, discotheques, cafes/restaurants, and hotels/motels.

The principal male populations at high risk of contracting HIV include men with multiple sex partners and men who buy sex from female commercial sex workers. The men with the greatest potential to engage in commercial sex acts are those who are away from home for long periods of time, such as sailors and truck drivers/helpers. Other groups that also have the potential to engage in commercial sex acts with female sex workers include port laborers and motorcycle taxi drivers, who often serve as go-betweens for female commercial sex workers and their clients.

In addition, another group of men at high risk are those who sex with other men. This group is made up of three main subgroups, namely, male prostitutes (referred to as 'Kucing' in the Indonesian language), men who have sex with other men (gay men) and transsexuals. The other high risk group covered by the 2004-2005 BSS consisted of injecting drug users.

Besides the target groups described above, the 2004-2005 BSS also covered a number of other groups whose members have the potential to engage in high risk behavior, namely, young people (represented by a sample of high school students), male factory employees, and male civil servants.

The definitions for each of the subpopulations covered by BSS in Indonesia are as follows:

- Direct Female sex workers: Women who openly operate as commercial sex workers
- Indirect Female sex workers: Women who disguise their involvement in commercial sex and who normally work in a number of identifiable occupations.
- Sailors: Sailors who work as crew members aboard both passenger vessels and freighters.
- Truck drivers/helpers: Men who work as intercity truck drivers or as drivers' helpers.
- Motorcycle taxi drivers: Men who transport passengers on their motorcycles in return for payment.
- Port Laborers: Male port workers employed in loading and unloading vessels (port coolies)
- Men who have sex with other men (gay men): Men who say they are homosexual or bisexual (self-identified bisexuals/homosexuals)
- Transsexuals: Confined for the purposes of this report to transsexuals who operate as commercial sex workers
- Injecting drug users: Persons who normally inject drugs
- Young people: For the purposes of this survey, grade III high school students from general, vocational and religious high schools in Central Jakarta and Surabaya.
- Employees: Male production workers employed by factories and companies in Karawang regency.
- Civil servants: Male civil servants working in both central and provincial/regency/ municipal government agencies in Jayapura municipality.

The BSS findings presented in this report were collated between 2004 and 2005. Not all of the target groups were surveyed in each of the selected regencies/municipalities. For example, the BSS on high school students was confined to students in Central Jakarta and Surabaya, while the motorcycle taxi driver survey was limited to motorcycle taxi drivers in Sorong municipality and the docker survey to dockers in Merauke regency. Full details of the regencies/municipalities involved by target group surveyed, and the years in which the surveys were carried out are presented in the following table:

Table B.1.
City/Distric BSS by Target Group and Year

Province	City/ District	Year	Direct FSW	Indirect FSW	Trans-sexuals	Gay & Male Prostitutes	IDUs	Students	Male Respon-dent
North Sumatera	Deli Serdang	2004	☞						D/H
	Medan [1)]	2004		☞			☞		
Riau Islands	Tj. Pinang	2004	☞	☞					S
South Sumatera	Palembang	2005	☞	☞					D/H
DKI Jakarta [2)]		2004	☞	☞	☞	☞	☞	☞	S
West Java	Karawang [3)]	2004	☞						E
	Bandung [4)]	2005			☞	☞	☞		
	Bekasi	2004		☞					
Central Java	Semarang	2004	☞	☞					D/H
East Java	Surabaya	2004	☞	☞	☞	☞	☞	☞	S
Bali	Denpasar	2005	☞	☞			☞		D/H
NTT	Kupang	2005	☞	☞					S
West Kalimantan	Pontianak	2004	☞	☞					S
North Sulawesi	Manado/ Bitung	2004	☞	☞					S
South Sulawesi	Makassar	2005	☞	☞	☞				S
Maluku	Ambon	2005	☞	☞					S
Papua	Merauke	2004	☞	☞					PL
	Sorong	2004	☞	☞					MTD
	Jayapura	2004	☞	☞					CS

Notes:
1) The BSS on injecting drug users was carried out in 2005.
2) The survey location for FSW and port laborers was North Jakarta, while that for transsexuals, gay men and male prostitutes encompassed all of Jakarta and Depok. Both surveys were conducted in 2005. Meanwhile, the survey location for high school students was Central Jakarta, with the survey being conducted in 2005.
3) The BSS on factory employees was conducted in 2005.
4) The BSS on injecting drug users was conducted in 2004.

D/H : Driver/helpers
S : Sailors
E : Employees
MTD : Motorcycle Taxi Drivers
PL : Port Laborers
CS : Civil Servants

Survey Methodology

Sample sizes were determined in such a way as to provide a clear picture of the high risk behavior engaged in so as to allow the extent of behavioral change to be assessed following the next survey. Calculations carried out based on the cluster survey method revealed that samples of between 200 and 400 respondents would be sufficient to provide a representative sample of each of the high risk target groups for the purpose of assessing trends in behavioral change.

In the case of the direct female sex workers, indirect female sex workers and transsexual sex workers, each sample consisted of between 200 and 250 respondents, while the high risk male samples each consisted of approximately 400 respondents, and the men who have sex with other men (transsexual sex workers, gay men and male prostitutes) samples of between 250 and 300 respondents.

Bearing in mind that high school students are not a high risk group, the target samples for this group was between 800 and 1000 respondents. Each of these samples was made up of students from a number of schools, with 1 class in each school being selected and all of the students in the class serving as respondents. Based on the assumption that the male civil servant group was also relatively low risk, the sample here also consisted of between 800 and 1000 respondents.

Estimated populations of direct female sex workers, indirect female sex workers and transsexual sex workers were obtained from independent listings in each location where sex was offered for sale using information obtained from local government agencies in each area, such as the social services agency, public health agency and tourism agency, as well as from NGOs and other sources. The identification of new locations and estimated populations of sex workers was carried out using the snowballing system. In listing locations in the field, administrative district maps were employed for operational purposes, with these maps showing the geographic locations where sexual transactions were conducted. The final results of this listing process provided the framework for selecting locations and determining the target samples in each location.

In the case of sailors, listing was carried out on vessels while they were docked in port, while listing for men who have sex with other men was conducted in entertainment venues, such as malls, discotheques, pubs, bars, massage parlors and other similar places.

In the case of female commercial sex worker, transsexuals and men who have sex with other men, the two-stage cluster sampling design method was employed, while random sampling was used to both select sample locations (clusters) and respondents. Data was collected based upon face-to-face interviews between the respondents and the survey officials. Efforts were made to keep intervention by third parties that could result in bias to a minimum.

With regard to the BSS on injecting drug users in Medan, Jakarta-Depok, and Denpasar, cluster sampling was also employed for sample selection and data collection purposes, while in Bandung and Surabaya, data was collected from injecting drug users who visited drop-in

centers as part of their participation in outreach programs. Respondent Driven Sampling was employed, with data being collected during face-to-face interviews between NGO officers and the respondents. In order to ensure minimal bias and errors, periodic supervision was conducted by Statistics-Indonesia's officials.

The cluster sampling method was used during the SSP surveys on the high school students, with each class serving as a cluster. Every student in the selected classes was surveyed, provided they were at school on the day the survey was conducted. Data was collected by means of each student responding to a questionnaire (self-enumeration) under the guidance of the survey officer. The same method was applied in the case of the factory employee/operative and civil servant samples.

Results of Listing

Listing was carried out for the purpose of developing a framework to be used in the selection of sample locations. Lists were drawn up for the direct female sex workers, indirect female sex workers, transsexual sex workers, men who have sex with other men (gay men and male prostitutes), and male respondents. The number of locations and populations listed for each target group are shown in tables B.2. and B.3. below.

Table B.2.
Estimated Number of Locations Resulting from Listing, by Target Group

Province	City/ District	Direct FSW	Indirect FSW	Trans-sexuals	Gay & Male Prostitutes	Male Respon-dents
North Sumatera	Deli Serdang	25	-	-	-	92
	Medan	-	19	-	-	-
Riau Islands	Tj. Pinang	16	21	-	-	3
South Sumatera	Palembang	14	38	-	-	14
DKI Jakarta		17	77	55	76	6
West Java	Karawang	29	-	-	-	-
	Bandung	-	-	17	50	-
	Bekasi	-	108	-	-	-
Central Java	Semarang	20	21	-	-	17
East Java	Surabaya	45	126	64	27	9
Bali	Denpasar	25	63	-	-	16
NTT	Kupang	7	20	-	-	3
West Kalimantan	Pontianak			-	-	
North Sulawesi	Manado/Bitung	15	40	-	-	11
South Sulawesi	Makassar	25	69	44	-	62
Maluku	Ambon	30	26	-	-	64
Papua	Merauke	15	13	-	-	6
	Sorong	42	22	-	-	56
	Jayapura	30	30	-	-	-
Total		355	693	180	153	359

Table B.3.
Estimated Populations Resulting from Listing by Target Group

Province	City/ District	Direct FSW	Indirect FSW	Trans-sexuals	Gay & Male Prostitutes	Male Respon-dents
North Sumatera	Deli Serdang	386	-	-	-	2.184
	Medan	-	442	-	-	-
Riau Islands	Tj. Pinang					
South Sumatera	Palembang	490	406	-	-	486
DKI Jakarta						
West Jawa	Karawang	456	-	-	-	-
	Bandung	-	-	400	504	-
	Bekasi	-	1.034	-	-	-
Central Jawa	Semarang					
East Jawa	Surabaya	3.091	1.756	404	730	2.107
Bali	Denpasar					
NTT	Kupang	265	182	-	-	1.970
West Kalimantan	Pontianak					
North Sulawesi	Manado/Bitung	435	701	-	-	830
South Sulawesi	Makassar					
Maluku	Ambon	169	364	-	-	1.366
Papua	Merauke					
	Sorong					
	Jayapura					
Total		10.611	9.929	1.859	6.159	20.482

Sample Size

The sizes of the samples in each survey location by target group are shown in the following table:

Table B.4.
Sample Size by Target Group

Province	City/District	Direct FSW	Indirect FSW	Trans-sexuals	Gay & Male Prostitutes	IDUs	Student	Male Respon-dent	Male Resp. Chategory
North Sumatera	Deli Serdang	250	-	-	-	-	-	400	D/H
	Medan	-	200	-	-	250	-	-	
Riau Islands	Tj. Pinang	250	250	-	-	-	-	400	S
South Sumatera	Palembang	250	200	-	-	-	-	400	D/H
DKI Jakarta [1)]		250	250	250	450	402	1.240	400	S
West Java	Karawang	250	-	-	-	-	-	1.002	E
	Bandung	-	-	250	300	343	-	-	
	Bekasi	-	250	-	-	-	-	-	
Central Java	Semarang	250	250	-	-	-	-	400	D/H
East Java	Surabaya	250	250	250	300	496	920	400	S
Bali	Denpasar	250	200	-	-	304	-	400	D/H
NTT	Kupang	250	200	-	-	-	-	400	S
West Kalimantan	Pontianak	250	200	-	-	-	-	400	S
North Sulawesi	Manado/Bitung	250	200	-	-	-	-	400	S
South Sulawesi	Makassar	250	200	302	-	-	-	400	S
Maluku	Ambon	150	200	-	-	-	-	400	S
Papua	Merauke [2)]	159	133	-	-	-	-	398	PL
	Sorong	250	200	-	-	-	-	400	MTD
	Jayapura	250	200	-	-	-	-	769	CS
Total		3,809	3,383	1,052	1,050	1,795	2,160	5,598	

Notes : 1) The survey location for female commercial sex worker and port laborers was North Jakarta, while that for transsexuals, gay men and male prostitutes encompassed all of Jakarta and Depok. Meanwhile, the survey locations for injecting drug users and for high school students were Surabaya and Central Jakarta respectively.

2) The survey data for the female commercial sex workers is complete

D/H: Driver/helpers, S: Sailors, E: Employees, MTD : Motorcycle Taxi Drivers , PL : Port Laborers, CS : Civil Servants

Characteristics of Respondents

Besides collecting information on the awareness and behavior of the respondents, the 2004-2005 BSS also asked a number of questions pertaining to the characteristics of the respondents, such as their age, level of education, and marital status. However, questions regarding marital status were not posed to the members of the transsexual, gay men and male prostitute groups as such questions are sensitive and could disrupt the interview process or affect the veracity of subsequent responses. The following section describes the characteristics of the respondents who participated in the 2004-2005 BSS by target group.

Age

The majority of the commercial sex workers (female commercial sex workers, transsexual sex workers and male prostitutes, gay men and injecting drug users were between 20 and 34. Thus, they were all of productive age wich has implications for the risk of spread of HIV. Meanwhile, the majority of the high risk male respondents were over 25.

More than 40 percent of the BSS respondents were between 25 and 34, except in the case of the truck drivers/helpers (38 percent), port laborers (33 percent) and civil servants (32 percent). In the case of the truck drivers/helpers and the civil servants, 45 percent of the former and 65 percent of the latter were over the age of 35.

Table C.1.
Percentage of Respondents by Age Group

Target Group	Age Groups (Years)					Sample Size
	< 20	20-24	25-34	35 +	Total	
Direct FSW	9.2	29.1	44.9	16.8	100.0	3,809
Indirect FSW	10.2	36.7	41.5	11.6	100.0	3,383
Driver/Helper	2.3	15.0	37.5	45.3	100.0	1,600
Motorbike Taxi Drivers	4.8	29.5	44.3	21.5	100.0	400
Sailor	5.8	24.3	41.4	28.5	100.0	3,200
Port Laborers	14.8	26.6	33.2	25.4	100.0	398
Transsexual Sex Workers	7.6	21.7	41.6	29.1	100.0	1,052
Gay Men	5.5	25.3	50.3	18.9	100.0	636
Male Prostitutes	9.2	41.8	44.4	4.6	100.0	414
IDUs	8.0	43.7	44.1	4.3	100.0	1,795
Employees	0.5	12.6	48.3	38.6	100.0	1,002
Civil Servants	0.1	3.9	31.7	64.3	100.0	769

Based on the average age of the respondents, the civil servants were the oldest respondents on average at around 40. The youngest average age was found among the injecting drug users (25). Among the commercial sex workers, the oldest respondents on average were the transsexuals (31), while the female commercial sex workers and male prostitutes were between 25 and 27 on average.

Table C.2.
Average and median ages of respondents

Target Group	Age (Years)		Sample Size
	Average	Median	
Direct FSW	27	27	3,809
Indirect FSW	26	25	3,383
Driver/Helper	34	33	1,600
Motorbike Taxi Drivers	29	28	400
Sailor	31	28	3,200
Port Laborers	29	26	398
Transsexual Sex Workers	31	29	1,052
Gay Men	28	28	636
Male Prostitutes	25	24	414
IDUs	25	24	1,795
Employees	34	32	1,002
Civil Servants	40	39	769

Marital Status

The BSS findings also revealed that there were some female commercial sex workers who were married (around 10 percent of direct female sex workers and 16 percent of those are indirect FSW. However, the majority of female commercial sex workers were divorced (62 percent in the case of direct female sex workers and 49 percent of those indirect FSW). Meanwhile, the majority of the male respondents were married.

Table C.3.
Percentage of Respondents by Marital Status

Target Group	Marital Status					Sample Size
	Unmarried	Married	Divorced	Widowed	Total	
Direct FSW	19.6	10.3	61.6	8.5	100.0	3,809
Indirect FSW	28.4	16.3	48.8	6.5	100.0	3,383
Driver/Helper	22.6	75.8	1.5	0.1	100.0	1,600
Motorbike Taxi Drivers	40.5	58.0	1.5	0.0	100.0	400
Sailor	44.2	54.2	1.3	0.3	100.0	3,200
Port Laborers	37.2	57.8	1.5	3.5	100.0	398
Employees	21.2	77.5	0.8	0.5	100.0	1,002
Civil Servants	17.5	81.7	0.4	0.4	100.0	769

Education

Among the commercial sex workers, the male prostitutes were relatively better educated than the other sex worker groups, with 75 percent of the male prostitutes having graduated from high school or achieved even higher educational attainments. The group with the lowest level of education was the direct female sex workers, 66 percent of whom had not progressed beyond elementary school.

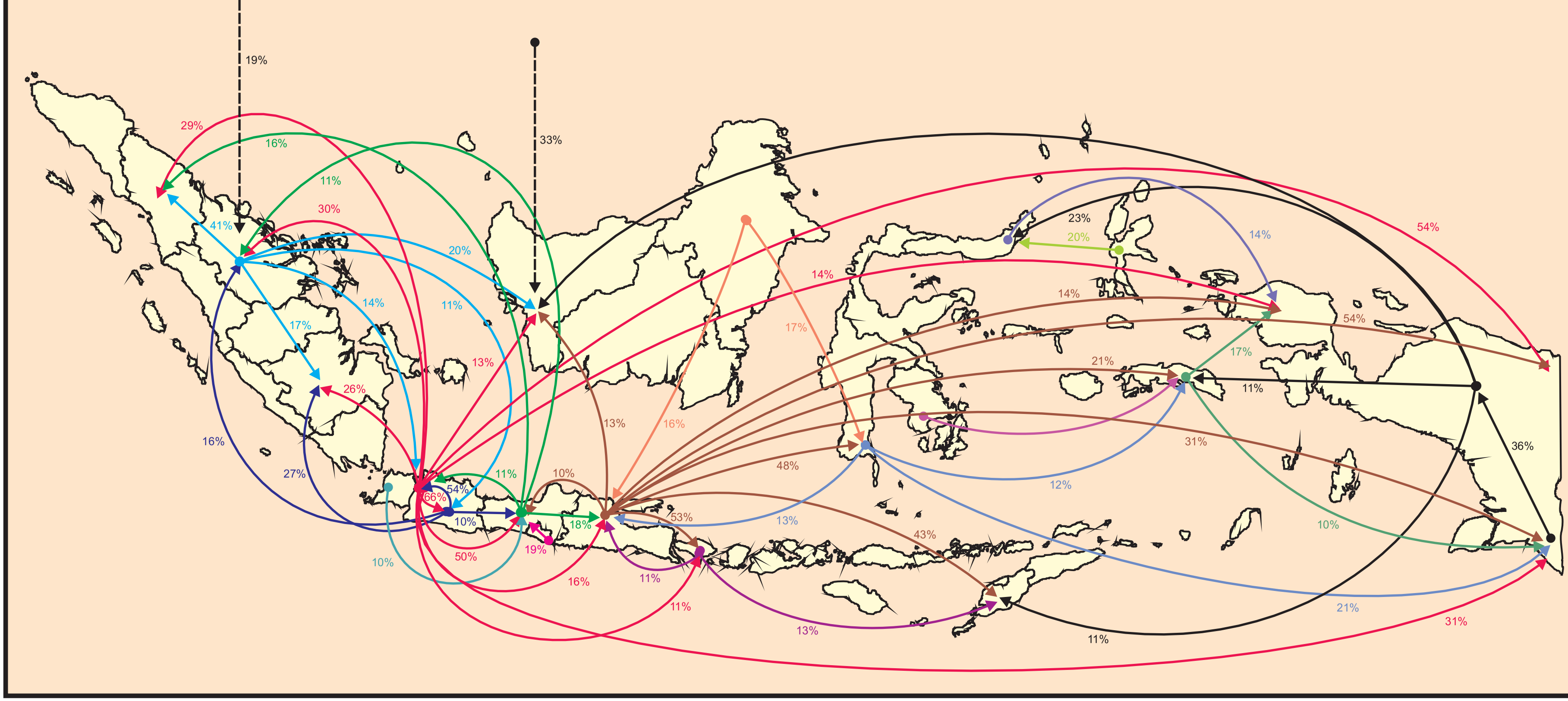
In the case of the non-sex worker groups, the civil servants, employees and gay men had relatively high educational attainments on average, with 80 percent of them having graduated from high school. Meanwhile, the lowest educational attainments were among the port laborers, 64 percent of whom had not progressed beyond elementary school.

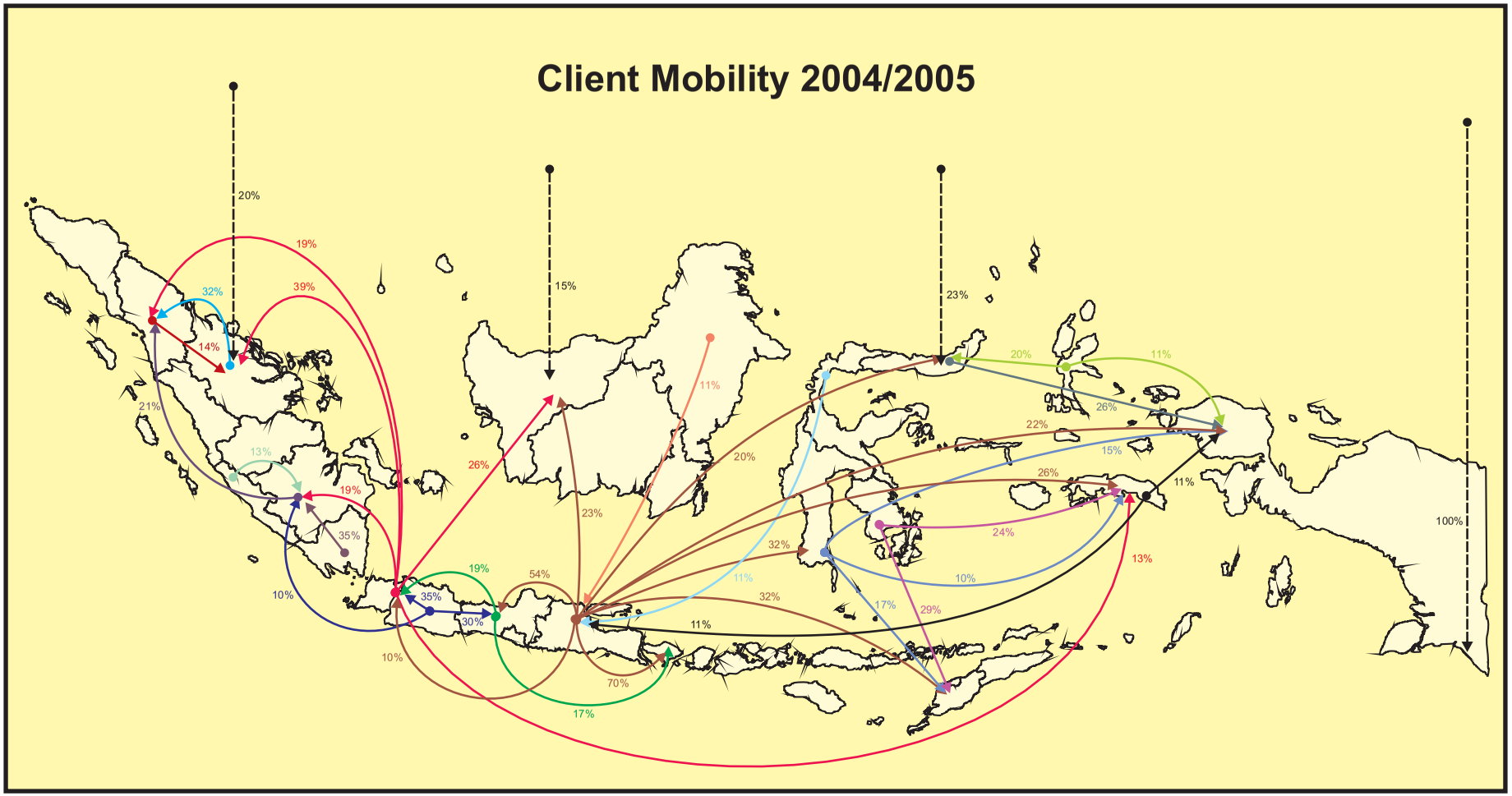
Table C.4.
Percentage of Respondents by Highest Educational Attainment

Target Group	Highest Educational Attainment					Sample Size
	Failed to graduate from elementary school	Elementary school	Junior high school	Senior high school +	Total	
Direct FSW	31.5	34.4	24.8	9.4	100.0	3,809
Indirect FSW	9.1	26.6	36.7	27.6	100.0	3,383
Driver/Helper	10.9	29.1	36.1	23.9	100.0	1,600
Motorbike Taxi Drivers	5.3	16.3	24.8	53.8	100.0	400
Sailor	9.2	20.5	22.1	48.2	100.0	3,200
Port Laborers	36.2	27.4	21.4	15.1	100.0	398
Transsexual Sex Workers	11.7	20.8	28.6	38.9	100.0	1,052
Gay Men	0.5	3.8	9.0	86.8	100.0	636
Male Prostitutes	0.0	4.4	20.3	75.4	100.0	414
IDUs	1.8	8.3	24.3	65.6	100.0	1,795
Employees	0.9	2.9	8.8	87.4	100.0	1,002
Civil Servants	0.1	0.7	4.3	94.9	100.0	769

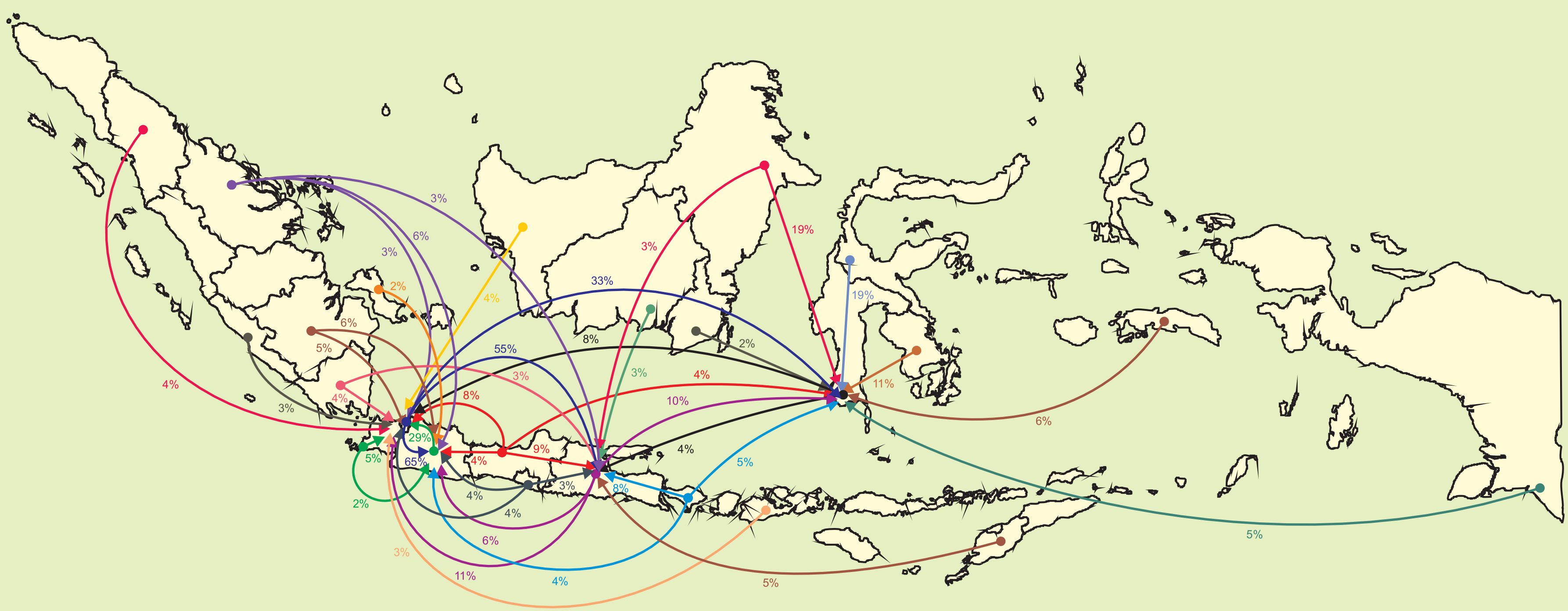
Mobility Patterns

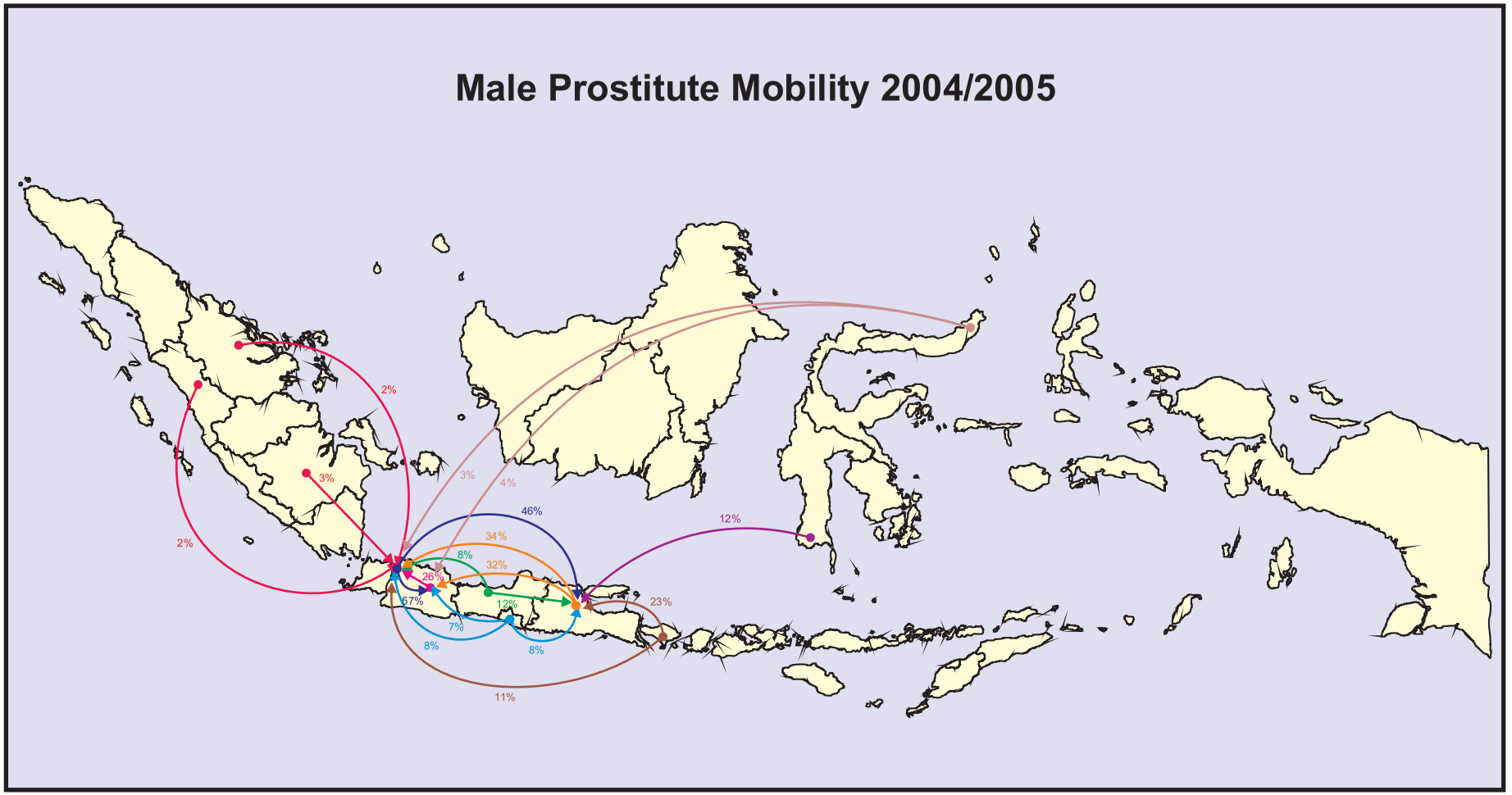
Mobility Patterns among Female Commercial Sex Workers 2004/2005




Client Mobility 2004/2005
20%
15%
23%
100%
19%
32%
39%
14%
21%
13%
19%
35%
10%
26%
19%
54%
35%
30%
10%
23%
11%
20%
70%
17%
11%
32%
11%
20%
11%
26%
22%
15%
26%
24%
11%
32%
10%
17%
29%
13%

Mobility Patterns among Transsexual Commercial Sex Workers 2004/2005




Male Prostitute Mobility 2004/2005
2%
3%
3%
4%
46%
34%
8%
32%
26%
57%
12%
7%
8%
8%
23%
11%
12%
2%

Injecting Drug User Mobility 2004/2005