

**PRE-CONFERENCE NATIONAL CONSULTATION WITH YOUTH:
YOUNG PEOPLE AND HIV/AIDS**



UNICEF INDONESIA

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ACRONYMS AND ABBREVIATION

AIDS	-	Acquired Immune Deficiency Syndrome
ARV	-	Antiretroviral
BNN	-	Badan Narkotika Nasional (National Narcotics Board)
CIMSA	-	Center for Indonesia Medical Students Activities
FGD	-	Focus Group Discussion
GoI	-	Government of Indonesia
HIV	-	Human Immunodeficiency Virus
HCV	-	Hepatitis C
IDU	-	Injecting Drug Users
IEC	-	Information, Education and Communication
LSE	-	Life Skills Education
MoNE	-	Ministry of National Education
NAS	-	National AIDS Strategy
NGO	-	Non-Government Organization
TOT	-	Training on Trainers
UNAIDS	-	Joint United Nations Programme on HIV/AIDS
UNICEF	-	United Nations Children's Fund
VCT	-	Voluntary Counselling and Testing
YAKITA	-	Yayasan Harapan Permata Hati Kita
YCAB	-	Yayasan Cinta Anak Bangsa

1. Introduction

1.1 HIV/AIDS: the situation in Indonesia

Patterns: a concentrated epidemic.¹ Indonesia, the world's largest archipelago, with a population 214,8 million is now the fourth most populated country in the world. Young people age 15-24 represent approximately 30% of the population (UNICEF, WHO, UNAIDS 2002). The HIV epidemic in Indonesia is concentrated, with still-low HIV infection rates in the general population², but high rates among certain populations. As of March 2004, the MoH reported 2,746 HIV and 1,413 AIDS cases, bringing to a total 4,159 reported HIV/AIDS cases and 493 AIDS related deaths in Indonesia. The number of Indonesians living with HIV/AIDS is estimated by the Government at 90,000 to 130,000ⁱ, the majority of whom are unaware of their seropositive status. It is estimated that unless behaviour changes, another 80,000 Indonesians will have become newly infected in 2003ⁱⁱ. One of the driving factors of HIV transmission in Indonesia is injecting drug use (IDU), currently a growing phenomenon among young urban Indonesians.ⁱⁱⁱ The majority of these drug users are young people in their twenties and over two-thirds are sexually active. The other important mode of transmission of HIV in Indonesia is unprotected sex, including with commercial sex workers. In Merauke, Papua, for example, 26.5% of female sex workers are already infected by HIV. Condom use at last high-risk sex was reported to be 41% among commercial sex workers, but this is by no means consistent.^{iv} To date, overall HIV/AIDS prevalence among people in the 15–29 age group is still estimated at below 0.1%^v. Knowledge of HIV/AIDS among the general population is still far from satisfactory, especially among youth. The attitude is that it is a disease affecting only “high-risk populations” such as female sex workers. In 2002–2003, 34% of young women and 21% of young men in the 15–24 years age group had never heard of HIV/AIDS.^{vi} Translated into absolute numbers, this becomes millions. In 2002, only 38% of Jakarta high school students aged 15–19 correctly identified ways of preventing sexual transmission and rejected major misconceptions^{vii}. The National AIDS Strategy (NAS) 2003–2007 endorses the dissemination of HIV/AIDS knowledge through non-formal education as well as through religious channels, to be achieved by integrating HIV/AIDS materials into the regular curriculum. The NAS indicates that this requires capacity building for teachers, trainers and leaders who can pass on such information to their students. Young people's involvement in the national response and including UNICEF-supported action is through school-based Life Skills Education and Peer Education for out of school youth. To reach a critical mass of young people with information and skills to prevent HIV infection, UNICEF Indonesia works with the Ministry of National Education (MoNE) and youth-serving NGOs. The UNICEF-supported Life Skills Education (LSE) is undertaken in five districts in Papua province. It involves teacher training on basic information about HIV/AIDS and the ten life skills as well as other participatory teaching learning approaches. Materials development in collaboration with the Ministry of National Education as well as training in the use of the materials forms part of the teacher training. As an extracurricular activity only one hour per week is allocated for LSE for HIV/AIDS prevention. Peer Education for out of school youth is managed by three youth-serving local NGOs with national networks. UNICEF supports training of trainers as core peer educators, training of peer educators, and peer education outreach activities in schools and communities. The intervention covers five provinces: Jakarta, West Java, South Sulawesi, Bali and East Java.

1.2 The Consultation Process

The preparation for participation in the forthcoming international AIDS conference by young people in Indonesia has been participatory and involved 98 youth (13–24 years) from the Greater Jakarta area (young injecting drug users), West Java and South Sulawesi provinces (trainees for core peer educators for a UNICEF-supported peer education project) and from a girls' high school in the city of Jakarta

¹ The data in this section, where other sources are not mentioned, are from the Government-UN agencies Working Group on the Millennium Development Goals Report. UNICEF and Bappenas are the Secretariat for this endeavour.

² MoH estimates in 2001 were 0.1% among adults.

(junior high school students) by local youth-serving NGOs Yayasan Harapan Permata Hati Kita (YAKITA) and Yayasan Cinta Anak Bangsa (YCAB). The sessions were held in a very participatory manner using Focus Group Discussion (FGD) and plenary discussion facilitated by YAKITA personnel themselves. The pre-consultations were undertaken using FGD with a total of 18 young people at YAKITA recovery centre (14 involved in FGD Group 1 that are also involved with FGD Group 3 with an addition of 4 people from peer training), and 25 young peers from West Java who were being trained at YAKITA as part of UNICEF-YAKITA Youth Project (TOT Group 1) which was undertaken in the third week of their training, and 24 young people from Makassar, South Sulawesi (TOT Group 2) who were just coming in for their one month training TOT with UNICEF-YAKITA. YCAB involved 18 young girls in their FGD at the girls' high school in Jakarta. The three-hour discussions stayed focused on issues that were also addressed during the Youth Sessions at the International Harm Reduction Conference in Chiang Mai in 2003. All the young people who will take part in the Bangkok AIDS Conference also took part in the FGDs. The hope was that the FGD would also enable them to hear, understand and carry the message and the voices of their peers they will represent in the conference in Bangkok.

1.3 Key findings and recommendations

The consultations suggest that in all cases young people perceive HIV to be a serious threat, and there is a strong belief that with the right information, skills, education and support from parents and leaders young people can act to mitigate that threat. They also believe that talking about HIV/AIDS alone without reference to other risk behaviour such as substance and drug abuse is not enough. As a consequence, there is a strong demand for young people to be given more opportunity to participate in their own prevention programmes. Key findings emerging from the series of consultations held with young people in Indonesia include insufficient knowledge and information about HIV/AIDS among young people; inadequate services for young people and the role of parents and others in providing HIV/AIDS information to young people, a high level of misconception about HIV/AIDS among younger groups and especially girls, and a lack of skills about HIV/AIDS prevention. Young addicts and those who have been exposed to peer education training on prevention of substance and drug abuse and use are more knowledgeable about HIV/AIDS than the high school students and new recruits for the peer education, particularly those from South Sulawesi. The consultations also provided an opportunity to educate young people about several issues on HIV/AIDS and drug abuse and use.

Key recommendations include the need to recognize the role of young people in prevention; the need for prevention education that leads to positive behaviour; and social change that needs, in this particular context, to challenge social, religious and policies as well as power inequalities. Scientific approaches to HIV/AIDS education should be avoided; instead, practical, readily available teaching techniques and materials that young people identify with should be used. There is need for harm reduction programmes to assist young people to protect themselves against HIV/AIDS and other reproductive health challenges. Services for young people must be in place if their reproductive health needs are to be met. A national campaign on HIV/AIDS and related issues should be launched to increase the participation of young people. Parental involvement in the education of young people should be encouraged.

2. Consultations

A. Yayasan Harapan Permata Hati Kita (YAKITA)

YAKITA is a recovery centre that provides a comprehensive approach to treating addiction. Founded in 1999, YAKITA is a community-based organization that provides basic recovery programmes including detoxification, peer counselling training programmes, and on-the-job training programmes. The cutting edge of YAKITA is the fact that it works with the HIV issue as part of the recovery programme, incorporating it into harm reduction information, self-support programmes and also family support

programmes. Most of the addicts who come into treatment are young people, which also signify the face of HIV in Indonesia currently.

Respondents of Focus Group Discussions:

At YAKITA, four groups were involved:

1. **Addict Group**: 14 young people (all male addicts, new residents of YAKITA), who were divided into three groups. The youngest is 19 years old. They have been 'clean' for between 1 and 5 months. Most of the young people are from Jakarta, with one each from Malang (East Java), Batam, and Medan (North Sumatra). Nine of them have HCV (all IDUs). Three of these people also have HIV. The rest are all negative at the current time. The discussion was about drugs and HIV/AIDS.
2. **UNICEF-YAKITA TOT Group 1**: 25 young people from West Java who were at YAKITA at the time of the consultation undertaking a one-month training under the UNICEF-YAKITA peer education project. Only four of the 25 were addicts. Three of them have HCV (ex-IDUs) and two of these also have HIV. Fourteen of the group are drug-naïve, while the rest have all tried drugs at different points in their lives. The discussion was about drugs and HIV/AIDS.
3. **Addict Group**: 18 young people (all addicts, peer counsellors in training and residents of YAKITA; this group includes 14 people who were also part of Addict Group 1), who were divided into two groups. The youngest is 19 years old, and two are women. They have been 'clean' from between 1 month and 2 years. Most of the young people are from Jakarta, with one each from Malang (East Java), Batam, and Medan (North Sumatra). Nine of them have HCV (all IDUs). Three of these also have HIV. The rest are all negative at the current time. The discussion was about HIV/AIDS in particular.
4. **UNICEF-YAKITA TOT Group 2**: 22 young people and two adults from Makassar (South Sulawesi), who were attending a one-month training for core peer educators at YAKITA. The participants held the FGD on the second day after arrival. Their level of knowledge about HIV/AIDS and drug abuse and use was still limited. The discussion was more in-depth about HIV/AIDS.

The FGD Process:

In each group the process was facilitated by YAKITA personnel, who first explained what needed to be discussed and why inputs from the young people were needed, and that there were no 'right' or 'wrong' answers. The group was divided into groups of five young people each and each group was given a list of questions addressing the key issues. The discussion went on until all the questions had been answered. Each group chose their own rapporteur from within the group, who reported to the key facilitator after the discussion.

The facilitators did not interfere in the FGD, except to make sure that the young people were expressing their ideas clearly, that all the questions had been given enough consideration and discussion, and that the discussion did not go off track. All the facilitators had been involved in the FGD facilitated by YAKITA and UNICEF for last year's Country Consultation Report in preparation for the Harm Reduction Conference in Chiang Mai.

The results from the two different groups (the addict group and TOT Group 1) were then compared and compiled to make this report. Statistics from YAKITA's database (N=208; 187 males, 21 females) were also used to support and quantify findings. The draft report was discussed with UNICEF and revised.

B. Yayasan Cinta Anak Bangsa (YCAB)

Focus Group Discussion:

Another consultation was held with a much younger group involving a girls' high school in Jakarta. The session was conducted by YCAB, a local NGO with a national network. YCAB manages a peer education programme for young people in and outside of school, and works closely with Badan Narkotika Nasional (BNN), a government agency working with young people in drug and substance abuse prevention activities. The students are those active and involved in school-based drug abuse and HIV/AIDS prevention activities. They had received Life Skills and information about drugs and related harms from a Youth Against Drug Abuse Workshop delivered by YCAB with financial and technical support from UNICEF. The participants comprised 18 girls aged between 13 and 15. The FGD was facilitated by Riva Setiawan, Jacqui Oskar, Rini and Charmonte from YCAB. Ricky Satuika, Hard Rock FM Presenter and singer, was a guest speaker.

The FGD Process:

The group discussion was held in a classroom setting at Ursula School in Jakarta. The process was very similar to the one used at YAKITA. However, in this case the group acted as a team rather than in small groups. This was their choice as they felt that breaking into small groups would limit their chance in knowing what their peers know or recommend for HIV/AIDS prevention in Indonesia. The facilitators (some of whom had been involved in the FGD facilitated by YAKITA and UNICEF for last year's Country Consultation Report in preparation for the Harm Reduction Conference in Chiang Mai) asked the questions and in most cases provided more information on the HI/AIDS situation in Indonesia in order to solicit response from the students. The whole session was videotaped by YCAB (the video was also submitted to UNICEF).

3. Results

Yayasan KITA

The discussion shows that most young people have heard about HIV/AIDS but do not have much information about it. Young addicts from the YAKITA rehabilitation centre know more about HIV/AIDS than the TOT group. The TOT Group 1 noted that they now know more about HIV/AIDS from the peer education training conducted by YAKITA. TOT Group 2 from Makassar had limited knowledge about HIV compared to their colleagues from West Java. All respondents from Groups 1, 2 and 3 realize that HIV is more of a problem because of drug use and that HIV cannot and must not be separated from this issue; in Indonesia, it would not make sense to talk about HIV among young people without talking about drugs. The data at YAKITA show that all addicts in treatment there have been sexually active, and women have reported a high degree of sexual violence^{viii} (YAKITA 2003). This means too that any discussion of HIV must also include the issue of sex and sexuality. The results are categorized according to the focus of the discussions held by the various groups. For example the focus of discussion with the addicts at the rehabilitation centre was drug abuse and use in relation to HIV/AIDS, while the other groups focused mainly on HIV/AIDS, with some reference to drug and substance abuse.

Drugs: (FGD Groups 1 & 2)

Peer Pressure

Most of the young people, addicts and non addicts alike, feel that *peer pressure is the greatest reason for people to begin using drugs, and how drug use is perceived by young people*. All feel that wanting

to look ‘cool’ and an environment that supports drug use can spur young people to use drugs, especially those who want attention from their peers. Families that don’t provide enough attention and don’t communicate well with their children make their children vulnerable to drugs. ***About half of the addicts used at home, usually a friend’s home that has low parental supervision.*** Additionally, seeing that their friends do not suffer any prolonged negative effects from drug use makes young people more likely to give drugs a try. From the discussion it was also apparent that most began using drugs at a very young age: the youngest started at the age of 8. This shows that ***it is important that young people get information before they reach 10 years old.*** If they have already tried drugs by that time, then drug prevention and HIV information might be too late, and it might be more difficult to stop using. However, the discussions also show that not all young people who used or tried drugs would continue drug use into a chronic state of addiction: from TOT Group 1, 11 had tried drugs, and only 4 became addicts.

Coping Skills and Personal Strength of Character

Young people continue to use drugs because ***they are not confident enough about saying no and are afraid of being alienated by their friends.*** The difference between the addicts and TOT Group 1 in their perception of why people continue to use drugs was that addicts felt that they use drugs to deal with their problems, while the TOT group, especially the drug-naïve group, perceived drug users mostly as pleasure seekers, as unconfident and irresponsible people. It can be surmised that young people need better education to increase their coping skills before they get a chance to try drugs. It also seems that without coping skills, it would be difficult for those who do use to stop and to stay off drugs.

Young People Do Not Stop Drug Use Because of HIV

Young people stopped using drugs mostly because they felt tired and guilty about their drug use, felt that they had lost too much to drug use and felt that their lives were no longer normal. They did not stop using drugs because of HIV or information regarding HIV.

As this report was being prepared, a 22-year-old girl with HIV was taken to YAKITA by her family who asked YAKITA peer counsellors to accompany her to hospital, because she badly needed medical attention and they were unable to monitor and prevent her from running away from the hospital or their house to get drugs. This girl’s lung capacity was only a third of what is normal; she had a bad case of endocarditis, and was 6 months pregnant. Even in this condition, nobody could handle her and get her to stay at the hospital. Three days after being taken to hospital, she gave birth spontaneously, but it was too much for her body to handle. Both mother and baby fell into critical condition, and died at midnight, an hour after the birth of the baby. This is another reminder that even having HIV and being sick does not stop someone from using drugs.

Problems Faced by Young People as a Result of Drug Use

Young people who use drugs experience various types of problems, yet neither the addicts nor the TOT Group 1 recognized HIV as a very significant problem. Hence, the need for harm reduction programmes to assist these young people from getting HIV/AIDS and Hepatitis C. The main problems experienced or perceived were that life patterns became chaotic, a decline in concentration and communication with family and friends, money problems, a decline in health and general well-being, and in some cases, getting into trouble with the police.

Experience with Service Providers and Information Gained

Young people’s experience with service providers shows that they did not get much information on addiction or HIV/AIDS. There is a general distrust of the medical community in particular that addicts

seem to share. This is not typical to Indonesia, however, since research by the National Institute of Drug Abuse (NIDA 2000) also indicated the same findings in their 75 years of study. It seems that addicts do not really feel that they get real assistance from most service providers in stopping their drug use due to the fact that knowledge about substance abuse is still limited. **HIV knowledge among professionals is also limited.** One female addict said that she was tested without her consent and was not provided with information after she tested positive. Another young man also did not get enough information after testing. They only received information as to what HIV/AIDS is really about and what to do about it from the rehabilitation programme—two years after they tested positive for HIV. The other HIV positive people were tested when they were already at YAKITA so they did not have anything to say about this.

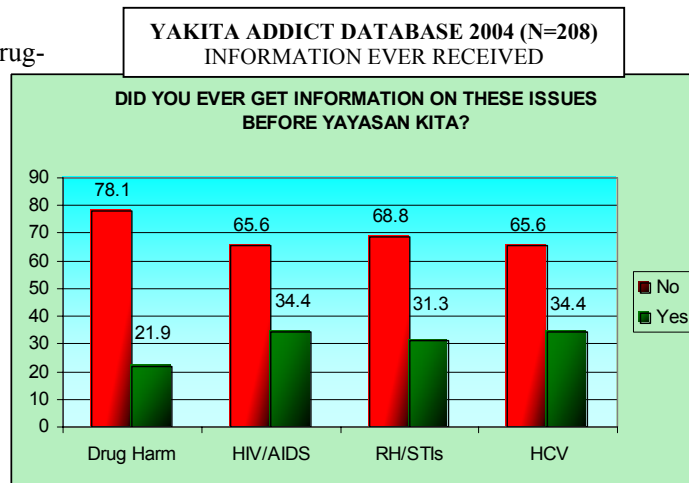
A member of TOT Group 1 suddenly disclosed his HIV status and all stood up and hugged him, to his surprise. He was very touched and did not expect such a response from his peers. He said that the reason he disclosed to the group was that he could not keep it to himself any longer. We made sure that the group became a safe environment for him.

Most young people reported getting neither in-depth information on HIV/AIDS nor any health materials in their contact with service providers. Sex education has always been taboo, hence they learn little about HIV/AIDS and its relation to drug use.

What Do Young People Need?

Young people discussed the fact that they received very little information on drugs or HIV/AIDS and therefore said *they needed honest, clear and open information on drug use and HIV/AIDS. Campaigns and information dissemination on these issues are also needed on a large scale, although they also mentioned that campaigns must provide information and not just empty slogans* such as ‘Fight Drugs’ or ‘AIDS kills’: as they said, how could anyone fight drugs if they don’t even know why they must fight it, how to fight it, don’t know what the drugs look like, how drugs affect people, and how drugs relate to other problems like crime, violence, sex and sexuality, and viruses such as HIV and Hepatitis C.

Both groups are in agreement that a drug-free environment is necessary, plus support from their family and friends. Addicts said they need more attention from their families, and more specifically needed their families to learn about drugs and be involved in aftercare. They said that parents who come to aftercare meetings are easier to talk to and are more able to help them compared to parents that are not active. They observed that many addicts whose parents are not active relapsed because they were unable to communicate with their families. TOT



Group 1 stated that families must show Tough Love, and not be protective of their addicted children. It was noted that many families are in denial, and would not accept the fact that their children needed help. Perhaps families are embarrassed about having children who are addicts. They noted a need for more government and donor support for recovery centres that are accessible to those who cannot pay. Efforts should be made to increase the awareness of the general public to work towards cleaning their neighbourhood from drugs.

TOT Group 1 said that physical activities and more involvement of young people would make them less likely to use or, if they do use, to continue using drugs.

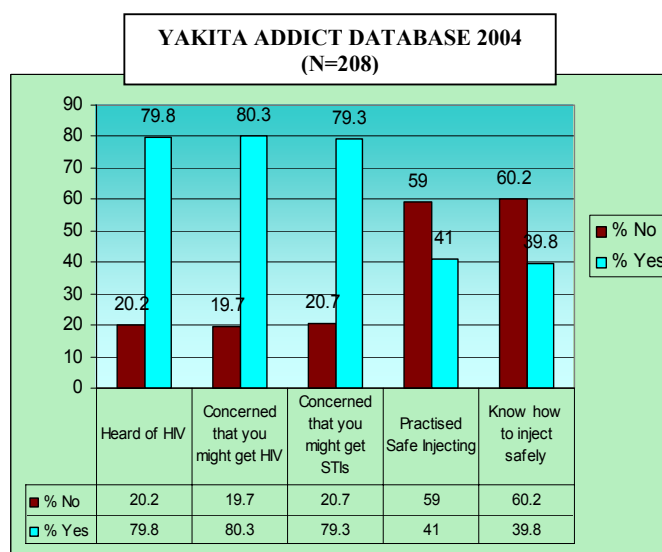
What Information Did You Ever Get When Seeking Help?

Responses to the question about what information they received when seeking help (addicts) and just in general (TOT Group 1 drug-naïve group), continue to show that the information received has been extremely limited. Of 13 young addicts who received medical assistance, **only three (23%) reported receiving information on drugs, viruses (HIV/AIDS), brain damage caused by drugs and how drugs harm the body.** Three others were cautioned not to use drugs, without any in-depth information as to how drugs can cause HIV/AIDS and Hepatitis C infection. The TOT group reported that most of their information came from YAKITA, during the TOT, plus some from the mass media, seminars and brochures. Both groups noted that street banners on carried very general messages like “War Against Drugs”, which most people, especially addicts, would not pay attention to.

HIV/AIDS: (FGD Group 3 & 4 facilitated by Yakita, and High School students facilitated by YCAB

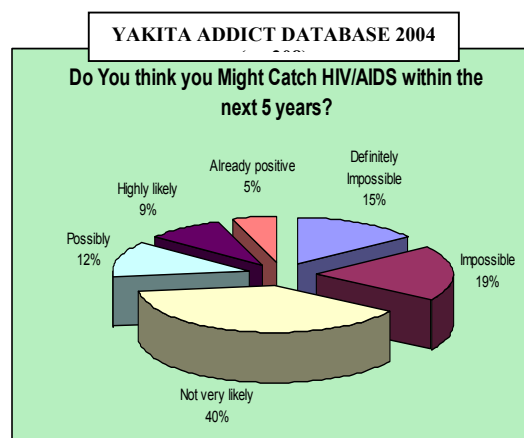
More Information Needed

Both groups felt that HIV/AIDS is a very important issue among youth because young people’s search for their ‘identity’ makes them vulnerable to drug use, which in turn makes them vulnerable to HIV/AIDS. Many young people don’t know what HIV/AIDS is, so they need information so that they can avoid getting infected. The high school group remarked that **with support from their parents and full knowledge about HIV/AIDS, youths would be able to make better choices about sex and drugs.**



Neither group was very clear about the HIV/AIDS situation in their communities, mainly because people are not open about it. Several of the high school students knew of people who have the disease, some as a result of IDU.

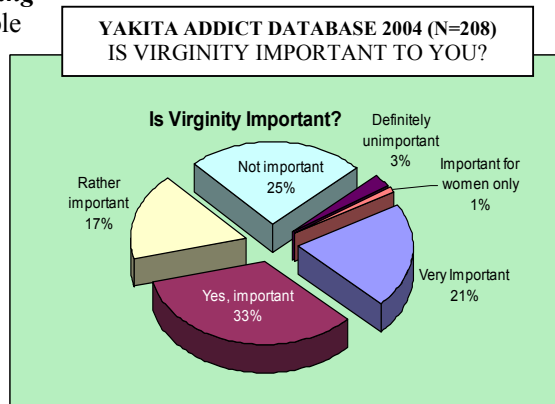
Most of the addicts felt that they and their peers knew the basic facts about HIV/AIDS, but the others said there is little information about HIV/AIDS available to young people, especially from parents or schools. Both groups noted that **HIV/AIDS is considered taboo; as a result, there are few trustworthy sources,** although sometimes schools and NGOs provide information. Some high school students were aware of news or information in the media, and had discussed it with their peers. One person reported getting information from the YAKITA website.



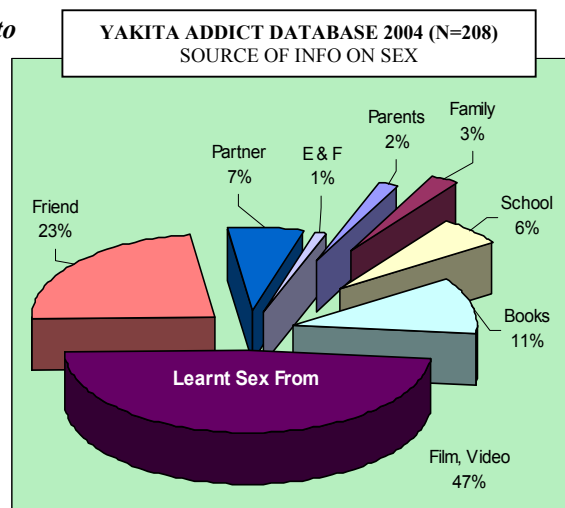
The respondents said that young people can protect themselves from HIV with clear and accurate information; not having indiscriminate sex; using condoms; and not sharing needles and syringes. However, condoms are not believed to be 100% effective, and they are felt to be bothersome to use. Condoms are perceived to be easily available in pharmacies, but young people don't feel comfortable about carrying them because there is still a taboo surrounding condoms and sex.

The TOT group felt that *young people are not keeping themselves safe from HIV*. A lot of young people start having sex early and have a lot of sex, including with sex workers. However, they don't understand or care about HIV/AIDS and don't use condoms: it is believed that such information is only for adults.

Girls were felt to be especially vulnerable because men usually make the decisions about condoms; the girls agree because they don't want to risk losing their boyfriends. In addition, religious and social ways of life often restrict girls from getting information about sex matters.



Sex and HIV education in schools was considered to be very important, but it should cover everything and not be left too late. The respondents' experience of sex education was that it was mostly restricted to anatomical or religious aspects, with little information on protection and skills. The high school students reported that a doctor and another medical worker talked to them in primary school about biological aspects of sex. One of the high school students reported a visit from an ex-addict who talked about the consequences of practicing free sex and drugs.



It was felt that very little counselling was available to young people.

Among the reasons cited for young people not getting themselves tested for HIV were that they don't know enough about HIV to think they are vulnerable; they are embarrassed; they are afraid to get the results and fear discrimination; they do not know where to go for the test and there are no testing services available for young people.

Few of the respondents felt that religious beliefs, customs and social values would affect their sexual behaviour, but it would depend on the depth of their understanding of religion. Although in general the prevailing culture mitigates against free sex, it was felt that curiosity is stronger than the fear of sin when you are young.

Care and Support

Many of the addicts had observed or experienced discrimination by families, health services, and in the workplace, while neither the TOT Group 2 nor the high school students had experienced it directly. It was noted that those who are positive also avoid disclosing their status.

Stigmatization against young people living with HIV/AIDS could be reduced through information and campaign, especially in schools; as well as efforts to normalize the disease and make it personal. None of the respondents felt that religious beliefs, customs or social values would make them act in a certain way towards people with HIV.

When asked if they knew of any care and support for young people affected by HIV/AIDS in their communities, the addicts knew only of YAKITA, with vague knowledge of other NGOs that work with HIV/AIDS and the health services. The high school students did not know of any. Some of the addicts felt that the support from YAKITA addressed the needs of young people, while others didn't at that point. Both groups felt that the government should be more involved in prevention and care services for young people. Access could also be improved through more IEC for young people, legalizing needles and syringes, and maximizing media participation.

Most respondents said they could get tested for HIV in hospitals, rehab centres and certain labs, but would not trust most services unless they had personal recommendations.

Neither group had much awareness of ARV treatment for HIV/AIDS. Those who had heard of it said it was only available at two hospitals in Jakarta. They had received some information about it through YAKITA. Only a few of the positive people in the TOT group had taken any medication for HIV/AIDS. In general they felt that young people need information about ARVs, for example through schools, and the treatment should be available locally. Government and pharmaceutical companies, NGOs and other agencies could give financial and technical assistance to increase availability of ARVs in the country.

Effectiveness of Policies and Programmes

Programmes:

There was very little knowledge about HIV/AIDS programmes addressing the issue of young people and HIV/AIDS in the community, apart from the UNICEF-YAKITA efforts, some talk shows and limited information from visitors at primary school level. *There was a general perception that services are not available to young people unless they are married.* Positive people reported some peer support, weekly closed meetings, information, counselling, buddy programme to hospitals, and greater involvement of HIV positive people. Other than those at YAKITA, programmes were not regarded as addressing young people's needs, but could be improved through provision of more information 'where young people hang out, including schools, malls: be creative to get our attention!' *It was important that young people themselves should be involved in planning and implementation.* It was also noted that the government should support these programmes financially.

None of the respondents knew anything about policies (local or national) related to young people and HIV/AIDS. With regard to religious beliefs, customs and social values, it was felt that they could perhaps help young people solve the problems they face in relation to HIV/AIDS but only if such efforts addressed physical, mental, emotional and spiritual aspects and were not just sermons. Religious leaders could help if they were open enough and not preachy; it was felt that they would be good in helping to deal with stigma of people with HIV/AIDS.

4. Summary of Key points to be taken at National and Sub-National Levels

- Young people need reproductive health and HIV/AIDS information and education at all levels. At the moment, access to information is very limited for young people, and trainings that target young people are also still very limited. What needs to be included in these materials are: sex education that covers basics of human reproductive anatomy, reproductive health, and gender issues; drugs and substance abuse, and HIV/AIDS and other health problems relevant to young people. Life Skills must also be part of this educational programme.

- HIV/AIDS is closely linked to the problem with drugs that is currently affecting the young people in Indonesia, and it is not wise to talk about HIV without giving attention to drug use and abuse since the number one cause of HIV infection is injecting drugs. Yet, problems regarding drug use and abuse must also be addressed separately, since at the moment the only excuse to talk about drugs is when it is linked to HIV/AIDS and there are no programme funds available just to address the drug problem and specifically recovery. While the problem of Injecting Drug Use (IDU) is still an urban phenomenon it is pertinent that a national programme be launched to address the problem of HIV/AIDS and drug use among young people
- Access to support groups, to counselling and service provision is limited for youth. For the most part, young people don't really know where to go to for assistance. It is important to review the current policy that limits reproductive health services for young un married people. Young people do not have access to HIV tests not because of the unavailability of testing labs, but because of fear and because most don't have enough information to know they are at risk.
- Need for national campaign that is targeted to young people, along with IEC materials that covers a wide range of issues and problems relevant to young people. The majority of young people do not know much about Antiretroviral, CD4 tests or any monitoring tests that is required to support ARV use. Those who understand are mostly addicts who are also positive themselves.
- Young people do not have information on regulations or policies. This would mean that young people would need to be informed about current policies and also shows that young people are still not part of HIV/AIDS advocacy process so far. Their involvement would be critical in creating concepts, policies, and also services that are youth friendly.

5. Key Messages for the Global AIDS Conference

- With support from parents, teachers and leaders we can protect ourselves from HIV/AIDS and drug abuse.
- HIV/AIDS is a disease of young people: give us the skills, information and services to stop the spread of HIV/AIDS
- Help us to fight HIV/AIDS by giving us supportive and non-discriminatory policy environment.

Annex 1: Yakita Agenda

AGENDA:

1. Short introduction to the Facilitators (when necessary and if the facilitators are not already familiar with the group)
2. Introduction to the Focused Group Discussion and why this FGD is necessary (5 minutes)
3. Introduction to the questions in the Focused Group Discussion (5 minutes)
4. Dividing the group into small groups of 4 or a maximum of 6 people in each group (5 minutes)
 - a. Each group to be facilitated/assisted by co-facilitators
 - b. Choose note taker for the group
 - c. Facilitator to hold the question sheet and also take notes
5. Focused Group Discussion (90 minutes)

TYPES OF DISCUSSION:

1. Substance Abuse
2. HIV/AIDS

DURATION:

± 120 minutes

FACILITATOR ROLE:

1. Read the guidelines from UNICEF (AIDS) and country report from Harm Reduction (Substance Abuse)
2. To ask the question to the group ensure that the group understand the question
3. Facilitate the discussion to ensure that the discussion continues and is clear
4. To ensure that everyone's opinion is heard and ask for clarifications and further elaborations
5. Do not affect the group by providing the facilitator's opinion.

Ensure that there will not be any arguments between facilitators

FOCUSED GROUP DISCUSSION PARTICIPANTS **UNICEF-YAKITA TOT FROM BANDUNG - WEST JAVA**

No	NAME	ORGANIZATION		
1.	Achmad Muhadi	YASPRI	<u>Facilitators</u> SAM HELMY INDRA JEFFISON <u>Supervisor</u> Joyce D. Gordon <u>Focus:</u> Substance Abuse	YAKITA
2.	Citra Mei Lany	VCT Team Jawa Barat		
3.	Diki Setiadi	Tarka		
4.	E. Hasbi Nazaruddin	Yayasan Taman		
5.	Eka Prahadian	KSR PMI Kota Bandung (Bandung Red Cross)		
6.	Evi Mardiana	LPA Jabar		
7.	Nurul Idya A.B	LPA & P		
8.	Giga Lauda Sandhi	Granat		
9.	Hanifah A. Yuhanta	KSR PMI Unit UPI		
10.	Hanifah Kartikasari	KSR PMI Kota Bandung		
11.	Intan Asri Nurani	FIKA – ARS International University		
12.	Iwan Sujana	Yayasan Sidikara		
13.	Kuri Walyani	Yayasan Sidikara		
14.	Lia Nurhifaliah	Koalisi Perempuan Indonesia Bandung		
15.	Lukman	Rumah Cemara		
16.	M. Zaenal Muttaqen, S,Ag	MUI (Indonesian Ulema Council)		
17.	Muhammad Hanif	Yayasan Laillahailallah		
18.	Nana Supriyatna	Yayasan Budi Utomo (YASBU)		
19.	R. Dedy Kurniawan	JKPS		
20.	Rifi Dwiwantoro	MCR Dharma Ayu		
21.	Rian Riwayanto	JKPS		
22.	Saptianti Andari	KS Unpad		
23.	Soleh Supriatna	Yayasan Sidikara		
24.	Widya Wicaksono	YASBU		
25.	Yanto Setianto	YASBU		

FOCUSED GROUP DISCUSSION PARTICIPANTS
UNICEF-YAKITA TOT FROM MAKASSAR - SOUTH SULAWESI

No	NAME	ORGANIZATION		
1.	Dian Riani	SMKN 6	Facilitators ELYAS SIGIT EKA RONALD Supervisor Joyce D. Gordon Focus: HIV/AIDS	YAKITA
2.	Hariati	CDAP Universitas Hasanuddin		
3.	Lindasri	SMKN 4		
4.	Murni A	MAPHAN UNM		
5.	Ni Luh Gde Ayu	SMKN 8		
6.	Rosyidah, Dra	SMKN 8		
7.	Santi Herlina	MAPHAN UNM		
8.	Sitti Salmah	YKP2N		
9.	Ummu Aimah	MAPHAN UNM		
10.	Sakiah Madhiah Muskar	SMKN 6		
11.	Ade Gunawan	YKP2N		
12.	Andi Muh. Rahmat	SMKN 8		
13.	Cahyadi	SMKN 3		
14.	Dodi Agustinus	Bala Keselamatan		
15.	Kamarullah	SMKN 3		
16.	Laode Hidayat	SMKN 3		
17.	Alimudin Ali	SMKN 4		
18.	Mashuri	CDAP Unhas		
19.	Muhammad Salahuddin	CDAP Unhas		
20.	Okto Magel Sakti	Bala Keselamatan		
21.	Steifan John Risna	Maphan UNM		
22.	Suwanto	SMKN 4		
23.	Ronald Sradaputta	Yakita Makassar		
24.	Carol Beth	Yakita Makassar		

FOCUSED GROUP DISCUSSION PARTICIPANTS
ADDICT RESIDENTS AT YAKITA

No	NAME	ORGANIZATION		
1.	Arfinanty	YAKITA - resident	Facilitators OLIE SIGIT PANDU Supervisor Joyce D. Gordon Focus: Substance Abuse	YAKITA
2.	Tio	YAKITA - resident		
3.	Aryo	YAKITA – resident		
4.	Pandu	YAKITA – resident		
5.	Surjadi	YAKITA – resident		
6.	Uteng	YAKITA – resident		
7.	Sandy	YAKITA – resident		
8.	Zaky	YAKITA – resident		
9.	Edy	YAKITA – resident		
10.	Jeffison	YAKITA – resident		
11.	Reza	YAKITA – resident		
12.	Murry	YAKITA – resident		
13.	Billy	YAKITA – resident		
14.	William	YAKITA – resident		

FOCUSED GROUP DISCUSSION PARTICIPANTS
ADDICTS AND PEER COUNSELORS IN TRAINING AT YAKITA

No	NAME	ORGANIZATION		
1.	Arfinanty	YAKITA - resident	Facilitators SAM ELYAS EKA Supervisor Joyce D. Gordon Focus: HIV/AIDS	YAKITA
2.	Tio	YAKITA - resident		
3.	Aryo	YAKITA – resident		
4.	Pandu	YAKITA – resident		
5.	Surjadi	YAKITA – resident		
6.	Uteng	YAKITA – resident		
7.	Sandy	YAKITA – resident		
8.	Zaky	YAKITA – resident		
9.	Edy	YAKITA – resident		
10.	Jeffison	YAKITA – resident		
11.	Reza	YAKITA – resident		
12.	Murry	YAKITA – resident		
13.	Billy	YAKITA – resident		
14.	William	YAKITA – resident		
15.	Dede	YAKITA – resident		
16.	Linda	YAKITA – peer in training		
17.	Sigit	YAKITA – peer in training		
18.	Eka	YAKITA – peer in training		

Annex II: YCAB Agenda

Yayasan Cinta Anak Bangsa – High School Students

Date: 19 April 2004

School: Santa Ursula 1

Number of Students: 18

Agenda Items

Time

2:30 – 2:40

Introduction of visitors (YCAB team) and purpose of the visit

2:40 – 3:50

Consultation/Questions, Answers and Discussions

3:50 – 4:00

Conclusion and vote of thanks

Time: 2:30–4:00

Age: 13–15 years (Junior High School)

Gender: All Female

FOCUSED GROUP DISCUSSION PARTICIPANTS

No	Name
1	Maria Felicitas Yulinsia Johannes W.
2	Alyssas Gariele Sara Wibisono
3	Teresa Kartika Mabel
4	Fransisca Albertha Moniaga
5	Vicky Claudia
6	Quincy Meilisa Wongso
7	Irene Ariani
8	Dhanika Ayuputeri
9	Alexandra Patricia Monangin
10	Arlene Lesmana
11	Cindy
12	Vera Kumalawati Soewanto
13	Mereditha Dyah Kristianti
14	Patiarna Clara Bisca
15	Marcella Margareth
16	Ni Ketut Adinda Pusparani
17	Marisa
18	Stephanie

i MoH estimates, 2002

ii UNAIDS 2003

iii UNAIDS & WHO, 2002. AIDS Epidemic Update.

iv National AIDS Commission, Republic of Indonesia, May 2003. Country Report on Follow-Up to the Declaration of Commitment on HIV/AIDS (UNGASS), Reporting period 2001–2003.

v 2003 HIV/AIDS Country Progress Report, Komisi Penanggulangan AIDS (National AIDS Commission)

vi IDHS, 2002–2003

vii National AIDS Commission, Republic of Indonesia, May 2003. Country Report on Follow-Up to the Declaration of Commitment on HIV/AIDS (UNGASS), Reporting period 200–2003.

viii Yayasan KITA, 2003; Women in Drug Using Community; Dialogos Sur-Sur; Ford Foundation and YAKITA, Santiago, Chile.