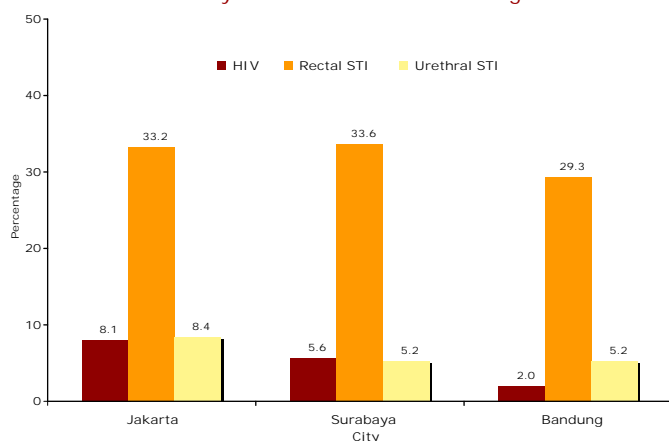


Recent regional analyses indicate that unprotected sex among men who have sex with men (MSM) is making an important and at least in some cases growing contribution to HIV/AIDS epidemics in many Asian countries. The 2007 IBBS collected behavioral data from MSM in six cities – Medan, Batam, Jakarta, Bandung, Surabaya and Malang, and biological data in three cities – Jakarta, Bandung and Surabaya. This summary presents the key findings from the IBBS with regard to MSM. It is estimated that there were between 384,320 and 1,149,270 MSM (average 766,800) in Indonesia in 2006.

Key Finding 1: STI rates were very high among MSM in Jakarta, Bandung and Surabaya, especially among those engaging in commercial sex.

Between 29% and 34% of MSM in the three cities in which biological data were collected were infected with one or more rectal STIs, with Chlamydia being slightly more prevalent than gonorrhea (see Figure 1 and data table). The high prevalence of rectal STIs is an indication of high prevalence of unprotected anal sex. Prevalence of urethral STIs was lower, ranging between 5-8% in the three cities (data not shown). HIV prevalence rates among MSM ranged from a high of 8.1% in Jakarta to a low of 2% in Bandung. STI and HIV prevalence rates were higher among MSM who had bought and sold sex (data not shown).

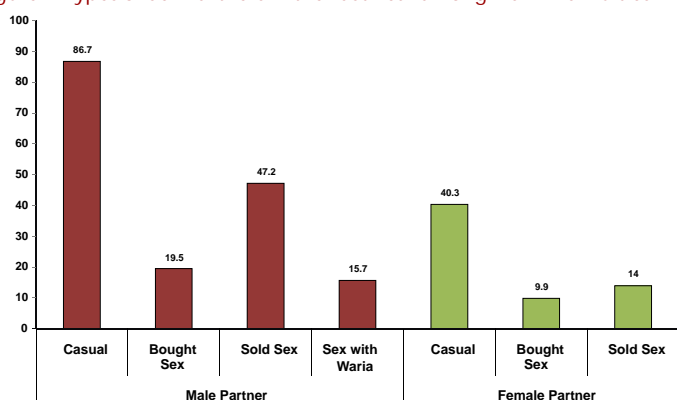
Figure 1: Prevalence of Sexually Transmitted Infections among MSM in Three Cities



Key Finding 2: MSM tend to have multiple sex partners, both male and female, and significant numbers also buy and sell sex.

MSM reported having had sex with a number of different types of partners in the last year, female as well as male. Almost 87% of MSM reported having casual sex (without giving or receiving payment) with a male partner and 40% with a female partner in the year prior to the IBBS survey (Figure 2). Only 16% reported having had sex with a Waria or transgender in the prior year. The median number of male partners per MSM in the month prior to the IBBS survey was 4, but reached as high as 10 in Jakarta and 7 in Medan (see data table). The median number of female partners per MSM in the prior month was 1. Buying and selling sex with male partners was common – 20% reported buying sex from and 47% selling sex to a male partner in the past year. The corresponding figures for buying and selling sex with female partners were 10% and 14%, respectively. One-third of MSM also reported having a regular male partner and 16% a regular female partner, and 22%

Figure 2: Types of Sex Partners in the Last Year among MSM in Six Cities



Key Findings:

- ★ STI rates were very high among MSM in Jakarta, Bandung and Surabaya, especially among those engaging in commercial sex.
- ★ MSM tend to have multiple sex partners, both male and female, and significant numbers also buy and sell sex.
- ★ Consistent condom use remains low.
- ★ Knowledge of preventive measures against sexual transmission of HIV and other STI was moderate to high in the six cities, but comprehensive knowledge was lower.
- ★ MSM receive information about HIV/AIDS from a variety of sources
- ★ Moderate proportions of MSM had recently used STI management services and received HIV counseling and testing
- ★ Drug use affects only a small proportion of MSM, but use of methamphetamines and similar drugs was reported by sizeable proportions of MSM in some cities. However, few MSM inject drugs.

The 2007 IBBS among MARG was designed to measure key HIV/AIDS-related biological and behavioral indicators for key population sub-groups in Indonesia.

The 2007 IBBS was a collaborative initiative of the following organizations:

- Department of Health (DepKes)
- Statistics Indonesia (BPS)
- US Agency for International Development (USAID)
- National AIDS Commission (KPA)
- Family Health International – Aksi Stop AIDS (ASA) Program

Primary financial support for the 2007 IBBS was provided by the US Agency for International Development and the Indonesian Partnership Fund through Family Health International, which also provided technical support to the effort.

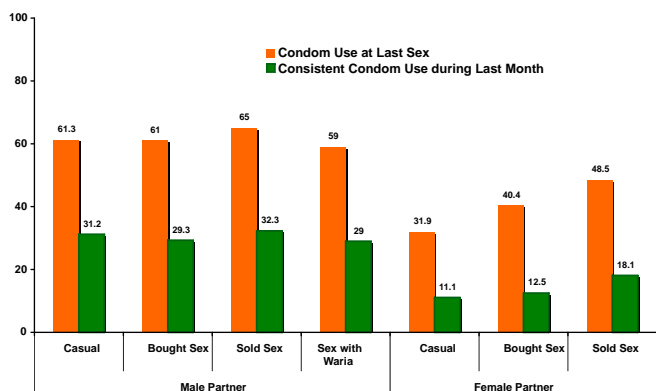
Additional financial support was provided by the World Health Organization (WHO) and The Australian Agency for International Development (AUSAID) through the Indonesian HIV/AIDS Prevention and Care Project (IHPCP).

reported that their regular partners also had other partners. These complex sexual networks increase the risk of transmission among MSM and their sexual partners.

Key Finding 3: Consistent condom use remains low.

Around 60% of MSM reported using a condom during last sex with a male partner. Condom use at last sex with a male partner did not vary significantly depending upon whether the transaction was casual or commercial. Condom use at last sex with females was less frequent, falling to 32% in encounters with casual female partners. Consistent condom use in the last month was, however, considerably lower – about 30% with male partners in both non-commercial and commercial transactions. With female partners, consistent condom use ranged from 11% with casual partners to 18% when selling sex. Use of water-based lubricants during last anal sex ranged from 12% in Batam to 22% in Malang (see data table).

Figure 3: Condom Use During Last Sex & Consistent Condom Use During Last Month among MSM in Six Cities, by Type of Partner

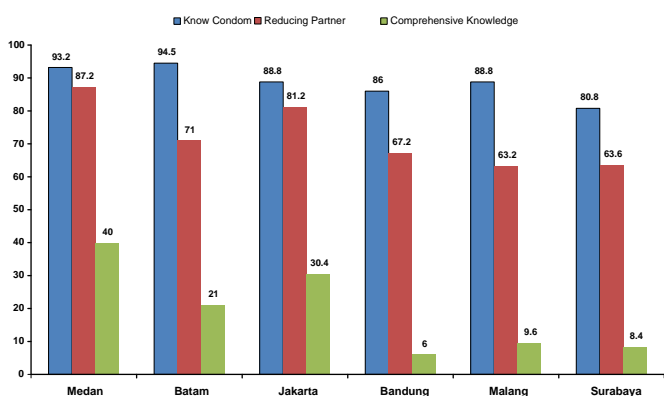


Between 53% of MSM (in Batam) and 83% (in Jakarta) had receptive anal sex in the previous month, while the proportion of MSM reporting having insertive anal sex in the prior month ranged from a low of 65% in Bandung to a high of 92% in Medan (see data table). Consistent condom use in anal sex during the prior month with all partners exceeded 20% in only one city – Malang (23% in insertive and 26% in receptive anal sex), and did not vary significantly depending upon whether anal sex was receptive or insertive.

Key Finding 4: Knowledge of preventive measures against sexual transmission of HIV and other STI was moderate to high in the six cities, but overall knowledge was lower.

High proportions of MSM (over 80%) in all six cities knew that condoms could protect them against HIV and STI transmission, and between 63% and 87% knew that their risk of HIV and STI transmission could be lowered by reducing their number of sexual partners. However, knowledge of other aspects HIV and STIs transmission and prevention was much lower, particularly in Bandung, Malang, and Surabaya, with a number of myths and misperceptions continuing to persist. Nevertheless, the level of knowledge of prevention measures among MSM was sufficiently high to significantly impact the sub-epidemic among MSM if this knowledge were to be put into practice.

Figure 4: Knowledge of HIV Prevention Measures and Overall Knowledge of HIV-AIDS among MSM in Six Cities



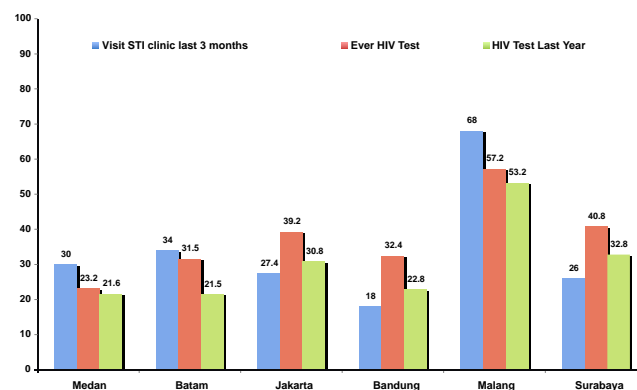
Key Finding 5: MSM receive information about HIV/AIDS from a variety of sources

MSM receive information on HIV/AIDS from multiple sources, the most common being through printed materials (that is, brochures, pamphlets – 73% in the past year), contacts with NGO outreach workers (54%), contact with health workers (49%), and “edutainment” events (27%). Smaller proportions had received information via internet or hotlines. This likely reflects the limited reach of these channels of communication targeted to MSM. However, where electronic and telephonic sources of information were more readily available, substantial proportions of MSM report having obtained information from such sources. For example, in Malang 28% of MSM received information on HIV/AIDS through internet chat rooms or messenger services in the last three months, 24% used internet websites to seek information on HIV/AIDS, and 17% had called a hotline service.

Key Finding 6: Moderate proportions of MSM had recently used STI management services and received HIV counseling and testing.

Utilization of STI diagnostic and treatment services remains insufficient in view of STI prevalence among MSM. The proportion of MSM who had visited a STI clinic in the three months prior to the IBBS ranged between 18% and 30% in five cities, but reached 68% in Malang. Fifty-seven percent of MSM in Malang had ever been tested for HIV versus between 23% and 41% in the other five cities. Most MSM who had ever been tested for HIV had been tested in the year prior to the 2007 IBBS, likely reflecting improvements in availability of HIV counseling and testing services, increasing acceptance of the need for and/or the utility of HIV counseling and testing among MSM, or both.

Figure 5: Proportions of MSM in Six Cities Visiting STI Clinics in the Last Three Months and Having Been Tested for HIV



While these results are encouraging, the IBBS data also indicate that MSM tend not to take full advantage of available services. More than 70% of MSM in the six cities reported that they had been offered an HIV test, but only 38% had actually been tested (data not shown). On a more positive note, almost all of those who had been tested reported that they had received their test result.

Key Finding 7: Although overall drug use affects only a small proportion of MSM, recent use of methamphetamines and similar drugs was reported by sizeable proportions of MSM in some cities. However, few MSM inject drugs.

Injecting drug use and multiple sexual partners is a particularly dangerous combination, with potential to rapidly accelerate the progression of HIV/AIDS epidemic in the ranks of MSM. Fortunately, few MSM reported injecting drugs in the past year (see data table). However, 31% of MSM in Jakarta and 25% in Batam reported using drugs such as ecstasy, methamphetamines and ice in the past 3 months. Use of such drugs can impair men’s judgment and ability to use condoms regularly and correctly, and thus merits the attention in future HIV prevention efforts directed to MSM.

Key Indicators for MSM

	Jakarta	Bandung	Surabaya	Medan	Batam	Malang
HIV prevalence (%)	8.1	2.0	5.6			
Rectal Chlamydia (%)	21.9	19.4	21.3			
Rectal Nesseria gonorrhoea (%)	18.6	22.3	14.9			
Syphilis (all) (%)	3.2	5.6	4.0			
Rectal Chlamydia or gonorrhoea	32.2	33.6	29.3			
Median number of male sex partners in last month	10	3	4	7	2	4
Median number of female sex partners in last month	1	<1	2	2	1	1
Carried condom & lubricant at						
Both	23.8	2.0	8.0	24.4	9.5	14.4
Condom only	11.3	9.0	4.4	25.2	8.5	7.2
Lubricant only	1.2	0	1.2	1.6	2	0.8
Neither	63.7	88.8	86.4	48.8	80.0	77.6
Had receptive anal sex in the past month (%)	80.8	62.0	58.0	87.2	52.5	72.0
Always used condom in receptive anal sex in the past month (%)	19.2	18.4	12.8	19.2	15.5	26.4
Had insertive anal sex in the past month (%)	83.6	65.2	68.0	92.4	67.0	80.0
Always used condom in insertive anal sex in the past month (%)	21.6	20.0	13.6	22.4	25.0	28.8
Used water-based lubricant in last anal sex (%)	21.7	14.5	16.1	14.4	11.6	21.8
Had comprehensive STI & HIV knowledge (%)	30.4	6.0	8.0	40.0	21.0	9.6
Discussed HIV/AIDS with health worker in last year (%)	45.6	37.2	34.8	74.4	46.0	56.0
Contacted by NGO outreach worker in last year (%)	53.6	31.6	35.2	75.2	66.5	66.0
Received printed material on HIV/AIDS in last 1 year (%)	82.4	66.4	62.0	79.6	71.0	78.4
Received audio visual material on HIV/AIDS in last year (%)	4.8	3.2	16.4	26.0	5.5	22.0
Attended edutainment in the past year	14.8	20.4	19.2	22.8	46.5	43.6
Communicated about HIV via internet in past 3 months	10.4	7.2	10.8	8.0	11.5	28
Browsed internet for HIV/AIDS information in the past year	7.6	13.6	14.0	6.8	12.5	24.4
Contacted hotline in past 3 months	6.4	8.0	4.0	5.2	8.0	16.8
Visited STI Clinic or doctor for STI symptoms in the last 3 months (%)	27.4	18.0	26.0	30.0	34.5	68.4
HIV test in past year (%)	30.8	22.8	32.8	21.6	21.5	53.2
Used drugs in the past 3 months (%)	30.7	8.4	10.0	10.4	25.0	5.2
Ever injected drugs (%)	2.8	2.0	1.6	1.2	3.5	2.4
Age group						
<25yrs	45.6	47.2	33.2	21.2	36.0	43.6
25-34 yrs	42.3	31.6	42.8	48.0	46.5	36.8
>35 yrs	12.1	21.2	24.0	30.8	17.5	19.6
Education Level						
<=Elementary School	1.6	1.6	1.6	0.8	1.0	1.6
Elementary - Junior High	20.6	27.7	17.2	12.8	19.5	24.4
Senior High School & above	77.8	70.7	81.2	86.4	79.5	74.0

Conclusions and Recommendations

Data from the 2007 IBBS among most at risk groups (MARG) in Indonesia provide insights into the current status of the HIV/AIDS epidemic among men who have sex with men (MSM), as well as data with which to update trends in HIV-related biological and behavioral indicators over time. These data thus contribute to the growing, but still limited, evidence base for decision making concerning HIV/AIDS in Indonesia. Conclusions and key recommendations concerning MSM include the following:

- ★ High STI prevalence among MSM indicates an urgent need for increased condom use and an expansion of HIV-STI-related services offered in accessible and “friendly” settings. The high STI prevalence observed among MSM in the three cities from which biological data were gathered and reported inconsistency in condom use provide clear evidence of substantial levels of sexual risk taking among MSM in Indonesian cities. Programs targeting MSM need to be scaled up in cities with sizeable populations of MSM. Such programs should include not just education, behavior change communications and improved access to condoms and lubricants, but a full range of HIV-related services made accessible and “friendly” to MSM; that is, in non-threatening settings where MSM feel comfortable coming for services.

Because many MSM in Indonesia remain “hidden” and thus hard to reach, efforts to reach them with information and services must go beyond conventional “outreach” approaches involving direct, face-to-face contact at commercial sex sites and other places where MSM gather. Greater advantage should be taken of existing networks of MSM to reach deeper into MSM communities, perhaps through increased use of telecommunications media (e.g., internet, hotlines, etc). The IBSS data suggest that internet, hotlines and other “electronic” means of communication reach significant proportions of MSM where they are available, and given the relatively high educational status of MSM in Indonesia would seem a promising approach to expanding program reach.

- ★ Targeting only MSM who buy and sell sex will have limited impact. In large Indonesian cities, it is easy to find venues where MSM buy and sell sex. While programs need to reach buyers and sellers at such sites with information and improved access to condoms, lubricants, and diagnostic and treatment services, the fact that such men had HIV and STI prevalence rates that were only slightly higher (2-3 percentage points on average) than MSM that do not buy and sell sex confirms that risk-taking behaviors are rather widespread among MSM. To contain HIV/AIDS among MSM, there is no feasible programmatic alternative but to reach all MSM with information and services.
- ★ Consistent condom use with all partners is essential to containing the HIV epidemic among MSM. The IBBS data point to complex sexual networks among MSM involving multiple partners of different types of both genders. The fact that condom use with female partners was significantly lower than that reported with male partners suggests that there may be a perception among MSM of differential risk of STI and HIV transmission with different types of partners. To reduce incidence of HIV and STI infections, interventions need to emphasize the importance of consistent condom use with all sexual partners.
- ★ The uptake of HIV counseling and testing remains limited among MSM and needs to be greatly increased. More than 70% of MSM in the five cities covered by the 2007 IBBS reported having been offered HIV counseling and testing. This would seem to suggest that lack of physical access to HIV C&T services is no longer the major constraint against increased service uptake. However, only about one-half of the MSM who have been offered HIV counseling and testing had actually gone on to be tested. Although only 8% of the MSM interviewed in the 2007 IBBS reported experiencing discriminatory treatment, it may be that fear of stigma and discrimination continues to act as a constraint to fuller service utilization. Qualitative research is needed to determine why more MSM are not taking advantage of HIV counseling and testing



and other available services, and the results of such research fed back into programs so that corrective actions can be taken to increase program coverage.

- ★ The relatively high prevalence of use of methamphetamines and similar drugs in some cities merits attention as part of HIV prevention efforts for MSM. There is growing concern globally over the role that use of drugs such as ecstasy and methamphetamines plays in reducing sexual inhibitions among MSM and adversely affecting adoption of safer sexual practices. Although the use of such drugs is not yet widespread among MSM in Indonesia, their use has reached significant levels in at least two Indonesian cities (Jakarta and Batam). This should serve as a “wake-up call” for HIV prevention efforts to address the issue before it becomes a larger problem.
- ★ Further research is needed to both more accurately establish the size of MSM populations in cities throughout Indonesia and to better understand sexual networking among MSM. Although national and provincial estimates have been made of the number of MSM in Indonesia, further work is needed to more accurately determine population size and geographic distribution of MSM across Indonesia. Also in need of further study are the social and sexual networks of MSM so that this information can be used to more effectively reach MSM with programs aimed at changing risk behaviors and addressing psycho-social barriers to utilization of HIV-related services.



This IBBS Highlight summarizes key findings from the 2007 Integrated Biological-Behavioral Surveillance (IBBS) among Most-at-Risk-Groups (MARG) in Indonesia. Further data and analyses will be posted to the websites of The Department of Health (DepKes), the National AIDS Commission (KPA), and Family Health International (FHI).

The Department of Health (DepKes) : www.depkes.go.id
The National AIDS Commission (KPA) : www.aidsindonesia.or.id
Family Health International – Aksi Stop AIDS (ASA) Program : www.fhi.org