

# INTEGRATED BIOLOGICAL-BEHAVIORAL SURVEILLANCE SURVEY AMONG ADOLESCENT AND YOUNG PEOPLE WHO INJECT DRUGS, FEMALE SEX WORKERS, MALES WHO HAVE SEX WITH MALES AND MALE TO FEMALE TRANSGENDER PERSONS

*Bandung, Indonesia 2018-2019*

## 1. BACKGROUND

In 2017, there was an estimated 450,000 young people (15 to 24 years) living with HIV in Asia Pacific. Indonesia, with a population of 111,477,447 persons of reproductive age, is one of the top three countries, after Philippines and Myanmar, to have the highest rate of new HIV infections. In 2017, Indonesia had 26,000 new HIV infections and 1,500 AIDS-related deaths among young people. The Indonesian Ministry of Health, as of April 2017, reported 10,376 HIV cases of which 21% are among 15 to 24-year olds. Adolescent (15-19 years old) and young (20-24 years old) (AY) key populations (KP), including people who inject drugs (PWID), female sex workers (FSW), males who have sex with males (MSM) and transgender persons (TG), are extremely vulnerable to HIV transmission. However, very little is known about their socio-demographic characteristics, sexual risks, access to services, HIV transmission knowledge and perceived risk and HIV prevalence.

## 2. METHODS

Given the dearth of information about Adolescents and Young Key Populations (AYKP) in Indonesia, a survey using respondent driven sampling was undertaken in Bandung in 2018/2019 among AY/PWID (n=185), A/FSW (n=186), and AY/MSM (n=209). TG (n=33) were sampled using a snowball method. Eligible persons were between the ages of 15 and 24 years and lived, worked or studied in Bandung. In addition, each population had to fulfill the eligibility criteria described in Table 1.

Table 1. Population specific eligibility criteria

| MSM                                     | FSW  | PWID   | TG  |
|---|--|--|---|
| BIOLOGICAL MALE                         | BIOLOGICAL FEMALE  | MALE, FEMALE, TG   | BIOLOGICAL MALE   |
| Anal sex with a male in past six months | Exchanged vaginal sex for money or goods in past 12 months | Injected drugs for non-medical purposes in past six months | Identifies as female (may not dress as female); anal sex with a male in past six months |

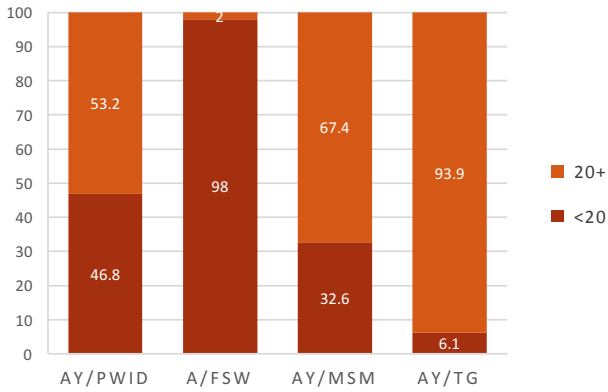
Except for TG, data are weighted for differential network sizes in RDS Analyst ([www.hpmrg.org](http://www.hpmrg.org)) and are assessed as being representative of the network of the population sampled. The population sizes of AY/MSM, A/FSW, AY/PWID were estimated using service and unique object multipliers, wisdom of the crowds, and successive sampling population size estimation.

### 3. FINDINGS

#### Age groups and other socio-demographics among AY/KP

The median age for AY/PWID was 20, for FSW was 16, for AY/MSM was 21 and for AY/TG was 23. Only 2% of A/FSW were over the ages of 19 so this population should be considered as adolescents; 6% of AY/TG were under the age of 19 years (Fig. 1).

FIGURE 1. AGE GROUP

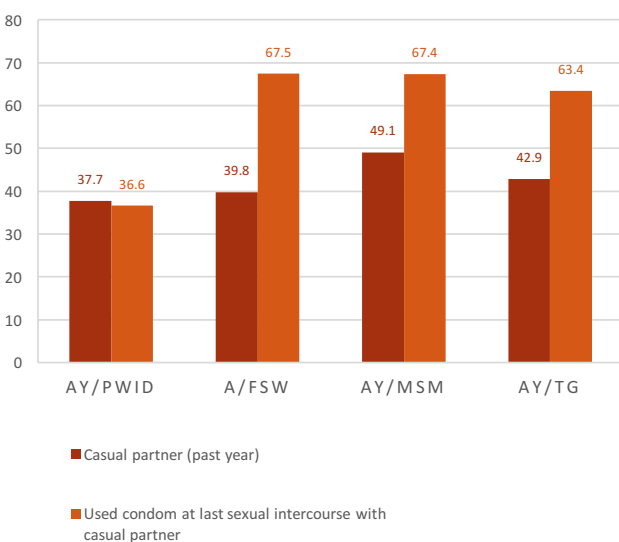


Almost all A/FSW, AY/MSM and AY/TG and 81% of AY/PWID were single. Seventy four percent of AY/PWID, 37% of A/FSW, 57% of AY/MSM and 18% of AY/TG lived with family or siblings. Most AY/TG lived alone (33%) or with a partner (30%) and 47% of A/FSW lived with friends at a boarding house or dorm.

#### Condom use with casual partners is inconsistent

Among those who had a casual, non-steady, partner in the previous year, only 37% of AY/PWID and just under 70% of all other groups reported using a condom at last sexual intercourse with a casual partner (Fig. 2).

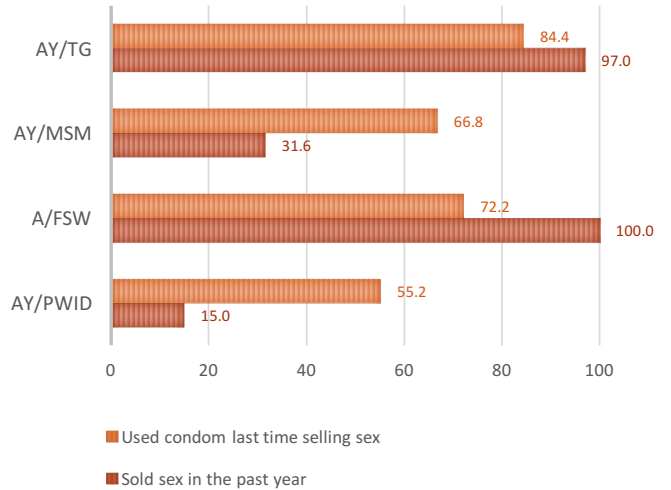
FIGURE 2. SEXUAL BEHAVIORS WITH CASUAL PARTNERS



#### Condom use with commercial partners is inconsistent

High percentages of AY/TG and AY/MSM have ever sold sex. Among those who ever had commercial partners, only 69% of AY/MSM and 55% of AY/TG used a condom at last sexual intercourse with a commercial partner (Fig 3). Only 72% of A/FSW used a condom at last sex with a commercial partner.

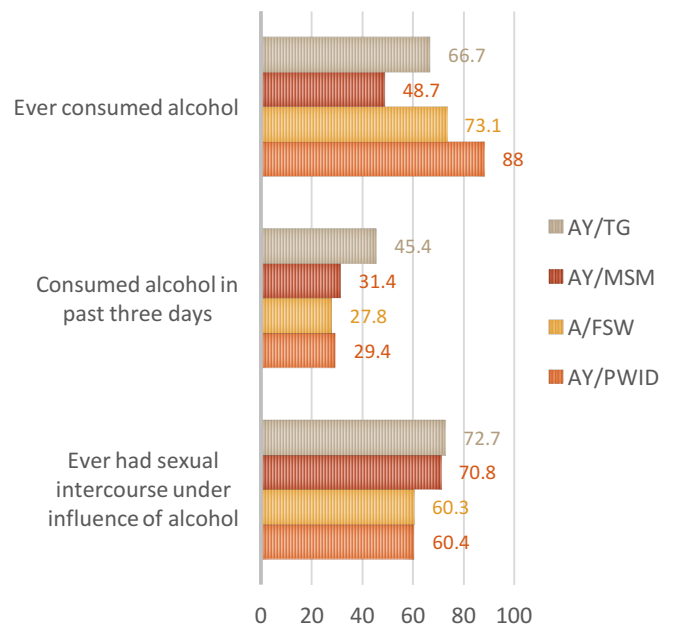
FIGURE 3. CONDOM USE WITH COMMERCIAL PARTNERS



#### High percentages of AYKP use alcohol

Almost half of AY/MSM and more than 65% of other populations ever consumed alcohol, among which almost half of AY/TG and close to one third of the other populations reported doing so in the past three days (Fig. 4). Among those who ever consumed alcohol, between 60% of AY/PWID and A/FSW and just over 70% of AY/TG and AY/MSM ever had sexual intercourse while under the influence of alcohol.

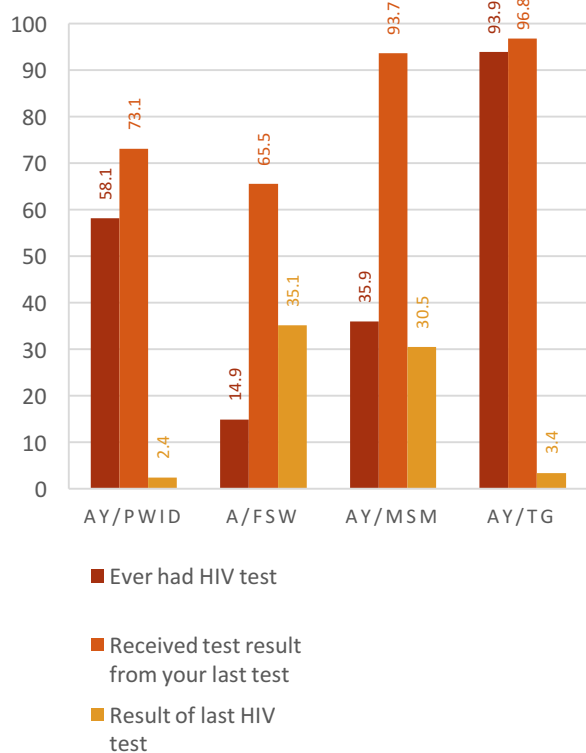
FIG. 4. ALCOHOL USE



### Low testing among AY/PWID, A/FSW and AY/MSM

Almost all AY/TG, few A/FSW and AY/MSM and only 58% of AY/PWID ever had an HIV test (Fig. 5), among which almost all AY/MSM and AY/TG, three quarters of AY/PWID and 65% of A/FSW received their test results. Of those who received their last test results, 2.4% of AY/PWID, 35% of A/FSW, 30% of AY/MSM and 3% of AY/TG reported having a positive test result.

FIGURE 5. HIV TESTING

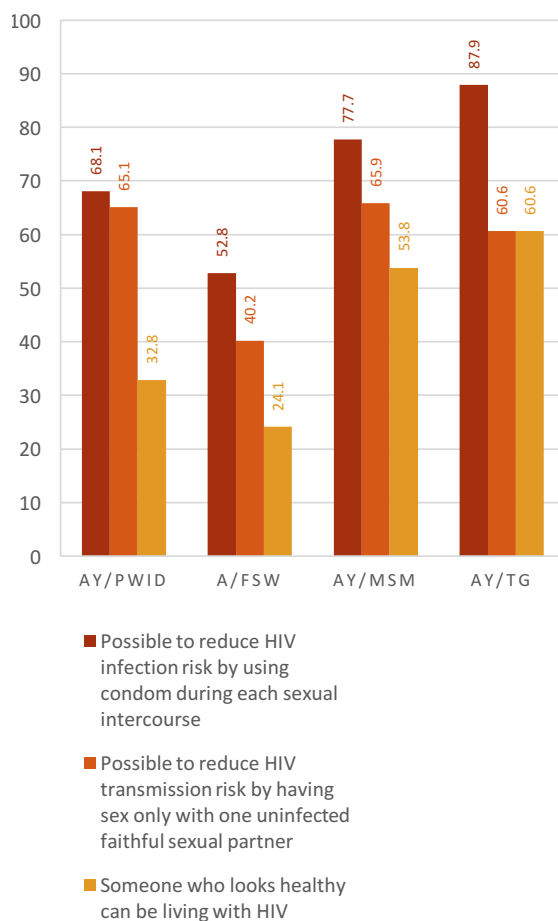


### HIV transmission knowledge

A/FSW had the lowest knowledge about HIV transmission knowledge, followed by AY/PWID, compared to AY/MSM and AY/TG (Fig. 6). AY/TG had the highest percentage knowing that it was possible to reduce HIV infection by using a condom during each intercourse and that someone who looks healthy can be living with HIV and AY/MSM had the highest percentage knowing that it is possible to reduce HIV transmission by having sex only with one uninfected, faithful partner.



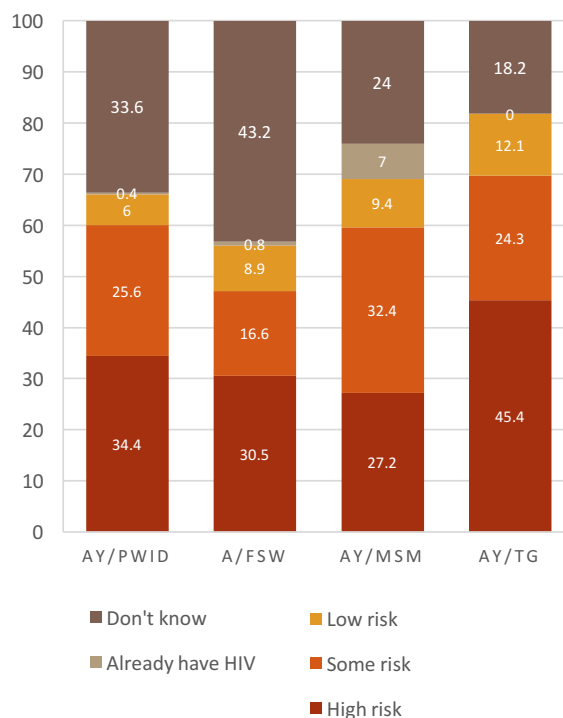
FIGURE 6. HIV TRANSMISSION KNOWLEDGE



### Most AYKP believe themselves to be at risk for HIV

Just over 50% of AY/PWID, A/FSW and AY/MSM and 70% of AY/TG believe they are at high or some risk for HIV infection (Fig. 7).

FIGURE 7. SELF-ASSESSMENT FOR HIV RISK



### **Very high HIV prevalence among AY/MSM**

No AY/PWID, 0.5% of A/FSW, and 3% of AY/TG had positive HIV tests. Alarmingly, 30% of AY/MSM had positive HIV tests.

### **Population size estimations**

Based on a consensus workshop, the final estimates for AY/PWID was about 900 (or 0.17% of the equivalent population; 493,730) relying mostly on the SS-PSE, for A/FSW was about 950 (or 0.39% of the equivalent population; 244,444) relying mostly on the SS-PSE, and for AY/MSM was about 3200 (or 1.3% of the equivalent population; 245,286) relying mostly on the mean of all results.

### **Recommendations to reduce HIV transmission for AY KP in Indonesia**

- Provide education through schools on HIV and other STI
- Prevention and risks of alcohol use to students as early as possible. Prevention programmes should include knowledge and skills to prevent the transmission of HIV and other STI, including the correct use of condoms.
- Develop school and community-based communication strategies and high impact interventions for AYKP to promote adolescent friendly HIV and sexually transmitted infection testing, diagnosis and treatment.
- Sensitize school staff, health care providers and community-based organizations to the unique needs and concerns of AYKP.
- Given that AYKP are socially networked, include highly influential, peer education approaches in programs.
- Based on existing international experience, conduct exploratory work to reduce barriers to current age of consent laws which provides that adolescents under the age of 18 must get parental/guardian consent for accessing HIV testing and treatment. This is possible by exploring having a trained social worker or health worker to provide proxy consent to ensure adolescents get the needed services, in absence of parents or guardians, as is currently underway in the Philippines.
- Use information from this survey as a baseline of evidence from which to conduct future surveys to assess trends over time. Expand the survey to collect data in other geographically relevant areas in Indonesia.

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