

Access to HIV Services for Young Key Affected Populations in Indonesia

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SITUATION OVERVIEW

Key facts and figures

A growing middle income country rich with diversities, Indonesia is a young nation with approximately one third of its population (81.3 million) being children under the age of 18. Besides the child population, young people between 15-24 make up around 17 per cent of the population (41 million)¹. In recent years, an issue that has been a growing concern for Indonesia's youth is the nature of the HIV epidemic in the country, due to the increasing number of new infections.

Indonesia is still considered to be experiencing a concentrated epidemic, although the epidemic has already spread to the general population in the two eastern-most provinces of Papua and West Papua². It is at a pivotal juncture in terms of its response to HIV and AIDS, being one of the only nine countries globally that is witnessing a growing epidemic (along with two other countries in the region, Philippines and Pakistan).

The HIV epidemic is varied in Indonesia, with three diverse and inter-related trends affecting distinct segments of the population. The first category includes the injecting drugs users (men and women) who use contaminated injecting equipment. This epidemic overlaps with an epidemic among prisoners. Second, in some areas there is an epidemic among female sex workers and their clients. The third category includes transgenders (waria) and men who have sex with men (MSM), driven by high levels of unprotected sex and partner change. In Tanah Papua (Papua and West Papua provinces) the epidemic has reached a generalized status with an adult HIV prevalence of 2.4 per cent in 2006³ (no newer data available). It is driven by unprotected commercial and consensual sex with multiple partners.

All the above mentioned groups include large numbers of young people. But despite this reality, the response to the epidemic in Indonesia has yet to address the specific needs of these young people who are most at risk. Often, policies and programmes as well as data collection efforts do not sufficiently target the needs and concerns of these Young Key Affected Populations (YKAPs). There is considerable overlap between these groups – for instance, young people who are injecting drug users may also be engaged in sex work, or include the MSM

Over the last decade, the epidemic has spread geographically through the archipelago and by the end of 2009, AIDS cases had been reported in 32 of Indonesia's 33 provinces.

¹ 2010 Census of Indonesia.

² HIV prevalence is estimated to double from 636,000 people in 2013 to over 1.3 million by 2025, unless there is substantial scaling up of coverage and quality of interventions. A failure to contain the epidemic will result in sharp increases in infections and cost. The country's recent shift to a strategic use of Anti-Retroviral treatment is an opportunity to accelerate the response by lowering infection rates through early treatment.

³ No newer data available.

population. A UNICEF supported secondary data analysis of the 2011 Integrated Biological and Behavioural Survey on HIV (IBBS) showed that Young Key Affected Populations (YKAPs) in Indonesia represent an important cohort of the key affected populations (KAPs).

- Young key affected populations (YKAPs) have a high prevalence of HIV infection (4–19 per cent) mirrored by a high prevalence of other Sexually Transmitted Infections, which are a risk factor for HIV transmission.
- Comprehensive knowledge of HIV modes of transmission and prevention are low among YKAPs, especially in the 15–19 age group, and this is reflected in risky sexual behaviour characterised by low condom use—in commercial and casual sex, and in terms of consistent use.

Further, the IBBS reported the prevalence of HIV infection among these key populations to be: 41 per cent among people who inject drugs (PWID), 22 per cent among the waria, 8 per cent among MSM, 10 per cent among direct female sex workers and 3 per cent among indirect female sex workers.



YKAPs are at the centre of the epidemic, but have the lowest access to information and services. Low proportions of YKAPs were reached with free condoms or by an outreach/field worker, or had accessed STI services.

Coverage of HIV prevention programmes is also lowest for the 15–19 age group. Much of the data in Indonesia was not disaggregated by age group, and to address this, in 2013 UNICEF supported the National AIDS Commission to carry out a secondary data analysis on young key affected populations using the 2011 IBBS data.



The secondary analysis found that while in general HIV prevalence increased with age, it was already significant in the younger age groups.

Findings also highlighted that young people in the key affected populations have high rates of infection and are at the centre of the epidemic, but have the least access to information and services, with comprehensive knowledge being below 50 per cent.

For each key affected population, the youngest age group had the lowest proportion with comprehensive knowledge, ranging from only 16 to 25 per cent of young people aged 15–19 years.

Young sex workers and MSM were least likely to have accessed STI clinics or received free condoms, when compared with their older peers. The same was seen for the youngest group of people who injected drugs – they were least likely to have received needle and syringe exchange services or been enrolled in methadone treatment. Teenagers from each key affected population were the least likely to have been reached by outreach workers or to have accessed HIV counselling and testing.



Critical issues and inequities

There is insufficient awareness of the importance of YKAPs in HIV response programmes. There is still lack of awareness among some policy makers and stakeholders that young people are engaging in risk behaviours such as selling sex or injecting drugs.

Young people's access to health services

From a systematic review of HIV prevention interventions among young people in developing countries, there is strong evidence that it is possible to increase young people's use of health services—provided that:

- Health workers and other clinic staff are adequately trained to work with young people
- Changes are made in the health facilities so that young people will want to use them (they are "adolescent/youth friendly")
- Information about the services is provided in the community to generate demand and community support.



number of YKAPs accessing STI services.

Condom use is low in paid-for and in casual sex. This is reflected in high prevalence of STIs among YKAPs. The prevalence of gonorrhoea and/or chlamydia ranged from 71 per cent (FSW aged 15–19) to 34 per cent (MSM aged 20–24). Untreated STIs increase the risk of HIV transmission. However, there is a significant gap in the

To interrupt HIV transmission in the population, it is urgent to break the chain of infection among YKAPs. This involves ensuring that YKAPs access HIV prevention services, including HIV counselling and testing and STI services. Low uptake of HIV testing signifies that HIV infections are being diagnosed at a later stage, often when the person's immune system has already been weakened.

Coverage of HIV prevention programmes was lowest for the youngest age group. Adolescents from each key affected population (except MSM) were the least likely to have been reached by outreach workers or to have accessed STI services or HIV counselling and testing, when compared with their older peers. Around two thirds of MSM and waria and half of FSW in the 20–24 age group had ever had an HIV test, whereas the proportions were lower for waria and FSW in the 15–19 age group (32 and 41 per cent respectively).

Barriers

YKAPs have low knowledge about the need for HIV prevention and getting their health checked. This can be related to low perception of risk and a belief that HIV only happens to other people. Others who are aware of risk may be reluctant for fear of a positive HIV test result. In either case, young people have to be made aware of the epidemic and provided with information about how to protect themselves from HIV and also on the benefits of accessing services regularly. This calls for promotion of health services and the benefits of knowing ones HIV status, to increase demand among YKAPs.

Existing CSOs need support and guidance to help them reach YKAPs. While some CSOs are increasingly aware of YKAPs, many are uncertain of how to work with young people, involve them in their programmes or in their organization, and are looking for practical guidance. For example, CSO personnel accustomed to working with adult drug users felt they had inadequate knowledge and skills to work with young drug users.

Youth friendliness of services needs to be improved. Staff attitudes towards YKAPs are of crucial importance. In practical terms, a number of improvements to health services can be made in order to remove access barriers. For instance, opening hours can be made more convenient for YKAPs; barriers to fees and charges can be removed, especially if medicines have to be purchased or laboratory tests paid for; and privacy and confidentiality can be improved.

The critical issue is to ensure that YKAPs get the services they need to protect themselves and others from HIV.

- Establish services that are youth-friendly, which have characteristics that make access easy for YKAPs
- Promote the availability of these services to YKAPs
 - ✓ Information and outreach from services and from CSOs; maintain a service directory for CSOs.
- Remove barriers
 - ✓ Staff attitudes, opening hours of clinics etc.
- Remove bottlenecks
 - ✓ Service frequency
- Replicate good practices
 - ✓ KAP can bypass registration at the loket; routine service schedules for mobile clinics; puskesmas implant/satellite in lokalisasi

OPPORTUNITIES FOR ACTION

→ **Highlighting the importance of YKAPs in the national response:** Specific components for YKAPs should be included in the next revision of the *National HIV and AIDS Strategy and Action Plan*, and in the *National HIV and AIDS Strategic Plan for GWL Key Populations*. These should be developed in consultations with the relevant CSOs and YKAPs/KAP networks.

→ **Dissemination of the findings of the IBBS disaggregated by age groups:** The opportunity should be taken to present these important data disaggregated by age groups (15–19, 20–24, 25+) and disseminate the information to inform policy and programming for HIV prevention and care, support and treatment (CST) for YKAPs. All HIV related surveys in general should be age disaggregated. The possibility of implementing a Respondent Driven Sampling survey in key cities to compare socio-demographic characteristics, sexual and health-seeking behaviours, level of exposure to interventions and sources of information can be considered. Distinguishing behavioural, health seeking behaviours, and exposure to interventions from surveillance and M&E systems is important. Staff from all levels should be trained in analyzing and using data.

- **Promoting evidence based advocacy for services that target YKAPs:** The existing evidence in Indonesia should be used to help implementing partners to realize, acknowledge and accept that significant proportions of the key affected populations are young people who are sexually active and/or engage in risk behaviour. At present, services are not being targeted at younger people within the key populations.
- **Supporting an enabling environment for YKAPs:** There is a need to reform sub-national laws that criminalize homosexuality, sex work and trafficking. For instance, the current application of trafficking laws dealing with sex workers under 18 years of age makes it more difficult for them to access the same services as those who are adults (over 18). Several other policies and laws need to be reviewed to ensure that their application does not further marginalize YKAPs.
- **Building technical capacities of CSOs:** Providing programmatic guidance on YKAPs to CSOs will enable them to understand the centrality of YKAPs in the response to the HIV epidemic. Practical guidelines on how to involve YKAPs in programme planning and implementation can be developed. Also, CSOs need to recognize that young people have a right to participation; thus opportunities for their involvement should be looked at.
- **Capacity building of health service providers to understand the needs of YKAPs, so that they can provide services in a way that is age appropriate and gender sensitive:** Youth friendliness principles should be applied across services in health centres that serve YKAPs. Staff attitudes are key to youth friendliness.
- **Promoting active participation of YKAPs within health services:** Young MSM, FSWs and waria can play an important role in health service settings, to help promote access to services amongst their peers. Training young MSM and warias from the community to be cadre or counsellors in health facilities that provide HIV and STI services to KAP can be considered. Young FSWs can also be trained to be peer educators.
- **Improving access to services:** Clinic opening times and days can be made more convenient for YKAPs, including the possibility of afternoon/evening and weekend clinics at the puskesmas (health centre), in order to make the services more accessible. Also, services should cost less for YKAPs. Although in most cases the current fees for HCT and STI diagnosis and treatment are largely affordable, costs can become unaffordable if all of the medications are not available in the puskesmas and have to be purchased elsewhere. Fees for other services are also high — including costs associated with CST, such as laboratory and CD4 testing.
- **Increasing the frequency of mobile clinics to ensure that the need for services is met:** This is especially important for young FSWs, in particular those under 18 years of age, to ensure that this group can access services easily.

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- **Ensuring that health services are accessible for unaccompanied YKAPs:** CSOs play a crucial role in facilitating young people's access to services. However, young people should also be able to access services directly without the need to be accompanied.
- **Promoting available YKAPs-friendly services:** Maintaining a directory of YKAPs-friendly services for CSOs to support the populations' access to services may be useful. Some technical assistance is needed to develop promotion and communication strategies.
- **Documentation and replication of existing good practices:** Some good practices include those where KAPs have been able to bypass the registration process at the puskesmas; the presence of satellite puskesmas within sex work locations (*lokalisasi*); and the availability of routine service schedules. Other context specific good practices should be documented and replicated as well.

Resources

IBBS 2011, Integrated Biological and Behavioural Survey, Ministry of Health, Republic of Indonesia (2011)

Secondary Analysis of Survey and Research Data by Age Group, National AIDS Commission, Republic of Indonesia (2012)

Preventing HIV in Young People: A Systematic Review of the Evidence from Developing Countries. Eds. Ross, D., Dick, B., and Ferguson, J. WHO and Inter-Agency Task Team (IATT) on HIV and Young People, WHO, Geneva (2006).