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EDUCATION SECTOR RESPONSE TO HIV, DRUGS and SEXUALITY IN INDONESIA

AN ASSESSMENT ON THE INTEGRATION OF HIV and AIDS, REPRODUCTIVE HEALTH, AND DRUG ABUSE ISSUES IN JUNIOR AND SENIOR SECONDARY SCHOOLS IN RIAU ISLANDS, DKI JAKARTA, WEST KALIMANTAN, BALI, MALUKU AND PAPUA

EDUCATION SECTOR RESPONSE TO HIV, DRUGS and SEXUALITY IN INDONESIA:

AN ASSESSMENT ON THE INTEGRATION OF REPRODUCTIVE HEALTH AND DRUG ABUSE ISSUES ON HIV EDUCATION IN JUNIOR AND SENIOR SECONDARY SCHOOLS IN PAPUA, MALUKU, WEST KALIMANTAN, RIAU ISLANDS, DKI JAKARTA, BALI AND IMPACT OF DECENTRALIZION ON MONE's RESPONSE.

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Executive summary

Indonesia is facing a progressing HIV epidemic. Despite 20 years of increasingly concerted effort, largely downstream, to prevent the spread of the epidemic, new cases of HIV infection continue to rise. Estimation shows that by the end of 2009 there were 333,200 people living with HIV (PLHIV) in Indonesia. The number of reported cumulative AIDS cases has risen sharply from 2,682 cases in 2004 to 19,973 by December 2009. Among the cases 25% are women[1].

Outside the protective cover of the family, the education sector, theoretically, provides the best prospects to prevent maturing youth from engaging in behaviors that compromise their long term well-being. The HIV epidemic is clearly a social and behavioral problem where certain conducts in some social-cultural contexts, put the individual at risk of being infected with the inconspicuous virus. Education, whether it is formal, non-formal, or informal, engages its participants to one particular purpose – to acquire knowledge and skills. Learning about self and others, personal hygiene, sexual and reproductive health, cultural and religious values, history and many other important issues are essential to prepare youth to lead and to assume responsible and productive adult lives. As a basic human right, to enable youth to make necessary decisions to prevent HIV infections requires access to correct and comprehensive knowledge about the disease, how it is transmitted, and how it can be prevented. The same right applies to the most at risk youth and those living with HIV, in an enabling environment free from stigma and discrimination[2]. Deliberating the fact the infection is predominately related to certain risky behaviors involving sex and drugs, students must understand which behaviors will put them in danger of acquiring HIV.

Parents and improperly trained teachers are generally unwilling or unable to provide sexuality and drug abuse education either due to denial or shame; hence it is important for policy makers to seriously consider comprehensive life skills-based education in the school setting. In Asia, and Indonesia in particular, commitment is growing by educational authorities to include HIV as part of the life skills-based education in national strategic plans. However, implementation of such programming remains limited. While policy development has taken place across the region on HIV and SRH (sexual reproductive health) education; many countries still lack a comprehensive education sector policy and detailed strategic plan for implementation[3]. This gap can be bridged with evidence based implementation plans from the region, to provide the needed incentive. Currently international evidence is sidelined under the guise a 'Western' or 'African' concern. Promising lessons can be gained with evidence from education sector efforts by Cambodia's Inter-Departmental Committee on HIV and AIDS (ICHA) since 1999 and Thailand's Empowerment in Practice as part of the TeenPATH HIV Prevention Programme by PATH since 2003[4].

Indonesia's education sector was one of the regional pioneers in 1997 with two MoNE decrees supporting the 1994 National Strategic Plan (NSP) on AIDS and considered a strategic element in the response to HIV preventions. The first decrees called for all levels of education to enhance learner's knowledge and awareness on HIV and engage in activities to prevent further infections. The second decree provided instructions on integrating HIV in the

[1] Republic of Indonesia Country Report on the Follow up to the Declaration of Commitment On HIV/AIDS (UNGASS) Reporting Period 2008 – 2009 NAC

[2] International Technical Guidance on Sexuality Education, UNESCO, UNAIDS, UNFPA, UNICEF, WHO 2009

[3] Clarke, David J. 2010 Draft -Plan International, Asia Regional Office, Realising adolescent sexual health rights through education in Asia.

[4] Ibid

relevant subject matter of the curriculum and training to be provided for teachers and administrators. Regrettably this momentum was deflated by the financial and political events of that time. In 1997 Indonesia suffered the most during the Asian Monetary Crisis with the local currency depreciating seven times its original value in a span just a few months. This crisis paved the ground for political reform that toppled the New Order Regime of President Suharto and established a system of government focused on decentralization. This change shifted the responsibility of HIV education to the province and district level resulting in various outcomes depending on commitments by local authorities on the perceived threat. The central authorities reengaged in 2004 with a HIV/AIDS Prevention Strategy through Education booklet, which was reprinted in 2007. Efforts were made to socialize these guidelines but decentralization has proven this difficult. The findings and recommendation in this review expand on past initiatives by MoNE, their effectiveness and actions needed to fill the existing gaps.

This assessment is about how the education sector in Indonesia prepares students to acquire knowledge and related life skills that will help them prevent HIV infections. Systemic internal review of policies, activities, and related studies were conducted. Interviews with key personnel were performed, including school administrators, teachers, school appointed students and representatives of the education authorities in the provinces and municipalities, AIDS Commissions at national and provincial/ municipal level, NGOs, and related sectors such as health, social, and BKKBN (National Family Planning Board) in Jakarta and in the five provinces/ municipalities (DKI Jakarta, West Kalimantan, Maluku, Riau islands, and Bali). Relevant textbooks were reviewed (see Table 03) in addition to programs that may provide information on what is available, how is it presented and delivered, and what possible impacts may be measured. A list of published books and modules covering HIV and AIDS, Drugs, and Reproductive Health by or in collaboration with PUSJAS (National Centre for Physical Quality Development) in MoNE was prepared (see Table 04). Draft of the assessment was presented to stakeholders for peer-review and roundtable feedback.

Major Findings:

(1) The education sector formulated its policy to respond to the establishment of NAC and its first National Strategic Plan in 1994 and formed an interdepartmental mechanism in 1997 to respond to the emerging epidemic but unfortunately it was dismantled during the political reform when the government was decentralized in 1999.

(2) In 2004 the HIV focal point in MoNE published "*HIV/AIDS Prevention Strategy through Education*" to integrate HIV into school curricula and how teachers should be informed and trained to carry out the mandate. Although this policy document was socialized nationally, it appears to be neglected as many in the field were unaware of it.

(3) In 2008 MoNE Decree No. 39 on *Guidance and Supervision of Student Activities* (*Pembinaan Kesiswaan*) was enacted in which HIV and Drug Abuse prevention are mandatory activities. This opens opportunities to impart information on HIV and life skills within existing curricular and co-curricular activities such as UKS, OSIS, and Student Scouts.

(4) MoNE has been collaborating with UN Agencies (UNICEF, UNESCO and UNFPA) and NGOs in publishing teachers and training manuals on sexual and reproductive

health, HIV, and drug abuse. Due to limited resources, however, distribution and utilization of these important materials are very limited.

(5) HIV has been included in the school curricula in junior and senior secondary schools through the *minimum standard requirements of subject matter* known as KTSP 2006, providing guidelines for school textbook writers and teachers. But reference to KTSP 2006 in textbooks is not coherent, with varying quality.

(6) Not all MoNE provincial/Municipal offices are actively engaged in HIV education in schools, except in Papua, West Papua, West Kalimantan, DKI Jakarta, and Bali. In Papua, where the HIV epidemic has been generalized, information on HIV is being mainstreamed within the school curricula from the primary level in select districts. Teachers receive in-service training on HIV and students are trained as peer educators

(7) In Papua and West Papua, prevention of HIV is complicated by level of education, socio-cultural, and geographic factors. These two provinces have the lowest school participation rates in all levels (with many out of school youth at high risk), people speak different languages and live in dispersed geographical areas, and many practice risky behaviors such as having multiple sexual (and commercial) partners.

(8) Inter-sectoral collaboration is rarely realized since MoH, BKKBN, MoSA, and MoRA run their own programs which leads to inevitable overlap. Some focus their programs to out of school members of the community. The actual impacts of these sectoral programs are unclear since comprehensive assessments have yet to be conducted.

(9) HIV, sexuality and reproductive health, and drug abuse are subjects of interest to students. Unfortunately, only limited numbers of teachers have received comprehensive in-service training in these subjects in an interesting and engaging manner. Many students were not satisfied with what they learned from textbooks and they look for further information in popular media or cyberspace without supervision.

Recommendations:

1. A concerted effort is urgently needed to ensure that the national policy to prevent HIV through education is disseminated and socialized properly down to the district level. This can be executed through an interdepartmental mechanism in MoNE involving both central, provincial and district offices to support MoNE Decree No. 39/2008 on Guidance and Supervision of Student Activities (*Pembinaan Kesiswaan*) through school based activities of UKS, OSIS, Student Scouts and through non-formal education channels.

2. The *minimum standard requirements* outlined in KTSP 2006 need to be adhered to textbook writers and teachers. PUSJAS as the HIV Focal Point in MoNE, in collaboration with the National Curriculum Centre may be able to improve the quality of HIV information through monitoring and reviewing these minimum standard requirements.

3. The education sector should look for international (Cambodia and Thailand) and national (Papua and West Kalimantan) evidence-based best practices of HIV prevention in schools.

4. Due to decentralization, multi sartorial coordination with other institutions such as NAC and BNN and sectors, especially MoNE, MoSA, MoH, MoRA, BKKBN

teacher unions, local religious leaders and relevant education commissions in the central and provincial parliaments (commission 10 in DPR (House of Representatives) and commission D in DPRD (Regional DPR)) should be improved, especially to deal with children who are outside of the formal education system.

5. The new role of the school principal needs to be tapped in a decentralized education sector that allocates more authority and autonomy to the headmaster who influences how and where skills-based HIV/AIDS, drugs, and sexuality prevention education is mainstreamed in the curriculum.

6. The use of user-friendly and modern communication technology, i.e. Facebook and other social networks should be thoroughly exploited.

7. The use of traditional media such as performing arts, radio and local TV networks should be considered. Information on HIV and related issues needs to be imparted to parents and community leaders as part of minimizing social and cultural barriers to children learning about the issues and persons living with HIV and AIDS in the community.

8. MoNE support needs to be strengthened for more sustainable partnerships for many NGOs operating at the national or local level which are known to have culturally appropriate or sensitive training on HIV and AIDS, sexuality and reproductive health, and drug abuse.

9. Since children affected by and living with HIV and AIDS are already within the education system, the sector should develop strategies to deal with stigma and discrimination, and other possible barriers which may prevent their participation in school. Protocols or ministerial decrees may be needed to overcome these socially sensitive challenges.

10. For Papua and West Papua, the successful implementation of its new strategic plan is very crucial to comprehensively mainstream HIV in the education sector, covering primary school, intensive pre and in-service teacher training, teachers from district to village levels, non-state schools, the large school age children out of the school system and parents. A multi-sectoral approach should be in place to overcome cultural, language and geographic barriers, as advocated by EDUCAIDS framework.

11. The education sector, especially in the high prevalence provinces like Papua and West Papua, can benefit from the EDUCAIDS framework, a Global UN Initiative on Education and HIV and AIDS led by UNESCO that focuses on the role of education in preventing HIV transmission and on efforts to mitigate the epidemic’s impact on the sector.

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LIST OF ABBREVIATIONS

AHRN	Asia Harm Reduction Network
AIDS	Acquired Immunodeficiency Syndrome
APBD	*Anggaran Pendapatan dan Belanja Daerah* Provincial Budget Plan
APBN	*Anggaran Pendapatan dan Belanja Negara* National Budget Plan
BAPPENAS	*Badan Perencanaan dan Pembangunan Nasional* National Development Planning Agency
BINKESMAS	*Bina Kesehatan Masyarakat (Direktorat Jenderal)* Community Health (Directorate General)
BKKBN	*Badan Koordinasi Keluarga Berencana Nasional* National Family Planning Board (NFPB)
BNN	*Badan Narkotika Nasional* National Narcotic Board (NNB)
BNP/K/D	*Badan Narkotika Propinsi/Kota/Daerah* Provincial/Municipal/District Narcotic Board
BPS	*Biro Pusat Statistik* Central Bureau of Statistics (CBS) EMIS authority in Indonesia
BSNP	*Badan Standar Nasional Pendidikan* Board of National Education Standard
CST	Care, Support and Treatment
EMIS	Education Management Information System (see BPS)
FHI	Family Health International
GANAS	Gerakan Anti Narkoba dan HIV dan AIDS di Sekolah Anti Narcotics and HIV and AIDS Movement in School
HIV	Human Immunodeficiency Virus
HR	Harm Reduction
IBBS	Integrated Bio-Behavioral Survey
ICHA	Inter-Departmental Committee on HIV and AIDS (Cambodia)
ICPD	International Congress on Population Development
IDR	Indonesian Rupiah
KesPro	*Kesehatan Reproduksi* Reproductive Health
KIE	*Komunikasi, Informasi, dan Edukasi* Information, Education and Communication (IEC)
KISARA	*Kita Sayang Remaja* We care for teenagers (in Bali)
KPAN	*Komisi Penanggulangan AIDS Nasional* National AIDS Commission (NAC)
KPAP/K/D	*Komisi Penanggulangan AIDS Propinsi/Kota/Daerah* Provincial/Municipal/District AIDS Commission (P/M/DAC)
KSPAN	*Kelompok Siswa Peduli AIDS dan Narkoba* Students Group on the Fight against HIV and Drugs
KTSP	*Kurikulum Tingkat Satuan Pendidikan* School-Based Curriculum
LP2B	*Lembaga Pengabdian Pemuda Bangsa* National Youth Service Institute

LPPM	*Lembaga Penelitian dan Pengabdian kepada Masyarakat* Institute for Research and Community Services
MenKes	*Menteri Kesehatan* Minister of Health
MoCT	Ministry of Culture and Tourism *Kementerian Budaya dan Pariwisata*
MoE	Ministry of Education *Kementerian Pendidikan (KemenDikNas)*
MoEYS	Ministry of Education Youth and Sport (Cambodia)
MoH	Ministry of Health *Kementerian Kesehatan (KemenKes)*
MoIA	Ministry of Internal Affairs *Kementerian Dalam Negeri (KemenDagri)*
MoL&HR	Ministry of Law & Human Rights *Kementerian Hukum dan Hak Asasi Manusia (KemenKumHAM)*
MoNE	Ministry of National Education *Kementerian Pendidikan Nasional (KemenDikNas)*
MoSA	Ministry of Social Affairs *Kementerian Sosial (KemenSos)*
MoRA	Ministry of Religious Affairs *Kementerian Agama (KemenAg)*
MPK	*Majelis Perwakilan Kelas* Class Representative Council
MSM	Men who have Sex with Men *Laki-laki yang berhubungan Seks dengan Laki-laki (LSL)*
NGO	Non Government Organization
ODHA	*Orang Hidup dengan HIV dan AIDS* People Living with HIV and AIDS (PLWHA or PLHIV)
OSIS	*Organisasi Siswa Intra Sekolah* School Students Organization
P2PL	*Pengendalian Penyakit dan Penyehatan Lingkungan* Communicable Diseases Control and Environment Health
P4GN	*Pencegahan, Pemberantasan, Penyalahgunaan dan Peredaran Gelap Narkotika* Prevention, Eradication of Drug Abuse and Illicit Trafficking
PCI	Project Concern International
Penasun	*Pengguna Napza Suntik* Injecting Drug User (IDU)
PIKR	*Pusat Informasi dan Konseling Remaja* Centre of Information and Counseling for Adolescence
PKBI	*Perkumpulan Keluarga Berencana Indonesia* Indonesian Planned Parenthood
PKPR	*Pelayanan Kesehatan Peduli Remaja* Adolescent Friendly Health Services (AFHS)
PMTCT	Prevention from Mother to Child Transmission
POKJA	*Kelompok Kerja* Working Group
PPKn	*Pendidikan Pancasila dan Kewarganegaraan* Civic Education
PPK-UI	*Pusat Penelitian Kesehatan – Universitas Indonesia* Centre for Health Research – University of Indonesia

PUSJAS	*Pusat PengembanganKualitas Jasmani (KemenDikNas)* National Centre for Physical Quality Development (MoNE)
PUSKESMAS	*Pusat Kesehatan Masyarakat* Community Health Centre
RENSTRA	*Rencana Strategis* (National) Strategic Plan (NSP)
RENSTRADA	*Rencana Strategis Daerah* Provincial Strategic Plan
RPJMN	*Rencana Pembangunan Jangka Menengah Nasional* National Mid-Term Development Plan
SATGAS	*Satuan Tugas* Task Force
SMA	*Sekolah Menengah Atas* Senior Secondary School
SMP	*Sekolah Menengah Pertama* Junior Secondary School
SKPD	*Satuan Kerja Perangkat Daerah* Provincial Operational Unit
STI	Sexually Transmitted Infections *Infeksi Menular Seksual (IMS)*
StraNas	*Strategi Nasional Penanggulangan AIDS* National AIDS Strategy (NAS)
UKS	*Usaha Kesehatan Sekolah* School Health Programme (SHP)
UNAIDS	Joint United Nations Programme on HIV and AIDS
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly Special Session
UNICEF	United Nations Children's Fund
VCT	Voluntary Counseling and Testing
WHO	World Health Organization
WPF	World Population Foundation
YAKITA	*Yayasan Harapan Permata Hati Kita*
YBTDB	*Yayasan Batam Tourist Development Board* Batam Tourist Development Board Foundation
YCAB	*Yayasan Cinta Anak Bangsa* Love for Children of the Nation Foundation
YPAB	*Yayasan Pembinaan Asuhan Bunda* Mother Care Development Foundation
YPI	*Yayasan Pelita Ilmu* Lamp of Knowledge Foundation

1. Background

Indonesia is currently facing a rapidly growing HIV epidemic. In most provinces, the epidemic is concentrated within highly at risk or key populations such as Female Sex Workers (10.4%), Customers of Commercial Sex (0.8%), Transvestite (24.4%), MSM (5.2%), and IDU (52.4%). In the Province of Papua and West Papua, however, the prevalence has increased to 2.4% among the general population between ages 15-49 years old (KPA, 2010; STHP, Penduduk Papua, 2007). The epidemic started as a sexually transmitted disease, but in the turn of the millennium (2000), it was transformed into a fatal combination of unsafe sex and the use of unsterile heroin injecting apparatus (Irwanto, 2001; 2006). The recently published National AIDS Strategy (NAS) and Plan (RENSTRA) 2010-2014 calls for more effective inter-sectoral cooperation and stronger partnership with civil society to scale up response and achieve universal access earlier.

The future of any country is dependent on the sustainability, quality, and accessibility of basic education. The Indonesian education sector is enjoying new commitment from the government. Very soon the national budget for education in Indonesia will be similar to that of the OECD countries[5]. MoNE indicated that in 2010 the national budget will reach 195 trillion IDR (~US$ 20.6 billion) or approximately 20% of the total national budget, as mandated by the national constitution. Of the total budget, 40% will be used to cover the costs of MoNE central operations and the rest (60% or IDR 135 trillion or USD 12.4 billion) will be used to fund education sector operations in the provinces and districts[6]. Given this amount of investment, the education sector will have ample opportunities to improve the quality and to close gaps in education participation across provinces. Currently there are great disparities in enrollment rates among the 33 provinces. The new budget should enable the sector to enroll more students and keep them in school, especially at junior and senior secondary school levels where attrition is significant. Improving health intervention through the school system has been a major factor which contributes to higher student retention and improved education outcomes. In addition, it prevents students from all kinds of problems, such as economic exploitation, trafficking, and drug use and abuse. The schools also provides a relatively safe venue to learn skills and information that benefits their health and well being such as reproductive and sexual health and avoid risky behaviors such as smoking and other forms of substance abuse (World Bank, 2009).

Experience in countries where HIV epidemic has been generalized, however, demonstrate that the HIV epidemic is turning the development clock backward and raising serious human rights concerns. The epidemic has depleted resources, destroyed infrastructure, and consequently degraded the quality of education which threatens the sustainability of national development (World Bank, 2002). In countries, such as Thailand and India, where children and adults are infected with HIV, schools are losing students and teachers as well as community support. HIV infection creates social and economic pressures which drain important family resources. Many children drop out of school not because they are ill, but because the family cannot afford the costs for them to stay in school or they are prevented from participating in school due to stigma and discrimination. In an assessment on the growth and development outcomes of children affected with HIV in Chiang Mai University, Thailand also suggests that these children have significantly lower scores on cognitive functioning due to lower quality of parental care (UNESCO, Wijngaarden & Shaeffer, 2005;

[5] Some of the countries in the immediate region (Malaysia, Thailand, and Philippines) tend to spend more on education, up to 28 percent of their budgets (World Bank, 2007).

[6] September 8, 2009 interview with dr. Widaninggar Widjajanti (National Centre of Physical Quality Development) and Ministry of Finance, Budget Statistics 2008-2009.

Sanmaneechai, O. et al., 2005; see also: Life-skill Development Foundation, Chiang Mei, Thailand[7]). Similarly, teacher supply may be seriously affected not only because teachers are infected but because many may choose not to work anymore in order to care for seriously ill family members. In many countries with high prevalence of HIV infection, Education For All (EFA) will not be achieved by 2015 (World Bank, 2002). All of these issues were raised during the 2000 World Education Forum in Dakar. The forum reaffirmed and made commitments to tackle HIV and AIDS as a matter of extreme urgency (IIEP/UNESCO, 2002). Since Indonesia is one country in the region where the epidemic is progressing rapidly among key populations and may potentially spill out into the general population, as is currently happening in Papua, such commitment is necessary.

As the epidemic is progressing all over the world and more countries are entering the generalized epidemic while a vaccine is still unavailable, the education sector offers the best and unique opportunity to reach out to children early to deal with the epidemic. It is only within the education system that millions of children are gathered and organized to learn important information and skills for their future life and well-being (Wijngaarden, Malik, & Shaeffer, 2004). Unfortunately, empirical evidence has been lagging in support of such assumptions but recent findings are promising. Complicating the situation, the seriousness of the HIV epidemic is perceived to receive an inadequate response from global ministries of education. A UNAIDS Inter-Agency Task Team on Education conducted the 2004 Education Sector Global HIV and AIDS Readiness Survey involving 117 countries defined by UNAIDS as having a high, medium, and low prevalence. Some of the key findings were:

- Over 30-40% of countries with high (approximately 30%), medium and low prevalence do not have a structure at the national and sub-national level and dedicated budget in the education sector.
- Although most have strategic plans, few are committed to implement the plan.
- Low involvement (approximately 45%) of Education Management and Information System in MOE structure.
- Only 45% of countries have fulltime staff dedicated to HIV in MOE.
- Only 32% of countries have specific education sector policy on HIV and AIDS.
- Only 33% of countries have developed guidelines for teachers.
- Over 80% of countries have integrated HIV and AIDS into the school curriculum.

In limited case studies in Jamaica, Kenya, Thailand, and Zambia, the team also found out that coordination, harmonization, and sharing of information as serious challenges with MoE in respective countries (UNAIDS, 2008). In conclusion, the UNAIDS Inter-Agency Task Team on Education indicated that the MoE in many countries has serious work to do to render an enabling environment in the education sector as to prevent HIV and mitigate its impact (UNAIDS, 2005, 2008).

Indonesia has been dealing with HIV epidemic for 23 years. Since the first National Strategic Plan (NSP) was formulated in 1994, the education sector was identified as a strategic element in the prevention of HIV. It was acknowledged that this sector should be able to prepare students to prevent HIV infection through better understanding of risks in relation to the different modes of HIV transmission. The sector was also expected to play an important role in mitigating the impact of HIV through raising knowledge and awareness that help students understand related stigma and discrimination against PLHIV and their consequences.

[7] Downloaded November 10, 2009 from: www.unicef.org/lifeskills/files/ cfs_caba.doc

Facilitated by two MoNE decrees (No. 9/U/1997 and No. 303/U/1997) the sector was actively engaged in teacher training and development of relevant learning materials for students. Expertise was outsourced and the contribution of NGOs to educate students and teachers was welcomed and highly appreciated.

During the political reform in 1997/1998 when national policies were gradually decentralized, however, the sector's response to HIV seemed to lose momentum. Control and monitoring became very difficult. In fact, policy makers were concerned that topics such as HIV may not be adequately addressed in the classroom due to lack of mandate in the core curriculum, lack of awareness and commitment of school principals and lack of skills and knowledge of teachers (e.g., Alisyahbana, 2000). When the mode of transmission of the epidemic changed from mostly sexual transmission into a combination of injecting drug use and sexual transmission and from low prevalence to a concentrated epidemic in 2000, the education sector did not seem to catch up significantly.

In 2004, the sector renewed its commitment by developing a policy document on "HIV/AIDS Prevention Strategy through Education" which was reprinted in 2007. In the same year, MoNE, supported by UNESCO, World Vision Indonesia, and Plan International, published two important life-skills modules to prevent HIV through education for junior and senior secondary school teachers. Nevertheless, how this module is utilized to carry out the sector mandate remains to be evaluated.

Considering the progression of the epidemic, the education sector must tailor its role in its response. In a generalized epidemic like Papua, mainstreaming HIV in all sectors of development – including education is crucial and has to be executed very soon. In other provinces, the education sector has a larger window of opportunity to educate young people to prevent the spread of HIV.

This assessment has been conducted to provide an overview of the education sector's response to the current HIV epidemic in Indonesia, and to offer a set of recommendations meant to complement and strengthen the response. Since HIV is closely related to sexuality, reproductive health and drug use and abuse, this assessment evaluates these topics in the analysis.

2. Objectives of the Assessment

The current assessment is aimed to achieve the following objectives:

1. To review existing literature on policy documents and secondary data on HIV, reproductive health, and drug abuse prevention within the education sector.
2. To assess the national mechanism and identify the gaps in policies and programs (responses) from central to local government.
3. To understand the need for scaling-up and improvement of the national response to the HIV epidemic within the education sector.
4. To devise a reasonable and workable agenda to improve sexuality and drug education through the education sector.

3. METHODOLOGY

3.1 Methods of data collection

This assessment is performed primarily through desk research. In addition, primary data and information was collected to capture the current situation and condition as well as to reconfirm findings from the analysis of secondary data.

Table 01: Source of information and data for assessment

Kinds of information	Data	Sources	Method of Data Collection
Reproductive health HIV Drugs • Policy development processes • Existing policies • Existing programs • Textbooks contents • Gaps • Best practices	Secondary Data	Text books Policy documents Existing policy studies	Desk review
	Primary Data	Teachers Students	In-depth interview and FGD
		Policy makers (at MoNE, MoSA, Family Planning Bureau, MoH, BAPPENAS, KPAN)	In-depth interview
		Royal Embassy of the Netherlands	In-depth interview
		NGOs (especially PKBI, YAKITA, YPI)	In-depth interview
Teacher training • Knowledge, Attitude and Practices (KAP) • Classroom practices	Primary Data	Teacher and School principals	In-depth interview and FGD
Life Skills Education • Scope • Mode of learning	Secondary Data	Existing evaluation documents	Desk review
	Primary Data	Policy makers (MoNE & KPAN/D)	In-depth interview
		NGOs	In-depth interview
		Junior and Senior High Secondary students	FGD

Resources for data and information in field visits to DKI Jakarta, Bali (Denpasar), Riau islands (Batam), West Kalimantan (Pontianak), Papua and Maluku islands (Ambon) are presented in attachments.

3.2. Selection of Participants

To achieve objectives two and three of the assessment, participants were selected through a number of venues to ensure that they were related to activities relevant to HIV prevention in the Education Sector. UNESCO Office, Jakarta recommended names and designations of prospective interviewees in NAC, MoNE, MoH, BAPPENAS, and UNICEF. The research team was also assisted by MoNE (PUSJAS) with contacts in the provincial office of national education outside of Jakarta. Participants from NGOs, and KPAD were recruited based on cross-referencing by UNESCO, Atma Jaya ARC, NAC, and MoNE. A letter of recommendation and authorization by PUSJAS of MoNE in Jakarta to contact school principals and students in the provinces was obtained. A number of five to 10 students

participated in the assessment in all cities. They were recruited by school principals or teachers based on the purpose of the visit (assessment).

3.3 Data Analysis

Available data and information were analysed. Content analysis was used for text and interview data. Identified themes and categories which are relevant to research questions were encoded and reported. Available quantitative data were reported in a descriptive manner.

FINDINGS

4. OVERVIEW OF RELEVANT LITERATURE

4.1. HIV and the National Response

Summary:
Indonesia has been dealing with HIV for 23 years. But since 1998 the epidemic is progressing rapidly due to a combination of unprotected sex and the use of unsterile needles for heroin injection (IDUs). Currently it is estimated almost 300,000 Indonesians are living with HIV and AIDS. At the same time, the country is witnessing increasing number of infections among women and children. The National AIDS Strategy to deal with the epidemic has been formulated since 1994 and renewed every five years. Since 2000 the epidemic in Indonesia has been considered as concentrated within specific high-risk population. In the context of limited resources to deal with the epidemic, the current strategy is focusing on the most at risk population, namely Commercial Sex Workers (CSW), Men having sex with Men (MSM), Transvestites, Injecting Drug Users (IDU), Prison Inmates, and Clients of Sex Workers. As of 2010, in Papua; however, HIV has infected nearly 3% of the general population (between ages 15-24 years old) mainly through heterosexual contacts. This calls for a different strategy. IEC or behavioral change communication on HIV prevention for all segments of the population has to be implemented seriously in addition to minimizing risks among most at risk population. Although the education sector is expected to play an important role in prevention, available information suggests that information and education on HIV prevention does not have the desired impacts as yet.

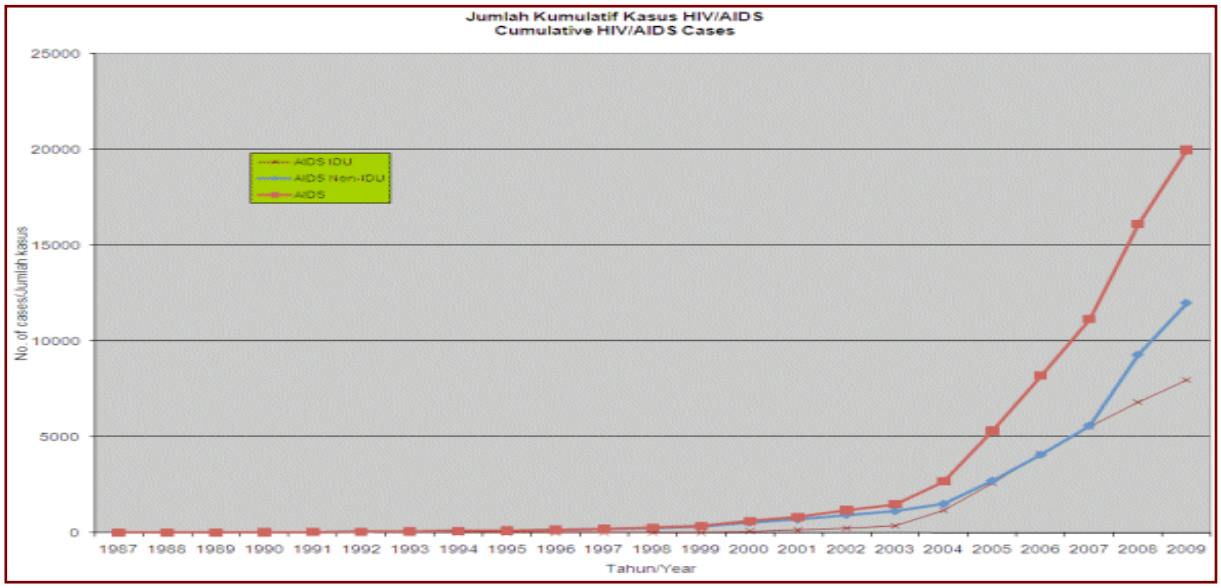
In the Asian region, HIV infection was officially reported only a few years after it was acknowledged in the USA. Currently UNAIDS considers the epidemic in Asia as the most diverse in the world. Although the epidemic started slowly, after two decades an estimated 9 million Asians have been infected with HIV through different modes of transmission. Over 2.6 million men, 950 thousand women, and 330 thousand children have died of AIDS related diseases. Currently over 5 million people in the region are living with HIV (Commission on AIDS in Asia, 2008).

Indonesia officially acknowledged a patient with confirmed HIV infection in Bali in the year of 1987. Over two decades later, Indonesia is considered as having one of the fastest growing HIV epidemics in Asia alongside China, India, Thailand, Cambodia, and Vietnam (see Table 05 – annex; MoH review 2007; Commission on AIDS in Asia, 2008). Reported AIDS cases data compiled by MoH (Updated August, 2009) as depicted in Figure 01 below suggests how the epidemic has grown throughout the years. The data indicates that the epidemic started to increase rapidly beginning in 1999 during the monetary crisis in the region.

Since 2001 the epidemic in Indonesia has been concentrated within specific populations, especially sex workers and their clients, MSM, and Injecting Drug Users (IDU), except for Papua (See Figure 05, Attached). Nationally the aggregate prevalence is 0.16% although in real numbers Indonesia has an estimate reaching 300,000 people living with HIV and AIDS

(25% of whom are women)[8]. In Papua, however, the prevalence among people age 15-24 years old is currently estimated at 3% which makes the epidemic in this particular region as "generalized" (MoH and CBS, 2007; NAC 2007).

Figure 01: Reported Cumulative Cases of HIV and AIDS (1987-2009)



The national response to the HIV epidemic started in 1987 by MoH with the appointment of the Director of CDC and Environmental Health to lead a national commission within the department (see Figure 02). As the epidemic progressed and more data became available, the national response went beyond bio-medical and disease models to include more participation of different government sectors and community, especially the most affected communities. As reported cases came from virtually all provinces from city and district levels, the national response was scaled up rapidly to achieve universal access by 2010. Various policies were formulated and commitments from local/provincial government were secured. Difficult decisions were made, especially on harm reduction programs through hundred percent condom use in commercial sex establishments and provision of substitution therapy and clean needles and syringes for heroin-injecting drug users. Serious efforts were made to improve care, support and treatment. ARV was made available for free in 2006 and is currently accessed by 25,384 PLHIV (2009). In 2009 at least 154 hospitals were providing HIV treatment and over 250 clinics were providing VCT (Voluntary Counseling and Testing.) In the current Education Sector Plan (ESP) 2010-2014, Life Skills Education is emphasized and HIV is listed as an activity under Strategic Objective Number 6 '*Strengthening governance in ensuring excellent service to education*' together with drug use prevention: *Drug Abuse Prevention Education and HIV/AIDS*[9]. Unfortunately the funding allocated in the ESP is infinitesimal small, indicating continued need for international support.

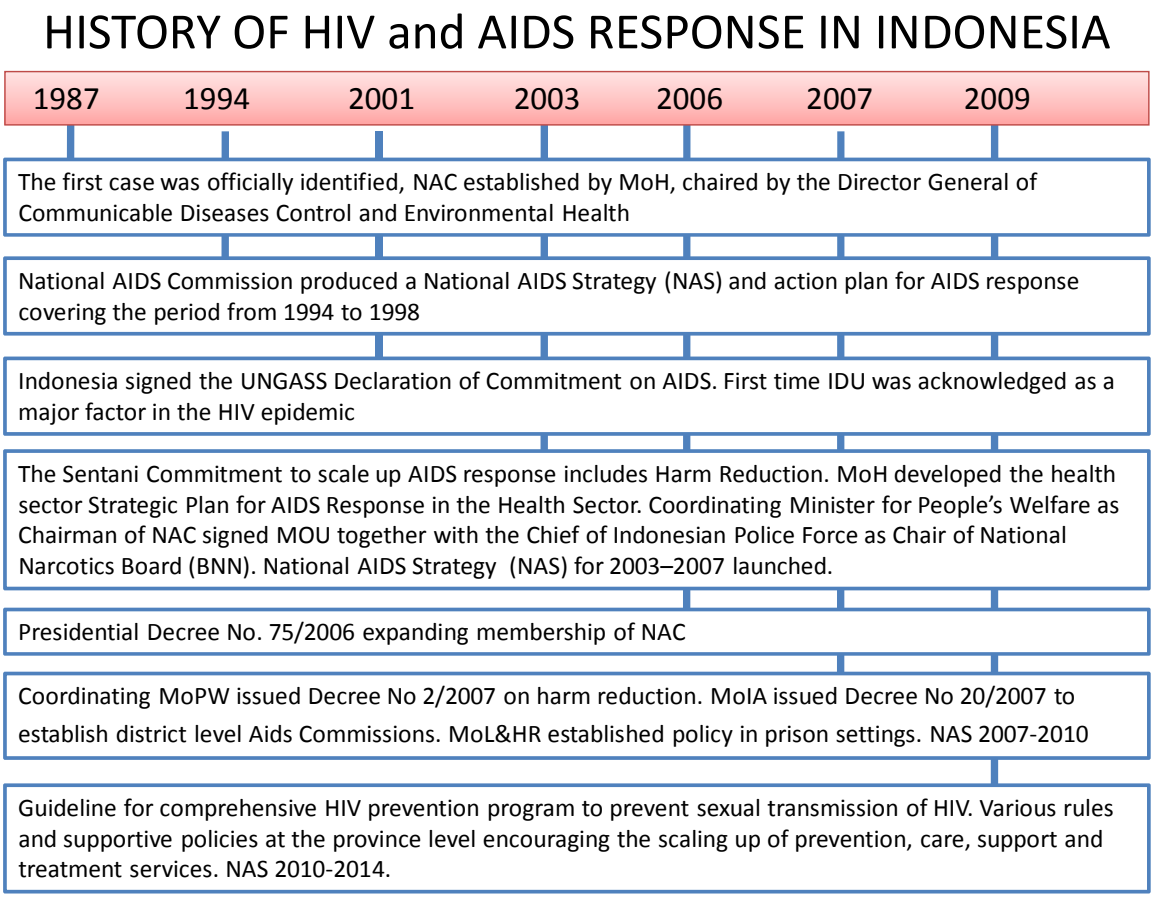
HIV prevention through behavior change communication has been one of the most important strategies to prevent HIV infections. In line with the recommendation of the Commission on AIDS in Asia (2008) the national strategies in the region should be focused on the Most At Risk Population (MARP). This is to maximize impacts within limited national resources. In

[8] In 2006 it was estimated 193,030 PLHIV (21% women) but in 2009 it was estimated that 298,000 PLHIV (25% women) – NAC (National Strategic Plan 2010-2014).

[9] RENSTRA for Education Sector- (ESP for 2010 to 2014 for Indonesia)- http://www.depdiknas.go.id/

the implementation of all National Plan and Strategies from 1994 through 2007, various IEC (Information, Education and Communication) materials have been produced and distributed to members of key populations. Indonesia UNGASS report 2007 suggests that over 40% of members of key populations have been exposed to comprehensive behavioral change prevention programs. The coverage is expected to increase to 80% by 2014 (NAC, 2007; 2010).

Figure 02: History of HIV and AIDS Response in Indonesia



MoH annual reported cases of HIV and AIDS clearly indicates that most infections occur within the productive (age 20-40 years) segment of the population (see Figure 03). Most infections largely occur through unsafe injecting drugs and heterosexual transmission (see also Figure 06, attachment; MoH, 2009). This reflects the underlying factors which are shared by other countries in Asia and Pacific regions, i.e. sexually active young and older males who are engaged in commercial sex, low condom use, and growing numbers of sexually active injecting drug users who are also engaged in commercial sex (Commission on AIDS in Asia, 2008).

The National AIDS Strategy to prevent HIV infection among children and adolescent specifies that the following programmatic activities will be performed (KPAN, 2008. page: v):

(1) Provision of IEC materials and relevant skill education through schools, the community, and the mass media.

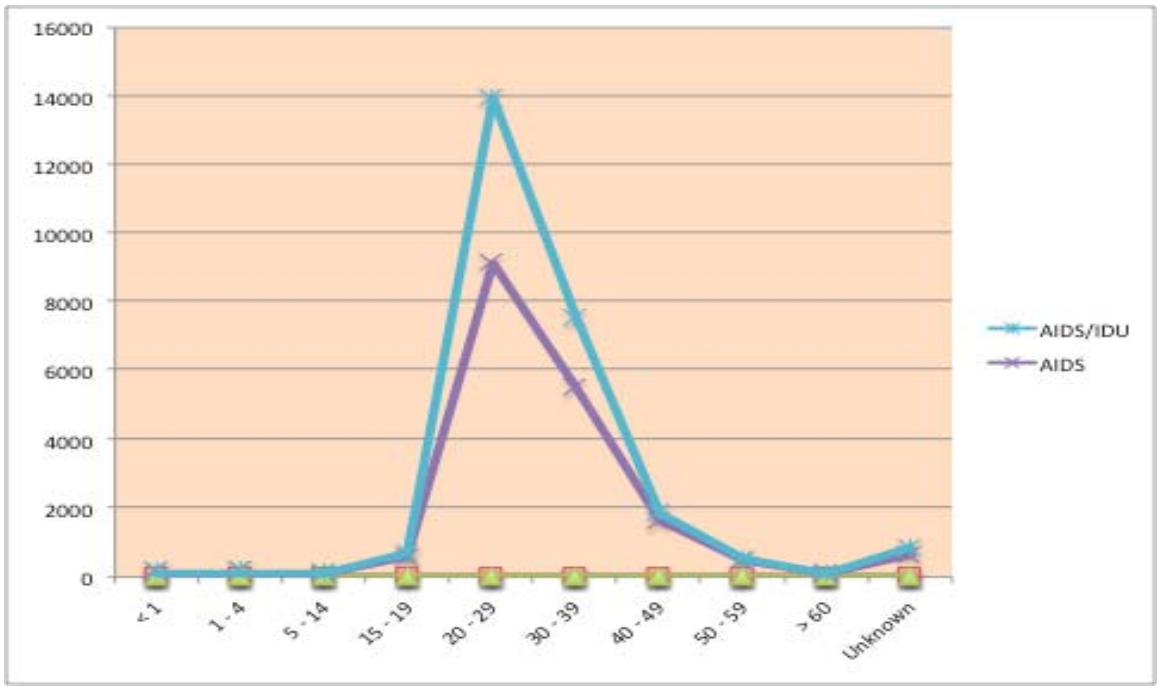
(2) Provision of friendlier and more accessible health services for children and adolescents, including VCT and PMTCT (Prevention from Mother to Child Transmission)

(3) Improving participation of adolescents in HIV prevention activities.

(4) Improving awareness and capacity of family and community to develop enabling environment that provide support for children and adolescents who are living with HIV and AIDS.

The implementation of this strategy is especially crucial in Papua and West Papua provinces. In addition to minimizing risks among commercial sex workers and their clients, the prevention strategy is directed at pregnant women, especially sexual partners of commercial sex clients. Considering that many of clients of sex workers are young males, school-aged children in or youth outside of the school system; young adults should be involved in the prevention programs. Providing IEC materials on HIV prevention in workplaces and places frequented by youth has been part of the strategy in Papua. Linking the above strategy and the reality as captured by MoH annual report and a number of studies conducted in 2007; however, concern should be with existing gaps and challenges.

Figure 03: Reported Cumulative AIDS cases by Age groups (2009)



Source: MOH, 2009 (reported through June and Updated August 7, 2009)

4.2. Indonesian Youth, HIV, and the School

Summary:

As in most Asian countries, the HIV epidemic in Indonesia is certainly most prevalent among the young. Taking into account the growing number of infected babies and school-aged children, the epidemic is seriously threatening the most vital segment of the population. This review reveals that people are exposed to risky behavior, unsafe sex and unsafe heroin injecting, before they reached 15 years old. In addition, their knowledge about sexually transmitted diseases, including HIV and how to prevent them is inadequate. The education sector used to have a structural mechanism (interdepartmental task-force coordinated by the National Centre for Physical Quality Development*) to respond to the epidemic. The task-force lost its relevance when the government was decentralized in 1999. HIV and Drug abuse are integrated into the curriculum guidelines (KTSP) but the implementation depends on commitments and awareness of provincial government and respective schools. In Papua and West Papua, response in the education sector has been scaled up significantly through partnership involving UN agencies, MoNE, international NGOs, and local leaders to provide training in sexual and reproductive health which include HIV for junior and senior secondary school teachers, school principals, peer educators, and religious leaders. Despite all of the efforts, some structural and cultural challenges remain to be resolved.*

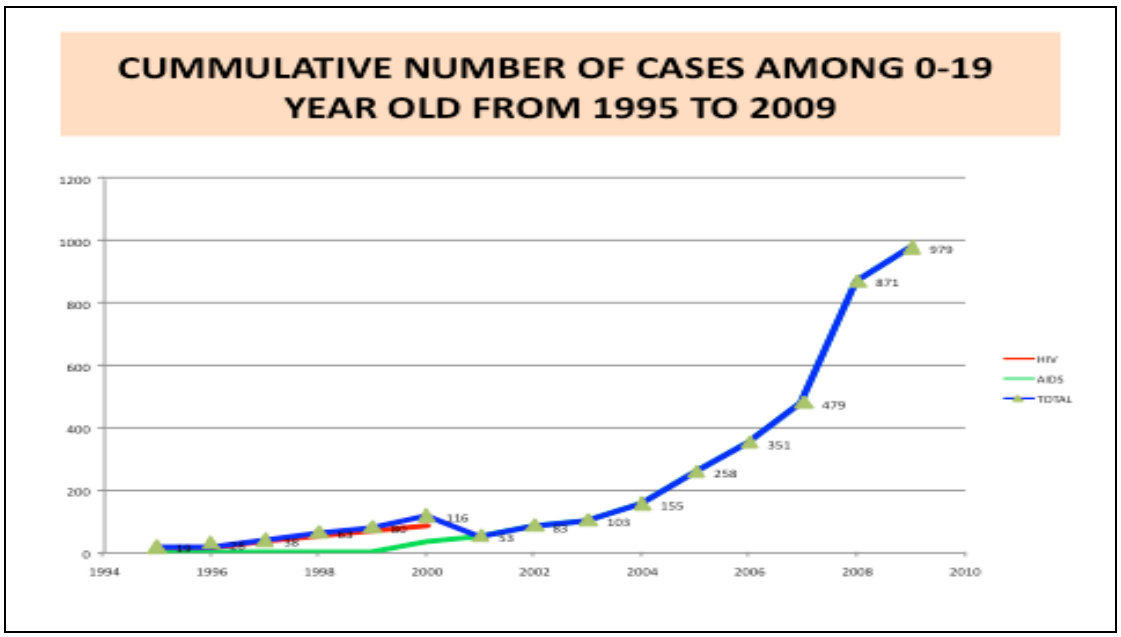
Indonesia has the fourth largest population in the world. The number of school-aged children (5-19 years old) in the country is 62.7 million (BPS – SUPAS, 2007). (BPS is also the Education Management Information System (EMIS) authority in Indonesia, but has yet to include HIV information in its sensus.[10]) Unfortunately, not all of them are in school. According to the National Socio-economic Survey 2006 (Susenas, 2006), the net participation rate in elementary school was 93.5%, junior secondary school was 66.52%, and senior secondary school was 43.8%. Poverty is the major cause of attrition. Protecting youth from the HIV epidemic is a heavy responsibility. As referenced earlier, the education sector has a unique opportunity to deal with this problem. It may be assumed that before anyone engages in risky behaviors, she/he has the opportunity to learn in school what are risky behaviors, their consequences, and how to prevent them. It is up to the policy makers, however, to take this opportunity to respond to the epidemic. As indicated by the above statistics, the longer the education system waits, the smaller the chances to reach out to students. Many students will discontinue their education due to poverty or limited access to education in small or remote villages.

Figure 04 below suggests that HIV infection among school-aged children is growing as rapidly as infections among adults. Many of them have been infected through engaging in risky behaviors, especially injecting drug use. In addition, serious concern is raised by the prediction of the Commission on AIDS in Asia (2008) that more monogamous adult women in Asia will be infected with HIV by their husbands. They noted that infection among women in Asian countries has risen from 19% in 2004 to 24% in 2007 mostly transmitted by the risky sexual behavior of their partners or husbands (see also UNAIDS, 2009). This means that more children will be born to HIV positive mothers, which in turn will increase the

[10] The EMIS authority for Indonesia -Central Bureau of Statistics (BPS)
http://dds.bps.go.id/eng/aboutus.php?tabel=1&id_subyek=28

likelihood of childhood infection where PMTCT is not available. Transmission from mother to child is nearly completely preventable with proper intervention. Unfortunately, PMTCT coverage in Indonesia in 2008 is less than 10% - far from other ASEAN countries such as Vietnam (40%), Thailand (over 80%), or Cambodia (25%). In fact, most of PMTCT services in antenatal clinics in major cities in Java have been provided by NGOs (Rao, 2009; Gustav, 2008).

Figure 04: Cumulative HIV and AIDS Cases among 0-19 year old (1995-2009)



Source: MoH, 2009 (reported through June and Updated August 7, 2009)

As previously indicated awareness is needed on the younger age of encounters with commercial sex and injecting drug use. IBBS (Integrated Bio-Behavioral Survey) among most at risk group (2007) found that the first time respondent engaged in risky behavior, including unsafe heroin injection and unsafe sex, was around 13 to 20 years old. This study confirms earlier finding by the Center for Health Research, University of Indonesia (CHR-UI) in 2000 which found that initial high-risk sex was engaged as early as 13-14 years old (MoH & WHO, 2003). A recently completed study by FHI and Atma Jaya Catholic University's HIV and AIDS Research Center (FHI-ARC Unika Atma Jaya, 2010), also found that initiation to illicit drug use among IDUs, including injecting heroin, was between the ages 13 to 16 years old.

The education sector has been an important part of the National Strategy since 1994. As indicated earlier, three years after the first National Strategy was formulated, MoNE issued decree No. 9/U/1997 on HIV prevention through Education. According to this decree, all levels of education (elementary through university) were instructed to improve knowledge on HIV, to improve awareness of healthy and responsible behavior, and to engage in activities to prevent the disease. To help each education institution implement the decree, MoNE issued decree No. 303/U/1997 on Guidelines to prevent HIV through education indicating that HIV prevention should be integrated into relevant subject matter in the curriculum of elementary to secondary education and through extracurricular activities. This decree also suggested that teachers and education administrators were to be educated and trained about HIV. Unfortunately, after the political reform 1999 (the stepping down of the New Order Regime), the role of the education sector was obscured by the implementation of Regional Autonomy

(Law No 22/1999) and by strategic refocusing of the NAC National Strategy and Action Plan to key populations (NAC, 2007). When compared to the response of the education sector in Cambodia (MoEYS) – see Table 05 (attached) – it is apparent that in Cambodia the education sector has been able to formulate a strategic plan, policy and execute related programs and activities consistently within the education system. On the other hands, the Indonesian response has to embrace other sector's authority due to the nature of the issue (materials for HIV education need the oversight of the health and religious sectors) and the nature of the governance (decentralized – needs the involvement of the Ministry of Home Affairs). This way, the education sector has to deal with some loose ends in the implementation of the policy, especially at the municipality and district levels. Quality control and monitoring of impacts become a serious challenge. Further limitations are set by the government on the ability of the central education authorities in programs to implements in district level.

According to the National Strategy and Action Plan 2003-2007, the education sector is expected to reach out and deal with the population aged 10-14 and 15-24 through IEC and life-skill education. It is however, as elaborated earlier, not a priority program in the National Action Plan 2003-2007 on HIV prevention as most resources and attention are focused on most at risk (key) population (KPA, 2007). In fact, lack of attention to the role of the education sector in HIV prevention was reflected in the UNGASS 2006-2007 report which indicated that only 7% (555 out of 8,030) of senior secondary schools in 20 provinces in Indonesia provided life-skills education which dealt with issues in reproductive health, drug use, and HIV (NAC RI, 2007). A recent MoH assessment on knowledge about HIV prevention in 33 provinces involving over 200 thousand households revealed that fewer than 15% of respondents aged 10 – 20 years were able to provide correct information on how to prevent HIV infection. The same survey also indicated that knowledge on HIV transmission and prevention was higher among respondents with higher education (MoH, 2007).

Lack of attention to and investment in the education sector is disturbing. It should be acknowledged, however, that there was no significant study on the impacts of HIV on education in SEA (South East Asian) countries, nevertheless in Indonesia. According to Shaeffer (1994), there are at lest three important issues related to education and HIV, i.e.: (1) changes needed to improve efficacy of delivering messages about the epidemic, (2) how to deal with immediate impacts of HIV to the system, and (3) what long term response needed to deal with the impacts. So far, analysis for this assessment is mainly focused on the first issue, which is how messages related to the HIV epidemic are integrated in the school activities.

With increasing numbers of infection among married women and among school-aged children, the education system will soon be seriously affected by HIV. In fact, approximately 30% to 52% of members of the key populations are aged15-24 (KPA, 2007). In other words, the education sector has been home for children infected with HIV either by their mothers or by their own risky behaviour. Consequently, in addition to prevention, the sector is now responsible for dealing with issues of care-support-treatment and mitigation of HIV impacts. These new areas of responsibility have not been seriously discussed and deliberated. In other words, the education sector in Indonesia is currently called to step up its role not only to educate students to prevent HIV but also to educate students, parents, and the community to protect the rights of people (children) with HIV and AIDS by avoiding stigma and discrimination (Wijngaarden & Shaeffer, 2005).

In the National AIDS Strategy 2010-2014, mitigation of the impact of HIV on children has been described as a national priority. It would seem timely for the education sector to regain its role in the national AIDS response both in HIV prevention and in mitigating the worst

impact of HIV on children and their families. Since 1997, the education sector assigned the Director of the National Centre for Physical Quality Development as the focal point in the sector response to HIV. This centre was and is currently the driving mechanism for any activity related to HIV. In 2004, this centre published the "HIV/AIDS Prevention Strategy through Education" booklet, in collaboration with the General Secretary of MoNE, DG of Primary and Secondary Education, DG of Higher Education, DG for Non-formal and Informal Education, DG of Sports (now moved to Ministry of Youth Affairs and Sports) and Head of MoNE R&D, which was renewed and reprinted in 2007 as the guidelines for the MoNE response. This booklet, which has yet to reach all districts, contains guidelines to assist teachers and other staff in education institutions to develop IEC materials, advocacy tools, and research, and teaching materials. The strategy does not include any activities for CST (Care, Support and Treatment) and mitigation (see also Clarke, 2008). Just recently, MoNE issued a term of reference (ToR) for GANAS program (Anti-Narcotics and HIV and AIDS Movement in School) to be implemented in 11 provinces and 11 districts/municipalities, involving 66 teachers and 1,320 senior secondary students in 2010. This program offers in service training for teachers and peer educator as well as to establish student-based task force to prevent drug abuse and HIV among senior secondary students. A series of guidelines and manuals are published to assist teachers and students in the implementation of this program. Since the program is new, no information on its outcomes and impacts is available.

In the Papua provinces where the epidemic is generalized, direct and long-term impacts of HIV have been experienced by the education system. To deal with that, there was an initiative by UNICEF and the Dutch Government to integrate HIV information into the curriculum in 2004. In fact, MoNE in partnership with UNICEF, World Vision Indonesia, and local activists have initiated life skills and HIV education since 2006 in 256 junior secondary schools (out of 308) in the four most affected districts. World Vision and the local business community have been raising awareness and building capacity to deal with HIV among youth and children through church leaders in a program called Channel of Hope. Although all of these represent a significant scale up of response in the education sector, a number of problems were identified. A clear mechanism for mainstreaming HIV into the education sector remains absent at national and local levels. There is a lack of technical and expert guidelines in the integration of HIV materials into the school curriculum. Activities were targeted to state/government schools and lacked outreach to non-government schools. In fact, capacity building activities for life skills education and HIV were not conducted evenly across cities and districts. Of course, geographic challenges are real and difficult to be resolved given current physical infrastructures and on going internal armed conflict. Finally, not all local government agencies SKPD[11] (*Satuan Kerja Perangkat Daerah* - Provincial Operation Unit) were supportive to this undertaking (Clarke, 2008).

[11] SKPD = *Satuan Kerja Perangkat* Daerah or Provincial Operational Unit – e.g., Bappeda

4.3. Indonesian Youth, Sexuality and Reproductive Health

Summary:
Despite serious efforts and investment in providing information and education on sexuality and reproductive health, only limited impact among young people is witnessed. Knowledge on sexual and reproductive health among young people is poor. Myths and misconception about sexuality, pregnancy, and sexual health are common among adolescents. Children and teachers are still facing legal, social and cultural barriers in getting factual and useful information and relevant services. Information that they get from school textbooks is not sufficient to be used to resolve complex issues in everyday life. Mass media, such as daily newspapers, internet, TV, and radio are not reliable sources of information but they often have become significant alternative sources when children and adolescent are desperate to find answers about their own sexual and reproductive health issues. Lack of teacher training to address sexual and reproductive health may contribute to the absence of meaningful discussion about the social aspects of it.

It is generally acknowledged that many adolescents and young people are already sexually active. According to a recent CBS (Central Bureau of Statistics) survey on young adult reproductive health,[12] a household survey 2007 (BPS, BKKBN, KemenKes, 2008) on reproductive health among the young (unmarried) population aged 15-24 (n = 19,311; male= 10,830 female= 8,481) it was found that 1% of female and 6 % of male respondents had already had sexual intercourse. Condom use was under 15% for first time sex and approximately 20% for the last sexual intercourse. A similar survey by Damayanti (2007) in Jakarta involving 2681male and 3119 female senior secondary school students found that 4.3% male and 1.8% female students have had sexual intercourse. Similar findings have been found in different cities since the early 1990s (see MoH & WHO, Indonesia Reproductive Health Profile, 2003).

Adolescent and youth reproductive health has been a lingering problem in Indonesia for decades. In response to ICPD (International Congress on Population Development) 1994 in Cairo, the government through the health sector and family planning bureau, made concerted efforts and huge financial investment to address the high incidence of maternal mortality and STI. Strengthening of the health sector has been undertaken by improving the capacity of midwives, especially in villages (*Bidan di Desa*), improving access to safe abortion and STI treatment, and setting up reproductive clinics for youth and adolescents in a number of cities as well as integrating reproductive health issues in school curricula. According to Utomo (2009), UNFPA consultant, sexual and reproductive health education in school plays a significant role to prevent adolescents from unwanted pregnancy, unsafe abortion, and sexually transmitted infections (STI). It was indicated that issues have been accommodated into the KTSP (guidelines for School-Based Curriculum) in primary, junior and senior secondary School. However, the national curriculum does not specifically mention about reproductive health. Instead, it enlists domains and keywords that are related to reproductive health within specific subject matter (Religion, Science, Physical Education, and Social studies). In the review of junior and senior secondary school textbooks, it found that not all

[12] Central Bureau of Statistics and National Board on Family Planning

textbooks outlined all the materials supposedly taught according to the curriculum. Moreover, the study also found that school textbooks are lacking of more in-depth discussion on the social aspects of it that may be relevant to discuss about marriage, sexual harassment, prevention of sexually transmitted diseases, and negotiating forced or un-consented sex. To deal with these serious gaps, teachers have to be very resourceful and creative - something many teachers may not have the privilege due to administrative burdens and high pressures to ensure that all listed subject matters are taught. In addition, Utomo also suggests using extracurricular activities where there is more space for creativity and experiential learning.

Despite all these efforts and investment, maternal mortality and prevalence of STI[13] currently remain serious issues. Observation and analysis suggest the following.

Adolescents and young adults, especially females, face continuing legal[14] and cultural barriers to honest and appropriate information on sex, sexuality, contraception or birth control technology and safe abortion. It is well known for example, that family planning services are restricted to legally married couples (BKKBN & WHO, 2004). Recently Law No. 52/2009 on Population Development and Development of Family was enacted to substitute Law No. 10/1992 . In article 5 of this new law, the decree assures that every citizen has the right to obtain information and get education related to his/her reproductive rights. On Chapter 2, articles 20 to 29 states that the government is responsible to provide information, services, and technology for family planning including IEC materials on reproductive health for (prospective) married couples and adolescents.

Reproductive health is closely linked to sexuality. UNESCO defines the primary goal of sexuality education as children and young people becoming equipped with the knowledge, skills and values to make responsible choices about their sexual and social relationships[15]. For many years, sexuality was a sensitive issue which could not adequately be integrated into subject matters in elementary and junior secondary level. Although the umbrella term for sexuality is reproductive health and healthy living, "sex" as a necessary terminology is not universally accepted in all schools in the provinces (see Mustakim – Kendari Pos Daily, 8 September 2003; Sandra, Tempo Daily, August 3, 2003; Bastian, 2009). Consequently, sexuality and sex are only discussed with a passing reference in many junior secondary school textbooks. A study for UNESCO Office, Jakarta in 2005 (Damayanti, 2005) indicated that students were lacking knowledge of reproductive health and sexuality, especially when they learned about those issues from school textbooks. They were clearly aware that getting that information from open sources (internet, mass media) was very easy, but they needed more factual and accurate information. Unfortunately, their schools do not provide that. MoNE & UNAIDS review (no date)[16], concluded that strong teachers resistance to talk about

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[13] MMR: 350/100,000 live births in 2003 – no current data. BPS projects that the MMR will drop only to 163 deaths per 100,000 live births by 2015, while the target is 102. STI: high titers syphilis (TPHA/RPR >= 1/16), 4.11%; gonorrhea 27.2%; Chlamydia infection 24.74%; trichomoniasis 9.49%; bacterial vaginosis 54%; Candidiasis 10.29% among female sex workers (Sutrisna, *Int Conf AIDS.* 2004 Jul 11-16; 15: abstract no. ThPeC7359.). Syphilis prevalence among ANC attendees varied in 2000-200 from 1.94% to 22.11% depending on geographical locations. In 2005 gonorrhea rates were 24% among sex workers, while Chlamydia rateswere 26% and Trichomonas vaginalis 10% (WHO – SEARO, Expert Group Meeting for Prevalence Survey on Selected STIs & MCH/FP settings, New Delhi, 26-28 June, 2007)

[14] see: Law No. 10/ 1992 on Population Development and Family Welfare.

15 UNESCO. International technical guidance on sexuality education. Volume 1. The rationale for sexuality education. Paris. 2009.

[16] Indonesian country profile on HIV/AIDS – composed by Dr. Suharto (MoNE), Jane Wilson (UNAIDS), and Iwu D. Utomo (ANU).

sexuality was one of the barriers in implementing HIV education in school. A lack of current knowledge and skills among teachers to address reproductive health and related issues may contribute to this situation. Interviews with school teachers in Jakarta (Damayanti, 2005) found that some of them had not received any formal training and education on reproductive health, gender, and sexuality

Adolescent and youth are facing continuing cultural and institutional barriers to STI treatment and consultation. In the UNESCO report (Damayanti, 2005), many schools chose to expel sexually active and pregnant students (girls) rather than provide them with constructive solution and information/education. This is in conflict with the National Strategy to Prevent HIV (2007-2010 & 2010-2014) where VCT and PMTCT services should be accessible by young people who may be exposed to risky behavior.

In the past decade, the National Family Planning Bureau (BKKBN) has had the mandate to provide family planning services and information – including reproductive health information to school students. Since 1988 it had been hampered by political and bureaucratic reforms in the government. With much less investment, the Bureau does provide sexual and reproductive health information and education through their *Pusat Informasi dan Konseling Remaja* (PIKR) or Centre of Information and Counseling for Adolescence. The center is set up in the community and through the cyber media. Available data obtained from the Household Survey on Young Adult Reproductive Health 2007 (CBS, BKKBN, MoH, 2008), suggests that only very small percentage of respondents (11% for female and 3% for male) identified the Center as their source of information. The majority (over 80%) received their information from TV.

4.4. Drug Use/Abuse Among Indonesian Children and Youth

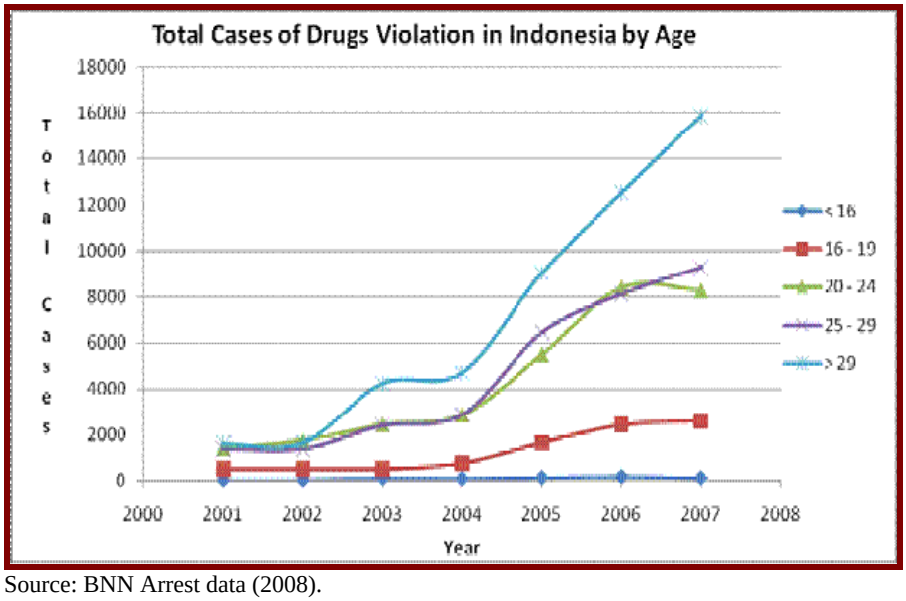
Summary:
Indonesia is facing a serious problem of drug abuse among its children and young population. Although the new law on narcotics (No. 35/2009) and the Strategic Plan of BNN clearly consider the education sector to be a strategic partner, there is no clear guideline to integrate drug information and education into the school curriculum. In fact, partnership with schools seems directed toward monitoring and reporting of drug abuse incidence rather than drug education and prevention. Information and education on drugs and relevant skills to prevent drug abuse is provided intermittently based on request or BNN extended. There is a lack of designed regular information and education guidelines to deal with drug abuse. Another important missing element in the implementation of current policy is lack of data for monitoring and evaluation. Despite all of the activities in school, there is no assessment with regard to any workable models of intervention or the impacts of those activities to students.

Drug use and abuse is not a new phenomenon in Indonesia. The country has its colonial history of opium and cocaine monopoly in the region in the 18th century (Yatim, 1987; Schmidt, 1998; Irwanto, 2006). In its modern history, many young Indonesians were part of the drug sub-culture of Western Countries celebrated in music and other elements of lifestyle in the seventies. The problem was limited to certain social classes, especially the newly rich secondary school and college students. The problem, therefore, was never as significant as the current situation (Yatim, 1987; Irwanto, 2006). Currently, it is estimated that approximately 3.1 to 3.6 million Indonesians or 1.5% of the population are using drugs. Most

of them are multi drug users and 27% are suspected as being addicts. Among them 7% or approximately 200,000 are injecting drug (heroin) users. The report also highlighted that the majority of drug users are young (68% age 20-29 years old) educated persons. Many of them (48%) started using drugs when they were 16-18 years old. Cannabis and psychotropic pills (barbiturate) are drugs of initiation after tobacco and alcohol; confirmed in the earlier survey found in AHRN, 2004. In 2008, the county had to spend over 32.4 trillion IDR (~US$3.4 billion) for drug related expenses (BNN & PPK-UI, 2008).

Incarceration data shows that from 2001 to 2007 there was a significant increase in the number of individuals arrested. This may mean that the problem is getting worse over the years or that the police are becoming more efficient, or both. Unfortunately, this trend (more arrests) also occurs within categories of youth between 16 to 19 years old (school age children).

Figure 05: Total Cases of Drug Violation in Indonesia by Age



Source: BNN Arrest data (2008).

The education sector has been considered as a strategic venue for drug information and education. The newly enacted Law No. 35/ 2009 on Narcotics, Chapter X (Guidance and Supervision) article 60 suggests that to prevent children from using and abusing drugs, information on Narcotics should be incorporated into the primary and secondary school curriculum. Although there has never been any clear guideline about the execution of such a mandate, BNN has been working with and through schools. The National Strategy of the National Narcotic Board (BNN) is abbreviated as P4GN (*Pencegahan, Pemberantasan, Penyalahgunaan dan Peredaran Gelap Narkotika* or Prevention and Eradication of Drug Abuse and Illicit Trafficking). To implement the strategy, BNN is working in close partnership with government institutions (ministries and non-ministries)[17] and with civil society. These partners receive mandates[18] as task force units or *SatGas* (*Satuan Tugas*). The strategy in drug prevention is mandated through MoSA for community based prevention and to MoNE for school-based prevention.

[17] Presidential Instruction No. 03/2002

[18] Presidential Decree No. 83/2007 on BNN and provincial and district narcotic boards.

The school-based prevention strategy emphasizes the promotion of preventive measures through life-skills education and the development of Information, Education, and Communication (IEC) materials and advocacy strategies. In reality, however, repressive measures were used more often rather than the promotion of preventive measures. A UNESCO survey in 2005 (Damayanti, 2005) suggested that most schools used peer and monitoring mechanisms to "capture and report" students involved in drug use or other drug related crime. Most schools, with very few exceptions, expelled students and giving them no opportunity to return to school to continue their education.

Different types of campaigns were conducted in school settings (from elementary to university level) such as seminars and workshops, advocacy through performing arts, sports and other activities. Drug use and abuse information is integrated within school textbooks, but most lack of skill building and other personal empowerment components. It should be noted, however, BNN and other sectors in the government do not have a clear demand reduction strategic template and tools to prevent HIV within the education sector or in the community.

When this assessment was performed, BNN was not a vertical organization and had no direct authority from the central to district level. Although BNN recognized the establishment of provincial narcotic bodies, BNN reports to the president and the provincial body reports to the local authority (i.e., Governor). Coordination with BNN at the central level is conducted through the Ministry of Domestic Affairs or the Police. The enactment of Narcotic Law No. 35 year 2009, transforms BNN into a vertical organization with direct authority from central district level. This law should provide BNN with coordination authority as well as implementation of its policies. To this date BNN has existed for seven years[19]. Since BNN is restructuring its organization according to the new law, it is time to reflect on the impact of their strategic activities. In the education system, BNN may be interested to review how well their policies have been integrated into the School Health Programme or UKS[20] (*Usaha Kesehatan Sekolah*) or into curricular and extra-curricular activities. Otherwise, as in the case of HIV, it is hard to measure whether their investment in the school system has been able to bring the desired outcomes.

[19] Formerly established as the Coordinating Body for Narcotic Control (Presidential decree No. 17/2002) changed into National Narcotic Board (Presidential Regulation No. 83/2007).

[20] Started with a joint decree between MoH and MoE in 1970. In 1980 revised to include MoIA, and MoRA. Supervised by the resident doctor in the local Community Health Center (PUSKESMAS)

5. SUMMARY OF INTERVIEWS IN THE PROVINCES

Summary:

Commitment and responses from the education sector to HIV and related issues across provinces varied according to local perception of the epidemic, the presence of local leadership in the government, school system, and related institutions such as KPAD or BNP/K, as well as the availability of expert resources to assist putting the issue into perspective. In most provinces, interviews suggest that students learn about HIV, sexual and reproductive health, and drug abuse from school textbooks and the mass media. Only in Kalimantan, Bali, and DKI Jakarta teachers are trained in HIV and related issues. In other provinces there was no such opportunity for training although the need to improve teacher's capacity to deal with those issues was recognized. In these provinces, local leadership does not see the HIV epidemic and drug abuse priority problems. In most cases, the Provincial AIDS Commission and Provincial or Municipal Narcotic Board do not have significant allocated budget for activities – nonetheless strategic planning. Activities involving the school were organized intermittently based on requests or offer of the local stakeholders. In all provinces, interviewees were not aware of the existence of MoNE booklet on the "HIV/AIDS Prevention Strategy through Education" (2007) and the Life Skills Module to Prevent HIV for teachers. In Papua and West Papua, the challenges are very clear. To deal with the generalized epidemic, the Papua Strategic Plan 2007-2011 prioritizes expedient mainstreaming of HIV into the school curriculum. With assistance of the UN joint mission, the Dutch Government, and international NGOs the local government in Papua is aggressively engaged in improving the capacity of all stakeholders to deal with HIV. Hundreds of teachers, community leaders, and peer educators were trained in HIV, sexual and reproductive health, and Life Skills Education. Although progress has been noted, cultural, geographic and language barriers are serious issues that remain to be overcome.

5.1. Maluku Province (Ambon City)

The local education department (*Dinas Pendidikan*) in Maluku was aware that topics such as sexuality and reproductive health, HIV and drug use/abuse are important issues to be understood by students. They were aware that many school children in the city of Ambon, for example, were at risk of HIV infection and drug abuse. Interviews, however, indicated that they were not aware of the National Strategy on HIV 2007-2010 and the sectoral strategies of MoNE and MoCT (Culture and Tourism), a possible consequence of decentralization. Although resource persons indicated regular coordination with related official offices on HIV, there were no reports of such activities. It seems that in Maluku, as in other provinces, education on HIV, reproductive health, and drug use/abuse beyond the school textbooks were conducted by NGOs or other competent sources outside the local education department.

Interviews with teachers and school administrators found that they acknowledged the importance of delivering issues on reproductive health, HIV, and drug abuse to students. Accurate information regarding these interrelated issues is considered a strong foundation to keep students from potentially harmful behavior. Teachers, through classroom teaching, have encouraged their students to actively seek information associated with these issues. For example, they require the students to do interviews with health professionals such as doctors, nurses, and other health-related workers, and also seek information around these issues through electronic media and internet. The school also collaborates with the Police Department, Regional Army Command, and District/ Municipality Health Office to raise

awareness on the issues among students. Most parents are being very supportive of school efforts in delivering these materials, but some are worried that these materials (especially related to dating and sex) are not suitable for their young children. In response to this, teachers were able to explain constructively to parents. They were able to convince parents that the information imparted to students were consistent with religious cultural norms and delivered by respected or professional members of the community.

Interviews with students suggest that they have acquired basic necessary information and knowledge around these issues. For instance, they could explicitly mention various ways of HIV transmission, various types and effects of drugs abuse, and also sexually transmitted diseases. They integrated knowledge from teachers with additional knowledge from supplementary books and leaflets provided by the Red Cross. Their religious organizations also contributed in giving them opportunities to hear testimonies from ex-drug users about real experiences, from the initial experience until addiction. The true consequences of drug abuse are also shared by these individuals, completing the students' knowledge of the subject. The students had non-discriminative attitudes towards HIV-positive individuals. They stated that it is the disease that they should stay away from, not the infected person.

The KPAP (Provincial AIDS Commission) database indicated that HIV had become a major threat to the province but they were seriously concerned with financial resources. Until now the KPAD in Ambon City has had no budget allocation. Consequently, they could not develop their own programs and activities. Most of their activities were jointly organized with sectoral activities, such as the District/Municipality Health Office.

LPPM and LP2B are two local NGO's that work around issues of reproductive health and HIV for Ambonese teenagers and the general population. Specifically, their main target is MARP (Most At Risk Populations), including MSM (Men having Sex with Men), Commercial Sex Workers (CSW), and IDU's (Injecting Drug Users). They do not have any established system of coordination with education and other related sectors. Their awareness training programs for schools are performed based on personal invitation and not on long-term organizational cooperation.

5.2. West Kalimantan (Pontianak)

West Kalimantan shares borders with Malaysia (Serawak State) and is considered to be a high risk region due to commercial sex activities in border areas as well as in the city of Pontianak. Resource persons from the Provincial Education Office (*Dinas Pendidikan*) agreed that students should learn about issues on sexuality and reproductive health, HIV, and drug use. Although those topics have been integrated in the school textbooks, if any schools wanted to have further training or seminar the decision is up to the school principal. The education department could facilitate through inter-sectoral coordination if needed. They were not aware of the MoNE strategy to prevent HIV through Education but in 2007 the Municipal Authority, c.q., education department published a training manual titled *"Pendidikan Kesehatan Reproduksi Remaja usia 10-14 tahun"* (Reproductive Health Education for Adolescent age 10-14 years old) in collaboration with PKBI (Indonesian Planned Parenthood). Again a possible decentralization side effect is witnessed and not yet addressed. HIV and gender issues are integrated in the training materials. The manual consists of a Teacher Manual and a Student Workbook. Attached at the back of each manual was the Provincial MoNE Decree (*Surat Keputusan*) No. 264/Kep./2006 dated 26 June 2006 which provides lists of 33 trainees from local junior and senior secondary schools.

Interviews with school teachers suggest that they were aware of the importance of those topics. In fact, many of them shared concerns that many young people have been infected

with HIV and/or have been involved in drug related problems. Teachers relied on input from textbooks, especially from Erlangga Publishers, and elaborated deeper on the issues when necessary. In a subject such as religion, teachers often use the Holy Koran to help explain what, why, and how to prevent HIV and drug use/abuse. Biology and Physical Education teachers also relied on materials integrated in textbooks. Although parents may be apprehensive when their children were learning about sexuality and reproductive health, teachers were able to assure parents that what students learned was scientific in nature and positive. Teachers were appreciative of HIV and reproductive health training by PKBI (Indonesian Planned Parenthood) which is active and participatory. Many of them were also interested to receive more information on drug abuse.

Students were generally familiar with topics such as sexuality, HIV and drug use/abuse. Since junior secondary school most of them have learned those topics from school textbooks and the mass-media, especially TV and internet. They seemed quite advanced in their knowledge of these matters. They know what HIV is, how it is transmitted, and what the consequences of being infected with HIV are. They also have sufficient information on narcotics, their consequences, and are able to name some of illicit drugs. They even acknowledged that they learned about issues of gender, sex, and sexuality in school (from teachers), not only from biology, religion, and physical education, but also from guidance and counseling class.

The provincial KPA of West Kalimantan shares the same concern about the high-risks areas in the city of Pontianak and around the border. They indicated that their office has been very supportive of any activities on HIV prevention, including those through schools. They were able to secure a reasonable budget from the provincial government to support such activities. They share the office with the BNK (*Badan Narkotika Kota* or City/Municipality Narcotic Board) which facilitates effective coordination. Unfortunately, BNK does not have substantial activities as yet. Their regular activities are seminars in schools, especially in SMA Muhammadiyah. They indicated that they were writing a comic book on drug abuse for secondary school students.

PKBI in West Kalimantan was actively engaged in providing capacity building training to teachers and peer educators. They were funded by UNFPA to integrate gender and reproductive health issues into the school curriculum. This national NGO has been a trusted partner of local education department (Dinas Pendidikan) in the province for many years.

5.3. Kepulauan Riau Province (Batam)

Sources of information from the provincial office of national education clearly indicated that they do not have any reporting obligation to the national office in Jakarta, reflecting decentralization issues yet to be addressed. Coordination is conducted with the municipal office (*Kabupaten/Kota*). They also acknowledged that they were not aware of any policies in the education sector on HIV, reproductive health, and drug abuse[21]. No coordination was arranged between the education office with other sectors, such as health, social affairs, or AIDS commission at the provincial level. These materials were provided to students as local contents and it is up to the school headmaster to decide. Most of the materials were delivered through seminar activities involving NGOs, District/Municipality Health Office, and the police. MoNE provincial office does not have any policy direction for school programs. They have been trying to apply for budgets to support HIV and drug abuse workshops and

[21] Interviewers always brought MoNE booklet on the "Strategy to Prevent HIV/AIDS through Education" (2007) and the Life skills Module to Prevent HIV for teachers and showed them to resource persons.

seminars in schools but their applications have been turned down. The reason is that other sectors (social, health, KPAD, and BNP) have applied for grants.

Interviews with teachers and school administrators partly confirmed findings with MoNE provincial officials. HIV, reproductive health, and drugs abuse are found in the textbooks. When schools need further input, they outsource information and expertise from local NGOs, BKKBN, NNP, PAC, PUSKESMAS or the Provincial Health Office. Despite this, teachers are interested in seeking more information and more training to improve their skills and competencies to enable them to teach their students more effectively. They indicated that the information in the textbook was far from adequate, but they had difficulties in finding alternative sources. When they were asked if they had received the Life Skills Module to teach HIV for teachers published by *PUSJAS* MoNE Jakarta (2007), all denied any knowledge of the modules. They also said that the selection of books for students was not always based on BSNP (*Badan Standar Nasional Pendidikan* or Board of National Education Standard) recommendation, but based on lowest price offered by publishers.

Interviews with provincial KPA and city KPA indicated that they were very aware of the incidence of HIV infection in their province. They acknowledged that they were often invited to schools to give information about HIV. Unfortunately, they also indicated that they do not have any regular program of seminars and training in schools. Most of the events were incidental.

Most students in FGDs were aware of and had sufficient knowledge about HIV, sex and sexuality and drug abuse. They learned some of their information in their biology, civic education (PPKN), and religion classes. Most of them, however, learned more from seminars, internet, and other mass media. Information imparted in the classroom was conducted in classical format. Although they receive clear information through classroom teaching, many of them expressed the need and interest for more interactive and experiential learning modes. This was especially true in sexuality and drug abuse classes as they wanted to see the real "things", such as condoms and different kinds of drugs.

YBTDB (established in 1993) is a local NGO working to outreach IDUs in this province. They admitted to have been invited to speak (testify) and share information in different institutions in the province, including schools. However, they acknowledged that they did not have any regular program to assist schools in the area of drug abuse and HIV. YPAB is also a local NGO established in 1994 and is situated with the *Bunda Kemuliaan* Hospital[22] on Batam Island. Although they often provide information through seminars and training in schools, they do not have an annual budget to make this activity a regular program.

5.4. Bali Province (Denpasar)

The provincial education office stated that they were not familiar with the MoNE booklet on the "HIV/AIDS Prevention Strategy through Education" (2007) and the Life Skills modules to Prevent HIV for teachers. This is consistent with the unresolved problems experienced in other provinces due to the impact of decentralization. Through the division of Youth and Sports, however, they provide regular training for the OSIS (student organization) around Bali on the issue of reproductive health, sexuality, and drug use/abuse. Materials about drug use/abuse issues are delivered in close coordination with PNB, and for the HIV related issues with PAC. The provincial education office also provides a training program for teachers who will be assigned as supervisors for the school health unit. The provincial education office

[22] Bunda Kemuliaan Hospital is listed as one of the referral hospital for HIV care and treatment.

stated that there are no monitoring and evaluation systems to measure the impact of these programs.

Teachers and the deputy school principals told us they believed that the education sector should play an important role in responding to the problem of HIV and drug use/abuse. They are aware that the age of onset for sexual activity is getting younger. Bali's status as a world tourist destination has heightened the authorities' caution and concerns around any kinds of epidemic. Therefore, teachers and school administrators are very supportive of KSPAN (*Kelompok Siswa Peduli AIDS dan Narkoba*), an extracurricular activity for students about HIV and narcotics now developed in every school. Most of the learning materials are available in school textbooks and other sources, especially from Internet, as well as materials developed by other sectors and NGOs.

The city and provincial AIDS commissions have similar opinions around the importance of the education sector as the main agent to contend with issues of HIV. Their opinions are based on the fact that teenagers of school age are the most susceptible targets of HIV. The Provincial Strategic Plan (RENSTRADA) is also one of their guidelines, since it includes the prevention of HIV among teenagers. KPA have managed consistent coordination with the provincial education office in developing materials needed for regular OSIS training, and have also published informative pocketbooks for the students. KPA also targeted the teachers, gave them workshops and training about HIV issues. Besides that, KPAP and KPAD (provincial and district NAC) is also engaged in a training program called "peer educator", involving representatives of students from schools around Bali. This training is intended to build a strong foundation for the KSPAN extracurricular organization.

Balinese students seem to have adequate knowledge around sexuality, reproductive health and drug use/abuse. They have access to various resources for information, including reference books, peer educators from KSPAN and the internet. They are satisfied with how these topics are taught in schools. Sometimes they are exposed to real people with real problems in a testimonial presentation.

PKBI, as one of the established NGOs in Denpasar had a program named KISARA (*Kita Sayang Remaja* or We Care for Teenagers), specifically aiming at teenagers through teenage counseling, a weekly radio broadcast program and also a youth clinic. Over the years, PKBI through KISARA has been able to focus the attention of teenagers on issues of sexuality and reproductive health. This NGO is actively engaged in providing information and training/education through school programs involving teachers and parents. There are many other NGOs in Bali which provide information and education on these issues. Many are backed up by professionals and activists.

5.5. DKI Jakarta Province

Jakarta has one of the highest incidences of HIV infection and drug abuse. The provincial office of MoNE work in coordination with different task-forces locally referred to as POKJA (there are nine Working Groups in Jakarta). This means that the office does not have its own programs. On the issues of sexuality, reproductive health, HIV and drug use and abuse, education department (Dinas Pendidikan) have to work through different working groups. For issues related to IDU and Harm Reduction, PLHIV, sexuality, and transmitted diseases – there is a separate working group. Although most schools in Jakarta have access to teaching and learning materials on those issues, some schools provide extracurricular activities (such as Adolescent Red Cross – *Palang Merah Remaja* – PMR and Peer Counselor or *Kader Kesehatan Remaja*) to enrich their students' experiences. Many schools work closely with NGOs or BNP/BNN/ or KPAD to provide information, education, and to formulate school

policies. A member of the HIV and AIDS working group indicated that there were some of challenges which need to be addressed in Jakarta:

1. Teachers are not well-trained to deliver HIV materials in an interesting and student friendly fashion. A lot of teachers do not have proper knowledge on the issue.

2. Sexuality, reproductive health, and drug abuse issues are considered easier to teach. HIV is more difficult.

3. There are many HIV related subject matters teachers need more training on (substantive and technical).

4. Parent-Teacher Associations should also be a target audience in capacity building for teachers and peer educators in all of these issues.

As explained in section 6, Jakarta enjoys the contribution of many civil society organizations and the presence of donor agencies. MoNE office and schools can easily access specific technical assistance on sexuality, reproductive health, HIV, and drug use and abuse from some NGOs and donors. In addition most sectoral programs in Jakarta have electronic or printed materials which can be easily accessed by teachers and students. Although distribution of information and education materials may sometimes be a problem, this is true mostly for provinces and districts outside of Jakarta.

5.6. Papua and West Papua (Desk Review)

For Papua and West Papua most of information was obtained from interviews and available secondary sources. Papua and West Papua is one region where the HIV epidemic has been generalized. According to NAC's UNGASS report (2006-07), Papua and West Papua is a rich region with important natural resources such as gold, and timber. Unfortunately Papua and West Papua are also the provinces with the lowest human development index. In fact two provinces in Papua have been observed to have declining education coverage and income levels (NAC, UNGASS report 2006-07). According to a World Bank assessment (2007), net enrolment rate of elementary school children in Papua is 80% (compared to National 93.54% in 2006) and 41% in junior secondary level (compared to National 66.53% in 2006)[23]. In addition, the HIV infection rate in Papua is over 10 times higher than in any other provinces with a high incidence of HIV infection. Currently, Papua is estimated to have 3.0% prevalence of HIV infection among the general population of 15-24 year olds and 2.9% among 15-49 year olds – one of the highest in the region (Clarke, 2008; KPA 2010-1014). The following is available information on some of the risk factors affecting the epidemic in Papua and West Papua[24].

A baseline survey of children in junior secondary school and HIV in Papua in 2003, supported by UNICEF, found that 12% of children had already had sex. About 60% of them reported that they had their first sexual experience between 13-15 years of age. The Survey "Kaum Muda di Luar Sekolah or Young People Out of School" for 10-24 years of age in 2004 by PSK-University of Cendana supported by UNICEF found the average sexual debut age to be 17, however many reported their first sexual encounter at age 10[25]. Approximately 82% of the population in Papua has had a sexual relationship. From this data, 41% of males and 76% of females reported their first sexual experience with their spouse. A total of 16.4%

[23] Susenas Kor (2006).
[24] Summarized by Ahmed Afzal (UNESCO Office, Jakarta) from various sources.
[25] Strategic Plan for HIV/AIDS Prevention in Papua Province 2007-2011.

of the population reported having a sexual relationship with a non-permanent partner in the last year. About 25% of male and 7% of female residents had had sex with a non-permanent partner. Further, more than 20% of male residents reported having more than one sex partner in the last year, while for female residents the total was only around 8%.

According to IBBS 2006, 41% of those who had had sex with a non-permanent partner had made a payment to their sex partner, and 12% had received a payment from their sex partner. For males, 50% of them made a payment to their sex partner and 4% received a payment. Of the female residents, 6% had made a payment to their sex partner and 41% had received payment[26]. The results of a behavioral survey among civil servants in Jayapura in 2003 indicated that around 32% of male civil servants in Jayapura had bought sex[27]. Customary festivals or rituals among them (*Bakar Batu* and *Emaida*) are popular and well attended by the people of Papua.

The IBBS 2006 shows a total of 34% of the population who had had sex with a non-permanent partner reported that it had occurred while they were at a customary event (31% of males and 56% of females). People in the region also tend to be highly mobile, despite oftentimes difficult modes of transportation, and this opens up possibilities for sex with a non-permanent partner. Around 44% of IBBS respondents had had sex with a non-permanent partner when traveling out of town. For women, the percentage of having sex with non-permanent partner was lower, 31.7 percent, compared to 46.4 percent of men. HIV prevalence is higher among residents who have non-permanent partners and have sex where payment is involved (51%). This level of prevalence is twice as high as among those who have sex without payment involved. HIV prevalence among those with a history of STI is twice as high as among the population who have no STI history (IBBS Tanah Papua, 2006).

Availability and use of condoms is a challenge. The IBBS 2006 data on condom use at the last sex, without distinguishing between type of sexual relationship (with a permanent partner, nonpermanent partner, or with payment involved), indicate that just 2.8% of the population of Papua used condoms. Among males the figure is 3.9%, while among females is 1.7%. A total of 14% of residents who had sex involving payment used a condom. Only 16.6% of the population of Papua stated that condoms are easy to obtain. In easily accessible lowlands areas, 28.6% of the population reported that condoms were easy to get, compared to 6.6% of residents in hard-to-access lowlands areas and 2% of those in the highlands (IBBS Tanah Papua, 2006).

Knowledge about testing and counseling also remains a challenge in the two provinces. Only 31% of the entire population knows where to get an HIV test. And about 9% of the residents becoming respondents under the IBBS 2006 had been tested for HIV. The highest percentage of those being tested were the highland areas with 23%, while only 7.4% in easily accessible lowland areas and 9.2% in difficult-access lowland areas (IBBS Tanah Papua, 2006).

Considering the seriousness of HIV infection in the region, multi-sectoral approaches to HIV prevention should be executed effectively. The education sector plays a very important role in providing HIV information and education to their young and at risk populations. In 2004 UNICEF and the Embassy of the Royal Kingdom of the Netherlands joined sponsorship to provide necessary resources to strengthen the education response to the HIV epidemic in Papua. This project is performed on the assumption that HIV is not only medical problem. Since HIV in Papua is transmitted through heterosexual sex, it becomes more of a social and

[26] Risk Behavior and HIV Prevalence in Tanah Papua, 2006.
[27] Strategic Plan for HIV/AIDS Prevention in Papua Province 2007-2011.

cultural issue than just biomedical. The collaboration between the Dutch Government, UNICEF, and the Provincial Government of Papua, has been able to provide training and education to teachers in over 256 junior secondary schools in Papua. The project also managed to provide school teachers with a life skills education manual which deals with sexuality, reproductive health, and HIV. This life-skills project has been greatly appreciated by many school principals at junior and senior secondary schools. They believe that they have seen significant behavior change since 2005 when LSE program was started.

Papua Province Renstra 2007-2011 prioritizes expedient mainstreaming of HIV into the school curriculum. To achieve this, the local government is committed to improve the capacity of important stakeholders in the education sector to deal with the epidemic. The Provincial Education Office for Papua, responsible for the Papua Provincial Education Plan of Action (RENSTRA 2007-2011), has been a key component in the education sector response to HIV and instrumental in incorporating HIV in the RENSTRA. The Office is very appreciative of the fact that curriculum change is a very long term goal that is possible only after standards are established, pilot project conducted and teachers trained. Currently Papua and West Papua are in the early parts of this future objective. Major barriers to overcome revolve around the complexity and diversity in language that exists in Papua and the issue of geographic distance from center of education and information. Further, for programs to be effective, the context of culture, process and transition need to take precedence over focus on specific targets and deadlines.

The rapid assessment survey in 2008 (Clarke, 2008) noted a number of challenges. The integration of HIV into the school curriculum from primary to senior secondary school should be conducted seriously to avoid superficial inclusion. This means that teachers and education administrators should be provided with very clear guidelines, relevant materials as well as technical assistance. Furthermore capacity building activities should be directed equitably to all schools both state and privately owned. Since the number of elementary schools is ten times greater than junior and senior secondary schools, these materials should be integrated earlier to capture more students. Impact should be monitored and the government should ensure bureaucratic support for the sake of the sustainability of the program. Since school participation is low in junior and secondary schools HIV information and education should be directed to out of school children and to community leaders. Courage and creativity are needed to respond to barriers of geography, culture, and language diversity.

6. SUMMARY OF INTERVIEWS WITH STAKEHOLDERS IN CENTRAL GOVERNMENT

Summary:

HIV is treated as a sectoral issue, therefore there should be planning by the related sectors: education, health, social affairs, religious affairs, family planning, and by government institutions with special mandates such as BNN and NAC (KPAN). These sectors do not necessarily coordinate their short-term plans with each other. NAC is interested to see whether sectoral activities are in line with the national strategy and whether certain desired outcomes are being achieved. Information and education about HIV, sexuality and reproductive health and drug abuse clearly depends on the mandates of each sector or institution. The National Family Planning Board (BKKBN), MoH, BNN and MoSA do have programs which deal with school children but BKKBN, BNN, and MoSA mainly deal with children out of school, while MoH has both in and out of school programs. National NGOs have been contributing significantly to the provision of information and education, but lack of support from the government.

Within BAPPENAS, policy planning and budgeting on HIV and AIDS and related issues is coordinated by the Directorate of health. The formulation of the National Mid-term Development Plan (RPJMN) is conducted through the Forum on Planning and Budgeting of HIV and AIDS Prevention (*Forum Perencanaan dan Penganggaran Penanggulangan HIV* and *AIDS*) involving KPAN (NAC) and all relevant sectors. BAPPENAS and NAC work in close coordination to ensure cross-ministerial linkages. Currently BAPPENAS is working on the National Strategic Plan 2010-2014. Unfortunately resource persons in BAPPENAS observed that cross ministerial coordination is very weak; programs are conducted in a fragmented fashion. This is due to a lack of clear and relevant mandates in some of ministries. The resource person interviewed also indicated that HIV prevention is not a priority in most municipal, district and central governments. Currently BAPPENAS and NAC and are taking serious measures to improve the domestic source of HIV funding from 26% in 2007 to 51% in 2010 with the intent of reducing the dependency on foreign donations that have the nature to be unstable.

In 1997 MoNE established an interdepartmental taskforce on HIV and AIDS which was coordinated under the National Centre for Physical Quality Development (PUSJAS). In 1998-1999 life-skills modules for junior and senior secondary school teachers and students on reproductive health and sexuality (including HIV and AIDS) were published with UNICEF support. Training for teachers and peer educators were conducted in major provinces throughout the country. Unfortunately, the taskforce was viewed as no longer functional after the political reform in 1999 when government policies were decentralized, although the focal point in MoNE remains in National Centre for Physical Quality Development[28]. At present the mandate of the central office of MoNE is to formulate policies on education. Any programs initiated by the central office are meant to be stimuli for provinces and districts. The execution of those policies and programs depends on the commitment of the district authorities and school principals. One of the program priorities in the National AIDS Strategy 2007-2010, for HIV prevention is developing life-skill programs

[28] Life skills training for Junior and Senior High School teachers was conducted nationwide until 2002 (Widaninggar, 2006).

for school students. MoNE is expected to integrate HIV into the school health curriculum, to provide HIV education for children and youth in school and outside of school, to provide HIV education for college students and to develop HIV preventive programs for teachers and education personnel. In 2007 MoNE published a directive called "*Strategi Pencegahan HIV/AIDS Melalui Pendidikan (HIV/AIDS Prevention Strategy through Education.*) . HIV is currently integrated within six subjects in junior and senior secondary schools. With support from UNICEF, UNFPA, and PKBI, MoNE has developed guidelines for HIV education for teachers and peer educators in primary and secondary schools. Other important issues such as tobacco smoking and drug use and abuse have been integrated into the school curriculum. A number of guidelines have been published in cooperation with BNN and BKKBN. The problem, however, of distribution and reprinting of books and guidelines is often difficult due to lack of resources at provincial and district level. In some instances, it was noted teachers were not ready to learn these topics.

Since AIDS policies are coordinated by NAC, coordination with this body is very important. Resource persons indicated that MoNE has always been invited to important meetings and routinely submits reports to NAC. According to their observations, however, NAC has been investing their best resources and time to improve the functioning of its secretariat. Something which has long been expected and thus appreciated by all stakeholders. It is time that NAC needs to pay more serious attention to coordination with other government stakeholders. As non-vertical government institution, NAC partnerships with sectors will ensure that all available government infrastructures be utilized in the implementation of the National Strategic Plan. MoNE HIV program implementation has enjoyed NAC and Provincial NAC support but they also need feedback on their objectives and performance.

Interview with resource persons at NAC highlighted some MoNE concerns. NAC does not actively engage in policy and program formulation in each government sector, unless there are clear needs and an invitation to provide technical assistance. Sectoral policies and programs should depend on their own strategic plan. The commission is also staying away from "evaluative" roles of sectoral programs although they ask three-monthly written reports on certain UNGASS and national performance indicators. Coordination goes well although it is not easy to meet the focal person of each ministry in every coordination meeting.

The National Family Planning Bureau (BKKBN) has been providing reproductive health education for over 20 years to support family planning policies (population control through planned parenthood). They have been publishing manuals and guidelines for adolescent (10-24 years old) reproductive health education through formal education and as part of out of school or community-based education. Since 2004 BKKBN has established *Pusat Informasi dan Konseling Remaja* (PIKR) or Adolescent Counseling and Information Centers. At present 35 young people are involved in the management of PIKR. BKKBN also indicated that 10,800 adolescents had been trained as peer educators, 5,000 had been trained as peer counselors, many using Website Remaja Ceria Indonesia[29] and *Centra Mitra Muda*[30] a Facebook site (in cooperation with PKBI) for consultation. In short, BKKBN has been contributing to sexuality and reproductive health education, including HIV issues through formal school venues and, especially through mass media and internet for wider readership and learning.

MoH was able to collaborate with MoNE, to integrate reproductive health including STI materials into the 2006 curriculum (KTSP 2006) on health subject matter for elementary,

[29] http://remajaceria.com
[30] http://www.facebook.com/group.php?gid=188861480610&v=info

junior, and senior secondary schools. The health sector also provides technical assistance for school students to run *dokter kecil* programs in elementary school and develop adolescence health cadres, peer counselors for junior and senior secondary school students. Through community health centres the MoH also assists schools in providing health services to students through *UKS (Usaha Kesehatan Sekolah* or School Health Programme*)* program. Directorate of Child Health of MoH through its Sub Directorate of School Age collaborates with the National Centre for Physical Quality Development (PUSJAS) in MoNE to help schools run both *Dokter Kecil*/*Kader Kesehatan* and *UKS* programmes. Unfortunately, apart from those two programmes, the MoH does not have regular health education programs in schools. Therefore any additional materials from MoH are channeled through either UKS or *Dokter Kecil/Kader Kesehatan* programmes. MOH also has adolescence reproductive health programme through Community Health Center in an approach of Adolescent Friendly Health Services (AFHS or PKPR - *Pelayanan Kesehatan Peduli Remaja*). As of April 2010, 2011 community health centers out of 8187 in 33 provinces participate in the PKPR Program. Drug use and abuse issues were integrated in a reproductive health manual titled *Remaja Sehat, Why Not? (Healthy Teenagers, Why Not?)* Coordination with other sectors, especially with NAC is usually performed when the sector needs to develop HIV related policies and programs. The coordination usually is conducted by MoH involving *Direktorat Jenderal Binkesmas (Bina Kesehatan Masyarakat or Community Health Directorate General),* the DG above the Directorate of Child Health. Ministry of Health is responsible to any health contents of the learning materials/modules as well as training the teachers/facilitators for health related components due to the competence and profession.

MoSA has task-forces within the ministry which accommodates members from 15 sub-sectoral units. This ministry regards its mandate as providing information and education on HIV and drug use and abuse to community members, including young children, and community-based organizations. HIV and Drug Use/Abuse are managed by two separate directorates. The HIV unit, however, is more oriented towards providing IEC materials to people and establishments engaged in commercial sex or other risky behavior. Drug information and education, on the other hand, is targeted at young people and social organizations in the community. Although this ministry has significant activities on Drug Education and HIV, they admit that they rarely have any coordinated activities with MoNE – even at the provincial level. They do have coordinated activities with BNN on drug information and education.

Reproductive health, sexuality including HIV and drug use and abuse education at national level enjoys significant support from national NGOs such as PKBI[31], YPI, YAKITA, YCAB, and probably other NGOs which provide education to school children and communities across a number of provinces. PKBI, for instance, has regional offices in 28 provinces in Indonesia. This national NGO plays a very important role in the promotion of the National Family Planning Program. In each province this organization has an adolescent reproductive health division, which provides information on reproductive health, STI, and HIV to adolescents or young people in or outside school. They also have reproductive health clinics in most provinces providing services for adult women, young couples and adolescents. Their education materials on reproductive health, sexuality, STI, and HIV are among the most user friendly and widely used by other NGOs providing similar information and education in schools. Although many schools have had peer education training by PKBI, they indicated that MoNE provided permission and authorization for their work in schools.

[31] PKBI is the Indonesian Planned Parenthood member of the International Planned Parenthood Federation based in London.

YCAB (*Yayasan Cinta Anak Bangsa*) is an NGO dedicated to providing drug information and education through school and young people's organizations. Currently they are working in close coordination with MoNE, BNN and PNB to provide drug information and education. So far they have reached 871,085 adolescents nationwide. They develop their own teaching and training materials. Many school children have been trained as peer trainers.

Very few NGOs provide HIV information and education. One that does is a local NGO called *Yayasan Pelita Ilmu* (YPI) with works with World Population Foundation (WPF) introducing DAKU to schools in Jakarta[32]. DAKU is based on *The World Starts With Me*, an innovative, PC-based, online curriculum on sexual and reproductive health and rights that WPF, in cooperation with Butterfly Works and SchoolNet Uganda developed and implemented in Uganda in 2003, is now locally adapted in five countries. In Indonesia, the project has been implemented in five provinces (Bali, Jakarta, Jambi, Lampung and recently Papua) in over 90 schools, over 4000 students and over 200 teachers trained. Three schools in Jakarta and Lampung have adopted it as part of their local content. Other schools use it as extra-curricular activities so far. The project has received the support of Ministry of Education. In Jakarta, YPI is implementing the program with close coordination with KPAD and the provincial office of MoNE. Like other national NGOs, YPI also develops their own newsletter using a variety of media for information and education. They also provide training for peer educators and counselors.

Yayasan Harapan Permata Hati Kita (YAKITA) or YAKITA Foundation was established to provide affordable drug rehabilitation to troubled youth in Jakarta. They started by operating the first service-based mental hospital in Bogor. After many years of providing services they were asked by NGOs and schools to provide drug information and education. In 2003-2009, YAKITA was sponsored by UNICEF to provide drug education, sexuality and reproductive health to young people and school children in six cities in six provinces. In its out of school education, YAKITA attempts to involve resource persons from MoNE. Currently YAKITA is providing affordable drug rehabilitation and drug information and education through schools and communities in more than four provinces including Aceh and Papua. They are also engaged in training peer counselors and educators for HIV and drug addiction.

[32] http://www.wpf.org/projects_article/daku

7. DESK REVIEW OF SCHOOL TEXTBOOKS

Summary:
School textbooks at elementary, junior, and senior secondary school in Indonesia should be considered very progressive to be able to include information on HIV, sexual and reproductive health, and drug abuse. This demonstrates that MoNE policy to include those topics in KTSP 2006 is seriously considered by textbook writers. Conservative ideas on sexual and reproductive health issues are observed, especially on the prevention of negative consequences of promiscuity or drug abuse. Some of the remarks actually help strengthen stigmatization of PLHIV or drug users and do not provide practical solution to the problems. Despite this, textbooks contain very useful information. Explanations are simple and easy to understand. Some are well referenced. What is lacking is discussion on sexuality as part of sexual and reproductive health. This includes lacking of information to prevent early pregnancy and transmission of sexually transmitted diseases. In addition to that, most textbooks are lacking of useful practical tips for teachers to relate subject matters with certain life skills.

School textbooks are important part of formal education and one of the main sources of information for students. In addition to that, school textbooks contained standardized information in which the government and the public are able to control. The fact that HIV information has been integrated into school textbooks, provides us with a reason to undertake a desk review of elementary (grades IV to VI), junior and senior secondary school textbooks. Selection included 18 biology textbooks from grade VIII, X, XI, and XII; one Nature Science from grade VI, two health and sports textbooks from grade VII and X; one religion textbook from grade IX; and three social studies textbooks from grade IV and VIII. In total, 25 textbooks were reviewed (See Table 03).

Selection was based on a list of the most popular textbooks provided by *Gramedia* Bookstore and a list of recommended books from MoNE. From 16 biology textbooks, six were recommended by MoNE. Others were chosen from the most popular publishers, especially *Erlangga* and *Yudhistira* from among dozens of publishers. E-books that were currently bought by MoNE and made available for download in the national website (http://bse.depdiknas.go.id/) were not included. Additional, Table 04 provides a list of published books and modules covering HIV and AIDS, Drugs, and Reproductive Health by or in collaboration with PUSJAS (National Centre for Physical Quality Development) in MoNE.

Generally, it was observed that all the textbook materials followed the standard content of *Kurikulum Tingkat Satuan Pendidikan (KTSP) 2006*. Not all of the books reviewed, however, indicated adherence to the curriculum by putting a small sign “KTSP 2006” on the cover, indicating that the content of the book matched the KTSP 2006 standard. The reader should note, however, that analysis is not at all exhaustive. The review was conducted to look only at adequacy of content, reader friendliness, accuracy and usefulness of the information. It can not be assured that selection of books represent the widest readership among different schools by province or according to state/private ownership. Observations, therefore, should be limited to the kind and number of books selected.

7.1 Desk Review of School Textbooks: HIV and AIDS

Summary:

Considering the variations in the depth of explanation and topics related to HIV, it is suspected that there are no guidelines on minimum standard about what kind of information and to what extent that information must be included in the books. Textbooks on science and biology do provide adequate information on HIV but lacking perspective on prevention, especially when it comes to safe sex. No information was given on ARV as a new way to deal with the infection. Information on HIV is not utilized to develop related life-skills (in accordance with NAS 2007-2010), such as dealing with peer pressures. All textbooks assume that students should be able to abstain from sexual activity. Most of the information deals with moral values and socially acceptable norms but is unclear about what to do in everyday life. The way information is presented in the textbooks may seriously strengthen existing misconceptions and stigmatization of the disease and PLHIV. The school should help students see the root causes of vulnerabilities rather than being judgmental and help create stigmas for certain people with risky behavior. These textbooks do not give teachers any ideas about more creative teaching-learning strategies.

Materials on HIV can be found in different textbooks of different subject matters in different levels. Usually they are found in Biology, Health and Physical Education, Social Studies and Religion. In primary and junior secondary school, students learn about human development, reproductive organs, changes in the body of girls and boys during puberty from science textbooks (especially biology), but there is no mention of HIV. They get some information on HIV in other subjects such as health and physical education, social studies, and religion.

In senior secondary schools biology textbooks HIV is usually included in the topics of virus, the blood flow system, body immune and defense systems, and the human reproductive system. In the sections on virus, HIV is commonly categorized as a vertebrae virus that is harmful to humans. On the other hand, within the topic of the blood flow system, body immune and defense systems, and human reproductive system, HIV is discussed as a disease that can be transmitted through blood transfusion and as a disease or abnormality which attacks ("*menyerang"* or "*gangguan pada*") the reproductive health system, along with other sexually transmitted diseases. In one of the books, HIV is included within the context of the respiratory system: smoking may increase the likelihood of someone with HIV developing lung problems.

In a number of biology textbooks for senior secondary school, the history of HIV is indicated as a mutation from a virus that usually infects monkeys in Africa. Unfortunately, the explanation commonly stops there with no further information. Most textbooks explain how the virus (HIV) is transmitted. Very few textbooks include an explanation on how it is "not" transmitted. The three most common mode of transmission (sex, unsterile syringe and needle, and from mother to unborn baby) are commonly covered in the text. Some books prefer to use *promiscuous sex* and *changing sex partners* rather than *unsafe sex* (without condom) deal with the causes of sexual transmission.

Discussions about HIV in Health and Physical Education textbook for junior Secondary School are included within the topic of healthy lifestyle *("budaya hidup sehat"*). HIV, therefore, is discussed as the consequences of unhealthy lifestyles, one of which is

promiscuous sex. Sexually Transmitted Infections (STI) and their prevention is also discussed in this topic together with discussion about HIV. One such textbook includes adequate explanation of the different modes of HIV transmission (sex, blood transfusion, tattoo and body piercing, organ implant) and specific body fluids that carry the virus and may cause infection such as sperm, vaginal fluid, blood, and breast milk. It even includes how the virus is sexually transmitted, but the prevention methods exclude the use of condoms and put more emphasis on socially and religiously accepted norms. HIV is still portrayed as the disease of the perverted.

Similarly, textbooks on religion for junior and senior secondary school approach the problem of sexuality, HIV and, drug use and abuse from a social pathology perspective. HIV problems are the consequences of lack of self-control and bad social influences. One may contract HIV or STI because she/he is engaged in unnatural or immoral sexual acts. HIV learning materials are linked with other topics in certain subjects (for example the topic of *virus* and *reproductive health* in biology, or *healthy lifestyle habits* in physical health and fitness). Often the HIV is just inserted as an example. Sometimes it is included in a class assignment but without further reference or explanation. This may be done if the teachers are well-versed in HIV and students have access to other sources of information such as Internet. Observations suggest that this may not be the case especially with teachers in the provinces and districts.

All textbooks are missing very important components. i.e. how information on HIV should be translated into behavior in daily life and how teachers can deal with the information in a creative manner. In addition to that, although a number of textbooks include a clear reference or bibliography to the Internet. None of the textbooks reviewed mentioned the "HIV/AIDS Prevention Strategy through Education" issued by the MoNE in their references.

7.2. Desk Review of School Textbooks: Reproductive health

Summary:
Sexual and reproductive health is often treated merely as a biological matter. The mental and socio-cultural aspects of it are rarely discussed except when negative consequences are in perspective. In such cases, especially in non-biological texts, writers often refer to moral values, stereotypes, or religious teaching. The subject engaging in risky sexual behavior is labeled as pervert, immoral, or lack of religious understanding of faith. In some junior secondary school biology textbooks students are provided with information on the anatomy of the sexual and reproductive organs and very limited information on personal hygiene to avoid diseases. Some textbooks include sub-topic on STI, descriptions of each kind of infection and how it is transmitted. In most cases, however, discussion on how to prevent STI is absent except to stay abstinent and avoid socially unaccepted behaviors, including pre-marital sex. Cases and tips for teachers to teach the subject more creatively are not included. Teachers with no pre or in-service training in this topic will find it a challenge as this subject contains a lot of sensitive issues.

Most elementary, junior and senior secondary school science and biology textbooks have a section on reproductive health. From primary school, especially in science textbooks, reproductive health is included in the section on human development, especially with regards to physical changes during puberty. Personal hygiene during menstruation, including ways to keeping the sexual organs dry and healthy is well delineated. Unfortunately, there are no

explanations about consequences when those tips are not followed or implemented. Students also learn that when changes occur at puberty, they are physically ready to assume the reproductive role of adults although they may not be mentally ready. Mental and psychological readiness for pregnancy and having children are particularly discussed in textbooks for junior and senior secondary schools. Adolescent pregnancy and its negative consequences are discussed in the context of friendships and peer pressure. Text refers to the importance of staying abstinent by choosing the right friends and not to expose oneself to adult (pornographic) material.

Biology textbooks for senior secondary school include reproductive health issues within the topic of the human reproductive system. Most of the material about human male and female reproductive organs is presented in a very technical manner. The description includes gametogenesis (the forming process of sex cells), menstruation and its cycle, puberty, effects of hormones, fertilization, and pregnancy. Some topics on contraception and pregnancy control are also found in several textbooks. The most popular topics on reproductive health materials are the introductions to types of disorders or sexually transmitted diseases, including HIV as a form of disorder or abnormality on the reproductive system. The descriptions are usually biological, for example, the physical characteristics of sexually transmitted disease.

There is only one textbook on biology for senior secondary school (Biology for grade XI, Erlangga) which was found to provide comprehensive information about reproductive health. It describes reproductive health as a healthy condition of the system, the function and the process of reproductive organs. It also defines health as a condition which incorporates mental and socio-cultural viewpoints. This book encourages teenagers to gain adequate basic knowledge on reproductive health to stay out of trouble. The introduction to the symptoms of sexually transmitted diseases is considered to be comprehensive because there are explanations about incubation periods and transmission methods. The descriptions given by this book are clear and helpful, because rather than just giving information about the reproductive system from a biological perspective, the students are also invited to understand their own sexual and reproductive health as something important and reasonable to discuss so that they have adequate basic knowledge to maintain their own reproductive health. On the other hand, there is a lack of explanation about prevention methods, about what students should or should not do to prevent them from getting sexually transmitted diseases. Although some textbooks cover issues of birth control, condoms are not mentioned and explained adequately.

In social studies textbooks, this topic is part of a section on population and development. Reproductive health is discussed within the context of population growth, birth and mortality. It is interesting, however, that in one of social studies textbooks for junior secondary students, there is a section about social deviation which includes a text on homosexual, lesbian, and commercial sex workers. It was also found that condoning and punishing pre-marital sex by stoning to death was discussed in this section. This topic is written without any explanation of local or legal contexts. This may lead students to have misconceptions about sex and sex experimentation among young people.

Similar themes and approach can be found in religion textbooks. HIV, STI, and adolescent pregnancy are consequences of promiscuous sex. Unfortunately, there is no explanation on what the author means by promiscuous or deviant sex.

7.3. Desk Review of School Textbooks: Drug Abuse

Summary:
Drug abuse is discussed under various topics in different textbooks. In biology, drug abuse is discussed under the central nervous system, especially on coordination, perception, and emotion. In religion and social studies, the issue is discussed as part of civic education and growing up as responsible and faithful individual with strong emphasis to avoid experimentation with drugs. Students can easily access basic knowledge of drugs, types, effects, and other related risks. Some textbooks provide case studies to help students understand the influence of drugs on their everyday life. Nonetheless, most of the information lack instruction and discussion materials to develop necessary life-skills.

Information on drugs can be found in several subject textbooks. For primary and junior secondary schools, explanation on drug use and abuse can be found in social studies and religion, especially under the section of social problems or juvenile delinquency. In senior secondary school textbooks, explanation on drugs can be found in biology and health and sport subject matter. Information on drugs at all levels is usually combined with issues of social deviation or social problems, teen delinquency, faulty friendship etc. In all textbooks reviewed, drug abuse means the use of drugs without medical supervision. Most textbooks deal with the negative consequences of drug abuse, from biological impact (illnesses, death, and stupidity) to social disruption, discrimination, and isolation. Experimentation and curiosity may lead to addiction. It is interesting that in one junior secondary school textbook on social studies, alcoholism as a form of addiction is included. In textbooks on religion, information about drugs can be found in a chapter on appreciating life by avoiding drug use. This chapter provides a case study of a teenager who uses drugs and becomes addicted, typical behavior of drug users, and ways to avoid drugs. Unfortunately missing was explanations on drug use prevention and treatment of drug addiction in order to help students deal with the real life situations.

In biology textbooks for senior secondary, drugs are related to issues in the human coordination system (influence of drugs on the central nervous system). This chapter explains the definition of drugs, the classification of drugs (including alcohol), and the effects of constant use of drugs. From all the textbooks reviewed, very few link the use of drugs and HIV, via the use of unsterilized needles/syringes among IDUs. It is interesting to note that one of the references is the BNN publication on Drugs Violation and Prevention Guidelines for Youth.

8. CONCLUDING OBSERVATIONS AND RECOMMENDATIONS

Based on the desk reviews and interviews with important stakeholders in HIV, a number of important issues related to the current response of the education sector in Indonesia to the HIV epidemic, are identified. The following are observations and recommendations:

8.1. General Observations

First:
It is generally acknowledged that the education sector should play an important role in the response to the HIV epidemic in Indonesia. Findings suggest that the sector has been involved in the formulation and implementation of the National Strategic Plan since it was first formulated. The sector quickly established its interdepartmental task force and formulated its sectoral policy. Although the task-force was dismantled during the political reform in 1999 when the government was decentralized, the sector keeps on working to integrate HIV information and education into the minimum standard requirement for subject matter (known as KTSP 2006). In fact, in 2007 the sector renewed its policy and republished the "HIV/AIDS Prevention Strategy through Education" booklet as guidelines for teachers and administrators.

Second:
Given existing cultural and religious barriers to discuss sexuality and reproductive health, it is assumed that the education sector in Indonesia, is conservative when it comes to the HIV epidemic which is closely related to issues of sexuality and drug abuse. Findings suggest that the assumption is not totally supported. School textbooks from primary to senior secondary level do contain useful factual information on sexual and reproductive health. Most explanations are open and elaborate. Religious and moral values are used when it comes to dealing with how to avoid negative consequences. In some provinces, teachers received in-service training in HIV and drug abuse by experts to discuss the issue factually and openly with students and peers. Many students have also enjoyed extra-curricular activities related to HIV and drug abuse by local NGOs or experts.

Third:
There are three important issues that concern the education sector response to HIV epidemic: (1) changes needed to improve efficacy of delivering messages about the epidemic, (2) how to deal with immediate impacts of HIV to the system, and (3) what long term response are needed to deal with the impacts. Findings suggest that the current response has been limited to impart information on HIV and related issues to help students prevent the disease. Only in Papua and West Papua, all aspects of the response have been seriously considered and beginning to roll out. Nationally, the sector is not ready to deal with second and third issues.

Fourth:
Findings also suggest that there are a number of challenges that remains to be resolved. The following challenges are identified:

(1) The capacity of MoNE to consistently implement its strategy is hampered by decentralization of the government. Local and school authorities determine how and to what extent the existing strategy is implemented.
(2) The education sector is confronted with two different epidemics, concentrated and generalized, complicated by variation in local politics, cultures, and geographic factors.
(3) Only limited numbers of teachers have been trained on HIV, sexual and reproductive health, drug abuse and related life-skills.
(4) Although MoNE has been promoting life skills education and training teachers and students, no evaluation of best practices has been conducted. In fact, evaluation of all the input, both through intra and extra-curricular education and training, is necessary

to find the best practices to inform and train students. Consequently, the sector is lacking good examples at school level to be used as a tool for advocacy

(5) Quality modules, manuals, and guidelines are available in the central government and in a number of provinces. Dissemination and effective utilization remain serious challenges.
(6) Children outside of the school system remain somewhat neglected by the current response. Contributions of related sectors, especially MoSA, MoH, BKKBN, are still limited.
(7) The sector needs to start dealing with the presence of children affected and living with HIV and AIDS in the school system.

8.2 Specific Observations

First:
Students are eager to learn about reproductive health, sexuality, HIV, drug use and abuse. These are relevant issues for their current and future lives. Regrettably, information from teachers and school textbooks are lacking important elements (knowledge and skills) which students can use to deal with real life challenges. Some students are privileged to be able to participate in extra-curricular activities related with the issues in their schools but most students have to find the gaps from (frequently) unreliable sources in the mass media.

Second:
Teachers still need training and guidelines to deliver knowledge on reproductive health, sexuality, HIV, and drug use and abuse. Unfortunately a lot of useful and quality material already developed in the central office has yet to reach the provinces. Teacher manuals are published and printed in limited quantity and not well distributed due to lack of funds or lack of priority. School principals play a very significant role in determining whether teachers and students should have additional training.

Third:
Integrating the issues within the minimum standard requirements for subject matters known as KTSP 2006 helps teachers and textbook writers to select which information are relevant to the National Strategic Plan of the education sector. Regrettably, the existing mechanism for quality assurance in school textbooks is not being used by MoNE to pressure publishers to adhere to KTSP.

Fourth:
There are numerous civil society organizations which are capable of providing information and education in school settings. Unfortunately only a few of these NGOs work very closely with MoNE.

8.3 Recommendations

Considering observations and identified challenges, the following recommendations are proposed:

1. A concerted effort is seriously needed to ensure that the national policy to prevent HIV through education is disseminated and socialized properly down to the district level. This can be executed through an interdepartmental mechanism in MoNE involving both central, provincial and district offices to support MoNE Decree No. 39/2008 on Guidance and Supervision of Student Activities (Pembinaan Kesiswaan) through school based activities of UKS, OSIS, Student Scouts and through non-formal education channels.

2. The minimum standard requirements outlined in KTSP 2006 need to be adhered to by textbook writers and teachers. PUSJAS as the HIV Focal Point in MoNE, in collaboration with the National Curriculum Centre may be able to improve the quality of HIV information through monitoring and reviewing these minimum standard requirements.

3.The education sector should look for international (Cambodia and Thailand) and national (Papua and West Kalimantan); evidence-based best practices of HIV prevention in schools.

4 .Due to decentralization, multi sartorial coordination with other institutions such as NAC and BNN and sectors, especially MoNE, MoSA, MoH, MoRA, BKKBN teacher unions, local religious leaders and relevant education commissions in the central and provincial parliaments (commission 10 in DPR and commission D in DPRD) should be improved, especially to deal with children who are outside of the formal education system.

5. The new role of the school principal needs to be tapped in a decentralized education sector that allocates more authority and autonomy to the headmaster who influences how and where skills-based HIV/AIDS, drugs, and sexuality prevention education is mainstreamed in the curriculum. School principals are an integral part of the comprehensive education sector response currently being developed under EDUCAIDS. There are great potentials for school principals to strengthen school-based responses to HIV and AIDS, drugs and sexuality.

6. The use of user-friendly and modern communication technology, i.e. Facebook and other social networks, should be thoroughly exploited. The use of communication technology, especially computer and internet, may be optimized by creating user-friendly Computer Games, Blogs, and “Consultancy Room” within chatting room facilities in Facebook and other social networks that are commonly known by young computer users.

7. The use of traditional media such as performing arts, radio and local TV networks should be considered. Information on HIV and related issues needs to be imparted to parents and community leaders as part of minimizing social and cultural barriers to children learning about the issues and persons living with HIV and AIDS in the community.

8. MoNE support needs to be strengthened for more sustainable partnerships for many NGOs operating at the national or local level which are known to have culturally appropriate or sensitive training on HIV and AIDS, sexuality and reproductive health, and drug abuse.

Most of these NGOs are very familiar with the school system and have been contributing a lot to the sector. Official support to these NGOs by MoNE should create more sustained partnership as exemplified in Pontianak, West Kalimantan and in Bali. Partnership with these NGOs may help the education sector to prepare a national team of master trainers to train teachers in the districts to become facilitators. Priority should be in areas where the prevalence of HIV is the highest.

9. Since children affected by and with HIV and AIDS are already within the education system, the sector should develop strategies to deal with stigma and discrimination, and other possible barriers which may prevent their participation in school. At this time, parents and children affected with HIV are not open about their situation for fear of being expelled from school. Protocols or ministerial decree may be needed to deal with this problem.

10. For Papua and West Papua, the implementation of its new strategic plan is very crucial. HIV education should start very early, especially when children are in the fourth grade of elementary school. The coverage of teacher training, both as pre and in-service training in HIV should be scaled up to include non-state schools and teachers from district to village levels. Since attrition of school participation is significantly high, reaching out to school age children who are out of the school system should be an important objective in the provincial strategy to prevent HIV. These children are most at risk. However, children may not learn much unless parents are involved. Education and training, including IEC materials, should therefore, be adapted to the level of education of parents and children. In addition, a multi sectoral approach should be in place to overcome cultural, language and geographic barriers, which EDUCAIDS advocates..

11. The education sector, especially in the high prevalence provinces like Papua and West Papua, can benefit from the EDUCAIDS framework that focuses on the role of education in preventing HIV transmission and on efforts to mitigate the epidemic's impact on the sector. The framework is the Global UN Initiative on Education and HIV and AIDS, led by UNESCO. EDUCAIDS advocates for a comprehensive education sector response to preventing HIV infections and reducing stigma and discrimination towards people living with HIV and AIDS. EDUCAIDS, now used in 53 countries, has two primary goals: to prevent the spread of HIV through education and to protect the core functions of the education system from the worst effects of the epidemic.[33]

NOTE: This assessment covers only specific areas of specific provinces, none of which was randomly selected. Hence the assessment cannot claim to represent fully the experiences of all Indonesian students nor providers of services when it comes to education. There is plenty of opportunity to identify additional areas of research, perhaps also additional provinces or other populations in informal/non-formal education that can be targeted by future assessments/research.

[33] EDUCAIDS -Towards a Comprehensive Education Response to HIV and AIDS - www.unesco.org/aids

ATTACHMENTS

Figure 06: Estimated Number and Distribution of PLHIV in Indonesia

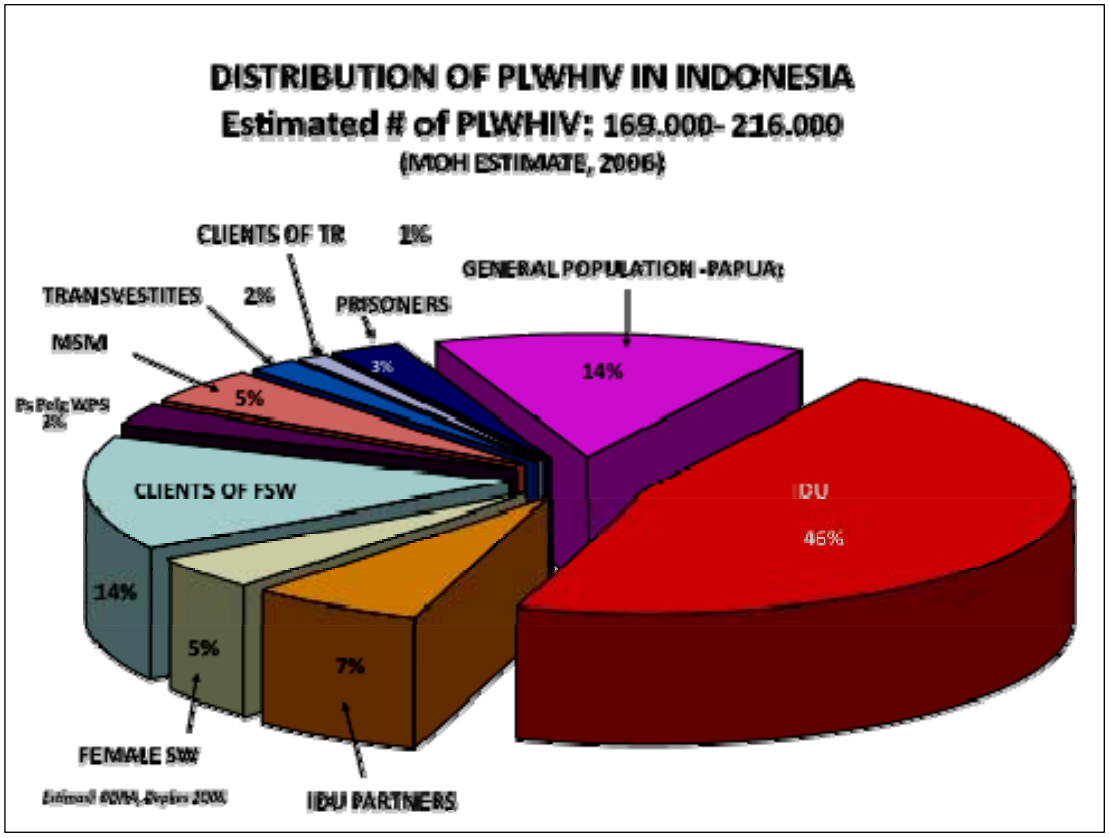
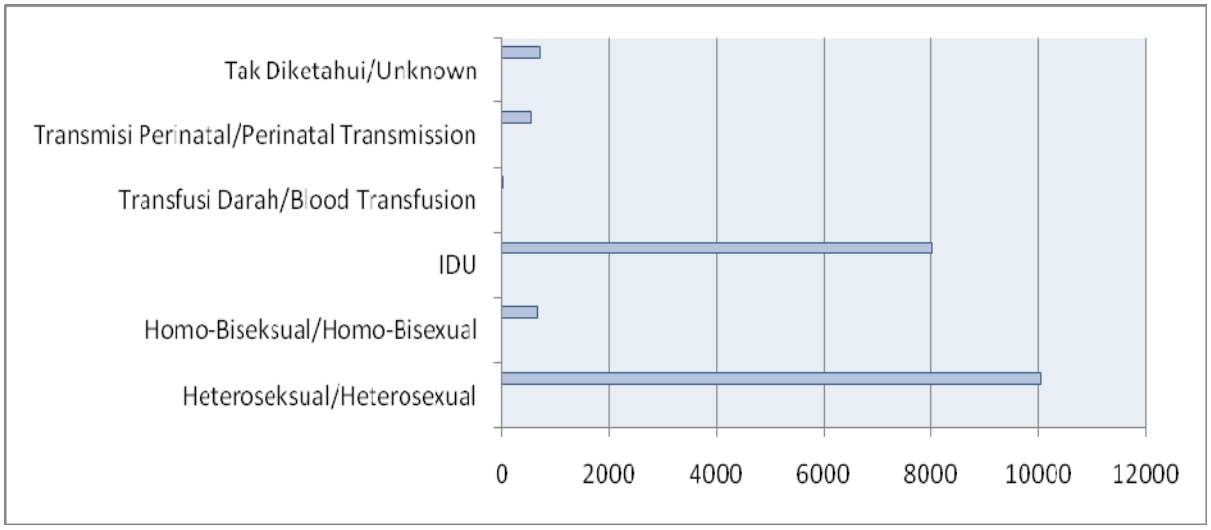


Figure 07: Cumulative AIDS Cases by Mode of HIV Transmission (2009)



Source: Yayasan Spiritia (http://spiritia.or.id/Stats/Statistik.php) 2010. Cases of HIV/AIDS in Indonesia: Reported through December 2009

Source: Directorate General CDC & EH (Ministry of Health, Republic of Indonesia) 2009

Table 02. HIV and AIDS Situation in ASEAN Member Countries

COUNTRY/ INDICATORS	POPULATIONS	ECONOMIC INDICATORS		HIV ESTIMATES				AGENCIES	URL
		GDP	GDP/CAPITA	ADULTS & CHILDREN WITH HIV	ADULT (15-49) PREVALENCE RATE	WOMEN (AGE 15+) WITH HIV	AIDS DEATHS		
THAILAND	**(July 2008 est.)** 65,493,298	**(2007 est.)** US$ 519,4 billion	**(2007 est.) (PPP)** US$ 7,900	**(2007)** 610,000	**(2007)** 1,4%	**(2005)** 220,000	**(2007)** 30,000	1)AIDS Division, Bureau of AIDS, TB and STIs, Thailand, Kingdom of 2)PATH Thailand	http://www.thaigov.go.th/
CAMBODIA (KAMPUCHEA)	**(July 2008 est.)** 14,241,640	**(2007 est.)** US$ 25,9 billion	**GNI/capita (2007 est.) (PPP)** US$ 1,800	**(2007)** 75,000	**(2007)** 0,8%	**(2005)** 59,000	**(2007)** 6,900	1)National AIDS Authority, Cambodia, Kingdom of (1999 -Present) 2)National Center for HIV and AIDS, Dermatology and STD, Cambodia, Kingdom of Cambodia	-
INDONESIA	**(July 2008 est.)** 237,512,355	**(2007 est.)** US$ 837,8 billion	**(2007 est.)** US$ 3,700	**(2007)** 270,000	**(2007)** 0,2%	**(2005)** 29,000	**(2007)** 8,700	National AIDS Commission, Indonesia, Republic of (1994 – Present)	http://www.indonesia.go.id/
PHILIPPINES	**(July 2008 est.)** 92,681,453	**(2007 est.) (PPP)** US$ 299,6 billion	**(2007 est.) (PPP)** US$ 3,400	**(2007)** 8,300	**(2007 high estimate)** < 0,1%	**(2005)** 3400	**(2005)** < 200	Philippine National AIDS Council, Philippines, Republic of the (1992 - Present)	http://www.gov.ph/
SINGAPORE	**(July 2008 est.)** 4,608,167	**(2007 est.) (PPP)** US$ 228,1 billion	**(2007 est.) (PPP)** US$ 49,700	**(2007)** 4,200	**(2007)** 0,2%	**(2005)** 1500	**(2007)** < 200	Business Coalition on AIDS in Singapore (2002-Present)	http://www.gov.sg/
VIETNAM	**(July 2008 est.)** 86,116,559	**(2007 est.) (PPP)** US$ 221,4 billion	**(PPP)** US$ 2,600	**(2007)** 290,000	**(2007)** 0,5%	**(2005)** 84,000	**(2007)** 24,000	1)National AIDS Committee, Vietnam, Socialist Republic of (1990-2000) 2) National Committee for Prevention and Control of AIDS, Drugs and Prostitution, Vietnam, Socialist Republic of (2000 - Present)	http://www.cpv.org.vn
MYANMAR (BURMA)	**(July 2008 est.)** 47,758,181	**(2007 est.) (PPP)** US$ 91,13 billion	**(2007 est.) (PPP)** US$ 1,900	**(2007)** 240,000	**(2007)** 0,7%	**(2005)** 110,000	**(2007)** 25,000	Myanmar Business Coalition on AIDS (2002-Present)	http://www.myanmar.com/
LAOS	**(July 2008 est.)** 6,677,534	**(2007 est.) (PPP)** US$ 12,65 billion	**(PPP)** US$ 2,100	**(2007)** 5,500	**(2007)** 0,2%	**(2005)** <1000	**(2007)** <100	-	-
BRUNEI DARUSSALAM	**(July 2008 est.)** 381,371	**(2007 est.) (PPP)** US$ 19,64 billion	**(PPP)** US$ 51,000	**(2005)** < 100	**(2005)** < 0,1 %	**(2005)** < 100	**(2005)** < 100	-	http://www.brunei.gov.bn/
TIMOR-LESTE	**(July 2008 est.)** 1,108,777	**(2007 est.) (PPP)** US$ 2,608 billion	**(2007 est.) (PPP)** US$ 2,500	**(2005)** 50	**(2005)** < 1%	-	-	-	-
MALAYSIA	**(2008 est.)** 28,300,000	**(2007 est.) (PPP)** US$ 372.7 billion	**(2007 est.) (PPP)** $15,000	**(2007)** 80,000	**(2007)** 0.5%	**(2007)** No data	**(2007)** 3,900	Malaysian AIDS Council (2002 – Present) & Malaysian AIDS Foundation	-

Table 03: School Textbooks Reviewed

No.	Book Title	Grade	Educational Level	Publisher
1	Ilmu Pengetahuan Sosial	IV	Primary School	Yudhistira
2	Aktif Belajar IPS	IV	Primary School/ Madrasah Ibtidaiyah	Platinum
3	IPA SD	VI	Primary School	Erlangga
4	Pendidikan Jasmani Olahraga dan Kesehatan	VII	Junior Secondary School	Erlangga
5	IPS Terpadu 2A	VIII	Junior Secondary School	Erlangga
6	Hidup Yang Berubah (Pendidikan Agama Kristen)	IX	Junior Secondary School	BPK (Kelompok Kerja PAK-PGI)
7	IPA BIOLOGI	VIII	Junior Secondary School	Erlangga
8	IPA-SMP	VIII	Junior Secondary School	Erlangga
9	Pendidikan Jasmani, Olahraga, dan Kesehatan	X	Senior Secondary School	Grafindo Media Pratama
10	Biologi 1A	X	Senior Secondary School	Grafindo Media Pratama
11	Biologi 1	X	Senior Secondary School /Madrasah Alliyah	Esis (Penerbit Erlangga)
12	Sains Biologi I	X	Senior Secondary School	Galaxy Puspa Mega, PT
13	Aktif Biologi	X	Senior Secondary School	Ganeca Exact
14	Cerdas Belajar Biologi	X	Senior Secondary School	Grafindo Media Pratama
15	Biologi 1A	X	Senior Secondary School	Erlangga
16	Biologi Bilingual	XI	Senior Secondary School /Madrasah Alliyah	Yrama Widya
17	Cerdas Belajar Biologi	XI	Senior Secondary School	Grafindo Media Pratama
18	Biologi 2	XI	Senior Secondary School /Madrasah Alliyah	Esis (Penerbit Erlangga)
19	Biologi: Sains dalam Kehidupan	XI	Senior Secondary School	Yudhistira
20	Biologi	XI	Senior Secondary School	Erlangga
21	Sains Biologi 2	XI	Senior Secondary School /Madrasah Alliyah	Bumi Aksara
22	Sains Biologi 2	XI	Senior Secondary School /Madrasah Alliyah	Galaxy Puspa Mega, PT
23	Menjelajah Dunia Biologi 2	XI	Senior Secondary School /Madrasah Alliyah	Platinum
24	Aktif Biologi	XI	Senior Secondary School	Ganeca Exact
25	Biologi	XI	Senior Secondary School	Erlangga

Table 04: List of Published Books and Modules Covering HIV and AIDS, Drugs, and Reproductive Health by or in collaboration with PUSJAS (National Centre for Physical Quality Development) in MoNE:

No.	Title	Year
1	Buku pegangan fasilitator : Paket ceramah dan Diskusi AIDS (*Facilitator Handbook: Presenting and Discussing AIDS*)	1995
2	Pedoman dan Modul Pendidikan Pencegahan HIV/ AIDS untuk Dosen (*Guidelines and Module on HIV/AIDS Education and Prevention for University Lecturer*)	1997
3	Informasi HIV/AIDS bagi Remaja (*Information on HIV and AIDS for Adolescents*)	1997-98
4	Pedoman dan Modul Pendidikan sebaya dalam rangka Pendidikan Pencegahan HIV/AIDS di SLTA (*Guidelines and Module on HIV and AIDS Education and Prevention for Peer Educators in Senior Secondary School*)	1998
5	Pedoman dan Modul Pendidikan keterampilan Hidup Sehat untuk Guru dan SD dan MI (*Guidelines and Module on Healthy Life Skills Education for Primary School Teachers*)	1999
6	Pedoman dan Modul Pendidikan keterampilan Hidup Sehat untuk Guru SMP (*Guidelines and Module on Healthy Life Skills Education for Junior Secondary School Teachers*)	1999
7	Pedoman dan Modul Pendidikan keterampilan Hidup Sehat untuk Guru SMA (*Guidelines and Module on Healthy Life Skills Education for Senior Secondary School Teachers*)	1999
8	Pedoman Penyelenggaraan dan Modul Kesehatan Reproduksi Remaja Bagi Guru SMP dan SMA/K serta yang sederajat (*Implementation Guidelines and Adolescent Reproductive Health Module for Junior and Senior High School Teachers or equivalent*)	2003
9	Pedoman Penyelenggaraan dan Modul Pelatihan Pendidikan Kesehatan Reprodukasi Remaja (PKRR) Bagi Guru Sekolah Dasar (*Implementation Guidelines and Training Modules for Adolescent Reproductive Health Education for Primary School Teachers*)	2003
10	Pedoman dan Modul Pendidikan Keterampilan Hidup untuk Kesehatan Reproduksi Remaja Bagi Pendidik Sebaya di SMP, SMA dan yang sederajat (*Guidance and Life Skills Education Module for Adolescent Reproductive Health for Peer Educators in Junior and Senior Secondary Schools or equivalent*)	2004
11	Pedoman dan Modul Pendidikan kecakapan Hidup untuk Pencegahan HIV/AIDS bagi guru SMP dan sederajat tahun (*Guidelines and Module on Life Skills Education on HIV Prevention for Junior Secondary School Teachers*)	2004/07

12	Pedoman dan Modul Pendidikan kecakapan Hidup untuk Pencegahan HIV/AIDS bagi guru SMA dan sederajat tahun (*Guidelines and Module on Life Skills Education on HIV Prevention for Senior Secondary School Teachers*)	2004/07
13	Buku saku pendidikan sebaya dan Gerakan Anti Narkoba dan HIV – AIDS di SMA- sederajat (*Pocketbook on Peer Education and Anti Drugs Abuse Movement and HIV/AIDS in Senior Secondary School*)	2009
14	Pedoman pelatihan dan modul Pendidikan Pencegahan Penyalahgunaan Narkoba bagi guru SMA – sederajat tahun (*Guidelines and Module on Prevention of Drugs Abuse for Senior Secondary School Teachers*)	2009
15	Buku Panduan Pendidikan Pencegahan HIV dan AIDS – Kit Informasi Guru (*HIV Preventive Education Information Kit for School Teachers*)	2010

Table 05: Comparison between ICHA of Cambodia, AIDS Working Group in MoNE and UKS (School Health Programme)

Functions	Cambodia	Indonesia	
Name:	ICHA	AIDS Working Group	UKS (Unit Kesehatan Sekolah)/ School Health Programme
Interministerial Committee:	Yes	Yes	Yes
Established:	1999	1997-1999	- Joint Decrees of the Ministry of Education and Culture, Ministry of Health, Ministry of Religious Affairs and Ministry of Home Affairs – respectively No 0408a/U/1984, No. 319a/Menkes/ SKB /VI/1984, No 74a/1984 and No 61 on Supervision of the School Health Programme; These decrees were later improved into Joint Decrees of the four Ministers i.e., 0372a/P/1989, No 390a Menkes / SKB/VI/140A/1984 and No 30A/1989 enhanced with SKB 4. - Updated again with SKB (Joint Decrees) 4 Minister SKB/2003 No 1067/Menkes/ SKB/VII/2003, No MA/230A/2003 No. 26/2003, the Development and Guidance of the School Health Programme SKB 4 Minister No. 2/P/SKB/2003, No 1068/Menkes/SKB/VII/2003, No MA/230B/2003, No 4415-404/2003, the Supervision Team for School

			Health Programme
Ministries Involved:	MoEYS	MoNE	Ministry of National Education, Ministry of Health, Ministry of Religion, Ministry of Home Affairs
Number of Ministries Involved and Number of staff per ministry committed	15 / 3	8/- This Taskforce no longer exist after the issuance of law no 22/1999 about regional autonomy	Ministerial level, as the coach UKS Minister, Director General As Chairman, PUSJAS and deputy director of each ministry as the team coach secretary Center UKS. Provincial level; Governor as chairman of the TP with the Secretary IKS Province, the relevant Bureau Chief, the heads of ministries concerned as chairman and member of the provincial UKS TP District and city level, its structure similar to the Regent / Mayor UKS TP as coach with the relevant heads of ministries who are members of the TP UKS city / district District level, the subdistrict head is the team leader UKS coach district level with relevant officials became chairman and members who involved in the sick bay on the relative amount of each ministry, depending on the activities related with UKS.
Secretariat	Yes	Yes (PUSJAS)	The Secretariat is in PUSJAS, MoNE, the general secretary is the Head of the PUSJAS and the secretary of the directorates that represent each ministry.
Number of staff in Secretariat	7-8	3-4	Administrative staff is available in the Field of Health PPKH and PUSJAS, numbering 18 people

Results:	1.MoEYS 5 years strategic plan on HIV 2008-2012 established with costing 2.The work place policy on HIV and AIDS (WPPHA) in education sector established 3.The School Health Policy (SHP) developed and launched in 2008. 4.The guideline for implementing the SHP and WPPHA is under process of the development 5.The Joint Technical Working Group for HIV and Education (JTWGHE) with participation from various NGO, UN agencies is formed. 6. An annual work plan of ICHA 2 established every year to support to ICHA work. 7. IEC materials of Life Skill for HIV and Education Program (LSHEP) and other tools kits published every year 8. LSHEP implemented in 14 provinces and cities 9. All primary school directors and teachers in the implementing provinces received 5 days training on HIV and AIDS each year. Pre service teachers is taught on HIV 10. preventive education (NIE and TTC and RTTC)	From 1997 to 2003, most MoNE activities were guided by two MoNE decrees (No. 9/U/1997 and No. 303/U/1997). Since the inter-ministerial taskforce was no longer there, the Directorate of Quality Physical Education assumes the focal point for HIV and AIDS policy formulation . This directorate is responsible for the formulation of "HIV/AIDS Prevention Strategy through Education" published in 2004 and renewed in 2007. • HIV and AIDS included in KTSP (Core Curriculum) • Permendiknas No. 39/2008 on the Guidance and Supervision of Students (HIV and AIDS and drugs) as a mandatory part of student development activities	UKS programme since its establishment, the No of schools that had Teams Implementation (TP) at each school nurse beginning of kindergarten, elementary, junior high, high school and growing equals lots and implement programs that have been defined UKS nationally in accordance with the UKS TRIAS Program, which is Health Education, Health Services, Healthy School development environment.

	11. The HIV and AIDS and other health related issues disseminated to community people through mobile learning van and the literacy class at the community learning centers (CLC).		

Table 06: National Level Resource Persons

No	Institution	Job Title
Governments		
1	MoNE	Director of National Centre for Physical Quality Development
2	MoH	Head of School Age Sub Directorate
3	MoSA	Head of PLHIV Social Services Division Head of Prevention and Drugs Abuse Division
4	National AIDS Commission	Head of Monitoring and Evaluation Division
5	National Family Planning Board	Director of Youth and Reproductive Rights Protection
6	National Development Planning Office	Director of Health and Public Nutrition

Table 07: Governmental Resource Persons in the Provinces Level

No	Institution	Job Title
A	Riau Island Province	
1	Provincial Education Office	Head of Primary Education Division, Head of Secondary Education Division, Head of Higher Education Division, Head of Non-formal Education Division.
2	Provincial AIDS Commission	Vice Chair of Secretariat
3	City Education Office (Batam)	Head of Primary Education Division, Head of Secondary Education Division, Head of Non-formal Education Division
4	City AIDS Commission (Batam)	Program Coordinator
B	West Kalimantan Province	
1	Provincial Education Office	Head of Education Division, Head of Senior Secondary School Section
2	Provincial AIDS Commission	Chief of Secretariat
3	City Education Office (Pontianak)	Secretary of Education Office
4	City AIDS Commission (Pontianak)	Chief of Secretariat
5	Community Health Centre (Pontianak)	Health Provider
6	City Youth and Sports Office (Pontianak)	Head of Youth and Sports Office
7	City Narcotics Bureau (Pontianak)	Secretary
8	City Health Office (Pontianak)	Vice Head of Prevention of Disease and Sanitation of Environment Division
C	Bali Province	
1	Provincial Education, Youth and Sports Office	Head of Technical and Support Section
2	Provincial AIDS Commission	Program Coordinator
3	City Education, Youth and Sports Office (Denpasar)	Staff

4	City AIDS Commission (Denpasar)	Assistant of Secretary
D	Maluku Province	
1	Provincial Education and Culture Office	Head of Secondary Education Division, Head of Youth and Sport Division, Head of Primary Education Section.
2	Provincial AIDS Commission	Secretary
3	Provincial Health Office	Chief of Prevention of Disease and Disaster Division
4	City Education Office (Ambon)	Head of Primary and Secondary Education Section
5	City AIDS Commission (Ambon)	Secretary
6	City Health Office (Ambon)	Staff
7	Human Resource Bureau	Head of Education and Health Division
E	Daerah Istimewa Jakarta Province	
1	Provincial Education Office	Head of Student and Learning Activity Resource Section
2	Provincial AIDS Commission	Technical Assistant

Table 08: Non Governmental Resource Persons in the Province Level

No	Institution	Job Title
NGO		
A	Riau Island Province	
1	Yayasan Batam Tourism Development Board	Director
2	Yayasan Pembinaan Asuhan Bunda	Prevention Manager
B	West Kalimantan Province	
1	PKBI	Head of Education Unit, Section Head of Senior Secondary School
C	Bali Province	
1	PKBI	Director and Coordinator of Youth Program
D	Maluku Province	
1	LP2B (Lembaga Pengabdian Pemuda Bangsa)	Founder
2	LPPM	Director
E	Daerah Istimewa Jakarta Province	
1	Yayasan Pelita Ilmu (DAKU Program)	Program Manager
2	YAKITA	Director
3	Forum Indonesia untuk Transparansi Anggaran (FITRA)	Analysis Coordinator

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