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

Bandung, Indonesia 2018-2019

ACRONYMS

AY	Adolescent and young
BPJS	Badan Penyelenggara Jaminan Sosial
CBO	Community based organizations
HIV	Human Immunodeficiency Virus
IBBS	Integrated biological behavioral surveillance
KP	Key Populations at higher risk of HIV
PWID	People who inject drugs
NGO	Non-governmental organization
NSP	Needle and exchange programs
OST	Opiate Substitution Therapy
PLWHIV	People living with HIV
RDS	Respondent Driven Sampling
RDSA	Respondent Driven Sampling Analyst
SS-PSE	Successive sampling population size estimation
STI	Sexually Transmitted Infection
TG	Transgender persons
UNICEF	United Nations International Children's Emergency Fund
UNPAD	Padjadjaran University
VCT	Voluntary Counseling and Testing

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EXECUTIVE SUMMARY

Background

Indonesia has a large population and is one of the top three countries, after Philippines and Myanmar, to have the highest rate of new HIV infections. Adolescent (15-19 years old) and young (20-24 years old) (AY) key populations (KP), including people who inject drugs (PWID), female sex workers (FSW), males who have sex with males (MSM) and transgender persons (TG), are extremely vulnerable to HIV transmission. However, very little is known about their socio-demographic characteristics, sexual risks, access to services, HIV transmission knowledge and perceived risk and HIV prevalence.

Methods

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

Table 1. Population specific eligibility criteria

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

Except for TG, data are weighted for differential network sizes in RDS Analyst (www.hpmpg.org) and are assessed as being representative of the network of the population sampled

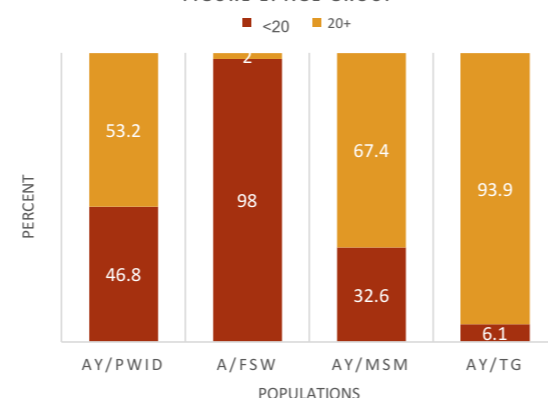
Findings

Age groups and other socio-demographics among AY/KP

The median age for AY/PWID was 20, for FSW was 16, for AY/MSM was 21 and for AY/TG was 23. Only 2% of A/FSW were over the ages of 19 so this population should be considered as adolescents; 6% of AY/TG were under the age of 19 years (Fig. 1). Almost all A/FSW, AY/MSM and AY/TG and 81% of AY/PWID were single. Seventy four percent of AY/PWID, 37% of A/FSW, 57% of AY/MSM and 18% of AY/TG lived with family or siblings. Most AY/TG lived alone (33%) or with a partner (30%) and 47% of A/FSW lived with friends at a boarding house or dorm.

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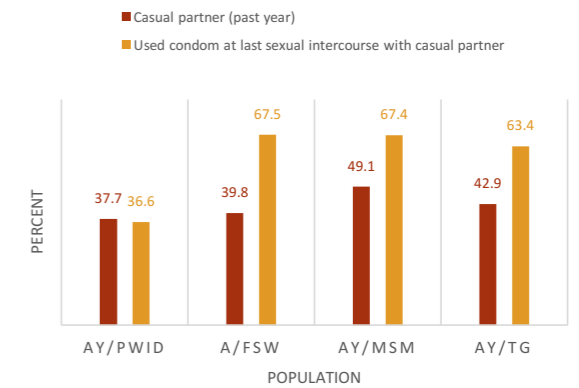
FIGURE 1. AGE GROUP



Condom use with casual partners is inconsistent

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

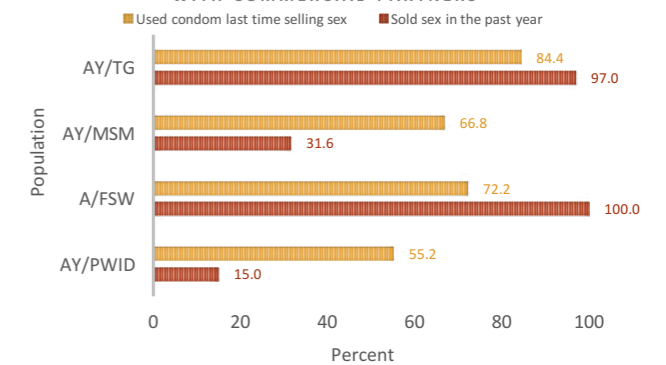
FIGURE 2. SEXUAL BEHAVIORS WITH CASUAL PARTNERS



Condom use with commercial partners is inconsistent

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

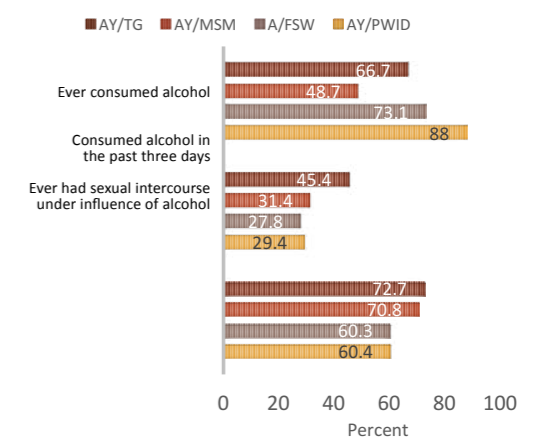
FIGURE 3. CONDOM USE WITH COMMERCIAL PARTNERS



High percentages of AY KP use alcohol

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

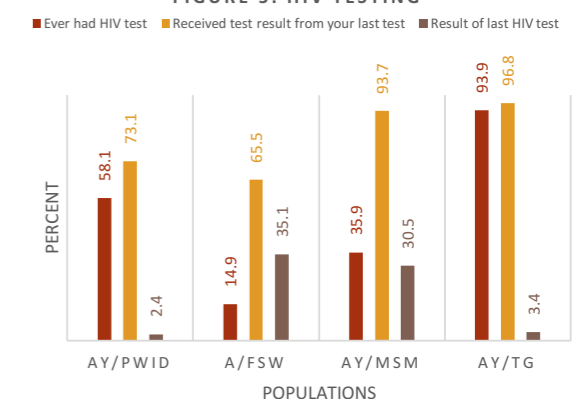
FIG. 4. ALCOHOL USE



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

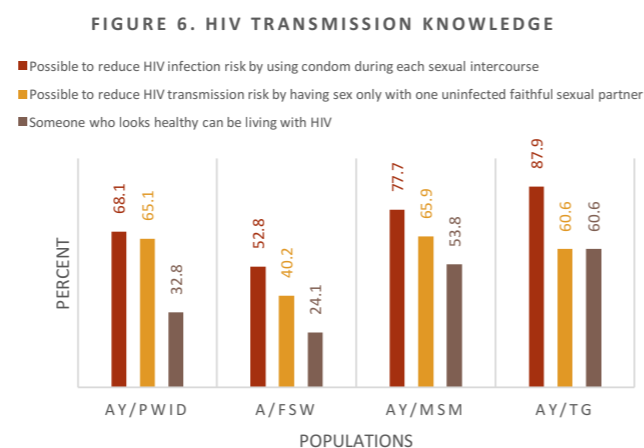
Almost all AY/TG, few A/FSW and AY/MSM and only 58% of AY/PWID ever had an HIV test (Fig. 5), among which almost all AY/MSM and AY/TG, three quarters of AY/PWID and 65% of A/FSW received their test results. Of those who received their last test results, 2.4% of AY/PWID, 35% of A/FSW, 30% of AY/MSM and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

FIGURE 5. HIV TESTING



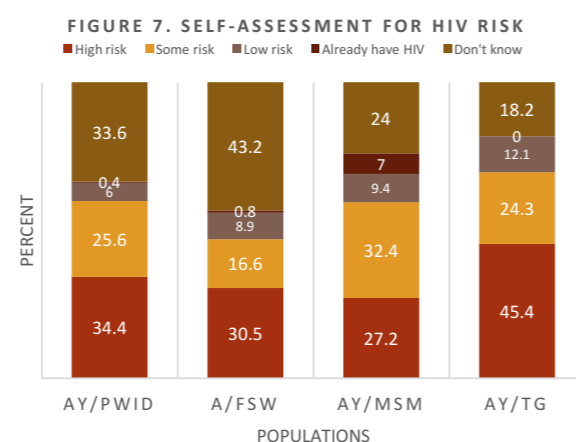
HIV transmission knowledge

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



Most AY KP believe themselves to be at risk for HIV

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



Very high HIV prevalence among AY/MSM

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

Population size estimations

Based on a consensus workshop, the final estimates for AY/PWID was about 900 (0.17% of equivalent population), for A/FSW was about 950 (0.39% of equivalent population), and for AY/MSM was about 3200 (1.3% of equivalent population).

Recommendations to reduce HIV transmission for AY KP in Indonesia

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

BACKGROUND

HIV Epidemic in Indonesia

In 2017, there was an estimated 450,000 young people (15 to 24 years old) living with HIV in Asia Pacific¹. Indonesia, with a population of 111,477,447 persons of reproductive age, is one of the top three countries, after Philippines and Myanmar, to have the highest rate of new HIV infections. In Indonesia, HIV transmission among young people is mostly from men who have sex with men (MSM) and transgender people (TG)². In 2017, Indonesia had 26,000 (21,000-30,000) new HIV infections and 1,500 (<1,000-3,000) AIDS-related deaths among young people, ages 15 to 24 years. There were 630,000 (540,000-740,000) people living with HIV (PLHIV) in 2017, among whom 14% (12%-17%) were accessing antiretroviral therapy (ART). Among pregnant women living with HIV, 13% (11%-15%) were accessing treatment or prophylaxis to prevent transmission of HIV to their children and an estimated 3,100 (2,600-3,800) children were newly infected with HIV due to mother-to-child transmission in 2017³. According to the Indonesian Ministry of Health, until April 2017, there were 10,376 HIV cases of which 20.8% are among those aged from 15 to 24 years old. Indonesia's National AIDS Strategy aims to End AIDS by 2030 through three goals and targets:

1. reduce new HIV infections to less than 1,000 cases per year,
2. reduce AIDS-related deaths to fewer than 4,000 cases per year, and
3. reduce HIV and gender-related discrimination by 90%.

To achieve this objective the Indonesian government must also target adolescent (15 to 19 years) and young (20 to 24 years) key populations (KP), including people who inject drugs (PWID), MSM, female sex workers (FSW) and TG.

Rationale and Objectives

Specific Objectives

The specific objectives of the integrated biological and behavioral surveillance (IBBS) surveys were to measure HIV sero-prevalence and associated sexual and injecting risk behaviors among adolescent and young (AY) PWID, FSW, MSM and TG in Bandung city, the capital of West Java Province in Indonesia. Secondary objectives included to measure program coverage, stigma, discrimination and violence, HIV knowledge and testing and sexually transmitted infections (STI) signs and symptoms.

Methods

Cross-sectional survey of AY/PWID, A/FSW, AY/MSM and AY/TG were conducted in Bandung in late 2018 and early 2019. Eligible persons were between the ages of 15 and 24 years and lived, worked or studied in Bandung. In addition, each population had to fulfill the eligibility criteria described in Table 1.

1. UNAIDS 2018 Estimates (data for 2017) <http://aidsinfo.unaids.org/>

2. <http://www.aidsdatahub.org/young-key-populations-slides-2018> access on May, 2018

3. UNAIDS 2018 Estimates (data for 2017) <http://aidsinfo.unaids.org/>

Table 1. Population specific eligibility criteria

MSM	FSW	PWID	TG
Biological male	Biological female	Male, female, TG	Biological male
Had anal sex with a male in the past six months	Exchanged vaginal sex for money or goods in the past 12 months	Injected drugs for non-medical purposes in the past six months	Identifies as female (may not dress as female); had anal sex with a male in the past six months

Respondent Driven Sampling (RDS)

This survey utilized respondent driven sampling (RDS)⁴ to recruit AY/PWID, A/FSW, AY/MSM and AY/TG. RDS is a chain referral sampling method, which was specifically designed to reach 'hidden' populations. RDS recruitment starts with purposively selected members of the study population referred to as 'seeds'. Emphasis is placed on selecting seeds with large social networks and who know people from diverse backgrounds. After enrolling in and completing the survey process, each seed is given a specified number of uniquely coded coupons, with which to recruit their eligible AY/PWID, A/FSW, AY/MSM and AY/TG. Recruited peers who enroll in and complete the survey steps make up the first wave of participants and are also given uniquely coded coupons with which to recruit their peers. The use of this recruitment strategy produces successive waves of recruitment, ideally long recruitment chains of respondents, and continues until the desired sample size is reached. RDS data analysis relies on each participant providing their social network size and active monitoring of who recruited whom using data from the uniquely coded coupons. Unique coupon codes eliminate having to collect personal identifying information (i.e., names and addresses), maintaining the anonymity of survey respondents. When conducted and analyzed properly, RDS reduces biases commonly associated with chain referral sampling methods, yielding findings representative of the network from which the sample was taken. Although we initiated sampling of AY/TG through RDS, the population size is not adequate to sample enough AY/TG to attain a sufficient number of chains. Therefore, AY/TG are assessed as being sampled through snowball method.

Sample Size Calculation

The sample size estimate is calculated using data from a 2015 survey among AYY KP. The estimation was based on the following formula and assumptions:

$$n = \frac{[Z_{1-\alpha} \sqrt{2P(1-P)} + Z_{1-\beta} \sqrt{P_1(1-P_1) + P_2(1-P_2)}]^2}{(P_2 - P_1)^2}$$

Where:

- P1: the estimated proportion of the behavior at the time of the first survey. This estimate was based on 'testing rates' (not specifically defined).
- P2: the estimated proportion of a behavior at the next round of IBBS, so that (P2 - P1) is the magnitude of change to be able to detect a 15% or 20% increase on 'testing rates' between survey rounds.
- P: (P1 + P2)/2;
- Z1-: the z-score corresponding to the level of significance (95% significance level and corresponding two-sided z-score);
- Z1: the z-score corresponding to the level of power (80% power and corresponding two-sided z-score)

Unfortunately, previous sample sizes did not include a minimum design effect of 2 which is necessary given the sampling design. Therefore, the sample sizes for this survey were increased and then rounded up or down and are displayed in Table 2.

4. Heckathorn DD. Extensions of respondent-driven sampling: analyzing continuous variables and controlling for differential recruitment. *Social Methodol.* 2007;37(1):151-207; Johnston LG. Module 4: Introduction to respondent driven sampling. *Introduction to HIV/AIDS and sexually transmitted infection surveillance.* 2013.

Table 2. Sample sizes from previous round and for planned 2018 surveys

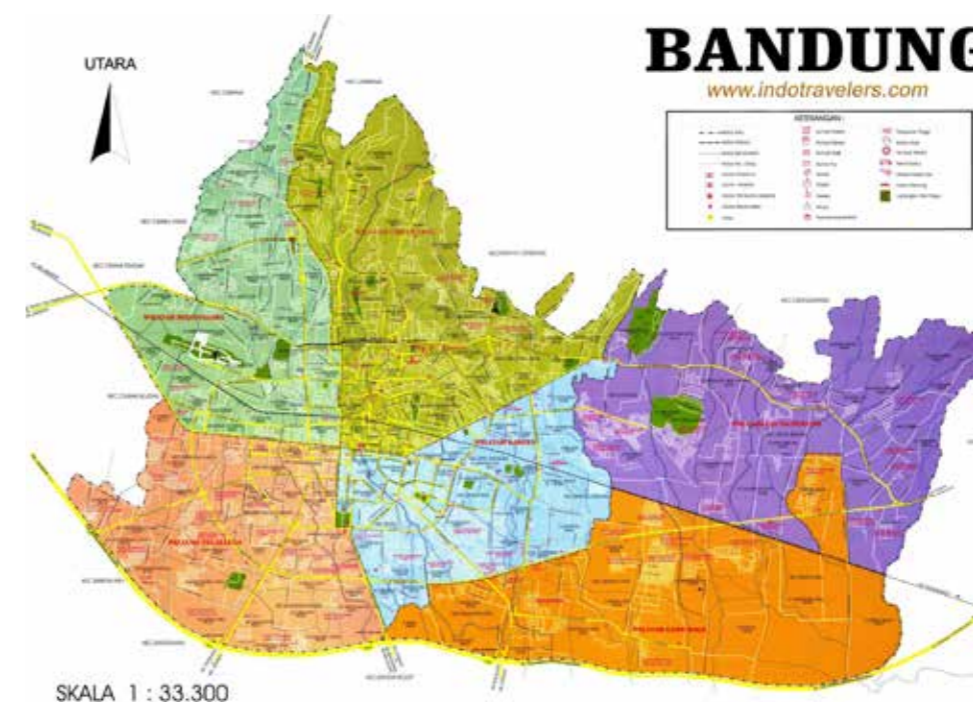
	MSM	FSW	PWID	TG
Previous surveys (2015)	157	173	82	97
Planned surveys (2018) with design effect of 2	300	300	200	200

Selection of seeds

Prior to the IBBS-RDS research, a formative research was carried out to provide information for planning and developing the survey and to select seeds. The process was conducted by UNPAD and the AIDS Commission with involvement from Fokus Muda Bandung, Arjuna Pasundan, PUZZLE INDONESIA, Srikandi Pasundan, GRAPIKS, PKBI (Perkumpulan Keluarga Berencana Indonesia), and KAP (Konferensi Anti Pemiskinan) Indonesia, to find A/YKP with large social networks.

Data collection location

Data were collected at two interview sites in Bandung (total population in 2019: 1,699,719; population of 15 to 24-year olds), the capital of West Java province in Indonesia (Figure 1).



Recruitment Process

Participants could enroll in one of two interview sites. Seeds were selected for each population based on their ability to recruit diverse members of their social networks. The surveys for AY/TG and AY/MSM commenced two weeks earlier than the surveys for A/FSW and AY/PWID. Seeds were given three uniquely coded coupons and were encouraged to recruit diverse members of their social network. Upon arrival to a study site with a valid recruitment coupon, individuals were screened for eligibility and underwent informed consent (Figure 2). Once someone was deemed eligible and enrolled, they were interviewed by a trained interviewer, provided HIV pre-test counseling, and underwent a venal blood draw for laboratory tests of HIV. Following the blood draw, each respondent was given a set number of coupons (no more than three) along with recruitment instructions on how to recruit eligible peers.

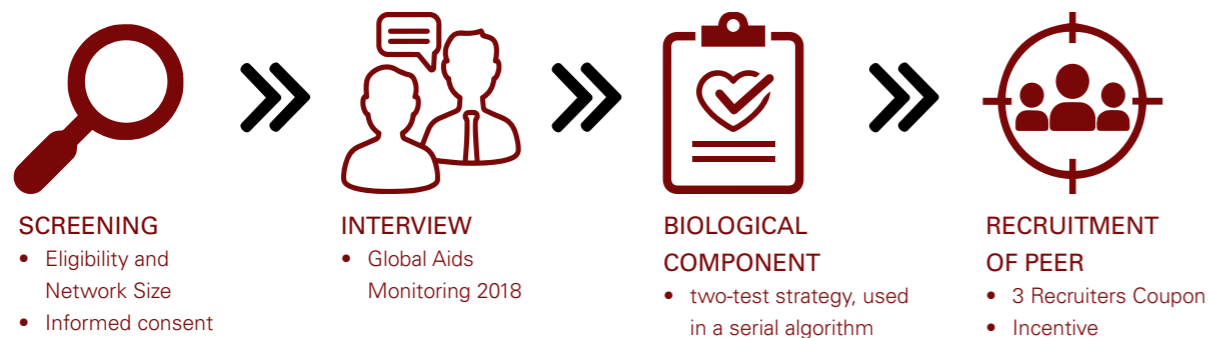


Figure 2. Survey steps

To maintain respondents' confidentiality, unique identification codes were used to link behavioral and biological data and to track who recruited whom. Respondents received a primary compensation of 75000 IDR for enrollment and completion of the survey and an additional secondary compensation (a maximum of three) for each recruit who enrolled and completed the survey.

Laboratory Procedures

HIV specimen collection

Serological testing for markers of infectious diseases used Indonesia Ministry of Health's approved assays following standardized protocols. Serological tests were done at the Klinik Teratai laboratories in Bandung. After consent and pre-test counseling, three ml of blood were drawn from each of participant.

Test results procedures

Test results were linked using participants' unique RDS participant identification codes and a laboratory code number, and the sample collection date. All participants were given a test result voucher with their unique RDS participant identification codes and a laboratory code number and asked to call the cell phone number provided after a specific date in order to receive their test results. Those with negative test results were provided those results over the phone, while those with positive test results were asked to present at the testing site for further counseling, testing, care and treatment.

Data

Management and Analysis

Data were double entered and then merged, cleaned, and coded. UNPAD was responsible for quality control and routinely monitored the data to identify incorrect coupon numbering, bottlenecks and convergence (seed dependency), and other biases. Any problems identified were reported to the appropriate site supervisor for immediate correction.

Population estimates, univariate analyses and disaggregation

of data for AY/PWID, A/FSW and AY/MSM were conducted using the successive sampling estimator in RDS Analyst (www.hpmrg.org), a specialized software for network data. Data for AY/TG were analysed in SPSS with no weighting.

Ethical Considerations

All respondents were informed that survey participation was confidential and voluntary and that they could withdraw at any time during the survey process. Following careful explanation of the survey, staff obtained consent from each eligible respondent. To receive compensation for participation, potential participants were informed that they had to agree to complete the behavioral interview and biological testing. During consent, respondents were provided the name and telephone number of the local survey coordinator should they have any questions about the survey or if they believed they had been injured or mistreated as the result of their involvement in the survey. In addition, participants were informed of when and where they could receive their test results and that receiving test results was voluntary. Interviews, pre-test counselling, and biological testing were conducted in a private and confidential setting to maintain privacy and confidentiality. All survey data, including biological and behavioral information, were kept in a confidential manner. No names, addresses or other personal identifiers were collected from participants. Questionnaires and biological specimens and results were linked using each participant's unique coupon identification code and a laboratory code. The protocol and questionnaire were later submitted for ethical review and approved by the ethical committee of UNPAD Institute Review Board. An addendum was generated and submitted in response to changes made to the protocol to improve how participants received their test result.



Limitations

Although the estimates presented here for AY/PWID, A/FSW and AY/MSM may be considered representative of the network of the population from which respondents were recruited, the network may be missing important sub-groups. For instance, in the survey of FSW, few older FSW were included so data presented for FSW only represent those who are adolescents. As is common in many surveys of PWID, few females were sampled in this survey of PWID. Females who inject drugs may not form strong network ties with other females who inject drugs and may have small, closed networks and be more connected (heterophilous) with males who inject drugs (i.e., boyfriends, husbands or close male partners who buy drugs for and use drugs with female partners). However, given that 9% of females were sampled here it may accurately reflect that 9% of the AY/PWID population comprise females. In addition, only a small sample of AY/TG were reached in this survey through peer to peer recruitment. The findings of AY/TG are not representative of the larger population. Some of the sample sizes are small (a reflection of the finite size of these populations), resulting in confidence intervals that are wide.

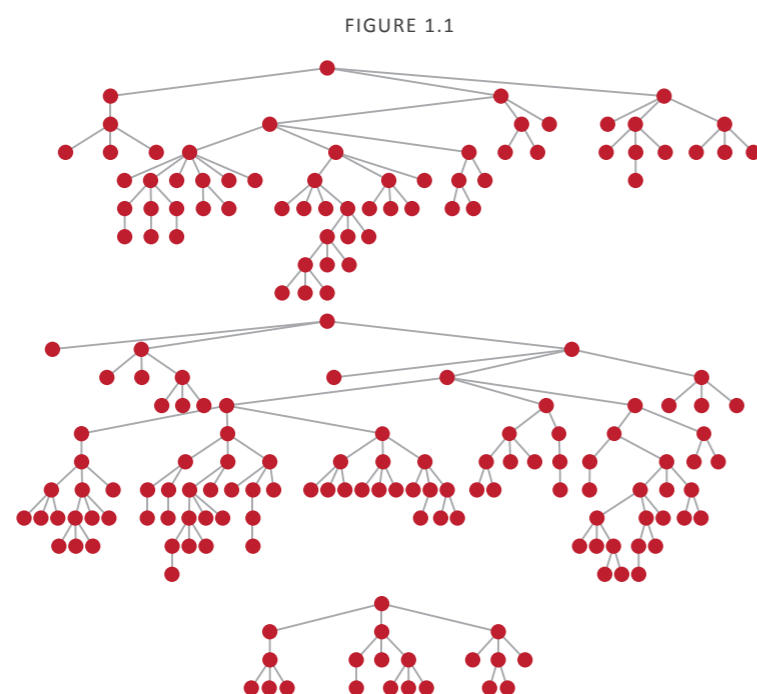
OVERVIEW OF STUDY FINDINGS



1

Overview: Adolescent and Young People who inject drugs (AY/PWID)

One hundred and eighty-five AY/PWID (including two seeds) were recruited into the IBBS. The maximum number of waves reached in the recruitment chains was nine (Figure 1.1).



Socio-demographic characteristics

Age, education, documentation and employment

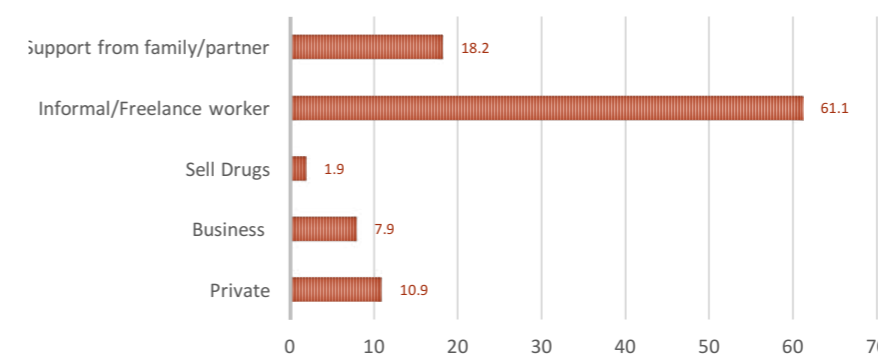
The proportions of AY/PWID in this study under 20 years of age and over 20 years of age were 46% and 53% (age range: 15 to 24), respectively (Table 1.1). The median age was 20 (mean: 19.9). Thirty nine percent of AY/PWID reported having an elementary education and 20% had senior high school or higher education. Nine percent were currently enrolled in school and just over half had an identification card and 49% had national insurance.

Table 1.1. Age, education and documentation among AY/PWID, Bandung, Indonesia, 2018/2019

INDICATOR	N	% (95% CIS)
AGE GROUP		
<20	98	46.8 (37.8, 55.9)
20+	87	53.2 (44.1, 62.2)
SEX AT BIRTH		
MALE	168	90.8 (85.7, 95.9)
FEMALE	17	9.2 (4.1, 14.3)
THE HIGHEST LEVEL OF SCHOOL COMPLETED		
ELEMENTARY	59	39.0 (31.6, 46.2)
JUNIOR HIGH	81	33.6 (25.1, 42.1)
SENIOR HIGH OR HIGHER	35	19.6 (13.2, 26.2)
CURRENTLY ENROLLED IN SCHOOL		
	18	8.9 (4.4, 13.3)
HAS ID (KTP)		
	96	55.6 (47.1, 64.0)
HAS BPJS (NATIONAL HEALTH INSURANCE)		
	94	49.5 (41.1, 57.9)

Most AY/PWID (61%) reported their main income coming from informal/freelance work (Figure 1.2).

FIGURE 1.2. SOURCES OF INCOME AMONG AY/PWID, BANDUNG, INDONESIA, 2018/2019



Only 2% reported selling drugs as a main source of income and 18% reported received income support from their family or partner.

Table 1.2. Marital status, sexuality and living situation among AY/PWID, Bandung, Indonesia, 2018/2019

INDICATOR	N	% (95% CIS)
CURRENT MARITAL STATUS		
SINGLE	149	80.9 (74.7, 87.1)
MARRIED	24	12.9 (7.4, 18.4)
DIVORCED/WIDOWED	12	6.2 (2.9, 9.6)
PERSON(S) LIVING WITH IN LAST MONTH		
ALONE	7	4.6 (1.0, 8.2)
FRIENDS AT KOST/DORM/		
BOARDING HOUSE/APARTMENT	21	12.1 (6.2, 17.8)
FAMILY/SIBLINGS	141	74.1 (66.0, 82.5)
SPOUSE	14	8.6 (3.4, 13.7)
NO FIXED RESIDENCE	2	0.6 (0.3, 1.2)

SEXUALITY		
HOMOSEXUAL	0	--
BISEXUAL	7	4.3 (1.2, 7.3)
HETEROSEXUAL	178	95.7 (92.7, 98.8)
TRANSGENDER	0	--
CIRCUMCISED		
	172	92.5 (87.6, 97.7)

Sexual behaviors

General sexual history and behaviors

Most AY/PWID in Bandung ever had sexual intercourse (84.2%), with the majority reporting their first sexual intercourse occurring when they were between the ages of 15 to 19 years (median age: 17 years) (Table I.3). Most AY/PWID reported that their first sexual partner was a girlfriend or boyfriend (86%).

Table I.3. General sexual history and behaviors among AY/PWID, Bandung, Indonesia, 2018/2019

INDICATOR	N	% (95% CIS)
EVER HAD SEXUAL INTERCOURSE		
	153	84.2 (78.0, 90.3)
AGE AT FIRST SEXUAL INTERCOURSE		
<15	22	13.4 (7.3, 19.5)
15 TO 19	123	80.3 (72.1, 88.3)
>19	7	6.3 (1.6, 11.1)
TYPE OF FIRST SEXUAL PARTNER		
WIFE/HUSBAND	11	7.5 (2.3, 12.8)
GIRL/BOYFRIEND	129	85.6 (79.3, 91.8)
FAMILY MEMBER	2	0.6 (0, 1.1)
FRIEND	8	4.3 (1.0, 7.4)
STRANGER	0	--
SOMEONE WHO PAID YOU	2	2.0 (0, 4.5)

Sexual behaviors and types of partners

Steady partners

Most AY/PWID reported having a steady partner (73%) (i.e., boyfriend, girlfriend, spouse or other partner with whom participant has an ongoing relationship for at least six months), among which 88% reported the gender of that partner being female and 20% reporting that they also inject drugs (Table I.4). Only 32% reported using a condom at last sexual intercourse with their steady partner. Of those who had sexual intercourse with a steady partner in the past six months (55%) or past year (also 55%), 36% reported never using a condom with their steady partner.

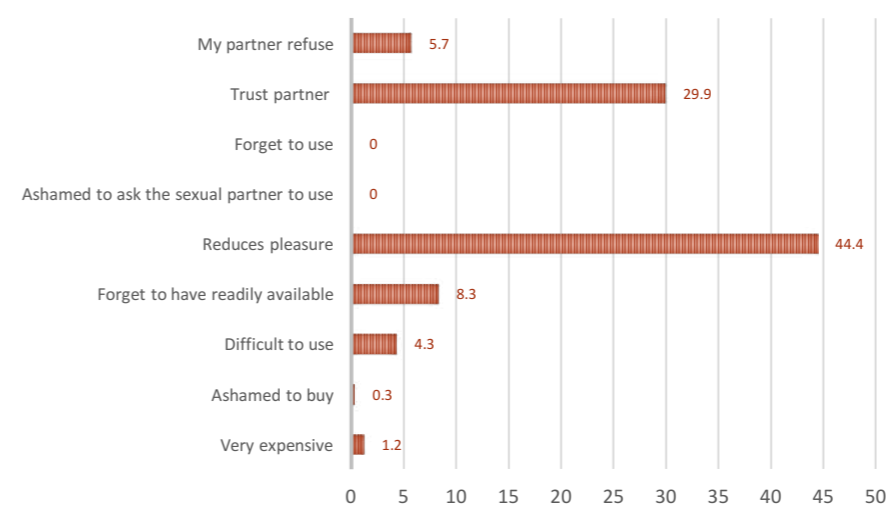
Table I.4. Steady sex partners among AY/PWID, Bandung, Indonesia, 2018/2019

INDICATOR	N	% (95% CIS)
CURRENTLY HAS A STEADY SEX PARTNER		
	111	73.1 (65.3, 80.8)
GENDER OF CURRENT STEADY PARTNER		
FEMALE	98	87.8 (79.9, 90.8)

CURRENT STEADY SEX PARTNER ALSO INJECTS DRUGS		
	23	20.2 (11.3, 29.0)
USED CONDOM AT LAST SEXUAL INTERCOURSE WITH STEADY SEX PARTNER		
	33	31.9 (21.0, 42.9)
HAD SEXUAL INTERCOURSE WITH STEADY PARTNER IN LAST SIX MONTHS		
	99	55.3 (47.4, 63.4)
CONDOM USE DURING SEXUAL INTERCOURSE WITH STEADY PARTNER IN LAST SIX MONTHS		
NEVER	37	36.6 (25.3, 48.3)
SOMETIMES, <50%	34	31.4 (18.8, 44.1)
OFTEN, >50%	18	18.9 (9.1, 28.8)
ALWAYS	10	8.9 (1.4, 6.4)
HAD SEXUAL INTERCOURSE WITH STEADY PARTNER IN PAST YEAR		
	101	55.1 (47.3, 63.0)
CONDOM USE DURING SEXUAL INTERCOURSE WITH STEADY PARTNER IN PAST YEAR		
NEVER	38	35.8 (24.7, 46.8)
SOMETIMES, <50%	34	31.4 (18.5, 44.3)
OFTEN, >50%	19	18.8 (9.5, 28.1)
ALWAYS	10	10.2 (4.4, 16.2)

The most common reason why AY/PWID did not use condoms during sexual intercourse with steady partners was 'reduces pleasure' (44%), followed by 'trust my partner' (30%) (Figure I.3).

FIGURE I.3. REASONS FOR NOT ALWAYS USING CONDOMS DURING SEX WITH STEADY PARTNERS AMONG AY/PWID, BANDUNG, INDONESIA, 2018/2019



Casual partners

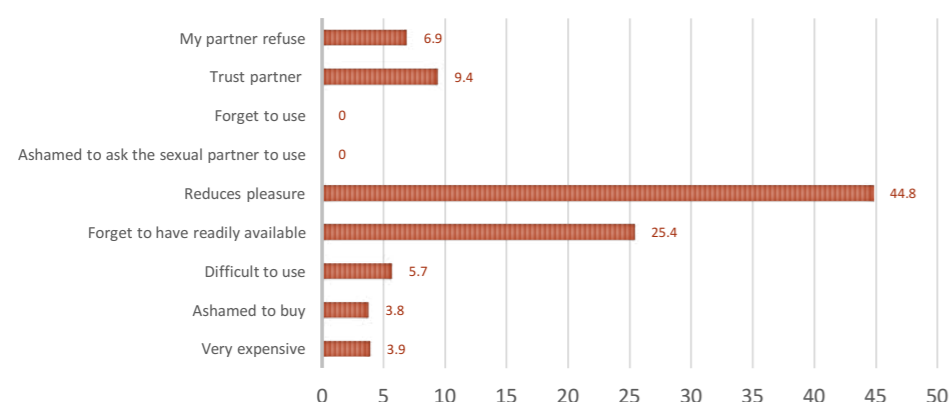
Thirty eight percent of AY/PWID reported having a casual partner (i.e., someone whom the participant does not consider a steady partner) in the past year, among which 93% reported the gender being female and 18% reported their casual partner also injecting drugs (Table I.5). Only 37% used a condom at last sexual intercourse with a casual partner and, of those who had sexual intercourse with a casual partner in the past six months (26%) or past year (55%), around one third never used a condom.

Table I.5. Casual partners in among AY/PWID, Bandung, Indonesia, 2018/2019

INDICATOR	N	% (95% CIS)
HAD CASUAL PARTNER IN PAST ONE YEAR		
	51	37.7 (27.8, 47.9)
SEXUAL IDENTITY OF CASUAL PARTNER		
FEMALE	46	92.6 (86.3, 99.1)
CASUAL SEX PARTNER ALSO INJECTS DRUGS		
	9	17.7 (5.5, 29.8)
USED CONDOM LAST TIME HAVING SEXUAL INTERCOURSE WITH CASUAL SEX PARTNER		
	15	36.6 (22.4, 51.7)
HAD SEXUAL INTERCOURSE WITH CASUAL PARTNER IN LAST SIX MONTHS		
	42	26.1 (18.5, 33.7)
CONDOM USE DURING SEXUAL INTERCOURSE WITH CASUAL PARTNER IN LAST SIX MONTHS		
NEVER	21	36.5 (23.1, 47.5)
SOMETIMES, <50%	12	34.2 (14.8, 54.7)
OFTEN, >50%	6	15.9 (3.0, 29.9)
ALWAYS	3	6.8 (0, 14.9)
CONDOM USE DURING SEXUAL INTERCOURSE WITH STEADY PARTNER IN LAST YEAR		
NEVER	21	34.2 (21.4, 45.8)
SOMETIMES, <50%	14	35.5 (21.3, 51.4)
OFTEN, >50%	7	16.0 (5.4, 26.0)
ALWAYS	0	--

The most common reason why AY/PWID did not use condoms during sexual intercourse with casual partners was 'reduced pleasure' (45%), followed by 'forget to make it readily available' (25%), and 'trust my partner' (9%) (Figure I.3).

FIGURE I.4. REASONS FOR NOT ALWAYS USING CONDOMS DURING SEX WITH CASUAL PARTNERS AMONG AY/PWID, BANDUNG, INDONESIA, 2018/2019



Commercial sex

Fifteen percent of AY/PWID in Bandung ever sold sex, of which 75% injected drugs before selling sex (Table I.6). Among AY/PWID who reported ever selling sex, 55% used a condom the last time they sold sex. Of those who sold sex in the last year (48%), 20% never used a condom when selling sex and of those who did not use a condom the last time they sold sex, one (5%) reported that they 'forgot to have them readily available,' two (41%) that the

'customer refused to use' them, and eight (54%) that it 'reduces pleasure'. Twenty percent ever bought sex, among which 35% did so within the previous three months and 71% used condoms during their last sexual intercourse when buying sex. Of those who bought sex in the past year, 34.8% never used a condom and of those who did not use a condom the last time they bought sex, five (27%) reported that they 'forgot to have them readily available' and seven (73%) reported that it 'reduces pleasure'.

Table I.6. Commercial sex partners among AY/PWID, Bandung, Indonesia, 2018/2019

INDICATOR	N	% (95% CIS)
EVER SOLD SEX FOR MONEY OR GOODS		
	23	15.0 (0.9, 21.0)
WHETHER INJECTING OR SELLING SEX CAME FIRST		
INJECT DRUGS	17	74.7 (54.9, 94.3)
SELL SEX	6	25.3 (5.7, 45.1)
USED CONDOM LAST TIME SELLING SEX		
	12	55.2 (24.5, 86.1)
SOLD SEX IN ONE YEAR		
	11	48.0 (26.6, 70.7)
CONDOM USE DURING SEXUAL INTERCOURSE WITH PAYING PARTNER IN PAST YEAR		
NEVER	5	19.7 (0, 100)
SOMETIMES, <50%	3	15.2 (0, 62.5)
OFTEN, >50%	4	18.2 (0, 63.1)
ALWAYS	8	46.9 (7.8, 86.4)
EVER BOUGHT SEX		
	30	21.4 (13.9, 28.9)
LAST TIME BOUGHT SEX		
WITHIN THREE MONTHS	10	34.8 (14.9, 55.7)
WITHIN SIX MONTHS	5	17.0 (17.4, 17.4)
WITHIN ONE YEAR	6	18.7 (6.1, 30.1)
> YEAR	9	29.5 (9.5, 49.0)
USED CONDOM LAST TIME BUYING SEX		
	18	71.0 (28.2, 116.2)
CONDOM USE DURING SEXUAL INTERCOURSE WHEN BUYING SEX IN PAST YEAR		
NEVER	9	34.8 (34.8, 34.8)
SOMETIMES, <50%	9	25.8 (24.9, 24.9)
OFTEN, >50%	0	--
ALWAYS	9	39.5 (40.3, 40.3)

Substance Use

Smoking and Alcohol use

Almost all (96%) AY/PWID reported smoking tobacco in the past six months and 88% ever consumed any alcohol (Table I.7). Most of those consuming alcohol reported last doing so within the past week and 60% had ever had sexual intercourse while under the influence of alcohol.

Table I.7. Smoking and alcohol use among AY/PWID, Bandung, Indonesia, 2018/2019

INDICATOR	N	% (95% CIS)
SMOKED ANY TOBACCO IN PAST SIX MONTHS		
	177	96.2 (93.8, 98.6)
EVER CONSUMED ANY ALCOHOL		
	163	88.0 (83.3, 92.7)
LAST TIME DRANK ALCOHOL		
WITHIN 3 DAYS	44	29.4 (21.2, 37.8)
WITHIN A WEEK	39	25.8 (18.7, 32.8)
WITHIN A MONTH	31	19.5 (12.9, 26.0)
WITHIN THREE MONTHS	24	13.2 (6.6, 19.8)
EVER HAD SEXUAL INTERCOURSE UNDER INFLUENCE OF ALCOHOL		
	102	60.4 (51.5, 69.1)

General drug use

The median age of first drug injection among AY/PWID was 17 (mean: 17.2) years and the median length of time AY/PWID have been injecting drugs was 23 (mean: 21.2) months (Table I.8). The most commonly used drugs in the past six months were suboxone (90%) and benzodiazepine (47%). Suboxone was also the most commonly used injectable drug (94%).

Table I.8. General drug use among AY/PWID, Bandung, Indonesia, 2018/2019

INDICATOR	N	% (95% CIS)
AGE AT FIRST INJECTION		
< 15	25	9.5 (5.4, 13.5)
15 - 19	130	71.9 (64.9, 78.8)
> 19	30	18.6 (11.8, 25.5)
LENGTH OF TIME INJECTING DRUGS		
MONTH (S) (MEAN, MEDIAN)	–	21.2, 23
TYPES OF DRUGS USED IN PAST SIX MONTHS (MULTIPLE RESPONSES POSSIBLE)		
HEROIN (PUTAW)	10	4.7 (1.1, 8.3)
DIAZEPAM (VALIUM)	32	15.9 (10.6, 21.2)
AMPHETAMINE (SHABU)	24	12.2 (6.8, 17.6)
SUBOXONE (BUPRENORPHINE)	168	89.6 (84.1, 95.0)
METHADONE	11	7.2 (2.5, 11.9)
OPIOID (CODEINE, MORPHINE)	13	8.8 (3.1, 14.6)
METHAMPHETAMINE/ECSTASY	14	7.5 (3.2, 11.7)
LSD	1	0.6 (0, 1.5)
BENZODIAZEPINE (ALPRAZOLAN: XANAX, ZYPRAZ)	86	47.4 (39.0, 55.8)
MARIJUANA (GANJA/CIMENG)	35	21.6 (0.3, 10.3)
HALLUCINOGEN (JAMUR, KECUBUNG, ETC)	13	6.7 (3.0, 10.3)
FENTANYL (SYNTHETIC HEROIN)	3	2.1 (0.3, 3.9)
GORILLA (SYNTHETIC MARIJUANA)	43	23.8 (16.8, 30.8)
INHALANT (LEM, AIBON)	5	2.0 (0.3, 3.7)
TYPES OF DRUGS INJECTED USED IN PAST SIX MONTHS (MULTIPLE RESPONSES POSSIBLE)*		
HEROIN (PUTAW)	8	4.2 (1.3, 7.1)
DIAZEPAM (VALIUM)	4	3.9 (0, 7.8)
AMPHETAMINE (SHABU)	2	1.1 (0, 2.4)

SUBOXONE (BUPRENORPHINE)	176	94.0 (89.6, 98.3)
METHADONE	5	3.4 (0.4, 6.4)
OPIOID (CODEINE, MORPHINE)	2	0.9 (0, 2.0)
BENZODIAZEPINE (ALPRAZOLAN: XANAX, ZYPRAZ)	11	5.4 (2.2, 8.7)
MARIJUANA (GANJA/CIMENG)	4	3.2 (0.2, 6.3)
HALLUCINOGEN (JAMUR, KECUBUNG, ETC)	4	2.3 (0.1, 4.4)
GORILLA (SYNTHETIC MARIJUANA)	1	0.5 (0, 1.3)

*No response for methamphetamine, ecstasy, LSD, fentanyl, inhalant.

Methadone

Only 27% of AY/PWID in Bandung had ever heard of a Methadone-Maintenance Treatment Program (MMT), of which 58% knew of a place to get methadone (Table I.9). The median length of time to get to the known MMT was 60 minutes. Only 3.3% are currently in MMT and 84% still injected drugs.

Table I.9. Methadone Maintenance Treatment among AY/PWID, Bandung, Indonesia, 2018/2019

INDICATOR	N	% (95% CIS)
EVER HEARD OF METHADONE MAINTENANCE TREATMENT PROGRAM (MMT)		
	53	26.7 (19.8, 33.7)
KNOW A PLACE TO GET METHADONE		
	30	58.2 (44.6, 71.8)
CURRENTLY IN MMT		
	2	3.3 (–)
STILL INJECTS DRUGS		
	160	84.0 (77.1, 90.7)

Injection drug use behavior

Sixty-eight percent of AY/PWID had injected drugs within the last three days (Table I.10). The median number of times injecting on the last day of injecting was one (mean: 1.8). Fifty-four percent ever shared a needle when injecting drugs, of which 44% shared a needle with a median of two (mean: 3.2) other persons the last time they injected drugs, 59% shared a needle with a median of three (mean: 3.7) other persons in the past month, and 71% shared a needle with a median of three (mean: 4.3) other persons in the last six months. When re-using a needle to inject drugs, most AY/PWID reported cleaning the needle using boiling water (69.7%). Almost all AY/PWID usually injected with friends or acquaintances and injected in either their own house/rented room or a friend's house/rented room. Fifteen percent used needles stored in public places (i.e., toilets, park, stations, etc.) in the past month and 35% carried a needle with them when leaving their home. The primary reason why AY/PWID did not always carrying their own needle was 'fear of getting arrested' (68%).

Table I.10. Injecting behavior among AY/PWID, Bandung, Indonesia, 2018/2019

INDICATOR	N	% (95% CIS)
LAST TIME INJECTED DRUGS		
WITHIN THREE DAYS	128	68.2 (59.2, 77.2)
THREE DAYS TO A WEEK	28	15.1 (8.5, 21.7)
WEEK TO A MONTH	18	9.1 (4.5, 13.8)
A MONTH TO THREE MONTHS	11	7.6 (2.3, 12.9)

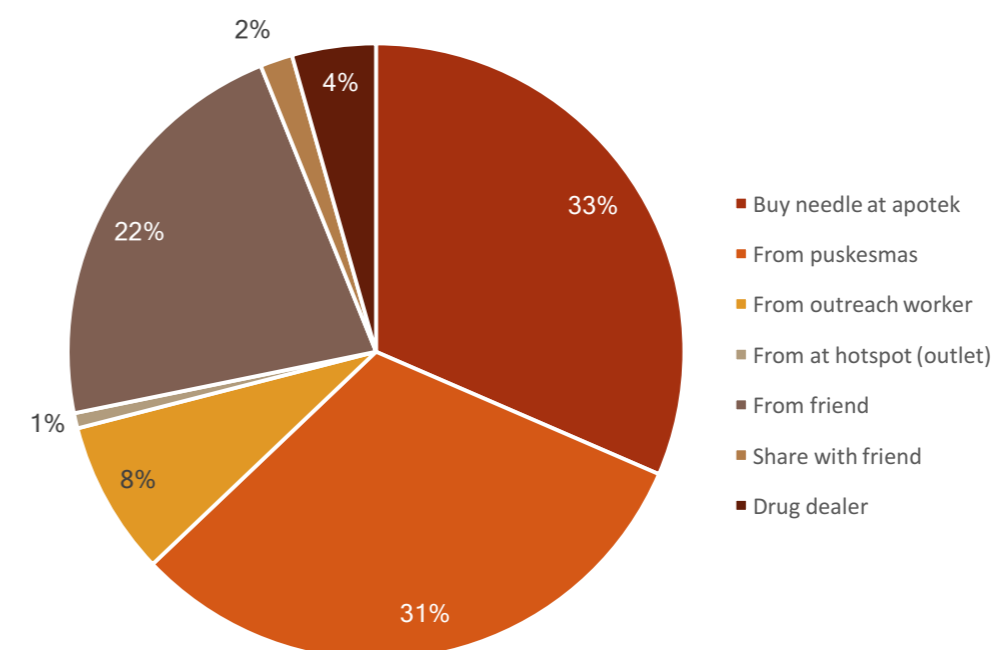
NUMBER OF TIMES INJECTING ON LAST DAY INJECTING		
MEAN, MEDIAN		1.8, 1
EVER SHARED NEEDLE WITH OTHER PERSON WHEN INJECTING DRUGS		
	106	54.8 (45.9, 63.5)
ON LAST INJECTING DAY, SHARED NEEDLE WITH ANOTHER PERSON		
	45	44.2 (34.6, 54.3)
NUMBER OF PERSONS SHARING NEEDLE AT LAST INJECTING DAY		
MEAN, MEDIAN		3.2, 2
IN THE PAST MONTH, SHARED NEEDLE WITH OTHER PERSONS		
	64	58.9 (49.2, 68.8)
NUMBER OF PERSONS SHARING NEEDLE IN LAST MONTH		
MEAN, MEDIAN		3.7, 3
IN THE PAST SIX MONTHS, SHARED NEEDLE WITH OTHER PERSONS		
	83	70.7 (60.6, 80.3)
NUMBER OF PERSONS SHARING NEEDLE IN PAST SIX MONTHS		
MEAN, MEDIAN		4.3, 3
HOW NEEDLE IS USUALLY CLEANED WHEN PREVIOUSLY USED BY OTHER PERSONS		
WATER	52	49.1 (38.5, 59.8)
BOILING WATER	77	69.7 (60.4, 78.5)
ALCOHOL OR LIQUOR	18	19.0 (9.3, 28.9)
SOAP	0	--
BLEACH	10	6.2 (2.4, 9.5)
PERSONS WHO PARTICIPANT USUALLY INJECT DRUGS WITH*		
FRIENDS/ACQUAINTANCES	96	90.6 (83.6, 97.5)
DRUG DEALER	2	2.0 (0, 8.0)
PARTNER/SPOUSE	6	6.0 (2.0, 10.1)
FAMILY/RELATIVES	2	1.4 (0, 3.2)
WHERE DRUGS ARE NORMALLY INJECTED		
OWN HOUSE/RENTED ROOM	81	38.7 (30.1, 47.5)
FRIEND'S HOUSE/RENTED ROOM	55	38.9 (28.4, 49.1)
PUBLIC SPACE	32	15.3 (9.4, 21.2)
EMPTY BUILDING	15	6.6 (2.9, 10.3)
NGO OFFICE	1	0.5 (0, 1.2)
HOW NEEDLE WAS OBTAINED AT LAST INJECTION		
BOUGHT NEEDLE AT APOTEK	56	31.5 (24.0, 39.0)
FROM PUSKESMAS	64	31.4 (23.3, 39.5)
FROM OUTREACH WORKER	15	8.1 (4.3, 12.0)
AT HOTSPOT (OUTLET)	2	0.8 (0, 1.7)
FROM FRIEND	41	22.1 (15.0, 29.2)
SHARE WITH FRIEND	3	1.7 (0, 3.6)
DRUG DEALER	4	4.4 (0, 9.3)
USING A NEEDLE STORED IN PUBLIC SPACES IN PAST MONTH		
	26	14.8 (9.3, 20.3)
CARRIED OWN NEEDLE WHEN LEAVING HOUSE IN PAST MONTH		
	75	34.7 (26.5, 43.0)
PRIMARY REASON FOR NOT ALWAYS CARRY OWN NEEDLE		
FEAR OF GETTING ARRESTED	76	68.0 (55.6, 80)
USUALLY USE FRIEND'S NEEDLE	3	2.4 (0, 5.1)

NEVER INJECT DRUGS OUTSIDE HOME	11	13.0 (3.4, 22.8)
FEAR OF BEING CAUGHT BY FAMILY/FRIENDS	7	6.4 (1.9, 10.8)
CAN BUY NEEDLE WHEN BUYING DRUGS	8	10.2 (2.2, 18.5)

*No response for stranger, school/campus friends, work colleagues.

Equal percentages (31%) of AY/PWID who reported injecting drugs in the past month reported obtaining a needle for their last injection at a pharmacy (apotek) or puskesmas (health clinic) (Figure I.5).

FIGURE I.5. OBTAINING A NEEDLE AT LAST INJECTION AMONG AY/PWID, BANDUNG, INDONESIA, 2018/2019



Sexually transmitted infections, TB and Hepatitis

Just over 20% of AY/PWID in Bandung had experienced signs and symptoms of an STI (i.e., itching, pain, inflammation, discharge, or ulcer around genital/anal areas) in the last year (Table I.11). Of those who sought treatment, 24% went to a primary health service, 12% went to a private doctor, and 7% went to a public hospital. However, 33% did nothing the last time they experienced signs and symptoms of an STI. The most common reason for not taking action was that the respondent was 'still feeling healthy' (25%). Twenty-two percent experienced a cough lasting more than two weeks, breathlessness, and cold night sweats in the last year, of which 39% went to the pharmacy to self-treat their symptoms, 11% went to a private doctor and 8% used traditional medicine. Among those experiencing any cough lasting more than two weeks, breathlessness, and cold night sweats in the last year, the primary reason for not taking action was that they were 'still feeling healthy' (17%). Additionally, 19% experienced abdominal pain, dark urine, fever and joint pain, nausea vomiting, no appetite, tired and yellow eyes within the past 12 months, of which 39% went to the pharmacy to self-treat, 35% went to a public hospital and 41% did nothing. Among those experiencing abdominal pain, dark urine, fever and joint pain, nausea vomiting, no appetite, tired and yellow eyes within the past 12 months, the primary reason for not taking action was that they were 'still feeling healthy' (24%).

Table I.11. Health among AY/PWID, Bandung, Indonesia, 2018/2019

INDICATOR	N	% (95% CIS)
EXPERIENCED SIGNS AND SYMPTOMS OF STI IN PAST 12 MONTHS		
	36	23.3 (15.6, 30.9)
ACTION TAKEN THE LAST TIME ANY SIGNS OR SYMPTOMS WERE EXPERIENCED (MULTIPLE RESPONSES POSSIBLE)*		
NOTHING	14	33.2 (11.8, 54.3)
WENT TO PUBLIC HOSPITAL FOR CONSULTATION	4	7.2 (1.4, 12.5)
WENT TO PRIMARY HEALTH SERVICE	11	24.2 (5.3, 42.2)
WENT TO PRIVATE DOCTOR	3	12.5 (12.7, 12.7)
MAIN REASON FOR NOT TAKING ACTION**		
STILL FEELING HEALTHY	10	25.1 (9.3, 40.2)
COST OF SERVICE IS EXPENSIVE	3	6.4 (6.1, 6.1)
FEEL ASHAMED	3	8.5 (0.9, 15.8)
EXPERIENCED ANY COUGH MORE THAN TWO WEEKS, BREATHLESSNESS AND COLD SWEATS AT NIGHT IN PAST 12 MONTHS		
	38	21.8 (15.6, 28.0)
ACTION TAKEN THE LAST TIME ONE OR MORE OF THE SYMPTOMS WERE EXPERIENCED (MULTIPLE RESPONSES POSSIBLE)		
NOTHING	14	31.1 (17.0, 44.3)
WENT TO COMMUNITY HEALTH SERVICE CENTER FOR CONSULTATION (SUCH AS KLINKMAWAR)	1	3.6 (3.7, 3.7)
WENT TO PRIMARY HEALTH SERVICE	5	9.8 (2.8, 15.9)
WENT TO PRIVATE DOCTOR	3	11.5 (1.3, 22.1)
WENT TO PHARMACY TO SELF-TREAT	15	39.0 (23.2, 55.0)
USED TRADITIONAL MEDICINE	2	8.0 (0, 20.9)
MAIN REASON FOR NOT TAKING ACTION^^		
STILL FEELING HEALTHY	9	16.8 (3.7, 28.1)
PLACE OF SERVICE IS FAR	3	6.2 (6.0, 6.0)
FEEL ASHAMED	3	9.5 (9.6, 9.6)
EXPERIENCE ABDOMINAL PAIN, DARK URINE, FEVER AND JOINT PAIN, NAUSEA VOMITING, NO APPETITE, TIRED AND YELLOW EYES IN PAST 12 MONTHS		
	42	19.2 (12.7, 25.7)
ACTION TAKEN THE LAST TIME ONE OR MORE OF THE SYMPTOMS WERE EXPERIENCED (MULTIPLE RESPONSES POSSIBLE)†		
NOTHING	16	41.4 (24.6, 60.1)
WENT TO PUBLIC HOSPITAL FOR CONSULTATION	2	35.2 (0, 8.9)
SEARCHED INTERNET FOR MORE INFORMATION	1	1.1 (0, 3.6)
WENT TO PRIMARY HEALTH SERVICE	7	9.9 (8.9, 8.9)
WENT TO PRIVATE DOCTOR	3	4.5 (0.1, 7.9)
WENT TO PHARMACY TO SELF-TREAT	15	42.6 (27.0, 60.4)
USED TRADITIONAL MEDICINE	4	8.1 (1.4, 14.2)
MAIN REASON FOR NOT TAKING ACTION		
STILL FEELING HEALTHY	9	24.4 (2.3, 47.2)

PLACE OF SERVICE IS FAR	3	6.7 (6.6, 6.6)
COST OF SERVICE IS EXPENSIVE	2	4.0 (0, 8.9)
NOT KNOWING THE PLACE OF SERVICE	1	4.1 (4.3, 4.3)
NOT COMFORTABLE WITH SERVICE	0	--
FEEL ASHAMED	1	2.2 (2.3, 2.3)
ALREADY SOUGHT HELP	26	58.6 (36.5, 79.9)

*No response to went to private hospital or community health service center for consultation (such as Klinik Mawar), searched internet for more information, went to private midwives, went to pharmacy to self-treat, used traditional medicine, never experienced those symptoms. **No response to place of service is far, not knowing the place of service, not comfortable with service. ^No response to went to public hospital or private hospital for consultation, searched internet for more information, went to private midwives. ^^No response to cost of service is expensive, not knowing the place of service, not comfortable with service. †No response to went to private hospital for consultation, went to community health service center for consultation (such as Klinik Mawar), went to private midwives, never experienced those symptoms.

Program Coverage

Almost forty percent of AY/PWID in Bandung had ever heard of a program called sterile injection device service (Layanan Alat Suntik Steril/LASS), among which 62% had ever accessed this service (Table I.12). In the previous three months, 33% obtained condoms and clean needles and 29% received counseling on condom use and safe injecting from outreach services, drop-in centers, or sexual health clinics. Only 8% were tested for an STI in the past three months. Just under one quarter ever heard about a program called Lolipop, among which most (60%) had heard about it on social media. Seventy-one percent of AY/PWID had ever visited health services, among which 45% visited the Puskesmas Puter and 21% visited the Puskesmas. One quarter of AY/PWID had visited a health service in the last week. The most common services accessed on their last visit was needles and syringes (34%), an HIV test (29%) and treatment for common sicknesses (29%).

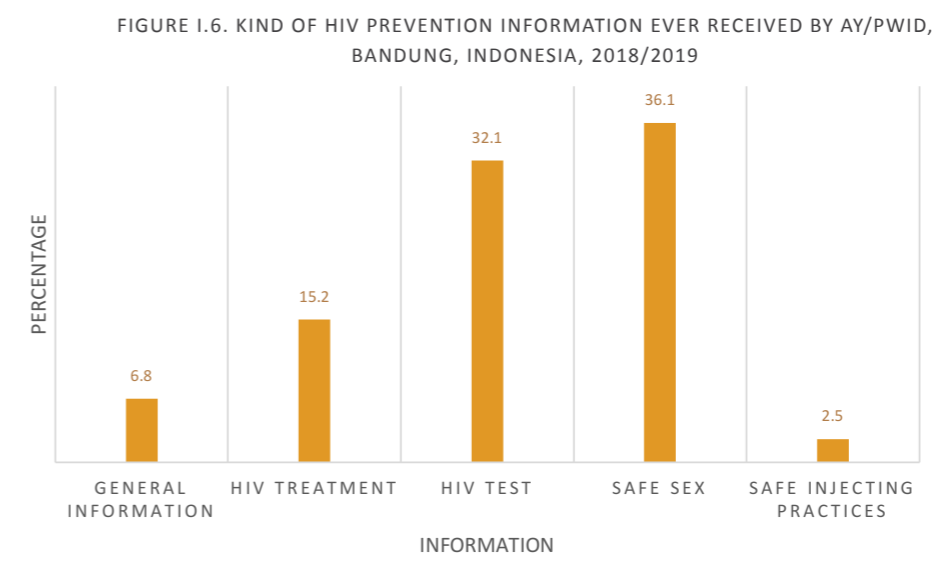
Table I.12. Program coverage among AY/PWID, Bandung, Indonesia, 2018/2019

INDICATOR	N	% (95% CIS)
EVER HEARD A PROGRAM CALLED STERILE INJECTION DEVICE SERVICE		
	78	38.3 (30.6, 45.9)
EVER ACCESSED STERILE INJECTION DEVICE SERVICE		
	49	62.1 (47.8, 76.1)
IN THE PAST YEAR RECEIVED INFORMATION FROM CBO OR COMMUNITY ABOUT HIV PREVENTION		
	70	31.9 (25.4, 38.3)
OBTAINED CONDOMS, CLEAN NEEDLES FROM OUTREACH SERVICE, DROP-IN CENTER OR SEXUAL HEALTH CLINIC IN PAST THREE MONTHS		
	65	32.9 (25.5, 40.2)
RECEIVED COUNSELING ON CONDOM USE AND SAFE INJECTION (E.G., OUTREACH SERVICE, DROP-IN CENTER OR SEXUAL HEALTH CLINIC) IN PAST THREE MONTHS		
	59	29.1 (22.3, 35.9)
TESTED FOR SEXUALLY TRANSMITTED INFECTIONS IN PAST THREE MONTHS		
	19	7.8 (4.4, 11.3)
EVER HEARD A PROGRAM CALLED LOLIPOP		
	34	18.8 (12.7, 24.9)

MANNER IN WHICH EVER HEARD ABOUT LOLIPOP PROGRAM*		
HEALTH OFFICER		
FIELD WORKER FROM NGO	14	36.4 (1.0, 70.1)
SOCIAL MEDIA	19	60.4 (26.7, 95.7)
AN EVENT	1	3.2 (2.0, 4.6)
EVER VISIT HEALTH SERVICES		
	145	71.4 (63.1, 79.5)
HEALTH SERVICES EVER VISITED**		
PUSKESMAS IBRAHIM ADJIE	13	11.2 (5.9, 16.8)
PUSKESMAS GARUDA	16	12.1 (5.3, 18.9)
PUSKESMAS ARCAMANIK	2	1.3 (0, 3.2)
PUSKESMAS KUJANGSARI	3	2.4 (0, 5.8)
PUSKESMAS KOPO	9	5.9 (1.1, 10.8)
PUSKESMAS UJUNG BERUNG INDAH	17	15.6 (6.4, 25.2)
PUSKESMAS PUTER	85	44.6 (10, 77.8)
PUSKESMAS PASUNDAN	11	10.2 (3.4, 17.5)
RSUD UJUNG BERUNG	6	5.6 (1.2, 10)
RS IMMANUEL	3	4.1 (0, 9.3)
KLINIK MAWAR PKBI	1	1.1 (0, 2.8)
PUSKESMAS PASIR KALIKI	21	11.2 (5.6, 16.7)
PUSKESMAS CIBIRU	28	20.8 (10.2, 31.6)
PUSKESMAS BABAKAN SARI	4	4.7 (0.7, 9.0)
RS ADVENT	7	5.9 (0, 12.7)
LAST TIME HEALTH SERVICE WAS VISITED		
LAST WEEK	46	24.8 (15.9, 32.7)
LAST MONTH	27	18.6 (11.6, 25.4)
LAST THREE MONTHS	24	16.8 (9.9, 23.7)
LAST SIX MONTHS	24	16.3 (8.0, 24.9)
LAST YEAR	9	6.8 (2.8, 10.8)
MORE THAN LAST YEAR	18	15.8 (7.5, 24.4)
ACTIVITY DURING LAST VISIT TO A HEALTH SERVICE		
ACCESS MEDICAL TREATMENT FOR COMMON SICK	44	32.9 (25.5, 40.2)
ACCESS MEDICAL TREATMENT FOR STI	2	11.4 (7.5, 15.0)
ACCESS HIV TEST	43	34.9 (26.5, 41.2)
ACCESS INFORMATION ABOUT HIV PREVENTION	22	23.2 (16.5, 30)
ACCESS COUNSELLING FOR ADOLESCENT	5	5.1 (2.1, 8.0)
ACCESS FOR CONDOMS	5	5.6 (1.7, 9.6)
ACCESS FOR NEEDLE AND SYRINGE	61	43.9 (35.6, 51.8)
ACCESS MEDICAL TREATMENT FOR PREGNANT WOMAN	1	--
ACCESS TREATMENT FOR FAMILY/ FRIEND	5	5.1 (2.1, 8.0)

*No response to internet, leaflet/brochure. **No response to Puskesmas Pagarsih, RS Bungsu.

Of the 58% AY/PWID who ever received information about HIV prevention, 36% reported receiving information about safe sex, 32% about HIV testing, and 15% about HIV treatment (Figure I.6) and 44% reported receiving from community services, 23% from an outreach worker, and 11% from friends.



Stigma and discrimination

Thirty percent of AY/PWID reported that their families were aware that they inject drugs, among which 73% stated that it was their mother and 48% stated that it was their father who knew (Table 1.13). Three quarters stated that their family members and 45% stated that their friends (who knew about their injection drug use) expressed aversion because they inject drugs. As a result of injecting drugs, 6% reported that health providers refused to treat them and 12% received poorer care and service from health providers compared to other patients. Sixty percent of AY/PWID saw, heard about or experienced other AY/PWID being gossiped about and roughly 40% saw, heard about or experienced other AY/PWID being excluded from social groups, being abandoned by a partner or being teased, insulted or scorned because they inject drugs.

Table 1.10. Injecting behavior among AY/PWID, Bandung, Indonesia, 2018/2019

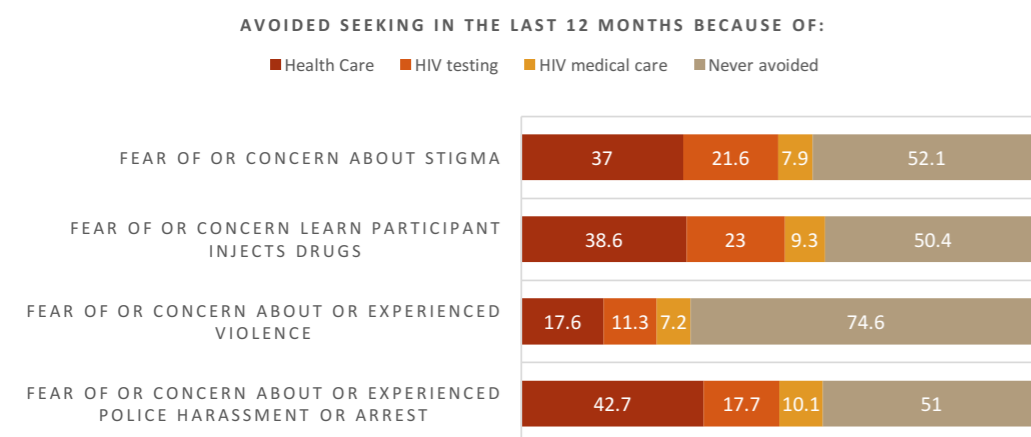
INDICATOR	N	% (95% CIS)
FAMILY KNOWS THAT PARTICIPANT INJECT DRUGS		
	65	30.3 (23.3, 37.4)
PERSONS WHO KNOWS THAT PARTICIPANT INJECTS DRUGS (MULTIPLE CHOICE)		
MY MOTHER	45	72.6 (58.8, 87.6)
MY FATHER	31	48.4 (26.2, 70)
MY SIBLINGS	35	50.5 (33.7, 66.1)
OTHER FAMILY (E.G. GRANDPARENT, UNCLE, AUNT, ETC.)	19	21.2 (9.5, 30.6)
FAMILY MEMBERS (EVEN ONLY ONE) EXPRESS AVERSION* BECAUSE OF INJECTING DRUGS		
	45	74.6 (65.4, 85.0)
FRIENDS (EVEN ONLY ONE) EXPRESS AVERSION* BECAUSE OF INJECTING DRUGS		
	86	45.0 (36.9, 53.2)

ATTENDING PHYSICIAN, NURSE OR STAFF OF CLINIC/HOSPITAL REFUSE TREATMENT BECAUSE THEY KNOW PARTICIPANT INJECTS DRUGS	13	6.3 (2.6, 9.9)
RECEIVED POORER CARE/SERVICE FROM DOCTOR, NURSE OR STAFF OF CLINIC/HOSPITAL COMPARED TO OTHER PATIENTS BECAUSE THEY KNOW PARTICIPANT INJECTS DRUGS	23	12.1 (72.3, 12.1)
EVER SAW/HEARD ABOUT THE EXPERIENCE OF OTHER AY/PWID BECAUSE OF INJECTING DRUGS		
EXCLUDED FROM PARTICULAR SOCIAL GROUPS	74	40.5 (32.4, 48.7)
ABANDONED BY PARTNER	65	40.4 (32.0, 48.7)
ABANDONED BY FAMILY	63	33.9 (24.9, 42.9)
TEASED, INSULTED OR SCORNED	76	39.5 (32.0, 46.9)
BEING SUBJECT TO GOSSIP	109	59.6 (52.3, 66.8)
DOESN'T WANT TO INVOLVE IN COMMUNITY	51	31.5 (22.5, 40.5)
LOST THEIR JOB	61	34.1 (26.4, 41.8)
HAD PROPERTY TAKEN AWAY BECAUSE OF INJECTING	27	11.5 (66.8, 16.5)

* e.g. not wishing to speak with or speaking sarcastically about, blaming, scolding, or gossiping about participant.

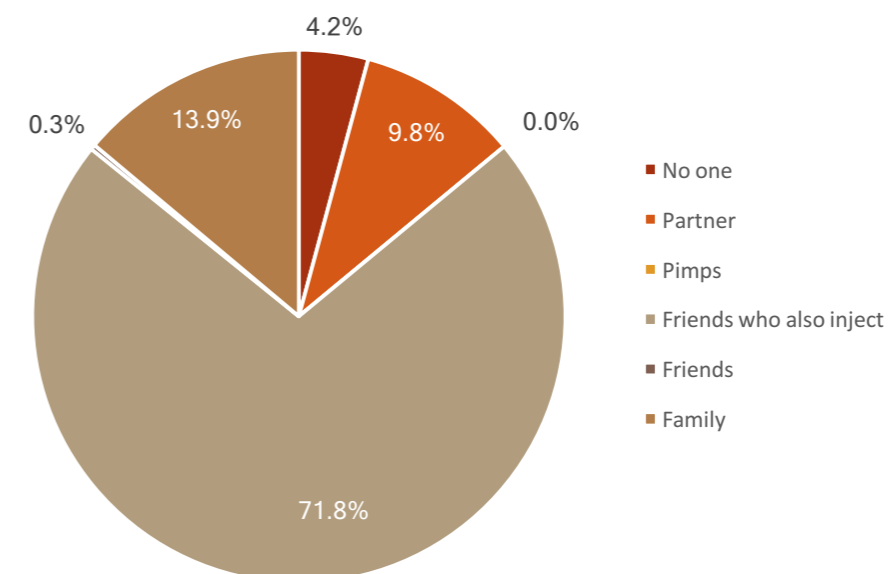
Thirty seven percent of AY/PWID avoided seeking health-care and 22% avoided seeking HIV testing because of fear or concern about stigma (Figure I.7). Thirty nine percent avoided seeking health-care and 23% avoided seeking HIV testing because of fear or concern of being discovered to be injecting drugs. Eighteen percent avoided seeking health-care and 11% avoided seeking HIV testing because of fear or concern of or experienced violence. Forty percent avoided seeking health care and 18% avoided seeking HIV testing because of fear or concern of or experienced of police harassment or arrest.

FIGURE I.7. AVOIDANCE OF HEALTH SERVICES DUE TO STIGMA, DISCRIMINATION AND VIOLENCE AMONG AY/PWID, BANDUNG, INDONESIA, 2018/2019



Most AY/PWID reported that they get support from friends who also inject drugs when experiencing trouble because of injection drug use (Figure I.8).

FIGURE I.8. SUPPORT PERSON WHEN EXPERIENCING TROUBLE BECAUSE OF INJECTING DRUGS AMONG AY/PWID, BANDUNG, INDONESIA, 2018/2019



Hepatitis Service

Fifty percent of AY/PWID in Bandung had ever heard of hepatitis, among which only 11% had ever been immunized against Hepatitis B and 4% had ever been tested for Hepatitis (Table I.14).

Table I.14. Hepatitis Service Among AY/PWID, Bandung, Indonesia, 2018/2019

INDICATOR	N	% (95% CIS)
EVER HEARD OF HEPATITIS	99	49.8 (41.7, 58.0)
EVER BEEN IMMUNIZED AGAINST HEPATITIS B	23	10.8 (6.1, 15.4)
EVER BEEN TEST FOR HEPATITIS C	8	4.1 (1.1, 7.1)

HIV/AIDS

HIV/AIDS Risk and Prevention Knowledge

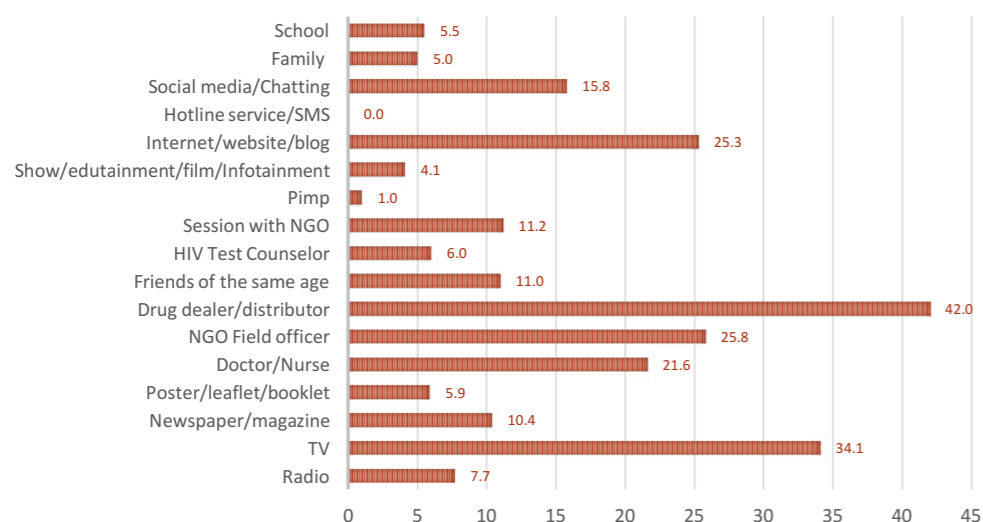
Over 80% of AY/PWID in Bandung reported having heard of HIV/AIDS (Table I.15). Sixty-eight percent correctly knew that it is possible to reduce HIV infection risk by using a condom during each sexual intercourse, 65% correctly know it is possible to reduce transmission risk by having sex with only one uninfected, faithful sexual partner and 57% correctly know that a female living with HIV can infect her children when pregnant or breastfeeding. Twenty-one percent incorrectly believe that someone can be infected through a mosquito bite, 49% incorrectly believe that someone can be infected with HIV by sharing a meal with someone living with HIV, 33% correctly believe that someone who looks healthy can still be living with HIV and 68% believe someone can get HIV by performing oral sex. Just over one quarter of AY/PWID knew that someone can reduce his/her HIV infection risk by taking antibiotics after having sexual intercourse and three quarters know that there is no cure for HIV. Half of AY/PWID state that someone should start treatment for HIV directly after diagnosis.

Table I.15. HIV/AIDS Knowledge and Perceptions Among AY/PWID, Bandung, Indonesia, 2018/2019

INDICATOR	N	% (95% CIS)
EVER HEARD ABOUT HIV	155	82.6 (76.2, 89.0)
IT IS POSSIBLE TO REDUCE HIV INFECTION RISK BY USING CONDOM DURING EACH SEXUAL INTERCOURSE	123	68.1 (60.6, 75.5)
IT IS POSSIBLE TO REDUCE HIV TRANSMISSION RISK BY HAVING SEX ONLY WITH ONE UNINFECTED FAITHFUL SEXUAL PARTNER	122	65.1 (57.4, 73.0)
A FEMALE LIVING WITH HIV CAN INFECT THEIR CHILDREN WHEN PREGNANT/ BREASTFEEDING	101	57.3 (48.9, 65.8)
SOMEONE CAN BE INFECTED WITH HIV THROUGH A MOSQUITO BITE	43	21.3 (14.6, 27.9)
IT IS POSSIBLE TO BECOME HIV INFECTED BY SHARING A MEAL WITH SOMEONE LIVING WITH HIV	86	49.3 (40.7, 57.8)
SOMEONE WHO LOOKS HEALTHY CAN BE LIVING WITH HIV	67	32.8 (25.8, 39.7)
BELIEVES SOMEONE CAN GET HIV BY PERFORMING ORAL SEX	121	68.5 (61.6, 75.2)
SOMEONE CAN REDUCE HIS/HER HIV INFECTION RISK BY TAKING ANTIBIOTICS AFTER HAVING SEXUAL INTERCOURSE	53	25.6 (17.7, 33.4)
THERE IS NO MEDICINE TO CURE HIV, ONLY TO SLOW IT DOWN	140	74.8 (67.3, 82.2)
WHEN SOMEONE WHO HAS HIV SHOULD START TAKING MEDICATION		
RIGHT AFTER DIAGNOSIS	93	51.0 (42.8, 59.1)
WHEN FEELING SICK	36	19.7 (12.8, 26.6)
WHEN DYING	7	4.0 (0.8, 7.3)

AY/PWID in Bandung reported their most common source of HIV/AIDS information being from their drug dealer (42%), TV (34%), an NGO field officer (26%), and the internet (25%) (Figure I.9).

FIGURE I.9. SOURCES OF HIV/AIDS INFORMATION AMONG AY/PWID, BANDUNG, INDONESIA, 2018/2019



HIV Risk Perception

Only 34% of AY/PWID in Bandung believed themselves to be at high risk of HIV transmission, 25% assessed condoms as a very effective method of preventing HIV infection during sexual intercourse, and 55% assessed knowing one's HIV status as very necessary and 25.3% did not know (Table I.16).

Table I.16. HIV/AIDS risk perceptions of AY/PWID, Bandung, Indonesia, 2018/2019

INDICATOR	N	% (95% CIS)
SELF-ASSESSMENT FOR HIV RISK		
HIGH RISK	64	34.4 (26.5, 42.2)
SOME RISK	43	25.6 (19.5, 31.8)
LOW RISK	12	6.0 (2.1, 10)
ALREADY HAVE HIV	1	0.4 (0, 0.9)
ASSESSMENT OF EFFECTIVENESS OF CONDOMS IN PREVENTING HIV INFECTION DURING SEXUAL INTERCOURSE		
VERY	42	25.2 (16.9, 33.6)
SOMEWHAT	73	43.8 (35.1, 52.7)
NOT EFFECTIVE	13	5.6 (1.5, 9.6)
DON'T KNOW	57	25.3 (19.3, 31.4)
ASSESSMENT OF HOW NECESSARY IT IS TO KNOW HIV STATUS		
VERY NECESSARY	104	55.6 (47.9, 63.3)
NECESSARY	57	29.5 (22.3, 36.6)
NOT SO NECESSARY	10	8.0 (3.1, 13.0)
NOT NECESSARY AT ALL	0	–
DON'T KNOW	14	6.9 (3.3, 10.4)

HIV Testing

In Bandung, 67% of AY/PWID knew where to go to have an HIV test, among which only 17% considered it very easy to obtain and 58% ever had an HIV test (Table I.17). The most common reasons for never having an HIV test were not knowing where to go (27%), fear of knowing status (25%), feeling healthy (38%), and being worried about being seen by family (19%). The most common referral method for an HIV test was a friend (34%) or outreach workers (26%). Most received their last HIV test from a community health center (72%) and the most cited reason for choosing a specific location for an HIV test was because of a reference from a field officer/NGO (34%). Most (72%) AY/PWID were accompanied by a friend (one who injects or not) when getting their last HIV test.

Table I.17. HIV testing among AY/PWID, Bandung, Indonesia, 2018/2019

INDICATOR	N	% (95% CIS)
KNOWS WHERE TO GO TO HAVE AN HIV TEST IF WANTED		
	131	67.0 (58.4, 75.6)
LEVELS OF EASE IN OBTAINING AN HIV TEST IF WANTED		
VERY EASY	34	17.0 (10.9, 23.2)
SOMEWHAT EASY	53	26.0 (19.4, 32.6)
A LITTLE DIFFICULT	26	12.3 (7.1, 17.5)
VERY DIFFICULT	18	12.0 (5.3, 18.7)
DON'T KNOW	54	32.7 (24.6, 40.6)
EVER HAD HIV TEST		
	94	58.1 (50.1, 65.8)

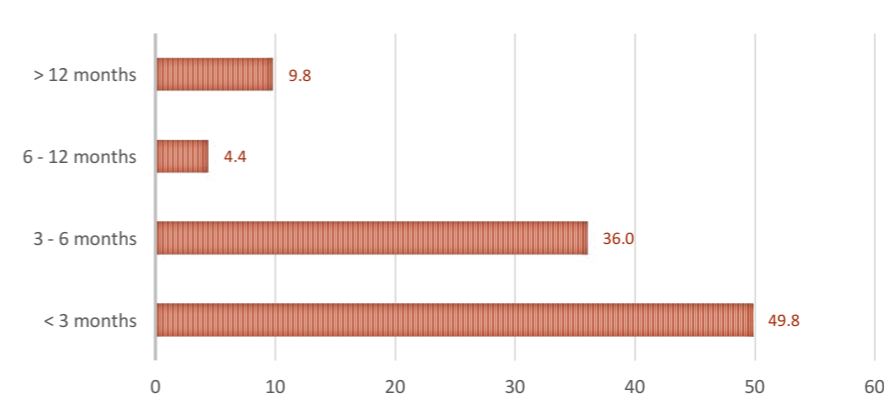
REASONS FOR NEVER HAVING HIV TEST (MAY PICK MORE THAN ONE ANSWER)		
FEELING HEALTHY	36	38.3 (26.6, 49.9)
NOT AT RISK (ALWAYS USE STERILE NEEDLE, KNOW PARTNERS)	12	11.0 (3.9, 17.9)
PLACE OF SERVICE IS FAR	6	5.7 (1.2, 10.2)
COST OF SERVICE IS EXPENSIVE	12	13.9 (4.5, 23.6)
AFRAID TO KNOW STATUS	21	25.0 (11.8, 38.6)
DO NOT KNOW WHERE TO GO	27	27.5 (14.5, 40.4)
NOT IMPORTANT FOR ME	10	15.1 (5.0, 25.6)
AFRAID SOMEONE WILL FIND OUT RESULT	17	17.3 (7.6, 26.5)
DO NOT WANT TO START ANY MEDICATION	1	0.5 (0.5, 0.5)
AFRAID OF GETTING SICK	15	13.7 (6.1, 21.1)
AFRAID OF DYING	17	16.0 (6.7, 25.1)
WORRIED BEING SEEN FROM MY FAMILY	19	18.6 (6.4, 30.8)
WORRIED BEING SEEN BY NEIGHBORS	12	11.7 (8.7, 22.3)
WORRIED BEING SEEN BY COMMUNITY	15	14.2 (2.4, 25.6)
WORRIED BEING SEEN BY HEALTH CARE WORKERS	5	3.5 (0.1, 6.5)
MANNER OF REFERRAL FOR LAST HIV TEST*		
MY OWN WILL	16	21.4 (4.9, 38.7)
HEALTH OFFICER	10	12.4 (5.4, 19.5)
FRIEND	31	33.9 (20.5, 47.0)
OUTREACH WORKER	26	26.2 (9.7, 41.9)
TESTING AT WORK	1	2.0 (1.1, 3.0)
PARTICIPATE IN RESEARCH/SURVEY	1	2.8 (0, 15.0)
LOCATION OF LAST HIV TEST		
COMMUNITY HEALTH CENTER	67	71.7 (52.8, 89.6)
HOSPITAL	2	2.1 (0, 6.3)
LABORATORY (EG: PRODIA, PRAMITA)	0	--
COMMUNITY CLINIC/NGO (EG: KLINIKMAWAR)	14	17.3 (1.4, 33.4)
MOBILE TESTING UNIT	5	9.0 (2.3, 16.3)
MAIN REASON FOR CHOOSING LOCATION OF LAST HIV TEST**		
FAR FROM FAMILY/COMMUNITY	2	5.7 (0, 18.2)
NEAR HOME	17	18.8 (12.1, 25.3)
COMFORT	9	11.4 (4.0, 19.0)
CHEAP	3	3.8 (0, 9.5)
CONFIDENTIAL	4	3.5 (0, 6.8)
REFERENCE FROM FIELD OFFICER/NGO	32	33.9 (22.3, 44.8)
REFERENCE FROM FRIEND	15	17.7 (6.6, 28.9)
QUICK RESULT	4	5.1 (0, 10.6)
HOW ACCOMPANIED AT LAST HIV TEST		
I WAS ALONE	12	17.3 (4.9, 30.6)
MY PARTNER/SPOUSE	7	9.1 (1.9, 16.5)

MY FRIENDS/FRIENDS WHO ALSO INJECT DRUGS	68	72.4 (59.9, 83.7)
OUTREACH WORKER	1	1.2 (0.8, 1.7)

*No response for pimp, partner. **No response for suitable opening hours, shorter waiting time to meet health personnel.

Half of AY/PWID who had ever had an HIV test did so in the last three months (Figure I.10).

FIGURE I.10. TIME OF LAST HIV TEST AMONG AY/PWID, BANDUNG, INDONESIA, 2018/2019



Of AY/PWID who had an HIV test, 80% received some type of counseling before their last HIV test, almost all signed an informed consent form themselves and 66% received post-test counseling (Table I.18). Most disagreed that opening hours, location, or waiting times made it difficult to get tested and 80% disagreed that they did not feel accepted by health providers at the testing center. Seventy-three percent received their test results from their last test, among which 91% had negative test results. The two most common reasons for not obtaining test results were 'forgot' (44%) and 'do not know where to get' the results (43%). Although three AY/PWID reported receiving positive test results, the biological testing conducted in this survey found no infections. Two of these three reported 'do not know how' (70%) and one reported 'not wanting to take it for lifetime' as the reasons for not starting ARV therapy.

Table I.18. HIV testing experiences among AY/PWID, Bandung, Indonesia, 2018/2019

INDICATOR	N	% (95% CIS)
RECEIVED ANY COUNSELING BEFORE LAST HIV TEST	73	80.4 (69.1, 91.1)
PERSON WHO SIGNED INFORMED CONSENT/PERMISSION FOR LAST HIV TEST*		
I SIGNED IT	76	92.7 (87.9, 97.8)
PARENT, PARTNER/SPOUSE	5	6.1 (1.3, 10.9)
HEALTH WORKER	2	1.2 (0, 2.4)
RECEIVED ANY COUNSELING AFTER LAST TEST	62	66.1 (51.1, 80.1)
OPENING HOURS MADE IT DIFFICULT TO GET AN HIV TEST		
DISAGREE	47	53.7 (38.1, 69.5)
NEUTRAL	13	15.0 (6.7, 23.4)
AGREE	28	31.2 (17.8, 44.5)
LOCATION MADE IT DIFFICULT TO GET AN HIV TEST		
DISAGREE	61	66.5 (53.0, 79.3)
NEUTRAL	9	9.3 (3.4, 15.1)

AGREE	18	24.3 (10.5, 38.7)
HAD TO WAIT TOO LONG TO GET TESTED		
DISAGREE	45	54.5 (42.4, 67.3)
NEUTRAL	8	8.3 (0.9, 15.6)
AGREE	35	37.2 (25.9, 47.9)
DID NOT FEEL ACCEPTED BY HEALTH CARE WORKERS AT HIV TESTING SERVICE		
DISAGREE	75	80.7 (69.1, 91.3)
NEUTRAL	3	4.7 (0, 11.5)
AGREE	10	14.6 (5.4, 24.5)
RECEIVED TEST RESULT FROM YOUR LAST TEST		
	66	73.1 (63.6, 82.3)
REASON FOR NOT OBTAINING RESULT		
INTENTIONALLY DID NOT GO BACK TO TAKE IT	2	7.6 (0, 15.8)
FORGOT	7	44.4 (18.6, 72.9)
DO NOT KNOW WHERE OT GET IT	7	43.5 (16.6, 70.2)
KNOW FROM THE BEGINNING THAT WON'T GET IT	2	4.5 (0.5, 6.3)
THE RESULTS FROM THE TEST ARE NOT FINISHED	3	21.0 (0, 46.8)
RESULT OF LAST HIV TEST		
POSITIVE	3	2.4 (0, 4.4)
NEGATIVE	60	91.0 (82.7, 99.3)

*No response for outreach worker, no informed consent.

Online Information Access

Only 38% of AY/PWID ever sought HIV/AIDS information through online media (Table I.19), among which 65% sought information on HIV prevention, 52% sought information about safe drug injection, 45% about STI, and 35% about HIV testing. All accessed online information at least once in the past month and 54% used blogs and 30% used official NGO websites to find information about sexual and reproductive health. The most common information searched for related to sexual reproductive health was STI (85%). The main reasons for using online media were accessibility (45%) and reliability of information (43%).

Table I.19. Online information access among AY/PWID, Bandung, Indonesia, 2018/2019

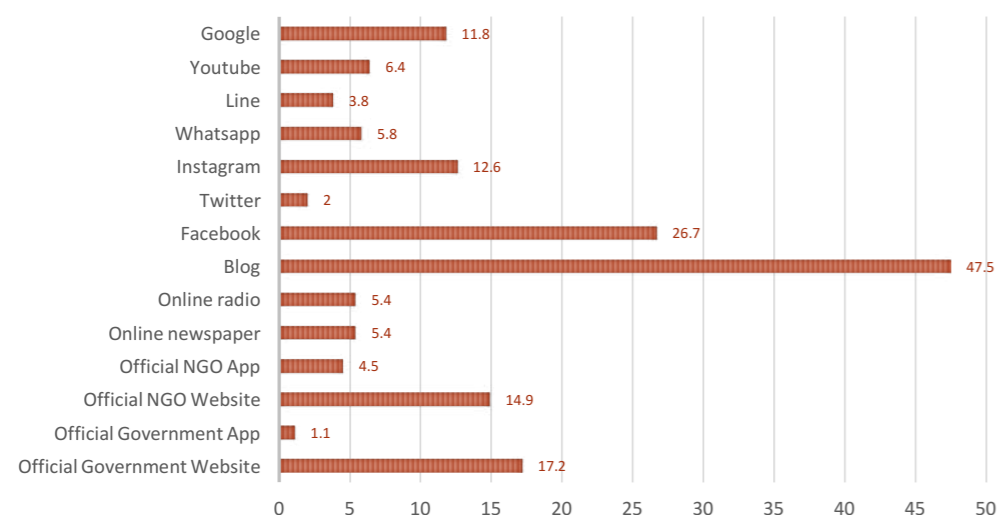
INDICATOR	N	% (95% CIS)
EVER SOUGHT HIV/AIDS INFORMATION THROUGH ONLINE MEDIA		
YES	79	38.4 (31.2, 46.0)
KINDS OF HIV/AIDS INFORMATION SOUGHT		
CONDOM	14	21.1 (9.0, 34.0)
SAFE INJECTING DRUGS	39	52.3 (41.3, 63.8)
SEXUAL TRANSMITTED DISEASE	33	44.9 (32.7, 57.9)
HIV PREVENTION	51	64.9 (53.3, 76.3)
HIV TESTING	27	35.0 (22.8, 47.3)
HIV TREATMENT	21	26.0 (17.5, 34.4)
NUMBER OF TIMES ACCESSING INFORMATION THROUGH ONLINE MEDIA IN PAST MONTH		
ONCE IN A MONTH	44	55.0 (41.1, 68.7)
2-3 TIMES IN A MONTH	24	34.3 (20.5, 48.5)
4-5 TIMES IN A MONTH	8	6.8 (1.5, 11.7)

6-7 TIMES IN A MONTH	0	--
MORE THAN 7 TIMES IN A MONTH	3	4.0 (0.5, 7.5)
EVER SOUGHT SEXUAL REPRODUCTIVE HEALTH INFORMATION THROUGH ONLINE MEDIA		
	27	35.3 (23.8, 46.9)
ONLINE MEDIA USED TO FIND INFORMATION ABOUT SEXUAL REPRODUCTIVE HEALTH*		
OFFICIAL GOVERNMENT WEBSITE	6	24.4 (0.7, 48.8)
OFFICIAL GOVERNMENT APP	1	1.4 (1.1, 1.1)
OFFICIAL NGO WEBSITE	7	30.3 (30.9, 30.9)
OFFICIAL NGO APP	2	10.1 (10.4, 10.4)
BLOG	12	53.6 (32.0, 78.5)
FACEBOOK	5	14.4 (13.8, 13.8)
INSTAGRAM	5	17.6 (16.8, 17.4)
WHATSAPP	2	4.0 (3.6, 3.6)
YOUTUBE	2	6.8 (6.6, 6.6)
GOOGLE	2	7.9 (8.0, 8.0)
KINDS OF SEXUAL REPRODUCTIVE HEALTH INFORMATION SOUGHT		
GENDER	2	7.7 (7.8, 7.8)
HUMAN REPRODUCTIVE SYSTEM	3	9.6 (9.4, 9.4)
SEXUAL TRANSMITTED DISEASE	21	85.3 (86.4, 86.4)
SEXUALITY RIGHTS	5	23.3 (23.9, 23.9)
LESBIAN, GAY, BISEXUAL & TRANSGENDER	3	10.7 (10.5, 10.5)
MENSTRUATION	5	16.5 (16.0, 16.0)
WET DREAM	5	16.9 (17.0, 17.0)
MASTURBATION	5	12.6 (11.8, 11.8)
ANAL SEX	3	11.7 (11.7, 11.7)
VAGINAL SEX	3	9.6 (9.3, 9.3)
ORAL SEX	5	16.0 (15.3, 15.3)
REASONS FOR CHOOSING TO ACCESS INFORMATION THROUGH ONLINE MEDIA		
RELIABLE INFORMATION	12	43.4 (20, 66.7)
CONFIDENTIAL	7	21.2 (20.8, 20.8)
EASY TO ACCESS	13	44.8 (44.3, 44.3)
UNDERSTANDABLE INFORMATION	11	41.6 (39.0, 45.3)
COMPREHENSIVE INFORMATION	9	37.3 (14.5, 61.1)
FAST	6	22.8 (23.0, 23.0)

*No response for online newspaper, online radio, twitter, line.

For information on HIV/AIDS, AY/PWID most commonly accessed blogs (47%) and Facebook (27%) (Figure I.11).

FIGURE I.11. KINDS OF ONLINE MEDIA USED TO FIND HIV/AIDS INFORMATION AMONG AY/PWID, BANDUNG, INDONESIA,



Discussion and Recommendations of AY/PWID Findings

Few Females Captured in the Survey

Only 17 females were recruited in these surveys. Women who inject drugs are often more vulnerable to HIV infection due to many social factors, including violence, power differences between males and females, cultural gender roles, and sex work^{5,6}. More efforts are needed to gain a better understanding of injecting practices of AY females who inject drugs in Indonesia. Given that females who inject drugs are generally less 'visible' than males, qualitative research methods should be used to measure injecting behaviors and risks among females.

No HIV

Although no HIV was found in this survey, this does not mean that HIV does not exist in this population. However, sharing behaviors are concerning given that 55% reported ever sharing needle with other persons, 44% shared a needle on the last day they injected, and, in the past month, 59% reported sharing needles. HIV prevalence and risk should continue to be monitored in this populations and AY/PWID should be routinely screened for HIV, as well as other infections to reduce further transmission.

AY/PWID ENGAGE IN HIGH-RISK SEXUAL BEHAVIORS WITH PARTNERS

Age at first sexual intercourse among AY/PWID in the study was mostly between 15-19. The majority reported multiple sexual partners in the past year. AY/PWID reported using condoms inconsistently with regular and non-regular partners. In addition a sizable proportion of AY/PWID reported engaging in commercial sex. Having unprotected sex with multiple sex partners increases the risk of acquiring and transmitting STI. Condom promotion programs in conjunction with AY/PWID harm reduction services should continue to be made available and accessible to all AY/PWID.

HIGH FREQUENCY INJECTING WHICH STARTS AT YOUNG AGES

AY/PWID in Bandung are high frequency injectors: 68% injected within three days and reported injecting a mean of 1.8 times on the last day injecting. Almost three quarters of AY/PWID first injected drugs when they were between the ages of 15 and 19 years. Few AY/PWID were currently in an MMT program and only 27% had ever heard of MMR. Education about the effects of drug use is needed for adolescents. In addition, effective substance abuse treatment programs and HIV prevention interventions must be accessible to adolescents.

INJECTING DRUG USE AND SHARING BEHAVIORS AMONG AY/PWID

Half of AY/PWID reported ever sharing needle with other persons and 59% reported sharing needles in the past month. Of those who share needles 49% reported using normal water and 70% reported using boiling water to wash needles previously used by other persons. Prevention interventions must educate AY/PWID on how to properly sterilize needles and emphasize the risks associated with sharing needles and other injecting equipment.

HIV TESTING IS LOW AMONG AY/PWID

Although most AY/PWID reported having high or some risk for HIV, only 67% know where to get an HIV test and 58% have ever had an HIV test. Thirty eight percent reported feeling healthy, 27% reported not know where to go and 25% reported being afraid to know their status as reasons for not getting an HIV test. AY/PWID need to be made more aware about the where to get an HIV test and the benefits of getting tested, especially given that they are engaging in potentially high-risk activities. Among those who were ever tested with HIV, 72% reported being accompanied by a friend indicating that adolescents and young people may rely heavily on their peers to support them during an HIV test. Although PWID friendly services may be available in Bandung, these services must also consider the special needs of adolescent and young people. Providers of pre and post-test counseling, in clinical and non-clinical settings, should receive specialized training on how to engage with younger populations⁷.

AVOIDING HEALTHCARE SERVICES DUE TO STIGMA AND DISCRIMINATION IS HIGH

The majority of AY/PWID reported that they did not avoid seeking health care, HIV testing, HIV medical care due to fear about stigma or discrimination, being found out that they inject drugs, violence or police harassment. However, 37% reported fear of stigma, 39% reported fear of someone learning they inject drugs and 43% reported fear of or concern or having experienced police harassment or arrest as reasons for avoiding health care. Routine monitoring of stigma and discrimination in health care settings should be conducted⁸ and all persons should have protection from police harassment or arrest in health care settings in Bandung.

AY/PWID AND FAMILY

Few AY/PWID (30%) reported that their family knows they inject drugs, among which 73% reported that their mothers know. Family support is vital to reducing harm among PWID. Drug treatment and education programs should involve families of AY/PWID and increase their knowledge about why adolescents and young people may inject drugs, the impact of drug injection and how to support a family member who injects drugs.

5. Larney S, Mathers BM, Poteat T, Kamarulzaman A, Degenhardt L. Global Epidemiology of HIV Among Women and Girls Who Use or Inject Drugs. *J AIDS J Acquir Immune Defic Syndr*. 2015;69:S100-9. Available from: <http://content.wkhealth.com/linkback/openurl?sid=WKPTLP:landingpage&an=00126334-201506011-00005>

6. Stoicescu S, Cluver L, Spreckelsen T, asale M, Sudewo A, Irwanto. Intimate Partner Violence and HIV Sexual Risk Behaviour Among Women Who Inject Drugs in Indonesia: A Respondent-Driven Sampling Study. *AIDS Behav*. 2018; 22(10): 3307-3323. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6154010/>

7. World Health Organization. Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations. Geneva, Switzerland; 2014. Available from: http://apps.who.int/iris/bitstream/10665/128048/1/9789241507431_eng.pdf?ua=1&ua=1

8. UNAIDS. Confronting discrimination: Overcoming HIV-related stigma and discrimination in healthcare settings and beyond. 2017. Available from: http://www.unaids.org/sites/default/files/media_asset/confronting-discrimination_en.pdf.

AY/PWID HAVE STRONG SOCIAL NETWORKS

Given that this survey used a peer recruitment process to enroll AY/PWID, it is evident that this population has strong social networks. Furthermore, 91% of AY/PWID reported injecting with their friends and acquaintances and three quarters reported being accompanied by a friend for their last HIV test. This knowledge of strong social ties should be harnessed to deliver appropriate harm reduction to AY/PWID.

SUMMARY OF KEY RECOMMENDATIONS

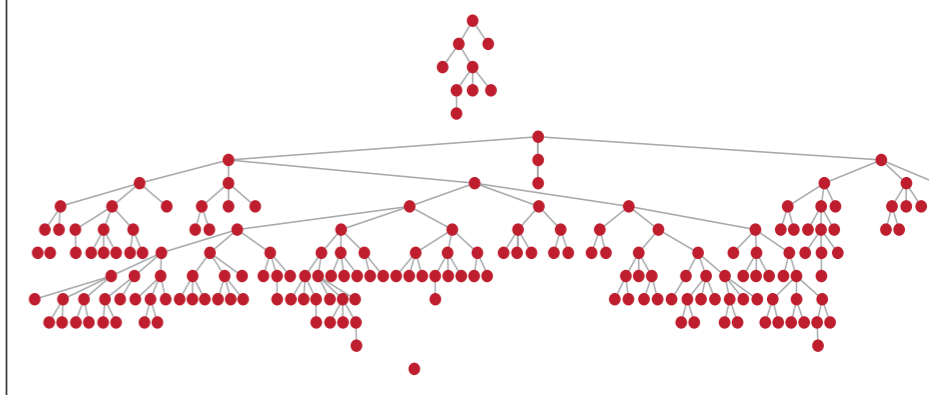
- Scale up non-clinical and clinical routine HIV, HCV and STI testing services; ensure that services are responsive to the needs of AY/PWID.
- Make use of the knowledge that AY/PWID have strong social networks and rely on peers for information and accessing HIV testing. This knowledge can be useful for building stronger drug treatment, harm reduction, HIV education and testing programs using peer resources.
- Harm reduction services, MMT, and HIV testing should be widely advertised to AY/PWID.
- Include family members of AY/PWID in the process of receiving treatment; Provide education to family members so they can understand the needs of AY/PWID and gain skills on how to support them.
- Scale up of coverage of MMT to AY/PWID.
- Educate health care and other service providers on the specific needs of the AY/PWID.
- Scale up HIV/AIDS education services, specifically focusing on risks associated with injection drug use.
- Monitor stigma and discrimination in health care settings.
- Provide sensitivity training to health care and other service providers to ensure a welcoming and supportive environment for AY/PWID who seek services.
- Conduct additional qualitative research to better understand the injecting and sexual behaviors of females who inject drugs; many of whom may also be at risk for selling sex.
- Scale-up coverage of combination prevention services.
- Form advocacy groups to increase awareness and create environments to support AY/PWID, involving national network of PWUD (PKNI or Persaudaraan Korban Napza Indonesia) and national network of women who use drugs (PPKNI, Persaudaraan Perempuan Korban Napza Indonesia).
- Decriminalize drug using behavior, especially for carrying clean needles and syringes.
- Continue to monitor this highly vulnerable population through additional HIV IBBS survey.

2

Overview: Adolescent Female Sex Workers (A/FSW)

One hundred eighty-six (including three seeds) A/FSW in Bandung were recruited into the IBBS survey. The maximum number of waves in the recruitment chain was ten (Figure II.1). Only two of the three seeds recruited eligible peers and one seed appears as an isolated node.

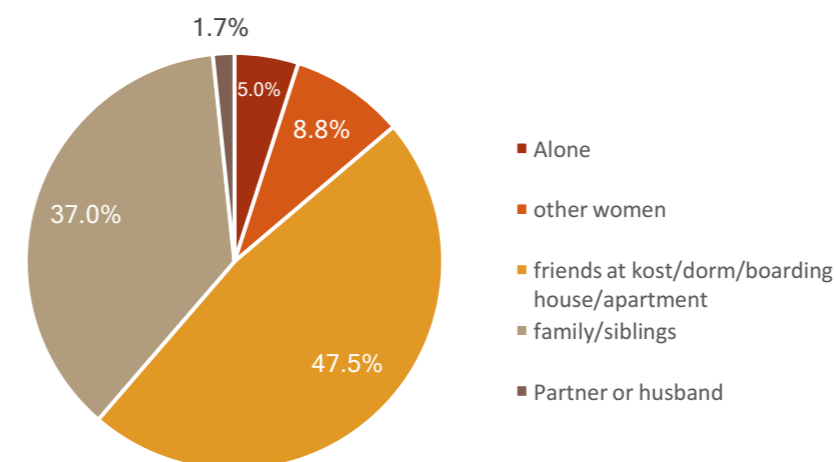
FIGURE II.1. RECRUITMENT GRAPH OF THE A/FSW SAMPLE (N=186), BANDUNG, 2018/2019.



SOCIO-DEMOGRAPHIC CHARACTERISTICS

The median age of A/FSW was 16 years, among which most reported living with friends at a rented room, dormitory, boarding house or apartment (Figure II.2).

FIGURE II.2. LIVING SITUATION AMONG A/FSW, BANDUNG, INDONESIA, 2018/2019



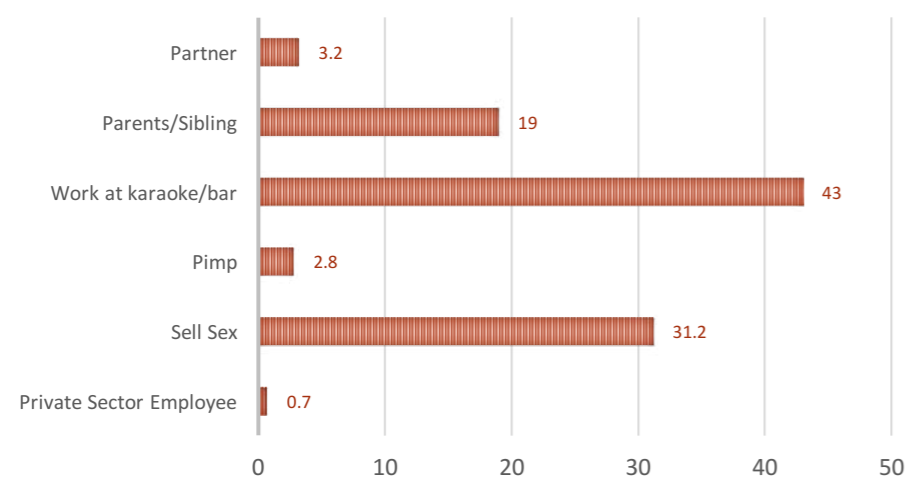
All A/FSW had a primary education (Table II.1) and just over one third were currently enrolled in school. Almost all A/FSW were single.

Table II.1. Socio-demographic characteristics among A/FSW, Bandung, Indonesia, 2018/2019

INDICATOR	N	% (95% CIS)
HIGHEST EDUCATION LEVEL		
DON'T GO TO SCHOOL	3	1.34 (0.00, 3.62)
ELEMENTARY SCHOOL	45	1.84 (14.7, 29.3)
JUNIOR HIGH SCHOOL	105	1.84 (52.8, 69.9)
SENIOR HIGH SCHOOL	29	1.69 (8.9, 20.9)
CURRENTLY ENROLLED IN SCHOOL		
YES	69	38.3 (25.6, 50.8)
MARITAL STATUS		
SINGLE	182	99.1 (98.2, 100)
MARRIED	1	0.7 (0, 1.7)
DIVORCED/WIDOWED	1	0.1 (0, 0.3)

Forty-three percent of A/FSW reported that their main source of income was through work at karaoke clubs or at bars and 31% reported that their main source of income was through selling sex (Figure II.3).

FIGURE II.3. MAIN SOURCES OF INCOME AMONG A/FSW, BANDUNG, INDONESIA, 2018/2019



ID Card and National Health Insurance

Few (12%) A/FSW reported having an identification card and 31% have national health insurance or BPJS (Table II.2).

Table II.2. ID Card and National Health Insurance among A/FSW, Bandung, Indonesia, 2018/2019

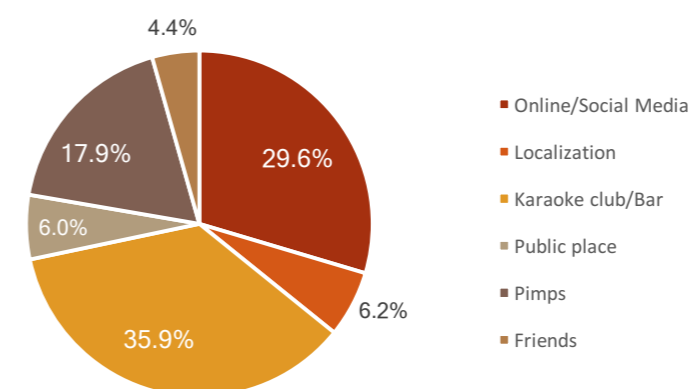
INDICATOR	N	% (95% CIS)
HAS IDENTIFICATION (KTP)		
	22	12.1 (6.5, 17.8)
HAS BPJS (NATIONAL HEALTH INSURANCE)		
	69	33.1 (25.8, 40.4)

Sexual Behaviors

GENERAL SEXUAL BEHAVIOR AND SEX WORK

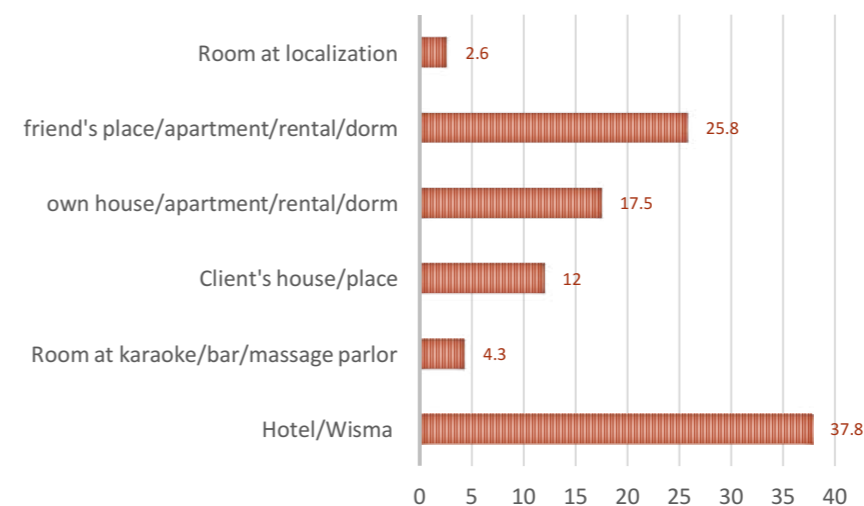
The median age at first sexual intercourse for A/FSW was 15 years (mean: 15.4, range 12 to 18 years), while the median age at first sexual intercourse in exchange for money was 16 years (mean: 15.7). Fifty-five percent of A/FSW reported that their first sexual partner was a boyfriend and 36% reported that their first sexual partner was someone who paid them. The median age of the last client was 23 years (mean age: 25.6 years). The highest percentages of A/FSW in Bandung reported meeting their clients at karaoke clubs and at bars (36%) and online or through social media (30%) (Figure II.4). Of those using social media to find clients, 72% reported using Instagram and 54% reported using WhatsApp. Thirty nine percent used an agent 'sometimes' to help them find clients.

FIGURE II.4. PLACES TO MEET OR FIND CLIENTS AMONG A/FSW, BANDUNG, INDONESIA, 2018/2019



The highest percentage of A/FSW reported having sexual intercourse with clients at a hotel or wisma (38%) or at a friend's place, apartment, rental or dorm room (Figure II.5)

FIGURE II.5. PLACES TO HAVE SEX WITH CLIENTS AMONG A/FSW, BANDUNG, INDONESIA, 2018/2019



SEXUAL BEHAVIORS AND PARTNER TYPES

STEADY SEX PARTNERS

Just over half of A/FSW in Bandung reported having non-commercial steady sex partners (i.e., a boyfriend, husband or partner with whom the participant has been in an ongoing relationship for at least six months) in the past 12 months and 52% reported using a condom during last sexual intercourse with a steady sex partner (Table II.3). Reasons for not always using condoms with a steady partner included 'trust partner' (32%), 'forgot to make it readily available' (25%), and 'reduces pleasure' (22%). Three quarters would still have sexual intercourse with a steady partner if no condom were available.

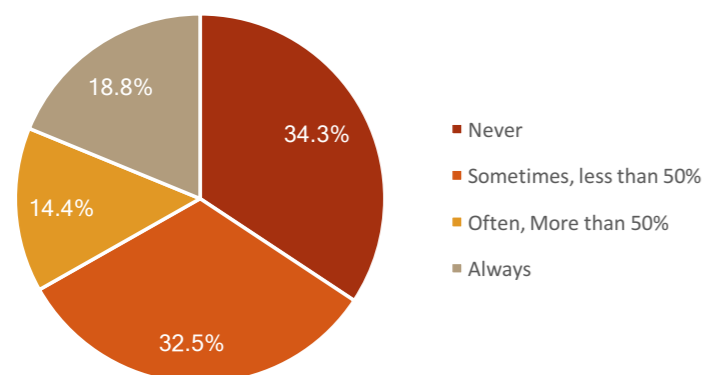
Table II.3. Sexual behavior with steady sex partners among A/FSW, Bandung, Indonesia, 2018/2019

INDICATOR	N	% (95% CIS)
HAD NON-PAYING STEADY PARTNER IN PAST ONE YEAR		
	103	56.4 (49.1, 63.7)
USED CONDOM DURING LAST SEXUAL INTERCOURSE WITH STEADY PARTNER		
	58	51.8 (36.7, 66.4)
REASONS FOR NOT USING CONDOM AT LAST SEXUAL INTERCOURSE WITH STEADY PARTNER *		
ASHAMED TO BUY	3	13.7 (0, 32.4)
FORGOT TO MAKE IT READILY AVAILABLE	11	25.0 (7.5, 42.5)
REDUCES PLEASURE	10	22.1 (0, 48.5)
ASHAMED TO ASK THE SEXUAL PARTNER NOT TO USE	1	2.7 (0, 6.7)
TRUST PARTNER	15	31.8 (9.2, 54.3)
PARTNER REFUSE TO USE IT	5	4.7 (0, 9.0)
WOULD STILL HAVE SEXUAL INTERCOURSE WITH STEADY PARTNER IF NO CONDOM WERE AVAILABLE		
	73	75.8 (68.0, 83.8)

*No response for very expensive, difficult to use, forget to use.

Forty-six percent of A/FSW had a steady partner in the past six months, but only 16% 'always' used condoms with their steady partners during this time period. Among the 81 (44%) who had a steady partner in the past month, only 19% always used a condom during sexual intercourse with a steady partner in the past month (Figure II.6).

FIGURE II.6. CONDOM USE WITH STEADY PARTNER IN LAST MONTH AMONG A/FSW, BANDUNG, INDONESIA, 2018/2019



Casual Sex Partners

Forty percent of A/FSW in Bandung reported having non-commercial casual sex partners (i.e., occasional sexual partner who is not considered a steady partner) in the past 12 months and 67% reported using a condom during last sexual intercourse with a casual sex partner (Table II.4). Reasons for not always using condoms with a casual partner included 'ashamed to buy' (27%), 'forgot to make it readily available' (25%), and 'reduces pleasure' (24%). Just under three quarters (72%) would still have sexual intercourse with a casual partner if no condom were available.

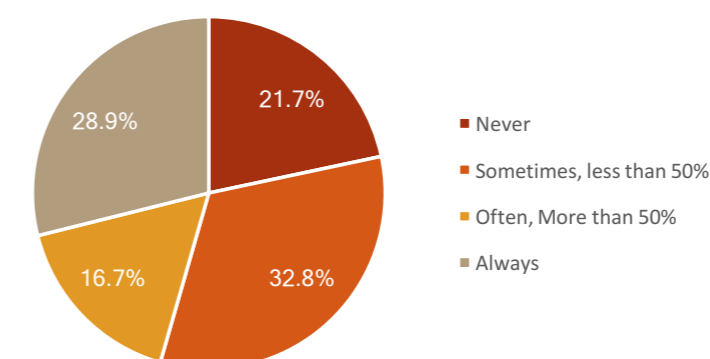
Table II.4. Sexual behavior with casual sex partners among A/FSW, Bandung, Indonesia, 2018/2019

INDICATOR	N	% (95% CIS)
HAD NON-PAYING CASUAL PARTNER IN PAST ONE YEAR		
	70	39.8 (32.0, 47.7)
USED CONDOM DURING LAST SEXUAL INTERCOURSE WITH CASUAL PARTNER		
	53	67.5 (54.0, 80)
REASONS FOR NOT USING CONDOM AT LAST SEXUAL INTERCOURSE WITH CASUAL PARTNER *		
ASHAMED TO BUY	3	27.2 (0, 59.2)
FORGOT TO MAKE IT READILY AVAILABLE	6	25.1 (7.2, 41.0)
REDUCES PLEASURE	3	24.0 (0, 54.7)
ASHAMED TO ASK SEXUAL PARTNER TO USE	1	4.3 (0, 10.7)
TRUST PARTNER	2	10 (0, 21.0)
PARTNER REFUSE TO USE IT	2	9.3 (0, 22.0)
WOULD STILL HAVE SEXUAL INTERCOURSE WITH CASUAL PARTNER IF NO CONDOM WERE AVAILABLE		
	45	72.2 (62.7, 82.9)

*No response for very expensive, difficult to use, forget to use.

Among the 46 (23%) A/FSW who had a casual partner in the last month, 26% reported always using a condom during sexual intercourse with a steady partner in the past month (Figure II.6). In the past six months, 34% had a non-paying casual partner, among which 22% reported 'always' using a condom with these casual partners during this time period.

FIGURE II.7. FREQUENCY OF CONDOM WITH CASUAL PARTNER IN LAST MONTH AMONG A/FSW, BANDUNG, INDONESIA, 2018/2019



Commercial Sex Partners

Seventy-five percent of A/FSW had their last sexual intercourse in exchange for money or goods within the last 3 days, with the last 25% reporting within the last week. The median number of commercial sex partners reported by A/FSW on the last day worked was three, in the past one week was two and in the past month was three (Table II.5). The median times using a condom during sexual intercourse with a commercial sex partner on the last day worked, in the past one week and in the past month was two.

Table II.5. Mean and median number of clients among A/FSW, Bandung, Indonesia, 2018/2019

INDICATOR	MEAN (MEDIAN)
NUMBER OF CLIENTS DURING	
LAST DAY WORKED	4.0 (3.0)
PAST WEEK	3.9 (2.0)
PAST MONTH	6.3 (3.0)
FREQUENCY OF CONDOM USE DURING SEXUAL INTERCOURSE WITH ALL CLIENTS	
LAST DAY WORKED	3.0 (2.0)
PAST WEEK	2.7 (2.0)
PAST MONTH	3.9 (2.0)

Almost three quarters of A/FSW reported using a condom during their last sexual intercourse with a client (Table II.6). Reasons for not using condoms during last sexual intercourse with a client included 'reduces pleasure' (27%), 'customer refuse to use' (23%) and 'forgot to make it readily available' (22%). Fifty-seven percent would still have sexual intercourse with a commercial partner even if a condom were not available. Three quarters reported obtaining their last condom from a client who brought the condom.

Table II.6. Condom use and behavior with commercial sex partners among A/FSW, Bandung, Indonesia, 2018/2019

INDICATOR	N	% (95% CIS)
USED CONDOM AT LAST SEXUAL INTERCOURSE WITH CLIENT		
	141	72.2 (63.6, 80.8)
REASONS FOR NOT USING CONDOM AT LAST SEXUAL INTERCOURSE WITH CLIENT *		
VERY EXPENSIVE	1	2.7 (0, 7.3)
ASHAMED TO BUY	3	9.0 (0, 31.0)
DIFFICULT TO USE	2	6.5 (4.8, 8.6)
FORGOT TO MAKE IT READILY AVAILABLE	9	21.8 (0, 70.7)
REDUCES PLEASURE	10	27.3 (0, 68.7)
ASHAMED TO ASK SEXUAL PARTNER TO USE	3	6.1 (0, 28.9)
TRUST MY PARTNER	3	4.0 (0, 8.8)
CUSTOMER REFUSE TO USE	12	22.6 (5.9, 38.5)
WOULD STILL HAVE SEXUAL INTERCOURSE WITH CLIENT IF NO CONDOM WERE AVAILABLE		
	95	57.4 (49.8, 65.4)
PLACE WHERE LAST CONDOM WAS OBTAINED**		
BUY THEM	26	13.2 (8.1, 18.3)
CUSTOMERS BRING THEM	129	74.9 (67.9, 81.9)
PROVIDED BY PIMP	12	6.3 (2.6, 9.9)

GET IT FREE FROM PRIMARY HEALTH SERVICES	1	0.2 (0, 0.5)
PROVIDED AT THE WORK PLACE (MANAGEMENT)	11	5.4 (2.1, 8.8)

Anal Sex

Just over one quarter of A/FSW in Bandung had ever had anal sex (Table II.7). Among those who had anal sex, 69% had anal sex within the past month and 71% used a condom during their last anal sex.

Table II.7. Anal sex among A/FSW, Bandung, Indonesia, 2018/2019

INDICATOR	N	% (95% CIS)
EVER HAD ANAL SEX		
	50	27.8 (19.3, 36.3)
LAST ANAL SEXUAL INTERCOURSE		
WITHIN A MONTH	36	69.3 (51.0, 87.3)
ONE MONTH TO THREE MONTHS	9	21.1 (5.3, 37.3)
THREE MONTHS TO SIX MONTHS	2	3.4 (0, 7.5)
SIX MONTHS TO ONE YEAR	2	4.0 (4.1, 4.1)
MORE THAN A YEAR	1	2.0 (2.0, 2.0)
USED A CONDOM AT LAST ANAL SEXUAL INTERCOURSE		
	43	71.4 (40, 100)

Substance Use

Seventy-seven percent of A/FSW reported consuming tobacco and 73% reported consuming alcoholic drinks in the past six months. Of those consuming alcohol in the past six months, 41% did so two or more times a week and 58% did so in the past week (Table II.8). Sixty percent ever had sexual intercourse while under the influence of alcohol. One quarter ever used drugs to get high, of which 15% reported using sedatives and 5% reported using cannabis. Eight percent (n=6) ever injected drugs with a median age of first drug injection being 16 years (mean: 15.4). Of the six who reported injecting in the past one year, four (69%) reported sharing their needle with other persons at last injection.

Table II.8. Tobacco, alcohol and substance use among A/FSW, Bandung, Indonesia, 2018/2019

INDICATOR	N	% (95% CIS)
CONSUMED ANY TOBACCO IN PAST SIX MONTHS		
	150	76.9 (68.7, 85.0)
CONSUMED ANY ALCOHOL IN PAST SIX MONTHS		
	134	73.1 (65.3, 81.0)
FREQUENCY OF DRINKING ALCOHOL		
MONTHLY OR LESS	32	27.7 (17.2, 38.7)
2-4 TIMES/MONTH	44	31.3 (22.4, 40)
2-3 TIMES/WEEK	32	22.2 (13.4, 39.7)
4+ TIMES/WEEK	26	18.8 (11.8, 25.7)
TIME OF LAST DRINK		
WITHIN 3 DAYS	45	27.8 (19.3, 25.8)
3 DAYS TO A WEEK	45	30.4 (21.3, 40)
ONE WEEK TO A MONTH	27	25.5 (15.0, 36.6)

ONE MONTH TO THREE MONTHS	13	12.3 (4.5, 20.3)
THREE MONTHS TO SIX MONTHS	3	3.0 (0, 6.2)
SIX MONTHS TO ONE YEAR	0	-
MORE THAN A YEAR	1	0.6 (0, 1.7)
EVER HAD SEXUAL INTERCOURSE WHILE UNDER THE INFLUENCE OF ALCOHOL	99	60.3 (50.5, 69.7)
EVER USED ANY DRUG TO GET HIGH	46	25.8 (18.2, 33.5)
EVER USED INJECTING DRUG	6	8.1 (3.1, 12.4)
LAST TIME INJECTING DRUGS		
WITHIN THREE DAYS	3	50.1 (7.7, 93.0)
THREE DAYS TO A WEEK	2	23.0 (0, 43.4)
ONE WEEK TO A MONTH	0	--
ONE MONTH TO THREE MONTHS	0	--
THREE MONTHS TO SIX MONTHS	1	26.9 (0, 73.2)

Sexually Transmitted Infections

Nineteen percent of A/FSW in Bandung reported having signs or symptoms of an STI symptom in the past 12 months, among which 7% did nothing, 6% searched the internet for more information and 4% went to a primary health center (Table II.9). Of those did not take any action, 50% reported that it was because they were 'still feeling healthy'. Only 8% were tested for STI in the past three months.

Table II.9. Sexually transmitted infections (STI) among A/FSW, Bandung, Indonesia, 2018/2019

INDICATOR	N	% (95% CIS)
EXPERIENCED ITCHING, PAIN, INFLAMMATION, DISCHARGE, OR ULCER AROUND GENITAL/ANAL AREAS IN PAST 12 MONTHS	34	19.0 (12.6, 25.5)
ACTION TAKEN THE LAST TIME ONE OR MORE SYMPTOMS WERE EXPERIENCED (MULTIPLE RESPONSES POSSIBLE)		
NOTHING	11	7.4 (2.4, 12.3)
WENT TO PUBLIC HOSPITAL FOR CONSULTATION	9	6.3 (1.8, 10.7)
SEARCHED ON INTERNET FOR MORE INFORMATION	5	2.5 (0.3, 4.7)
WENT TO PRIMARY HEALTH SERVICE	6	3.9 (1.0, 6.8)
WENT TO PRIVATE MIDWIVES	1	0.2 (0, 0.5)
WENT TO PHARMACY TO SELF-TREAT SYMPTOMS	9	2.6 (0.9, 4.4)
USED TRADITIONAL MEDICINE	4	1.7 (0.1, 3.2)
MAIN REASON NOT TAKING ACTION		
STILL FEELING HEALTHY	13	49.6 (17.8, 83.5)
PLACE OF SERVICE IS FAR	4	11.7 (0, 24.9)
NOT KNOWING THE PLACE OF SERVICE	3	7.5 (0, 30.1)
FEEL ASHAMED	5	10.5 (7.9, 12.3)
SOUGHT HELP ALREADY	9	20.6 (13.3, 26.7)
TESTED FOR SEXUALLY TRANSMITTED INFECTIONS IN PAST THREE MONTHS	10	7.9 (2.6, 13.2)

HIV Risk, Knowledge, Beliefs and Testing

HIV RISK PERCEPTION

Sixty-eight percent of A/FSW reported ever hearing about HIV. Thirty percent of A/FSW in Bandung assessed themselves to be at high risk and only 9% assessed themselves to be at low risk of HIV infection (Table II.10). Three A/FSW were already living with HIV (although none had positive test results in this survey). Whereas moderate percentages (45%) perceived that using a condom during sexual intercourse is effective in preventing HIV infection during sexual intercourse, only 13% perceived that using a condom was very effective. Forty-three percent believed it is very necessary to know HIV status.

Table II.10. HIV risk, condom effectiveness and necessity to know HIV status perception among A/FSW, Bandung, Indonesia, 2018/2019

INDICATOR	N	% (95% CIS)
SELF-ASSESSMENT FOR HIV RISK		
HIGH RISK	53	30.5 (22.3, 38.5)
SOME RISK	34	16.6 (10.5, 22.7)
LOW RISK	14	8.9 (3.4, 14.3)
ALREADY HAVE HIV	3	0.8 (0.1, 1.6)
CONDOM EFFECTIVENESS TO PREVENT HIV INFECTION DURING SEXUAL INTERCOURSE		
VERY	25	12.6 (7.9, 17.5)
SOMEWHAT	77	44.7 (36.0, 53.2)
NOT EFFECTIVE	6	2.7 (0.6, 4.7)
ASSESSMENT OF HOW NECESSARY IT IS TO KNOW HIV STATUS		
VERY NECESSARY	88	43.4 (34.2, 52.3)
NECESSARY	51	31.7 (23.2, 40.4)
NOT SO NECESSARY	16	11.3 (4.7, 18.1)
NOT NECESSARY AT ALL	1	1.1 (0, 17.2)

HIV KNOWLEDGE AND PERCEPTION

Forty-two percent of A/FSW reported ever receiving information about HIV prevention, of which 29% received information from the internet (Table II.11). Half knew that HIV transmission can be reduced by using condoms and only 40% knew that it is possible to reduce HIV transmission risk by having sex only with one uninfected, faithful partner. That someone could be infected with HIV through a mosquito bite was incorrectly believed by 22%, that someone can look healthy and still be living with HIV was correctly believed by 24%, that someone can be infected with HIV by sharing a meal with someone who is infected was incorrectly believed by 43% and that someone can get HIV by swimming in a pool with someone living with HIV was incorrectly believed by 57%. Almost half knew that a female living with HIV could infect their children during pregnancy and breastfeeding, 24% knew that someone can reduce their HIV infection risk by taking antibiotics after having sexual intercourse, and 51% believed that there is medicine to cure HIV. Just under half knew that someone with HIV should start taking medicine directly after diagnosis.

Table II.11. HIV prevention knowledge among A/FSW, Bandung, Indonesia, 2018/2019

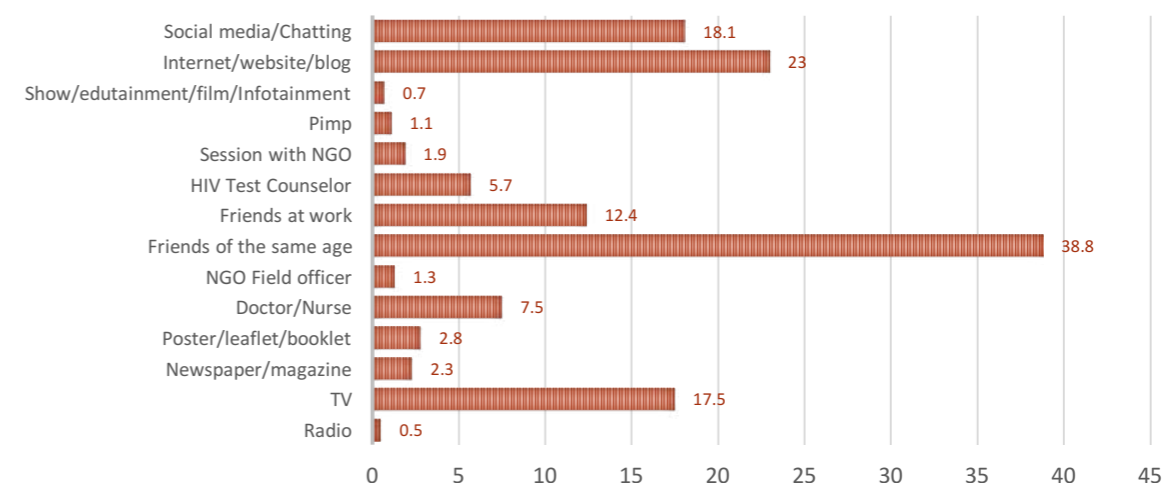
INDICATOR	N	% (95% CIS)
EVER RECEIVED INFORMATION ABOUT HIV PREVENTION FROM NGO/ COMMUNITY	19	12.5 (5.7, 19.3)

EVER RECEIVED INFORMATION ABOUT HIV PREVENTION	34	16.6 (10.5, 22.7)
	67	41.5 (32.8, 50.3)
PERSONS/PLACES FROM WHOM/WHICH EVER RECEIVED INFORMATION ABOUT HIV PREVENTION*		
FRIENDS WHO SELL SEX	15	22.3 (10.6, 34.3)
OUTREACH WORKER	1	0.6 (0.3, 0.6)
PRIMARY HEALTH SERVICES	6	6.0 (4.9, 6.6)
LEAFLET	13	20.6 (5.8, 34.9)
RADIO/TV	3	4.2 (0, 10.1)
SOCIAL MEDIA	4	5.7 (0, 12.7)
INTERNET	16	28.8 (14.3, 44.1)
IT IS POSSIBLE TO REDUCE HIV INFECTION RISK BY USING A CONDOM DURING EACH SEXUAL INTERCOURSE		
	97	52.8 (44.3, 61.4)
IT IS POSSIBLE TO REDUCE HIV TRANSMISSION RISK BY HAVING SEX ONLY WITH ONE UNINFECTED FAITHFUL SEXUAL PARTNER		
	80	40.2 (32.0, 48.2)
SOMEONE CAN BE INFECTED WITH HIV THROUGH MOSQUITO BITE		
	44	22.4 (15.4, 29.4)
SOMEONE WHO LOOKS HEALTHY CAN BE LIVING WITH HIV		
	37	24.1 (15.8, 32.3)
IT IS POSSIBLE TO BECOME HIV INFECTED BY SHARING A MEAL WITH SOMEONE LIVING WITH HIV		
	73	43.1 (33.6, 52.7)
BELIEVES SOMEONE CAN GET HIV BY SWIMMING IN POOL WITH SOMEONE LIVING WITH HIV		
	111	57.2 (48.2, 66.3)
A FEMALE LIVING WITH HIV CAN INFECT THEIR CHILDREN WHEN PREGNANT/ BREASTFEEDING		
	81	48.3 (39.3, 57.5)
SOMEONE CAN REDUCE HIV INFECTION RISK BY TAKING ANTIBIOTICS AFTER HAVING INTERCOURSE		
	49	23.7 (16.8, 30.6)
THERE IS NO MEDICINE TO CURE HIV, ONLY TO SLOW IT DOWN		
	101	50.7 (42.6, 58.8)
WHEN SOMEONE WHO HAS HIV SHOULD START TAKING MEDICATION		
RIGHT AWAY AFTER GETTING DIAGNOSED	98	48.0 (39.3, 56.3)
WHEN THAT PERSON FEELING SICK	40	23.9 (16.7, 31.3)
WHEN THAT PERSON IS DYING	1	0.4 (0, 1.1)
DON'T KNOW	45	27.7 (19.8, 35.9)

*No response for friends, community services, hospital.

Thirty nine percent of A/FSW in Bandung reported friends of same age, 23% reported internet and 18% reported social media and chatting as sources of HIV information (Figure II.8).

FIGURE II.8. SOURCES OF HIV INFORMATION AMONG A/FSW, BANDUNG, INDONESIA, 2018/2019



HIV TESTING

Half of A/FSW knew where to get an HIV test, among which only 9% reported that it was very easy to obtain an HIV test if wanted (Table II.12). Only 15% ever had an HIV test. Of those who never had an HIV test, 30% said that it was because they were 'feeling healthy', 21% that they were afraid to know their status and 19% that they were worried about being seen and judged by family. Among those who ever had an HIV test, 83% did so in the last three months. Most reported that a friend referred them for an HIV test, that a friend escorted them to the HIV test, that they signed their consent themselves and that they had their last test at a hospital. Thirty percent reported that their main reason for choosing the location of last HIV test was that it was far from family and community. Three quarters received pre-test counseling, 56% received post-test counseling and 65% received their test results. Three A/FSW (35%) reported receiving a positive HIV test result and one reported having ARV treatment.

Table II.12. HIV testing access among A/FSW, Bandung, Indonesia, 2018/2019

INDICATOR	N	% (95% CIS)
KNOWS WHERE TO GO TO HAVE AN HIV TEST IF WANTED		
	105	53.6 (44.3, 62.8)
LEVELS OF EASE IN OBTAINING AN HIV TEST IF WANTED		
VERY EASY	19	8.9 (4.6, 13.3)
SOMEWHAT EASY	45	21.4 (15.4, 27.4)
A LITTLE DIFFICULT	36	23.4 (15.4, 31.4)
VERY DIFFICULT	11	8.3 (2.8, 13.8)
EVER HAD HIV TEST		
	22	14.9 (7.8, 22.0)
REASONS FOR NEVER HAVING HIV TEST (MAY PICK MORE THAN ONE ANSWER)		
FEELING HEALTHY	46	29.8 (22.6, 37.3)
NOT AT RISK (ALWAYS USE CONDOM, KNOW PARTNERS)	35	17.1 (11.7, 22.4)
PLACE OF SERVICE IS FAR	7	3.5 (0.7, 6.2)
COST OF SERVICE IS EXPENSIVE	10	6.2 (2.4, 10.1)
AFRAID TO KNOW THE STATUS	40	20.8 (13.8, 27.8)
DO NOT KNOW WHERE TO GO	23	13.2 (7.6, 18.9)
IT IS NOT IMPORTANT FOR ME	1	0.7 (0, 1.8)

AFRAID SOMEONE WILL FIND OUT THE RESULT	29	14.7 (8.3, 21.3)
DO NOT WANT TO START ANY MEDICATION	2	2.3 (0, 4.8)
AFRAID OF GETTING SICK	10	6.3 (1.9, 10)
AFRAID OF DYING	6	4.1 (0.6, 7.5)
WORRIED BEING SEEN/JUDGED BY FAMILY	34	19.1 (12.8, 25.6)
WORRIED BEING SEEN/JUDGED BY NEIGHBORS	14	6.5 (2.9, 10.8)
WORRIED BEING SEEN/JUDGED BY COMMUNITY	13	7.0 (3.1, 11.0)
WORRIED BEING SEEN/JUDGED BY HEALTH CARE WORKER	9	3.9 (1.1, 6.6)
OTHERS (DON'T KNOW ABOUT HIV/ PROCEDURES)	7	4.2 (0.8, 7.7)
TIME OF LAST HIV TEST		
LESS THAN 3 MONTHS	8	83.3 (86.0, 86.0)
3 - 6 MONTHS	2	4.4 (3.3, 3.3)
6-12 MONTHS	3	12.2 (10.7, 10.7)
MANNER OF REFERRAL FOR LAST HIV TEST		
MY OWN WILL	5	16.5 (9.4, 22.0)
HEALTH OFFICER	2	9.3 (0, 20)
FRIEND	9	58.3 (43.9, 76.6)
OUTREACH WORKER	1	1.4 (0.6, 1.7)
PARTICIPATE IN A RESEARCH/ SURVEY	2	6.7 (2.8, 9.8)
PARTNER	3	7.8 (0, 17.8)
HOW ACCOMPANIED AT LAST HIV TEST		
I WAS ALONE	5	14.2 (8.6, 17.6)
MY PARTNER/SPOUSE	2	6.2 (2.5, 9.1)
MY FRIEND	14	78.2 (73.6, 86.3)
OUTREACH WORKER	1	1.4 (0.6, 1.6)
PERSON WHO SIGNED INFORMED CONSENT/PERMISSION FOR LAST HIV TEST		
PARTICIPANT SIGNED IT	16	65.8 (46.4, 83.0)
SIGNED BY PARENT	4	18.3 (0.1, 36.7)
THERE WAS NO INFORMED CONSENT	1	15.9 (17.0, 17.0)
LOCATION OF LAST HIV TEST		
COMMUNITY HEALTH CENTER	8	39.6 (16.5, 62.1)
HOSPITAL	9	53.0 (28.0, 78.7)
COMMUNITY CLINIC/NGO (EG: KLINIK MAWAR)	1	1.6 (1.2, 1.2)
MOBILE TESTING UNIT	1	5.9 (0, 15.8)
MAIN REASON FOR CHOOSING LOCATION OF LAST HIV TEST		
FAR FROM FAMILY/COMMUNITY	5	30.3 (0, 81.2)
NEAR HOME	4	7.7 (0, 34.8)
COMFORT	3	15.1 (0, 64.4)
CONFIDENTIAL	2	8.6 (0, 60.4)
REFERENCE FROM FIELD OFFICER/ NGO	4	27.2 (9.0, 46.4)

REFERENCE FROM FRIEND	1	5.5 (1.2, 10.2)
SHORTER WAITING TIME TO MEET HEALTH PERSONNEL	1	5.5 (0, 28.0)
RECEIVED ANY COUNSELING BEFORE LAST HIV TEST		
	12	74.3 (48.1, 102.4)
RECEIVED ANY COUNSELING AFTER LAST TEST		
	13	56.3 (29.1, 80.5)
RECEIVED TEST RESULT FROM YOUR LAST TEST		
	13	65.5 (38.4, 91.8)
RESULT OF LAST HIV TEST		
POSITIVE	3	35.1 (0, 76.4)
NEGATIVE	6	56.5 (15.1, 85.9)
INDETERMINATE	1	8.3 (0.9, 14.9)

EVALUATION OF HIV TESTING SERVICES

Of those who ever had an HIV test, 21% believed that the testing service opening hours made it difficult to get an HIV test, 14% agreed that the testing service location made it difficult to access, 28% agreed that they had to wait too long to get a test at the testing service and 7% agreed that they felt unaccepted by health care workers at the service (Table II.13).

Table II.13. Evaluation of HIV testing services among A/FSW, Bandung, Indonesia, 2018/2019

INDICATOR	N	% (95% CIS)
BELIEVES TESTING SERVICE OPENING HOURS MADE IT DIFFICULT TO TEST		
VERY DISAGREE	4	16.3 (0, 47.6)
DISAGREE	5	13.1 (0, 87.2)
NEITHER AGREE OR DISAGREE	7	49.6 (21.3, 82.6)
AGREE	6	21.0 (0, 63.4)
BELIEVES THAT TESTING SERVICE LOCATION MADE IT DIFFICULT TO ACCESS		
VERY DISAGREE	3	9.5 (0, 27.5)
DISAGREE	7	37.8 (2.7, 73.5)
NEITHER AGREE OR DISAGREE	8	38.9 (11.1, 67.5)
AGREE	4	13.8 (0, 41.8)
HAD TO WAIT TOO LONG TO BE TESTED AT TESTING SERVICE		
VERY DISAGREE	3	23.2 (0, 62.3)
DISAGREE	8	32.0 (5.5, 67.4)
NEITHER AGREE OR DISAGREE	4	17.1 (11.3, 22.4)
AGREE	7	27.7 (0, 74.7)
FELT UNACCEPTED BY HEALTH CARE WORKERS IN THE SERVICE		
VERY DISAGREE	6	44.8 (44.6, 48.9)
DISAGREE	9	38.0 (26.3, 48.3)
NEITHER AGREE OR DISAGREE	3	10.3 (9.8, 9.8)
AGREE	2	6.8 (0, 17.5)

Health Seeking Behaviors

Twenty-two percent of A/FSW experienced a cough for more than two weeks, breathlessness and cold sweats at night in the past year. After experiencing one or more of these symptoms, 7% did nothing, of which 40% reported the main reason for doing nothing as being 'still feeling healthy'. Experiencing any abdominal pain, dark urine, fever and joint pain, nausea vomiting, no appetite, tired and yellow eyes in the past year was reported by 9% of A/FSW, of which 4% went to their private doctor.

Table II.14. Health seeking behaviors among A/FSW, Bandung, Indonesia, 2018/2019

INDICATOR	N	% (95% CIS)
OBTAINED CONDOMS AND LUBRICANTS FROM OUTREACH SERVICE, DROP-IN CENTER OR SEXUAL HEALTH CLINIC IN PAST THREE MONTHS	28	17.8 (11.3, 24.2)
RECEIVED COUNSELING ON CONDOM USE AND SAFE SEX IN PAST THREE MONTHS	40	21.5 (12.8, 29.8)
EVER HEARD OF LOLIPOP PROGRAM	41	18.0 (12.3, 23.5)
MANNER IN WHICH EVER HEARD ABOUT LOLIPOP PROGRAM*		
HEALTH OFFICER	1	3.0 (16.3, 48.4)
SOCIAL MEDIA	13	33.0 (16.3, 48.4)
INTERNET	9	23.5 (12.4, 34.4)
LEAFLET/BROCHURE	1	4.7 (5.0, 5.0)
EVENT	3	8.1 (8.1, 8.1)
EVER VISITED HEALTH SERVICES	67	34.0 (25.7, 42.5)
HEALTH SERVICES EVER VISITED**		
PUSKESMAS IBRAHIM ADJIE	4	3.1 (0, 7.3)
PUSKESMAS ARCAMANIK	20	9.3 (4.6, 13.9)
PUSKESMAS KOPO	2	1.0 (0, 2.2)
PUSKESMAS UJUNG BERUNG INDAH	7	3.8 (0.9, 6.8)
PUSKESMAS PUTER	11	6.9 (1.7, 12.0)
PUSKESMAS PASUNDAN	5	2.2 (0.3, 4.0)
RSUD UJUNG BERUNG	23	11.9 (6.8, 17.0)
RS IMMANUEL	4	2.5 (0, 5.2)
RS BUNGSU	2	1.1 (0, 2.3)
KLINIK MAWAR PKBI	1	0.1 (0, 0.2)
PUSKESMAS CIBIRU	4	2.1 (0, 4.3)
PUSKESMAS BABAKAN SARI	3	1.6 (0, 3.2)
RS ADVENT	2	1.1 (0, 2.5)
PUSKESMAS SUKAJADI	7	2.4 (0.8, 4.0)
LAST TIME HEALTH SERVICE VISITED		
WITHIN THE LAST MONTH	27	51.0 (37.1, 66.2)
3-6 MONTHS	21	34.5 (21.5, 47.6)
>6 MONTHS	14	14.5 (6.4, 21.0)
ACTIVITY DURING LAST VISIT TO A HEALTH SERVICE		
ACCESS MEDICAL TREATMENT FOR COMMON SICK	32	16.5 (11.1, 21.9)
ACCESS MEDICAL TREATMENT FOR STI	5	2.5 (0.3, 4.7)

ACCESS HIV TEST	6	4.6 (0.3, 8.9)
ACCESS INFORMATION ABOUT HIV PREVENTION	5	1.6 (0.3, 2.9)
ACCESS COUNSELLING FOR ADOLESCENT	7	4.0 (1.1, 6.9)
ACCESS FOR CONDOMS	2	0.4 (0, 0.8)
ACCESS FOR NEEDLE AND SYRINGE	5	2.5 (0, 4.9)
ACCESS MEDICAL TREATMENT FOR PREGNANT WOMAN	1	0.1 (0, 0.3)
ACCESS TREATMENT FOR FAMILY/ FRIEND	4	2.9 (21.3, 38.0)
TAKE ARV	12	4.4 (1.9, 6.8)

*No response for field worker from NGO.

**No response for Puskesmas Garuda, Puskesmas Pagarsih Puskesmas Kujangsari, Puskesmas Pasirkaliki.

Stigma and Discrimination

Only 16% of A/FSW reported that their family knows they sell sex; of those who have families that know they sell sex, 10% reported that their mother knows and 43% reported that family members express aversion towards them because of selling sex (Table II.14). Twenty-nine percent reported that friends express aversion towards them, 7% reported that an attending physician, nurse or staff of a clinic or hospital refused treatment and 11% reported that they received poorer care or services from the doctors, nurses or staff of a clinic or hospital compared to other patients because they know participant sells sex. Of all types of support persons available, most A/FSW sought support from other sex workers (46%) or friends (31%) when experiencing trouble because of selling sex. From a list of possible experiences related to selling sex, most reported seeing or hearing about A/FSW being subject to gossip (36%), teased, insulted or scorned (27%) or being abandoned by their family (23%) because they sell sex. Thirty-three percent reported never seeing or hearing experiences of other A/FSW because they sell sex.

Table II.15. Stigma and discrimination among A/FSW, Bandung, Indonesia, 2018/2019

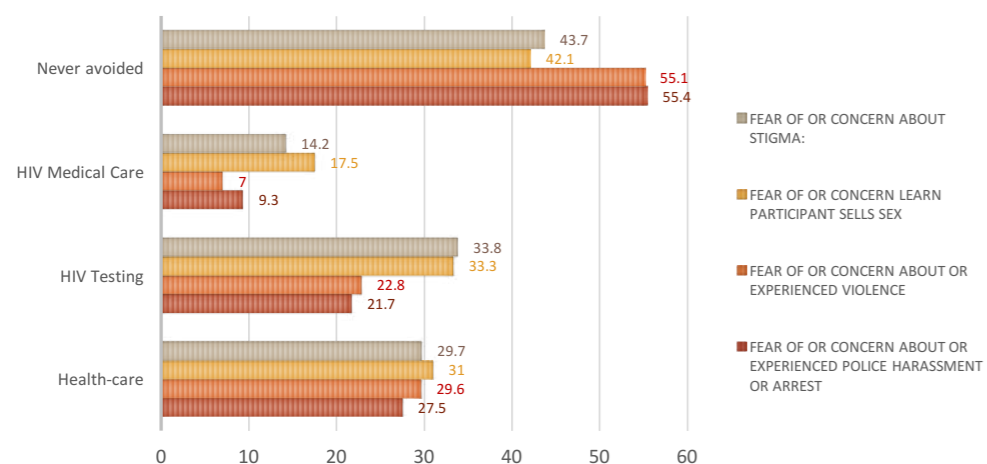
INDICATOR	N	% (95% CIS)
FAMILY KNOW ABOUT SELLING SEX	30	15.9 (9.1, 22.5)
PERSONS WHO KNOWS THAT PARTICIPANT SELLS SEX		
MY MOTHER	20	10.3 (4.3, 16.3)
MY FATHER	7	3.4 (1.4, 5.5)
MY SIBLINGS	12	6.5 (1.7, 11.3)
OTHER FAMILY (E.G., GRANDPARENT, AUNT, UNCLE, ETC.)	3	1.2 (0.1, 2.3)
FAMILY MEMBERS (EVEN ONLY ONE) EXPRESS AVERSION* BECAUSE OF SELLING SEX)	12	43.1 (0, 94.2)
FRIENDS (EVEN ONLY ONE) EXPRESS AVERSION* BECAUSE OF SELLING SEX	60	29.1 (22.0, 36.1)
ATTENDING PHYSICIAN, NURSE OR STAFF OF CLINIC/HOSPITAL REFUSE TREATMENT BECAUSE THEY KNOW PARTICIPANT SELLS SEX	12	6.6 (3.1, 10)

RECEIVED POORER CARE/SERVICES FROM DOCTOR, NURSE OR STAFF OF CLINIC/HOSPITAL COMPARED TO OTHER PATIENTS BECAUSE THEY KNOW PARTICIPANT SELLS SEX		
	18	11.1 (5.5, 16.7)
SUPPORT PERSON WHEN PARTICIPANT EXPERIENCES TROUBLE BECAUSE OF SELLING SEX		
FAMILY	7	5.3 (0.5, 10.1)
FRIEND	59	31.0 (22.7, 39.2)
OTHER SEX WORKERS	89	45.7 (37.8, 53.6)
PARTNER	7	3.5 (0.9, 6.0)
PIMPS	18	11.9 (4.5, 19.4)
EVER SAW/HEARD ABOUT EXPERIENCES OF OTHER A/FSW BECAUSE THEY SELL SEX		
EXCLUDED FROM SOCIAL GROUPS	38	20 (12.9, 27.0)
ABANDONED BY PARTNER	33	19.0 (12.9, 25.0)
ABANDONED BY FAMILY	41	23.1 (16.3, 30)
TEASED, INSULTED OR SCORNE	43	26.8 (19.5, 34.2)
BEING SUBJECT TO GOSSIP	66	36.3 (28.9, 43.7)
DOESN'T WANT TO BE INVOLVED IN COMMUNITY	22	12.6 (7.2, 18.0)
LOST THEIR JOB	27	16.6 (10.2, 23.0)
PROPERTY TAKEN AWAY BECAUSE OF SELLING SEX		
NEVER HEARD	60	32.6 (25.0, 40.2)

* Not wishing to speak with or speaking sarcastically about, blaming, scolding, or gossiping about participant

Higher percentages of A/FSW reported NOT avoiding seeking HIV medical care, HIV testing and health care due to types of stigma, violence, harassment or arrest in the past 12 months compared to those who did experience types of stigma, violence, harassment or arrest (Figure II.9). Of the few that ever received HIV medical care, under 18% reported avoiding seeking HIV medical care because of any type of stigma, violence, harassment or arrest. Of those who sought an HIV test in the past year, one third reported that it was because of fear of or concern about stigma or someone learning they sell sex, and just under a quarter reported that it was because fear of or concern about or experienced violence or police harassment or arrest. Around 30% avoided health care because of any type of stigma, violence, harassment or arrest.

FIGURE II.9. AVOIDANCE OF SEEKING VARIOUS SERVICES IN THE PAST 12 MONTHS AMONG A/FSW, BANDUNG, INDONESIA, 2018/2019



Forced Sex

Twenty percent of A/FSW in Bandung reported being forced to perform oral, anal or vaginal sex in the past year because they sell sex and 25% reported being forced to have sex during their first sexual intercourse (Table II.15). Twenty-three percent of A/FSW report ever being forced to have sex.

Table II.16. Forced sex of A/FSW, Bandung, Indonesia, 2018/2019

INDICATOR	N	% (95% CIS)
FORCED TO PERFORM ORAL, ANAL, VAGINAL SEX BECAUSE PARTICIPANT SELLS SEX IN PAST 12 MONTHS	36	19.6 (13.2, 25.9)
FORCED TO HAVE SEX DURING FIRST SEXUAL INTERCOURSE	46	25.5 (18.4, 32.2)

Online Access

Forty-eight percent of A/FSW used the internet to access information about HIV/AIDS, and 53% accessed the internet for sexual and reproductive health information (Table II.17). Fifty-seven percent of A/FSW used the internet once in the past month to access HIV/AIDS information, while 41% of A/FSW used the internet once in the past month to access sexual and reproductive health information.

Table II.17. Online information access among A/FSW, Bandung, Indonesia, 2018/2019

INDICATOR	N	% (95% CIS)
EVER SOUGHT INFORMATION ABOUT HIV/AIDS THROUGH ONLINE MEDIA	88	48.2 (39.3, 57.0)
KINDS OF HIV/AIDS INFORMATION SOUGHT		
CONDOM	23	11.9 (6.8, 16.8)
SAFE INJECTING DRUGS	7	3.5 (0.4, 6.6)
SEXUAL TRANSMITTED DISEASE	34	17.9 (11.7, 14.2)
HIV PREVENTION	39	23.4 (16.2, 30.6)
HIV - TESTING	10	6.0 (2.5, 9.6)
HIV TREATMENT	17	8.3 (4.3, 12.3)
NUMBER OF TIMES ACCESSING HIV/AIDS INFORMATION THROUGH ONLINE MEDIA IN PAST MONTH		
ONCE IN A MONTH	50	56.8 (44.2, 69.7)
2 – 3 TIMES IN A MONTH	28	33.6 (21.4, 45.8)
4 – 5 TIMES IN A MONTH	6	6.0 (0, 12.7)
6 – 7 TIMES IN A MONTH	1	0.5 (0, 1.3)
MORE THAN 7 TIMES IN A MONTH	2	2.0 (0, 6.4)
EVER SOUGHT INFORMATION REGARDING SEXUAL REPRODUCTIVE HEALTH THROUGH ONLINE MEDIA	98	53.2 (44.2, 62.1)
KINDS OF SEXUAL REPRODUCTIVE HEALTH INFORMATION SOUGHT		
GENDER	1	3.8 (0, 11.4)
HUMAN REPRODUCTIVE SYSTEM	20	21.2 (10.3, 32.2)
SEXUAL TRANSMITTED DISEASE	28	28.3 (17.2, 39.4)
SEXUALITY RIGHTS	8	9.6 (0, 20.8)
LESBIAN, GAY, BISEXUAL, & TRANSGENDER (LGBT)	12	13.1 (1.3, 25.1)
MENSTRUATION	28	28.4 (16.8, 39.6)
WET DREAM	8	10.5 (4.3, 17.0)

MASTURBATION	15	19.0 (8.2, 30.4)
ANAL SEX	15	16.1 (6.5, 25.7)
VAGINAL SEX	30	35.4 (24.0, 47.3)
ORAL SEX	12	16.6 (6.0, 27.8)
NUMBER OF TIMES ACCESSING SEXUAL AND REPRODUCTIVE HEALTH INFORMATION THROUGH ONLINE MEDIA IN PAST MONTH		
ONCE IN A MONTH	44	40.7 (30, 51.0)
2 – 3 TIMES IN A MONTH	41	42.6 (31.2, 53.9)
4 – 5 TIMES IN A MONTH	9	10.5 (1.0, 20.2)
6 – 7 TIMES IN A MONTH	1	1.0 (0.9, 1.3)
MORE THAN 7 TIMES IN A MONTH	3	5.2 (0, 17.5)
REASONS FOR CHOOSING TO ACCESS INFORMATION THROUGH ONLINE MEDIA		
RELIABLE INFORMATION	31	32.4 (22.9, 42.1)
CONFIDENTIAL	29	28.9 (18.3, 39.6)
EASY TO ACCESS	34	44.9 (33.8, 57.5)
UNDERSTANDABLE INFORMATION	22	22.5 (12.0, 33.0)
COMPREHENSIVE INFORMATION	7	6.1 (1.7, 10.3)
FAST	13	14.3(5.5, 23.2)

HIV Prevalence

Only 0.5% of A/FSW were positive for HIV.

DISCUSSION AND RECOMMENDATIONS OF A/FSW FINDINGS

SEX WITH NON-COMMERCIAL PARTNERS AND INCONSISTENT CONDOM USE

Around half of adolescent A/FSW in Bandung reported using condoms during sex with non-commercial partners (52%) and almost three quarters with commercial partners. The most commonly reported reasons for not always using condoms was that they trusted their partner, condoms reduce pleasure, and forget to make it readily available. Twenty seven percent of A/FSW had anal sex and 71% reported using condom during last anal sex. These findings highlight the need for HIV prevention interventions and harm reduction services that engage both A/FSW and their sex partners (non-commercial and commercial). Improvement of sexual health knowledge, condom negotiation skills, provision of HIV risk and transmission education should be the focus of interventions targeting A/FSW. Other prevention options, such as pre-exposure prophylaxis (PrEP) and post exposure prophylaxis (PEP), should be accessible to adolescent A/FSW. Additionally, health care and other service providers should encourage routine HIV testing and STI screening for A/FSW and their partners⁹.

SUBSTANCE USE AND RISKY SEXUAL PRACTICES

Three quarters of A/FSW reported using alcohol and 60% reported having sexual intercourse while under the influence of alcohol. Few A/FSW reported ever using drugs and even fewer reported ever injecting drugs. A/FSW may resort to drugs or alcohol to cope with their lifestyle, however, being under the influence of drugs or alcohol before or during sexual intercourse may make it difficult for A/FSW to negotiate safer sex practices. Future research of A/FSW in Bandung is needed to gain more understanding of their alcohol and drug use behaviors. Targeted HIV prevention interventions should address both substance use and associated risky sexual behaviors among A/FSW. The implementation of HIV prevention interventions and

9. World Health Organization. Guidance on oral pre-exposure prophylaxis (PrEP) for serodiscordant couples, men and transgender women who have sex with men at high risk of HIV. Recommendations for use in the context of demonstration projects. 2012. Available from: http://www.who.int/hiv/pub/guidance_prep/en/

alcohol reduction strategies delivered through alcohol serving venues may help expand HIV prevention information among A/FSW who consume alcohol. Substance abuse counseling and treatment programs should be considered as part of any comprehensive HIV prevention and intervention program.

SCREENING FOR STI IS LOW AMONG A/FSW

A notable percentage of A/FSW in the study reported having genital ulcers or sores within the past 12 months (19%), among which few did anything to treat them. The presence of STI increases risk for HIV infection¹⁰. Early diagnosis and treatment of STI are important for improving health and reducing the risk of HIV transmission. Routine HIV screening/testing should be added with other STI screening/testing and should be offered in both clinical and non-clinical settings to ensure all A/FSW are being reached.

HIV TESTING AMONG ADOLESCENT A/FSW IS LOW

Although half of adolescent A/FSW in Bandung reported knowing where to get an HIV test, among which only 14% had ever had an HIV test. Ensuring access to testing services in this population is important. Since 2016, the closure of brothels throughout Indonesia has led to many FSW becoming more hidden with even more limited access to health services. Meanwhile, the current HIV national program is only targeting FSW over the age of 18, thereby ignoring the needs of A/FSW. Furthermore, although HIV testing is subsidized by the government and available in government hospitals and several primary health centers, there is registration fee for those who do not have a Bandung identification card or national health insurance (JKN/BPJS). Only 12% of A/FSW reported having identification and 33% reported having national health insurance. Although FSW friendly services may be available in Bandung, these services must also consider the special needs of adolescents and young people. Providers of pre and post-test counseling, in clinical and non-clinical settings, should receive specialized training on how to engage with younger populations. More efforts are needed to make HIV testing accessible to A/FSW.

LOW HIV PREVALENCE

HIV prevalence was less than 1%. Despite the low prevalence of HIV, efforts to expand HIV awareness, education, and screening programs must continue and be scaled up, especially considering the young age of participants.

AVOIDING HEALTHCARE SERVICES DUE TO STIGMA AND DISCRIMINATION IS HIGH

Roughly one third of A/FSW in Bandung reported avoiding healthcare services due to stigma and discrimination, due to fear of healthcare workers finding out that she sells sex, due to fear to experienced violence, and due to fear of police harassment of violence. Further research is needed to understand how stigma and discrimination impacts accessibility to health care services, in particular for A/FSW. Routine monitoring of stigma and discrimination in health care settings should be conducted and all persons should have protection from police harassment or arrest in health care settings in Bandung.

A/FSW REPORT LOW LEVELS OF PHYSICAL VIOLENCE

Notable number of A/FSW in Bandung reported ever being forced to have sex because they sell sex. A/FSW also reported on that they saw their peer being subjected to gossip and other form of social exclusion. Further research is needed to explore the cases of sexual, physical and emotional violence more in-depth.

10. World Health Organization. Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations. Geneva, Switzerland; 2014. Available from: http://apps.who.int/iris/bitstream/10665/128048/1/9789241507431_eng.pdf?ua=1&ua=1

A/FSW HAVE STRONG SOCIAL NETWORKS

Given that this survey used a peer recruitment process to enroll A/FSW, it is evident that this population has strong social networks. Furthermore, A/FSW rely on friends for support: 58% were referred by a friend and 78% were accompanied by a friend for their last HIV test and 77% get support from friends or other sex workers when they experience problems. This knowledge of strong social ties should be harnessed to deliver appropriate harm reduction to A/FSW.

Summary of Key Recommendation

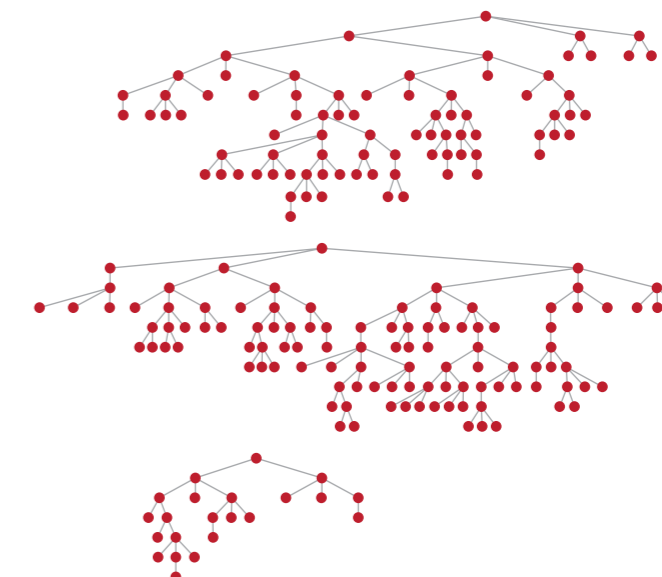
- Provide sexual health information targeting A/FSW which include HIV risk assessment and HIV risk reduction, which is not limited to vaginal sex but also covers receptive anal sex.
- Scale up non-clinical and clinical routine HIV and STI testing services (including community-based screening/testing); ensure that services are responsive to the needs of A/FSW.
- Harm reduction services for drug and alcohol use should be made available and easily accessible to A/FSW.
- Integrate mental health services, to include substance abuse counseling and treatment (including tobacco and alcohol use), with HIV prevention programs targeting A/FSW.
- Promote awareness about sexual, physical and emotional abuse/violence to A/FSW. Set up support systems through peer relationships; Develop and or strengthen integrated violence services for A/FSW which are friendly A/FSW.

3

Overview: Adolescent and Young Males Who Have Sex with Men (AY/MSM)

Two hundred and nine (including three seeds) AY/MSM in Bandung were recruited into the IBBS survey. The maximum number of waves in the recruitment chain was ten (Figure III.1).

FIGURE III.1. RECRUITMENT GRAPH OF THE A/MSM SAMPLE (N=209), BANDUNG, INDONESIA, 2018/2019.



Socio-Demographic Characteristics

Most AY/MSM surveyed in Bandung were 20 years or older (57%) and completed senior high school (Table III.1.). Thirty-seven percent were currently enrolled in school and 98% were single and 57% were living with family and/or siblings.

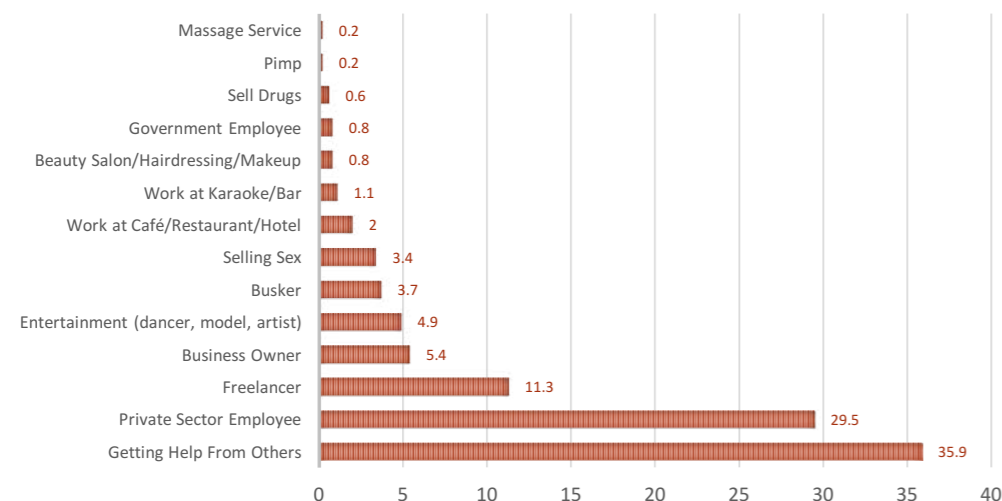
Table III.1. Socio demographic characteristics among AY/MSM, Bandung, Indonesia, 2018/2019

INDICATOR	N	% (95% CIS)
AGE		
15-19	75	32.6 (23.7, 41.4)
20-24	134	67.4 (58.6, 76.3)
HIGHEST EDUCATION LEVEL		
DON'T GO TO SCHOOL	4	2.7 (0, 6.1)
ELEMENTARY	15	6.5 (1.8, 11.1)
JUNIOR HIGH SCHOOL	48	23.4 (16.6-30.2)
SENIOR HIGH SCHOOL	120	57.0 (48.0-66.0)
UNIVERSITY/HIGHER EDUCATION	22	10.4 (5.6, 15.1)

CURRENTLY ENROLLED IN SCHOOL	77	37.4 (30, 44.8)
CURRENT MARITAL STATUS		
SINGLE	206	97.5 (94.3, 1.0)
MARRIED	2	1.7 (0, 4.6)
DIVORCE	1	0.7 (0, 2.2)
LIVES WITH		
ALONE	35	20.2 (12.6, 27.8)
FRIENDS AT KOST/DORM/BOARDING HOUSE/APARTMENT	29	12.9 (7.2, 15.5)
STEADY MALE PARTNER	21	8.0 (4.5, 11.6)
STEADY WARIA PARTNER	3	1.2 (0, 2.8)
FAMILY/SIBLINGS	120	57.4 (48.2, 66.7)
CIRCUMCISED	204	97.9 (96.3, 99.6)
HAS KTP ID	172	84.1 (78.5, 89.7)
HAS BPJS (NATIONAL HEALTH INSURANCE)	110	51.9 (43.7, 60)

Most AY/MSM in Bandung reported that their main source of income was through getting help from others (36%), followed by having employment in the private sector (29%) (Figure III.2).

FIGURE III.2. MAIN SOURCES OF INCOME AMONG AY/MSM, BANDUNG, INDONESIA, 2018/2019

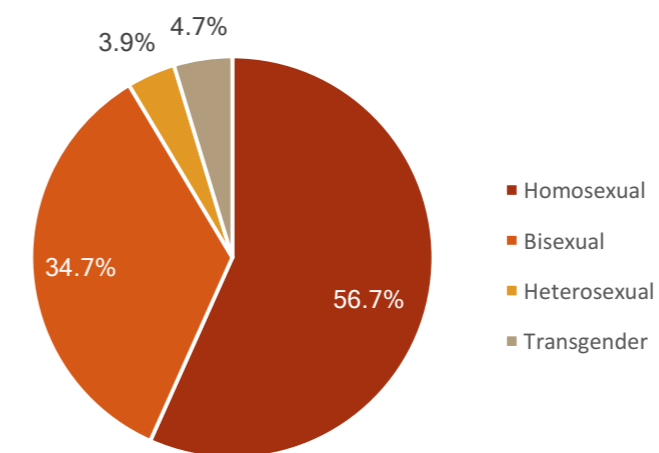


AY/MSM Social Characteristics

SEXUAL IDENTITIES

Over half of AY/MSM in Bandung reported identifying as homosexual and 35% identified as bisexual (Figure III.3).

FIGURE III.3. SEXUAL IDENTITIES OF AY/MSM, BANDUNG, INDONESIA, 2018



Substance Use

Forty-nine percent of AY/MSM reported consuming alcohol in the last six months, of which most did so in the past one week (Table III.2). Under 30% reported drinking alcoholic drinks more than once a week. Among those consuming alcohol in the past six months, 71% had sexual intercourse while under the influence of alcohol. Only 15% used drugs to get high, among which 69% used sedatives, 25% used cannabis, and 7% used cocaine (Table III.2). Only two AY/MSM reported ever using injection drugs, among which one person reported sharing needles at last injection.

Table III.2. Substance use among AY/MSM, Bandung, Indonesia, 2018

INDICATOR	N	% (95% CIS)
CONSUMED ALCOHOL IN LAST 6 MONTHS		
	105	48.7 (40, 57.5)
LAST TIME ALCOHOL WAS CONSUMED		
WITHIN 3 DAYS	34	31.4 (19.6, 43.3)
WITHIN A WEEK	33	34.5 (21.2, 48.0)
WITHIN A MONTH	21	18.0 (10.6, 25.3)
WITHIN THREE MONTHS	13	11.8 (0, 26.5)
WITHIN SIX MONTHS	4	4.2 (0.1, 8.3)
FREQUENCY OF DRINK CONTAINING ALCOHOL		
MONTHLY OR LESS	46	44.5 (33.0, 56.1)
2-4 TIMES A MONTH	33	28.6 (19.3, 37.6)
2-3 TIMES A WEEK	11	10.4 (3.7, 17.0)
4 TIMES OR MORE A WEEK	15	16.4 (8.1, 25.0)
HAD SEXUAL INTERCOURSE WHILE UNDER THE INFLUENCE OF ALCOHOL		
	70	70.8 (60.9, 81.1)
EVER USED DRUGS TO GET HIGH		
	29	15.3 (9.6, 20.9)
EVER INJECTED DRUGS		
	2	5.3 (0, 13.6)
SHARED NEEDLE WITH PERSON AT LAST INJECTION		
	1	61.1 (0.5, 124.4)

NON-INJECTING DRUGS USED IN THE PAST YEAR (MULTIPLE RESPONSES POSSIBLE)*		
HEROIN	2	6.8(0, 14.0)
ILLEGAL METHADONE	2	3.6 (0, 6.7)
OPIOID (CODEINE, MORPHINE)	2	6.9 (0, 13.7)
SEDATIVE (BENZODIAZEPINE)	18	69.3 (56.6, 82.4)
COCAINE	3	7.2 (1.2, 12.4)
CANNABIS/GANJA	8	24.7 (9.4, 39.9)
HALLUCINOGEN (JAMUR, KECUBUNG, LSD, ETC)	2	5.2 (0, 10.3)

*No response for inhalant, illegal buprenorphine, amphetamine.

Sexual Behavior

GENERAL SEXUAL BEHAVIORS

The median age of first oral sex was 18 years (mean: 17.5) and the median age of first anal sex 18 years (mean: 18). Forty-one percent had their first anal sexual encounter was with a boyfriend, 35% reported it was with a stranger, and 21% reported it was with a friend (Table III.3). A majority (66.4%) reported had anal sex within the previous month. Similar proportions of AY/MSM reported their most common position during anal sex being either top (35%), bottom (34%) or both (31%).

Table III.3. General sexual behaviors among AY/MSM, Bandung, Indonesia, 2018/2019

INDICATOR	N	% (95% CIS)
FIRST ANAL SEX PARTNER		
BOYFRIEND	90	40.8 (33.1, 48.8)
FAMILY MEMBER	2	1.9 (0, 4.9)
FRIEND	42	21.6 (15.0, 28.2)
STRANGER	73	35.1 (27.5, 42.4)
OTHERS	2	0.7 (0, 1.4)
LAST ANAL SEX		
WITH 3 DAYS	28	10.2 (6.2, 14.1)
WITHIN A WEEK	48	23.9 (16.9, 30.9)
WITHIN A MONTH	63	32.3 (24.6, 40.1)
WITHIN 3 MONTHS	47	23.6 (16.4, 30.7)
WITHIN 6 MONTHS	23	9.9 (5.4, 14.0)
MOST COMMON ROLE/POSITION DURING ANAL SEX		
INSERTER/ACTIVE/TOP	74	35.0 (27.4, 42.8)
RECEIVER/PASSIVE/BOTTOM	76	33.9 (26.5, 41.1)
BOTH PASSIVE AND ACTIVE	59	31.1 (23.9, 38.3)

Sexual Behaviors with Different Types of Partners

STEADY PARTNERS

Fifty-three percent of AY/MSM a non-paying steady male sex partner in the past year. Among those with steady partners, 94% reported that the sexual identity of their steady partner was female and 5% being male (Table III.4). Almost 30% reported that their steady partner has other sex partners, with the sexual identity of these other partners being 45% female (45%) and male (55%). Eighty-three percent used lubricants and 66% used a condom at last sex with a steady partner. Of those who reported anal sex with a steady partner in the past six months (99.7%), 15% never used a condom and 28% always used a condom. These rates are

similar for those AY/MSM who reported having anal sex with a steady partner during the last month (78%), with 14% never using a condom and 24.6% always using a condom (Table III.4). Half said they would have anal sex with a steady partner if a condom was not used. Reasons for not using a condom at last sex with a steady partner included 'forgot to have it readily available' (36%), 'partner refused to use it' (18%) and 'trust partner' or 'reduces pleasure' (both, 16%).

Table III.4. Anal sex behaviors with steady partners among AY/MSM, Bandung, Indonesia, 2018/2019

INDICATOR	N	% (95% CIS)
HAD NON-PAYING STEADY SEX PARTNER IN THE PAST ONE YEAR		
	112	52.6 (43.5, 61.6)
SEXUAL IDENTITY OF STEADY PARTNER		
MALE	104	93.6 (90, 97.5)
TRANSGENDER	6	4.6 (0.8, 8.2)
DON'T KNOW	1	0.4 (0.8, 0.7)
CURRENT STEADY PARTNER ALSO HAS OTHER SEX PARTNER		
	16	29.5 (17.1, 42.6)
USED LUBRICANT AT LAST SEX WITH STEADY PARTNER		
	90	83.4 (74.1, 92.6)
USED CONDOM AT LAST SEX WITH STEADY PARTNER		
	71	66.2 (54.3, 78.2)
HAD ANAL SEX WITH STEADY MALE PARTNER IN LAST SIX MONTHS		
	110	99.7 (99.1, 100.3)
CONDOM USE DURING ANAL SEX WITH STEADY MALE PARTNER IN LAST 6 MONTHS		
NEVER	12	15.4 (5.7, 25.7)
SOMETIMES (LESS THAN 50%)	32	25.9 (16.9, 34.6)
OFTEN (MORE THAN 50%)	34	30.1 (20, 40)
ALWAYS	32	28.2 (16.8, 39.5)
DON'T KNOW/REMEMBER	1	0.3 (0, 0.8)
HAD ANAL SEX WITH STEADY PARTNER DURING LAST MONTH		
	91	78.8 (69.2, 88.1)
CONDOM USE DURING ANAL SEX WITH STEADY PARTNER DURING LAST MONTH		
NEVER	16	14.1 (5.6, 22.7)
SOMETIMES, LESS THAN 50%	19	14.7 (8.8, 20.5)
OFTEN, MORE THAN 50%	27	25.3 (14.3, 36.2)
ALWAYS	29	24.6 (14.5, 34.6)
DID NOT HAVE SEX WITH STEADY PARTNER IN LAST MONTH	21	21.1 (9.9, 32.7)
WOULD STILL HAVE ANAL SEX WITH STEADY PARTNER IF CONDOM WAS NOT AVAILABLE		
	51	52.2 (41.4, 63.3)
REASONS FOR NOT USING CONDOM AT LAST SEX WITH A STEADY PARTNER*		
ASHAMED TO BUY	2	0.5 (0.5, 0.5)
FORGOT TO MAKE IT AVAILABLE	12	35.6 (1.0, 62.4)
REDUCES PLEASURE	10	16.4 (0, 43.6)
ASHAMED TO ASK PARTNER TO USE	1	7.5 (7.9, 7.9)
TRUST MY PARTNER	8	16.4 (0, 34.4)
PARTNER REFUSE TO USE IT	8	18.5 (0, 41.5)

*No response for very expensive, difficult to use.

NON-PAYING NON-REGULAR SEX PARTNERS

Forty-nine percent of AY/MSM had a non-paying casual male partner in the past year, of which 91% reported the sexual identity of the causal partner as male and 9% as TG (Table III.5). Of those who had a casual partner, 38% reported that their causal partner has other sex partners. The sexual identity of their casual partners' other partner was reported as 15% female, 77.9% male, and 6.7% did not know. Eighty-two percent used lubricant and 67% used a condom at last anal sex with a casual partner. Of those who reported having anal sex with a casual male partner in the previous six months (94%), 12% never and 30% always used a condom with their casual male partner. Forty-two percent would still have sex with their casual partner if a condom was not available. The most frequently reported reasons for not using a condom at the last anal sex with their casual partner was, they 'forget' (32%) and 'reduces pleasure' (34.7%). Condoms were most often obtained by AY/MSM buying them (43%).

Table III.5. Anal sex behaviors with casual partners among AY/MSM, Bandung, Indonesia, 2018/2019

INDICATOR	N	% (95% CIS)
HAD NON-PAYING, NON-REGULAR, CAUSAL MALE SEX PARTNER IN THE PAST ONE YEAR	97	49.1 (41.2, 57.0)
SEXUAL IDENTITY OF CAUSAL PARTNER		
MALE	86	91.3 (86.1, 96.7)
TRANSGENDER	11	8.7 (3.3, 14.0)
CURRENT CAUSAL PARTNER ALSO HAS OTHER SEX PARTNER	36	37.9 (27.1, 48.7)
USED LUBRICANT AT LAST ANAL SEX WITH CASUAL PARTNER	71	81.6 (71.5, 92.1)
USED CONDOM AT LAST ANAL SEX WITH CASUAL PARTNER	66	67.4 (54.7, 80)
ANAL SEX WITH CASUAL MALE PARTNER IN PAST SIX MONTHS	91	94.4 (90, 98.8)
CONDOM USE DURING ANAL SEX WITH CASUAL MALE PARTNER IN LAST SIX MONTHS		
NEVER	11	12.5 (5.0, 20.1)
SOMETIMES (LESS THAN 50%)	31	31.7 (21.1, 42.3)
OFTEN (MORE THAN 50%)	21	20.3 (10.6, 29.8)
ALWAYS	28	29.7 (18.3, 41.3)
WOULD STILL HAVE ANAL SEX WITH CASUAL PARTNER IF CONDOM WAS NOT AVAILABLE	40	41.7 (29.9, 53.6)
REASON FOR NOT USING CONDOM AT THE LAST ANAL SEX WITH CASUAL PARTNER*		
ASHAMED TO BUY	4	10.3 (0, 22.2)
FORGET	9	32.0 (8.4, 55.8)
REDUCES PLEASURE	11	34.7 (11.4, 58.2)
ASHAMED TO ASK PARTNER TO USE	3	10.3 (1.4, 19.4)
TRUST MY PARTNER	1	2.2 (2.2, 2.2)
PARTNER REFUSE TO USE IT	4	10.2 (0, 20.9)

*No response for very expensive, difficult to use.

Commercial Sex Partners

BUYING SEX

Seventeen percent of AY/MSM reported buying anal sex from a male or transgender in the past year, among which 50% used lubricant and 54% used a condom the last time they bought sex (Table III.6). The median age of first buying sex was 17 (mean: 18.3); most bought sex within the past month. The primary reasons for not using a condom the last time sex was purchased was that it 'reduces pleasure' (40%) and that they 'forgot to make it available' (39%). AY/MSM reported that the most common places to buy sex were online or through social media (47%) or at public spaces (44%). Facebook was reported by 66% as the social media platform used to find male/transgender who buy sex.

Table III.6. Commercial partners (buying) among AY/MSM, Bandung Indonesia, 2018/2019

INDICATOR	N	% (95% CIS)
BOUGHT SEX FROM MALE/TRANSGENDER IN PAST YEAR	34	16.8 (10.9, 22.7)
USED LUBRICANT LAST TIME BOUGHT SEX	20	54.0 (27.1, 79.6)
USED CONDOM LAST TIME BOUGHT SEX	19	50.3 (20, 79.3)
LAST TIME BOUGHT ANAL SEX IN EXCHANGE FOR MONEY OR GOODS		
WITHIN 3 DAYS	3	8.7 (2.6, 15.1)
WITHIN A WEEK	9	27.8 (12.8, 43.0)
WITHIN A MONTH	10	33.7 (6.9, 61.3)
WITHIN THREE MONTHS	2	5.3 (1.7, 8.8)
WITHIN SIX MONTHS	10	24.4 (0, 51.2)
PLACES TO FIND MEN/TRANSGENDER WHO SELL SEX*		
ONLINE/SOCIAL MEDIA	15	36.8 (0, 83.0)
PUBLIC SPACE	13	44.0 (13.0, 75.5)
BAR	3	8.7 (0.7, 16.7)
PLACES TO HAVE ANAL SEX WITH MALES/TRANSGENDER PERSONS WHO SELL SEX		
HOTEL /WISMA	10	30.2 (0, 74.0)
ROOM AT KARAOKE/BAR/MESSAGE PARLORS	0	
STREET/GARDEN/PUBLIC PLACES	3	8.6 (0, 17.4)
HOUSE/PLACE OF THE PERSON WHO SELL SEX	4	12.2 (1.3, 23.4)
MY HOUSE/KOST(APARTMENT) / RENTAL/DORM ROOM	10	22.7 (8.1, 36.5)
MY FRIEND/KOST(APARTMENT)/ RENTAL/DORM ROOM	6	23.3 (0.6, 46.5)
OTHER	1	3.0 (0, 7.3)

*No response for karaoke, massage parlors, pimps, gym/swimming pool, café.

The median number of male/TG from whom participants bought sex in the past week was two (mean: 2.13) and the median number of times a condom was used was one (mean: 0.96) people. The median number of male/TG persons from whom participants bought sex in the past month was two (mean: 1.83), and the median number of times a condom was used in the past month was one (mean: 1.5). The median age of the last person from whom AY/MSM bought sex was 20 years (mean: 21.9).

Selling Sex

Thirty-two percent of AY/MSM ever sold sex in exchange for money or goods, of which 23% sold sex in the last three months and 67% always used a condom (Table III.7). The most common place to sell sex was online (61%), mostly with Facebook (50%) and WhatsApp (40%). Sixty-seven percent used a condom the last time they sold sex; of those who did not use a condom, 38% stated that it was because they forgot to make it readily available. Forty-three percent would still have anal sex with a client even if there was no condom.

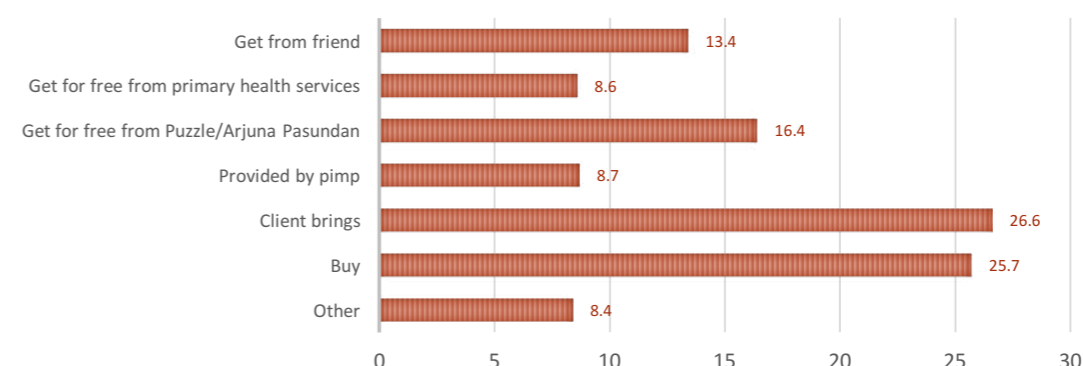
Table III.7. Commercial partners (selling) among AY/MSM, Bandung, Indonesia, 2018/2019

INDICATOR	N	% (95% CIS)
EVER SOLD ANAL SEX IN EXCHANGE FOR MONEY OR GOODS	74	31.6 (24.0, 39.3)
LAST TIME SOLD ANAL SEX IN EXCHANGE FOR MONEY OR GOODS		
WITHIN 3 DAYS	6	7.0 (1.8, 12.0)
WITHIN A WEEK	13	16.9 (4.1, 29.8)
WITHIN A MONTH	18	21.7 (9.3, 33.8)
WITHIN THREE MONTHS	16	23.1 (5.1, 41.5)
WITHIN SIX MONTHS	6	5.7 (0.7, 10)
WITHIN A YEAR	6	10.2 (0, 26.5)
MORE THAN A YEAR	10	15.4 (0, 38.1)
PLACES WHERE MEN WHO BUY ANAL SEX WERE MOSTLY FOUND		
ONLINE/SOCIAL MEDIA	44	61.0 (35.2, 87.7)
LOCALIZATION	0	
KARAOKE	2	2.7 (0, 6.6)
BAR	5	6.1 (0, 23.2)
STREET/GARDEN	9	15.6 (7.3, 24.5)
MASSAGE PARLORS	1	1.2 (0.4, 5.3)
PIMPS	3	3.0 (0.4, 5.0)
MALL	1	0.7 (0.4, 1.0)
USED LUBRICANT LAST TIME SOLD SEX	51	78.8 (68.2, 89.6)
USED CONDOM LAST TIME SOLD SEX	47	66.8 (54.1, 80.1)
REASONS FOR NOT USING CONDOM LAST TIME SELLING ANAL SEX *		
ASHAMED TO BUY	5	18.4 (0, 44.0)
FORGOT TO MAKE IT AVAILABLE	11	38.3 (0, 78.3)
REDUCES PLEASURE	3	11.8 (0, 28.6)
ASHAMED TO ASK SEXUAL PARTNER TO USE	1	3.6 (3.6, 3.6)
PARTNER REFUSE TO USE	8	27.9 (9.2, 46.3)
WOULD STILL HAVE COMMERCIAL ANAL SEX IF CONDOM WAS NOT AVAILABLE	29	42.6 (29.1, 56.8)

*No response for very expensive, difficult to use, trust my partner.

Of the AY/MSM that reported selling sex, 27% reported obtaining a condom from customers and 26% reported buying them the last time they sold anal sex (Figure III.4).

FIGURE III.4. OBTAINING CONDOMS THE LAST TIME SELLING SEX AMONG AY/MSM, BANDUNG, INDONESIA, 2018/2019



Transgender sex partners (TG)

Twenty-four percent of AY/MSM reported having a TG partner in the past six months, among which 49% used a condom and 50% used lubricant at last anal sex. Twenty-nine percent always used a condom with their TG partner in the past six months (Table III.8). Of those MSM who did not use a condom with their TG partner at the last time of sexual intercourse the most common reason was 'forgot' at 37% with 'ashamed to buy' and 'reduces pleasure' coming next with 19% and 20%, respectively.

Table III.8. Anal sex behaviors with TG partners among AY/MSM, Bandung, Indonesia, 2018/2019

INDICATOR	N	% (95% CIS)
HAD ANAL SEX WITH TG PARTNER IN THE PAST SIX MONTHS	48	24.1 (15.6, 32.6)
USED LUBRICANT AT LAST ANAL SEX WITH TG PARTNER	24	50.3 (23.0, 77.4)
USED CONDOM AT LAST ANAL SEX WITH TG PARTNER	23	49.5 (35.3, 64.2)
FREQUENCY OF CONDOM USE DURING ANAL SEX WITH TG PARTNER IN LAST SIX MONTHS		
NEVER	11	20.5 (5.6, 34.1)
SOMETIMES (LESS THAN 50%)	17	41.3 (0, 94.3)
OFTEN (MORE THAN 50%)	3	9.2 (0, 23.8)
ALWAYS	12	28.9 (0, 90.9)

Female sex partners

Among AY/MSM, 38% had sex with a female partner in the past six months, of which 49% used a condom at last sex. Thirty four percent always used a condom with their female partner in the past six months, 28% used a condom sometimes, and 30% reported never using a condom.

Table III.8. Anal sex behaviors with TG partners among AY/MSM, Bandung, Indonesia, 2018/2019

INDICATOR	N	% (95% CIS)
HAD SEX WITH A FEMALE PARTNER IN THE PAST SIX MONTHS	77	38.0 (29.8, 46.1)
USED CONDOM AT LAST SEX WITH FEMALE PARTNER	41	49.0 (36.1, 61.5)

FREQUENCY OF CONDOM USE WITH FEMALE PARTNER IN LAST 6 MONTHS		
NEVER	17	30.1 (15.8, 45.0)
SOMETIMES (LESS THAN 50%)	19	28.3 (13.0, 43.6)
OFTEN (MORE THAN 50%)	7	7.7 (2.0, 13.0)
ALWAYS	23	34.0 (18.5, 49.0)

Sexual Violence

Thirty-one percent of AY/MSM reported being forced to have sex during their first anal sex and 14% reported ever being forced to have anal sex against their will (Table III.10). Of those that were ever forced to have anal sex against their will, 61% were forced by a friend, 19% were forced by stranger, and 20% were forced by someone who paid them.

Table III.10. Sexual violence among adolescent and young MSM, Bandung, Indonesia, 2018/2019

INDICATOR	N	% (95% CIS)
FORCE DURING FIRST ANAL SEX		
	60	31.3 (23.3, 39.1)
EVER FORCED (AGAINST YOUR WILL) TO HAVE ANAL SEX		
	32	14 (8.6, 20.4)
PERSON WHO FORCED TO HAVE ANAL SEX IN THE PAST YEAR		
SOMEONE WHO PAID YOU	8	20.5 (9.4, 30.5)
FRIEND	4	18.7 (2.2, 36.2)
STRANGER	18	60.7 (43.6, 78.1)
EVER FORCED TO PERFORM ORAL, ANAL (OR VAGINAL) SEX BECAUSE MSM		
	25	11.3 (6.3, 16.3)

Stigma and Discrimination

Only 13% of AY/MSM have family that know they have sex with males, among which, most (80%) reported that their mother knew and 42% reported that family members express aversion towards them because of having sex with males (Table II.11). Twenty-seven percent reported that friends express aversion towards them, 3% that an attending physician, nurse or staff of a clinic or hospital refused treatment, and 9% that they received poorer care or services from doctors, nurses or staff of a clinic or hospital compared to other patients because they know participant is AY/MSM. Of all types of support persons available, most AY/MSM sought support from friends who identify as female (48%) or friends (38%) when experiencing trouble because of stigma about having sex with males. From a list of possible experiences because of having sex with males, most AY/MSM saw or heard about AY/MSM being subject to gossip (51%), teased, insulted or scorned (48%) or being excluded from certain social groups (37%) because they have sex with males

Table III.11. Stigma and discrimination among AY/MSM, Bandung, Indonesia, 2018/2019

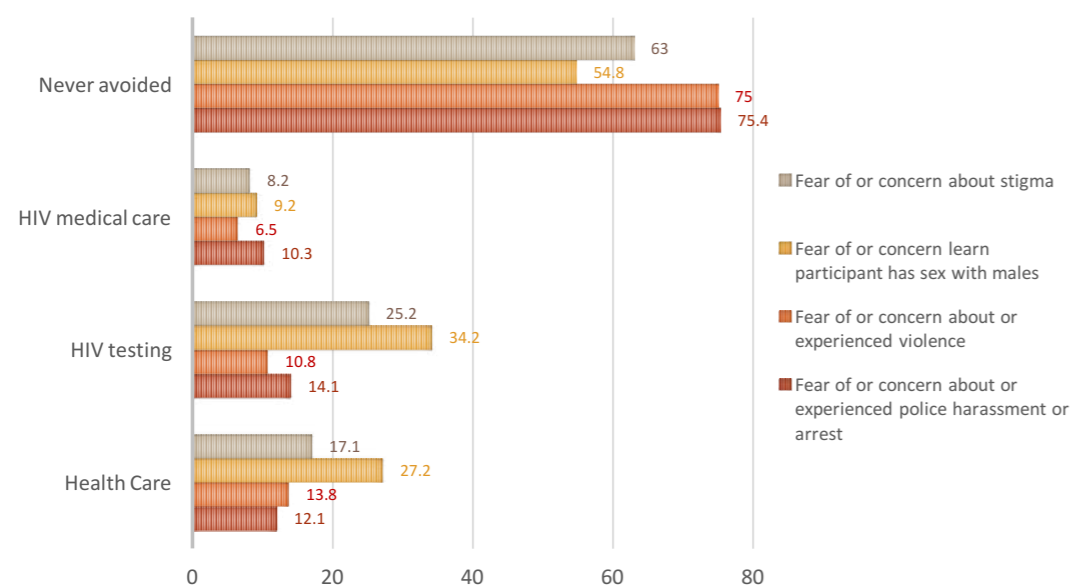
INDICATOR	N	% (95% CIS)
FAMILY KNOWS HE HAS SEX WITH MEN		
	29	13.1 (8.0, 18.1)
PERSONS WHO KNOW THAT HE HAS SEX WITH MEN		
MY MOTHER	22	80.5 (63.0, 99.0)
MY FATHER	16	69.5 (37.0, 104.1)
MY SIBLINGS	17	62.1 (42.2, 81.7)

OTHER FAMILY (GRANDPARENT, AUNT, UNCLE, ETC)	13	60.5 (42.5, 82.0)
EXPRESS AVERSION* IN THE PAST 12 MONTHS BECAUSE HE HAS SEX WITH MEN		
FROM FAMILY MEMBERS	11	42.0 (22.0, 62.2)
FRIENDS	50	27.0 (19.7, 34.1)
EXPERIENCE BECAUSE HE HAS SEX WITH MEN		
ATTENDING PHYSICIAN, NURSE OR STAFF OF CLINIC/HOSPITAL REFUSED SERVICE	9	3.0 (1.1, 4.8)
RECEIVED POORER CARE/SERVICES FROM DOCTOR, NURSE/CLINIC/HOSPITAL STAFF COMPARED TO OTHER PATIENTS	20	8.8 (5.1, 12.5)
PERSONS WHO TO TALK TO WHEN HE HAS A PROBLEM BECAUSE HE HAS SEX WITH MEN		
FAMILY	4	1.5 (0, 3.0)
FRIEND	79	38.1 (30.2, 46.0)
FRIENDS WHO ALSO HAVE SEX WITH MEN	101	47.8 (39.5, 56.1)
PARTNER	4	1.5 (0.1, 2.8)
PIMPS	21	11.1 (5.6, 16.6)
EVER SEEN/HEARD MSM EXPERIENCE		
BEING EXCLUDED FROM PARTICULAR SOCIAL GROUPS	87	37.3 (29.2, 45.3)
BEING ABANDONED BY A PARTNER	64	26.8 (19.4, 34.1)
BEING ABANDONED BY FAMILY	77	35.2 (28.0, 42.5)
BEING TEASED, INSULTED OR SCORNED	106	48.0 (40, 56.2)
BEING GOSSIPED ABOUT	110	50.6 (41.4, 60)
WHO DON'T WANT TO BE INVOLVED IN COMMUNITY	60	25.0 (18.3, 31.6)
LOST JOB	48	23.6 (16.5, 30.8)
HAVING PROPERTY TAKEN AWAY	24	8.5 (5.3, 11.8)
HAVEN'T SEEN/HEARD ANY OF THOSE ABOVE	48	24.4 (17.5, 31.3)

*not wishing to speak, speaking sarcastically about participant, blaming, scolding, or gossiping about participant.

Most AY/MSM never avoided HIV medical care, HIV testing or health care due to types of stigma, violence, harassment or arrest (Figure III.5). Of the few that ever received HIV medical care, 10% or less reported avoiding seeking HIV medical care because of any type of stigma, violence, harassment or arrest. Of those who reported seeking an HIV test in the past year, 34% reported that it was because of fear of or concern about someone learning they have sex with males and 25% reported that it was because of fear of or concern about stigma. Twenty-seven percent of AY/MSM reported avoiding health care because of the fear of someone learning they have sex with males. Fourteen percent or less avoided seeking any services because of fear of or concern about or experienced violence or police harassment or arrest.

FIGURE III.5. AVOIDANCE OF SERVICES IN THE PAST YEAR AMONG AY/MSM, BANDUNG, INDONESIA, 2018/2019



HIV/AIDS Information

Fifty percent of AY/MSM received HIV prevention information from an NGO or community in the past year and 79% ever received information about HIV prevention (Table III.12). Of the types of information, 54% received information regarding safe sex and contraception methods. Thirty-six percent received condoms and lubricants from outreach service, drop-in center, sexual health clinic in past three months.

Table III.12. Sources of HIV/AIDS information among AY/MSM, Bandung, Indonesia, 2018/2019

INDICATOR	N	% (95% CIS)
RECEIVED INFORMATION ABOUT HIV PREVENTION FROM NGO OR COMMUNITY IN PAST YEAR	93	50.3 (42.1, 58.7)
EVER RECEIVED INFORMATION ABOUT HIV PREVENTION	154	78.7 (72.1, 85.3)
TYPE OF INFORMATION ON HIV PREVENTION RECEIVED		
SAFE SEX AND CONTRACEPTION METHODS	94	54.5 (44.8, 63.9)
HIV TEST	45	27.5 (19.4, 35.7)
HIV TREATMENT	29	18.0 (10.4, 25.5)
RECEIVED CONDOMS/LUBRICANTS FROM OUTREACH/DROP-IN CENTER/SEXUAL HEALTH CLINIC IN PAST THREE MONTHS	77	36.0 (28.3, 43.6)
RECEIVED COUNSELING ON CONDOM USE/SAFE SEX (E.G., THROUGH OUTREACH/DROP-IN CENTER/SEXUAL HEALTH CLINIC) IN PAST THREE MONTHS	86	42.6 (34.7, 50.5)
TESTED FOR SEXUALLY TRANSMITTED INFECTIONS IN PAST THREE MONTHS	48	22.1 (15.6, 28.7)
HAS EVER HEARD OF A PROGRAM CALLED LOLIPOP	54	27.8 (20.1, 35.6)

SOURCES FOR HEARING ABOUT THE LOLIPOP PROGRAM

HEALTH OFFICER	7	9.1 (1.3, 16.4)
FIELD WORKER FROM NGO	37	71.2 (57.0, 86.0)
SOCIAL MEDIA	2	6.3 (0, 19.6)
INTERNET	2	2.5 (0, 6.0)
LEAFLET/BROCHURE	3	7.9 (0, 18.6)
EVENT	3	3.0 (0, 5.7)

HAS EVER COME TO THESE HEALTH SERVICES

	136	64.0 (54.2, 74.0)
--	-----	-------------------

HAS EVER COME TO ONE OR MORE OF THESE HEALTH SERVICES (MULTIPLE CHOICE)*

PUSKESMAS IBRAHIM ADJIE	71	53.0 (42.0, 63.8)
PUSKESMAS GARUDA	48	36.4 (24.5, 48.4)
PUSKESMAS ARCAMANIK	8	3.7 (0.4, 6.9)
PUSKESMAS PAGARSIH	2	1.0 (0, 2.2)
PUSKESMAS KOPO	11	8.5 (3.2, 13.8)
PUSKESMAS UJUNG BERUNG INDAH	1	0.5 (0, 1.2)
PUSKESMAS PUTER	28	24.5 (13.8, 35.6)
PUSKESMAS PASUNDAN	19	15.0 (7.1, 22.7)
RSUD UJUNG BERUNG	26	20.6 (12.5, 29.0)
RS IMMANUEL	9	5.6 (1.0, 10.1)
KLINIK MAWAR PKBI	25	20.7 (12.2, 29.2)
PUSKESMAS PASIR KALIKI	4	2.3 (0.2, 4.5)
PUSKESMAS CIBIRU	8	5.6 (0.8, 10.3)
PUSKESMAS BABAKAN SARI	4	2.6 (0.3, 5.0)
RS ADVENT	6	4.0 (0.1, 7.9)

LAST TIME A SERVICE WAS VISITED

LAST WEEK	22	16.0 (8.3, 23.6)
LAST MONTH	30	25.0 (15.4, 34.7)
LAST THREE MONTHS	37	26.4 (17.1, 35.8)
LAST SIX MONTHS	16	14.2 (6.5, 22.1)
LAST YEAR	16	10.8 (3.3, 18.3)
MORE THAN LAST YEAR	12	7.4 (3.0, 11.7)

ACTIVITY AT LAST VISIT (MULTIPLE CHOICE)**

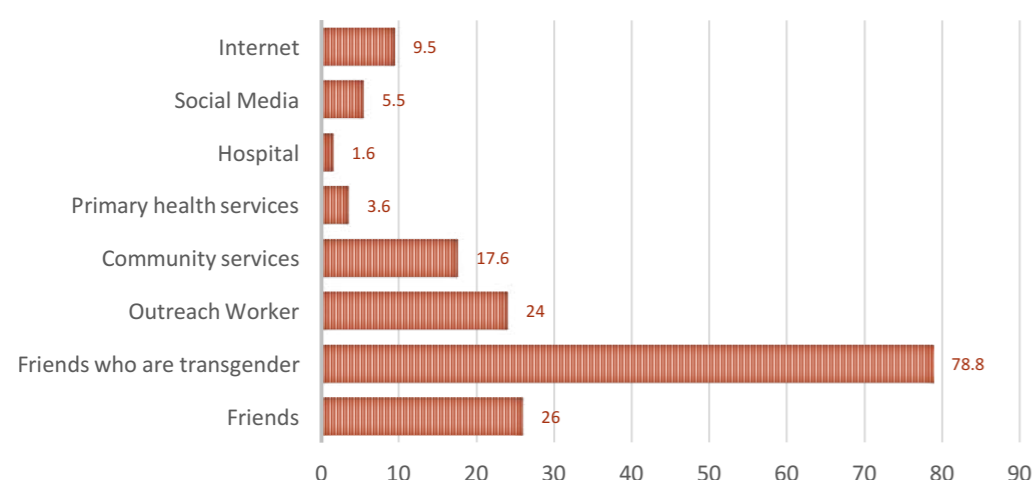
ACCESS MEDICAL TREATMENT FOR COMMON SICK	21	11.0 (5.8, 15.9)
ACCESS MEDICAL TREATMENT FOR STI	19	13.3 (7.2, 19.4)
ACCESS HIV TEST	85	64.8 (55.4, 74.1)
ACCESS INFORMATION ABOUT HIV PREVENTION	19	13.0 (6.1, 19.8)
ACCESS COUNSELLING FOR ADOLESCENT	8	6.0 (1.6, 10.2)
ACCESS FOR CONDOMS	8	7.1 (1.7, 12.5)
ACCESS TREATMENT FOR FAMILY/FRIEND	7	3.3 (0.3, 6.0)
ACCESS ARV	11	10.5 (3.0, 18.1)

*No response to Puskesmas Kujangsari, RS Bungsu.

**No response for access for needle and syringe, access medical treatment for pregnant woman.

Most AY/MSM reported that they received exposure to HIV information friends who also have sex with men (78%) (Figure III.6).

FIGURE III.6. SOURCES OF HIV/AIDS INFORMATION AMONG AY/MSM, BANDUNG, INDONESIA, 2018/2019



Most AY/MSM believed that knowing their HIV status was very necessary (Table III.13). When reporting self-assessed HIV risk, only 7% knew they were living with HIV, over half considered themselves to have some risk or high risk, and 24% did not know their risk. Over half reported they believe condoms are 'somewhat' effective in preventing HIV infection during anal sex and 12% did not know.

Table III.13. HIV/AIDS risk, knowledge and beliefs among AY/MSM, Bandung, Indonesia, 2018

INDICATOR	N	% (95% CIS)
SELF-ASSESSED RISK FOR HIV INFECTION		
HIGH RISK	53	27.2 (18.4, 36.0)
SOME RISK	62	32.5 (24.5, 40.4)
LOW RISK	26	9.4 (5.1, 13.8)
ALREADY HAVE HIV	17	7.0 (3.4, 10.5)
DON'T KNOW	51	24.0 (17.3, 30.7)
LEVEL OF CONDOM EFFECTIVENESS IN PREVENTING HIV INFECTION DURING ANAL SEX		
VERY	64	28.7 (21.6, 35.7)
SOMEWHAT	111	55.6 (47.8, 63.4)
NOT EFFECTIVE	9	3.8 (1.1, 6.6)
DON'T KNOW	25	11.8 (6.6, 17.1)
LEVEL OR IMPORTANCE KNOWING HIV STATUS		
VERY NECESSARY	145	69.6 (62.2, 77.0)
NECESSARY	45	21.2 (14.4, 28.0)
NOT SO NECESSARY	3	2.1 (0, 5.6)
NOT NECESSARY AT ALL	2	0.9 (0, 2.0)
DON'T KNOW	14	6.1 (2.3, 9.8)
HAS EVER HEARD ABOUT HIV		
	181	85.7 (79.9, 91.5)
SOURCES OF INFORMATION ABOUT HIV (MULTIPLE RESPONSES POSSIBLE)		
RADIO	13	7.4 (2.9, 11.9)
TV	47	28.8 (21.5, 36.1)
NEWSPAPER/MAGAZINE	17	7.9 (4.0, 11.6)
POSTER/LEAFLET/BOOKLET	17	11.5 (5.1, 17.8)

DOCTOR/NURSE	39	18.4 (12.8, 25.0)
NGO FIELD OFFICER	59	35.3 (26.7, 44.0)
FRIENDS OF THE SAME AGE	69	36.1 (27.9, 44.3)
FRIENDS AT WORK	9	6.2 (1.3, 11.2)
HIV TEST COUNSELOR	49	25.6 (18.1, 32.9)
SESSION WITH NGO	33	20.1 (12.7, 24.5)
PIMP	1	1.7 (0, 5.1)
INTERNET/WEBSITE/BLOG	74	40 (30.9, 49.1)
SOCIAL MEDIA/CHATTING	53	26.8 (18.0, 35.4)
OTHERS	20	9.2 (5.0, 13.5)
SOMEONE WHO LOOKS HEALTHY CAN BE LIVING WITH HIV		
	113	53.8 (45.2, 62.5)
POSSIBLE TO REDUCE HIV INFECTION RISK BY USING A CONDOM DURING EACH SEXUAL INTERCOURSE		
	159	77.7 (71.4, 83.9)
IT IS POSSIBLE TO REDUCE HIV TRANSMISSION RISK BY HAVING SEX ONLY WITH ONE UNINFECTED FAITHFUL SEXUAL PARTNER		
	134	65.9 (57.9, 73.8)
SOMEONE CAN BE INFECTED WITH HIV THROUGH A MOSQUITO BITE		
	32	15.2 (9.9, 20.6)
BELIEVES SOMEONE CAN GET HIV BY PERFORMING ORAL SEX		
	143	67.0 (59.3, 74.8)
IT IS POSSIBLE TO BECOME HIV INFECTED BY SHARING A MEAL WITH SOMEONE LIVING WITH HIV		
	38	18.4 (11.9, 24.9)
A FEMALE LIVING WITH HIV CAN INFECT THEIR CHILDREN WHEN PREGNANT/ BREASTFEED		
	162	76.7 (70.7, 82.7)
SOMEONE CAN REDUCE HIS/HER HIV INFECTION RISK BY TAKING ANTIBIOTICS AFTER HAVING SEXUAL INTERCOURSE		
	33	15.1 (9.4, 20.8)
THERE IS NO MEDICINE TO CURE HIV, IT IS ONLY TO SLOW IT DOWN.		
	163	78.4 (71.5, 85.2)
WHEN SOMEONE LIVING WITH HIV SHOULD START TAKING MEDICATION		
RIGHT AWAY AFTER DIAGNOSIS	160	73.7 (66.7, 80.8)
WHEN PERSON FEELS SICK	22	12.7 (7.6, 17.8)
WHEN THAT PERSON IS DYING		
DON'T KNOW	27	13.5 (7.9, 19.1)

HIV TESTING

Nearly 80% of AY/MSM knew where to go to have an HIV test if wanted and 64% ever had an HIV test (Table III.14). Most (67.6%) had an HIV test within the past six months, that having an HIV test was very easy (35%) or somewhat easy (31%). The most cited reason for not having an HIV test was 'feeling healthy' (39%). Forty five percent reported that they had an HIV test by their own will and 74% reported having their last test at a community health clinic. One quarter chose the location of their last HIV test based on a referral from an NGO or outreach worker and 34% were accompanied by a friend. Eighty three percent received pre-test counseling, 79% received post-test counseling and 95% signed consent themselves. Of the 94% who received a result from that last HIV test, 30% received a positive test result.

Table III.14. HIV/AIDS testing among AY/MSM, Bandung, Indonesia, 2018/2019

INDICATOR	N	% (95% CIS)
KNOWS WHERE TO GO TO HAVE AN HIV TEST IF WANTED		
	170	79.7 (73.0, 86.4)
EVER HAD AN HIV TEST		
	130	64.0 (54.6, 73.6)
TIME OF LAST HIV TEST		
LESS THAN 3 MONTHS	43	31.6 (21.6, 41.6)
3-6 MONTHS	45	36.0 (24.5, 47.5)
6- 12 MONTHS	15	12.6 (5.4, 19.9)
MORE THAN 12 MONTHS	25	18.4 (9.1, 27.7)
DON'T KNOW/ DON'T REMEMBER	2	1.3 (0, 3.1)
FACILITY HAVING AN HIV TEST		
VERY EASY	71	35.0 (26.8, 43.0)
SOMEWHAT EASY	69	31.3 (23.4, 39.2)
A LITTLE DIFFICULT	22	11.8 (7.04, 16.6)
VERY DIFFICULT	7	3.8 (04, 7.4)
DO NOT KNOW	40	18.0 (12.2, 24.0)
REASON FOR NOT HAVING AN HIV TEST (MAY PICK MORE THAN ONE ANSWER)*		
FEELING HEALTHY	30	39.3 (27.5, 50.8)
NOT AT RISK (ALWAYS USE CONDOM/ KNOW PARTNERS)	7	6.8 (2.2, 11.1)
PLACE OF SERVICE IS FAR	3	4.1 (0, 9.9)
COST OF SERVICE IS EXPENSIVE	6	5.1 (0.37, 9.4)
DO NOT KNOW WHERE TO GO	20	22.2 (5.6, 38.2)
AFRAID SOMEONE WILL FIND OUT THE RESULT	14	17.6 (7.3, 27.8)
AFRAID OF GETTING SICK	12	19.9 (10, 30.3)
AFRAID OF DYING	9	10.4 (3.8, 16.7)
WORRIED ABOUT AND BEING JUDGED BY FAMILY	16	24.1 (6.3, 42.1)
WORRIED ABOUT AND BEING JUDGED BY NEIGHBOR	10	18.6 (12.8, 25.4)
WORRIED ABOUT BEING JUDGED BY COMMUNITY	13	22.6 (12.7, 33.3)
WORRIED ABOUT BEING JUDGED BY HEALTH CARE WORKER	8	12.6 (3.6, 22.0)
SUGGEST/SEND/REFER YOU TO DO THAT LAST TEST**		
MY OWN WILL	52	45.5 (33.7, 58.0)
HEALTH OFFICER	10	8.5 (2.7, 14.6)
FRIEND	37	25.6 (16.2, 34.8)
OUTREACH WORKER	15	10.8 (4.8, 16.7)
PARTICIPATE IN A RESEARCH/ SURVEY	2	1.1 (0, 2.1)
PARTNER	13	7.5 (2.5, 12.2)
PLACE OF LAST TEST		
COMMUNITY HEALTH CENTER	97	74.1 (65.0, 83.3)
HOSPITAL	11	9.2 (2.5, 15.9)
LABORATORY (EG : PRODIA, PRAMITA)	3	2.5 (0, 5.1)

COMMUNITY CLINIC/NGO (EG: KLINIK MAWAR)	18	13.3 (6.6, 20)
MOBILE TESTING UNIT	1	0.7 (0, 2.1)
MAIN REASON PLACE OF LAST HIV TEST WAS SELECTED		
FAR FROM FAMILY/COMMUNITY	9	8.3 (0.95, 15.7)
NEAR HOME	26	21.5 (12.0, 31.0)
COMFORT	18	12.8 (6.2, 19.4)
CHEAP	6	6.4 (0, 16.0)
CONFIDENTIAL	7	4.7 (1.2, 8.2)
REFERENCE FROM FIELD OFFICER/ NGO	27	24.9 (15.5, 34.4)
REFERENCE FROM FRIEND	23	15.5 (6.4, 24.5)
SHORTER WAITING TIME TO MEET HEALTH PERSONNEL	4	2.6 (0, 7.1)
QUICK RESULT	6	3.1 (0.9, 15.7)
PERSON ACCOMPANYING DURING LAST TEST^		
I WAS ALONE	34	30.1 (19.1, 41.3)
MY PARTNER/SPOUSE	19	12.2 (5.7, 18.6)
MY FRIEND	43	34.0 (24.0, 44.0)
OUTREACH WORKER	33	23.0 (14.7, 31.1)
MY SIBLINGS/RELATIVES	1	0.8 (0, 2.1)
RECEIVED ANY COUNSELING BEFORE TAKING LAST TEST		
	105	83.3 (75.8, 90.8)
PERSON WHO SIGNED INFORM CONSENT/PERMISSION FOR TEST		
I SIGNED IT	111	94.7 (91.5, 98.2)
SIGNED BY PARENT/ PARTNER/ SPOUSE	1	0.2 (0, 0.4)
SIGNED BY HEALTH WORKER	4	1.7 (0.3, 4)
SIGNED BY OUTREACH WORKER	1	0.8 ((0, 2.5)
THERE WAS NO INFORMED CONSENT	5	2.5 (0, 5.3)
RECEIVED ANY COUNSELLING AFTER LAST TEST		
	107	78.6 (67.4, 89.2)
RECEIVED RESULT FROM LAST TEST		
	124	93.7 (87.3, 99.8)
SELF REPORTED RESULT OF LAST TEST		
POSITIVE	35	30.5 (20.6, 40.5)
NEGATIVE	79	65.0 (54.3, 75.5)
INDETERMINATE	5	4.5 (0.9, 8.1)

*No response for afraid to know the status, it is not important for me, do not want to start medication.

**No response for testing at work, pimp. ^No response for Friends who also had Anal/oral sex with man/TG, parents.

ANTIRETROVIRAL (ARV) USAGE IN HIV-POSITIVE AY/ MSM

Among AY/MSM who received a positive HIV test result, all reported starting ARV treatment either right away or within a month (Table III.15). Most received their treatment from a private hospital, that they had their treatment either 'today' or 'yesterday'. Thirty five percent (n=2) of AY/MSM reported that they intentionally did not go back to the testing site to get their test result.

Table III.15. ARV usage among HIV-positive AY/MSM, Bandung, Indonesia, 2018

INDICATOR	N	% (95% CIS)
STARTED ARV TREATMENT	35	100
TIME AFTER HIV DIAGNOSIS ANTIRETROVIRAL (ARV) THERAPY WAS STARTED		
RIGHT AWAY	16	35.7 (13.2, 56.5)
LESS THAN 1 MONTH	14	53.6 (34.8, 74.6)
1-2 MONTHS AFTER DIAGNOSED	3	6.4 (0, 22.5)
3-6 MONTHS AFTER DIAGNOSED	2	4.2 (0, 8.3)
WHERE ARV WAS OBTAINED		
KLINIK TERATAI RSHS	8	16.6 (5.7, 26.8)
PRIVATE HOSPITAL	19	60.8 (37.3, 85.1)
PUSKESMAS	2	4.1 (0, 9.5)
PRIVATE DOCTOR	6	18.3 (2.8, 33.8)
LAST TIME ANTIRETROVIRAL THERAPY MEDICINE WAS TAKEN		
TODAY	15	41.7 (11.1, 72.2)
YESTERDAY	13	41.6 (12.3, 71.7)
LAST WEEK	1	4.1 (2.5, 5.8)
LAST MONTH	4	9.3 (0, 18.5)
LAST SIX MONTHS	2	3.1 (0, 6.6)
REASON FOR NOT GETTING A TEST RESULT		
INTENTIONALLY DIDN'T GO BACK TO GET IT	2	35.2 (0, 74.8)
FORGOT	1	21.6 (0, 59.8)
DO NOT KNOW WHERE TO GET IT	1	21.6 (0, 59.8)
KNOW FROM THE BEGINNING THAT I WON'T GET IT	1	21.6 (0, 60.3)

Health Seeking Behaviors and Quality of Services

Twenty one percent of AY/MSM experienced STI signs and symptoms in the last 12 months (Table III.16), of which most reported visiting a type of health care facility (Figure III.7). Among the few who did nothing when they experienced STI signs and symptoms, most reported that the symptoms went away. Twelve percent of AY/MSM reported experiencing signs and symptoms of tuberculosis (TB). Among the few who did nothing, 57% reported that they were feeling healthy. Thirteen percent experienced signs and symptoms of hepatitis. Of the few who did nothing, 48% reported that the symptoms went away.

Table III.15. ARV usage among HIV-positive AY/MSM, Bandung, Indonesia, 2018

INDICATOR	N	% (95% CIS)
EXPERIENCE ANY ITCHING, PAIN, INFLAMMATION, DISCHARGE, OR ULCER AROUND YOUR GENITAL OR ANAL AREAS IN PAST YEAR	47	21.4 (15.2, 27.6)
MAIN REASON FOR NOT TAKING ACTION WHEN ONE OR MORE SYMPTOMS WERE EXPERIENCED		
STILL FEELING HEALTHY	7	16.0 (3.6, 28.2)
INCONVENIENCE AND UNCOMFORTABLE SERVICE	2	3.7 (0, 12.7)
DON'T KNOW PLACE OF SERVICE	3	7.6 (0, 18.3)
FEEL ASHAMED	5	20 (6.8, 34.2)
SYMPTOMS WENT AWAY	22	52.8 (36.0, 69.0)

EXPERIENCED ANY COUGH, BREATHLESSNESS AND COLD SWEATS AT NIGHT MORE THAN TWO WEEKS IN PAST YEAR

20 12.2 (6.7, 17.7)

MAIN REASON FOR NOT TAKING ACTION ONE OR MORE SYMPTOMS WERE EXPERIENCED

STILL FEELING HEALTHY 10 56.7 (39.4, 74.1)

INCONVENIENCE/UNCOMFORTABLE SERVICE 4 22.3 (22.2, 22.2)

DON'T KNOW PLACE OF SERVICE 1 6.2 (6.2, 6.2)

FEEL ASHAMED 1 4.2 (4.2, 4.2)

SYMPTOMS WENT AWAY 2 10.5 (0, 27.8)

EXPERIENCED ANY ABDOMINAL PAIN, DARK URINE, FEVER AND JOINT PAIN, NAUSEA VOMITING, NO APPETITE, TIRED AND YELLOW EYES IN PAST YEAR

28 12.5 (7.2, 17.7)

MAIN REASON FOR NOT TAKING ACTION ONE OR MORE SYMPTOMS WERE EXPERIENCED

STILL FEELING HEALTHY 9 33.2 (7.7, 58.2)

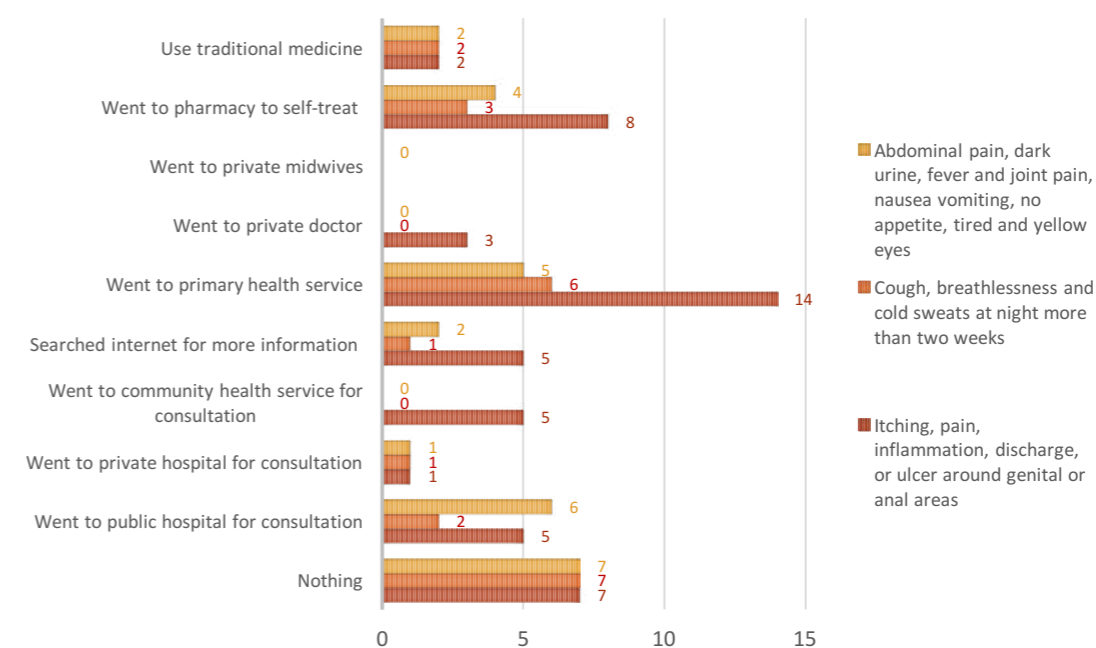
INCONVENIENCE /UNCOMFORTABLE SERVICE 2 14.0 (14.7, 14.7)

DON'T KNOW PLACE OF SERVICE 0 -

FEEL ASHAMED 1 4.2 (4.3, 4.3)

SYMPTOMS WENT AWAY 13 48.5 (22.8, 73.4)

FIGURE III.7. ACTION TAKEN WHEN EXPERIENCING SIGNS AND SYMPTOMS OF STIS AND OTHER COMMON DISEASES AMONG AY/MSM, BANDUNG, INDONESIA, 2018/2019



Online Access to Information

Sixty-nine percent of AY/MSM reported using online media to access information about HIV/AIDS, while 57% sought information about sexual and reproductive health through online media (Table III.17). Most accessed information from a blog (63%), and that the type of information sought was about HIV treatment (66%) and that information was sought once a month (64%). Fifty seven percent accessed information about sexual health, among which most accessed information from a blog (72%) and sought information about LGBT issues. Ease of access was reported by 84% as the reason for accessing information through online media versus other sources.

Table III.17. Online information access among AY/MSM, Bandung, Indonesia, 2018/2019

INDICATOR	N	% (95% CIS)
EVER SOUGHT INFORMATION ABOUT HIV/AIDS THROUGH ONLINE MEDIA		
	150	69.1 (61.8, 76.4)
TYPES OF ONLINE MEDIA ACCESSED FOR HIV/AIDS INFORMATION (MULTIPLE CHOICE ANSWER)		
OFFICIAL GOVERNMENT WEBSITE	36	24.5 (16.1, 33.0)
OFFICIAL GOVERNMENT APP	6	3.0 (0.4, 5.3)
OFFICIAL NGO WEBSITE	35	24.3 (16.6, 32.2)
OFFICIAL NGO APP	7	4.4 (0.6, 8.3)
ONLINE NEWSPAPER	18	11.7 (5.6, 17.7)
BLOG	92	63.4 (54.2, 72.8)
FACEBOOK	37	20.1 (13.0, 27.2)
TWITTER	26	19.5 (11.1, 28.0)
INSTAGRAM	38	24.2 (15.7, 32.7)
WHATSAPP	23	13.2 (6.4, 20)
LINE	12	6.4 (2.5, 10.3)
YOUTUBE	12	11.5 (4.6, 18.6)
TYPES OF HIV/AIDS INFORMATION SOUGHT (MULTIPLE CHOICE ANSWER)		
CONDOM	48	34.2 (25.5, 43.0)
SAFE INJECTING DRUGS	13	9.0 (4.0, 14.1)
SEXUAL TRANSMITTED DISEASE	61	41.1 (32.1, 50.2)
HIV PREVENTION	117	77.1 (69.2, 85.1)
HIV TESTING	77	50.1 (40.7, 59.5)
HIV TREATMENT	92	65.7 (58.0, 74.0)
HIV SYMPTOMS	3	1.8 (0, 4.1)
HIV INFECTIONS	3	2.4 (0, 5.3)
NUMBER OF TIMES INFORMATION ACCESSED THROUGH ONLINE MEDIA IN PAST MONTH		
ONCE IN A MONTH	96	64.5 (55.2, 74.0)
2 – 3 TIMES IN A MONTH	35	23.1 (14.5, 31.6)
4 – 5 TIMES IN A MONTH	5	2.0 (0, 4.0)
6 – 7 TIMES IN A MONTH	2	0.5 (0, 1.1)
MORE THAN 7 TIMES IN A MONTH	12	10 (3.8, 16.2)
EVER SOUGHT INFORMATION ABOUT SEXUAL HEALTH THROUGH ONLINE MEDIA		
	123	57.4 (48.8, 66.0)
SOURCES OF ONLINE MEDIA ACCESSED TO FIND INFORMATION ABOUT SEXUAL HEALTH (MULTIPLE CHOICE ANSWER)		
OFFICIAL GOVERNMENT WEBSITE	30	22.4 (14.1, 30.5)
OFFICIAL GOVERNMENT APP	3	2.0 (0, 3.8)

OFFICIAL NGO WEBSITE	24	17.9 (9.1, 26.5)
OFFICIAL NGO APP	7	6.4 (1.2, 11.5)
ONLINE NEWSPAPER	18	15.2 (8.2, 22.3)
BLOG	83	71.8 (63.5, 81.0)
FACEBOOK	28	23.7 (13.8, 33.6)
TWITTER	17	13.8 (7.0, 20.7)
INSTAGRAM	37	29.0 (18.4, 39.2)
WHATSAPP	17	9.5 (5.0, 13.4)
LINE	8	4.5 (1.0, 7.8)
YOUTUBE	14	13.5 (5.3, 22.0)
TYPES OF SEXUAL HEALTH INFORMATION SOUGHT (MULTIPLE CHOICE ANSWER)		
GENDER	37	30.3 (20.8, 40)
HUMAN REPRODUCTIVE SYSTEM	48	38.6 (28.1, 49.0)
SEXUAL TRANSMITTED DISEASE	80	67.2 (56.4, 78.0)
SEXUALITY RIGHTS	33	25.0 (16.6, 33.0)
LESBIAN, GAY, BISEXUAL, & TRANSGENDER (LGBT) ISSUES	84	67.3 (57.3, 77.2)
MENSTRUATION	6	4.3 (0.5, 8.2)
WET DREAM	23	19.6 (11.1, 28.2)
ANAL SEX	69	57.2 (46.7, 68.0)
VAGINAL SEX	37	36.0 (26.0, 46.5)
ORAL SEX	58	48.0 (37.4, 58.4)
MASTURBATION	41	36.1 (23.8, 48.7)
REASONS FOR ACCESSING INFORMATION THROUGH ONLINE MEDIA VERSES ANY OTHER OPTIONS (MULTIPLE CHOICE ANSWER)		
RELIABLE INFORMATION	39	27.5 (18.7, 36.0)
CONFIDENTIAL	42	34.2 (22.7, 45.6)
EASY TO ACCESS	98	84.0 (77.5, 90.5)
UNDERSTANDABLE INFORMATION	60	47.8 (36.5, 59.0)
COMPREHENSIVE INFORMATION	34	24.5 (16.0, 33.0)
FAST	60	49.2 (38.0, 60.1)

HIV Prevalence

This survey found that 30% (n=63) of AY/MSM are living with HIV. This is twice as high (n=35) as those who reported that they received a positive HIV test result during their last test.

Discussion and Recommendations of AY/MSM Findings

HIGH HIV

HIV prevalence based on biological testing is high (30%) among AY/MSM. This survey identified many AY/MSM who had previously been unaware of their HIV status. This population needs to be closely monitored through ongoing research to monitor trends and risk behaviors. Immediate responses (see below) are needed to respond to this alarmingly high prevalence of HIV in such a young population.

HIGH LEVELS OF RISKY SEXUAL BEHAVIORS AND INCONSISTENT CONDOM USE

Most AY/MSM reported having their first sexual anal and oral encounter in their late teens (median: 18), having inconsistent condom use and having multiple partner types. Of those AY/MSM who reported having both steady and casual partners and around one third reported that



their steady and/or casual partners had other sexual partners. Tailored HIV/AIDS prevention messages must emphasize the importance of consistent condom use with all partners, especially when concurrency is involved. These programs should provide training on condom negotiating skills and address ways to reduce fear or shame from buying condoms. Pre-exposure prophylaxis (PREP) should be made available to MSM engaging in high-risk behavior.

AY/MSM REPORT COMMERCIAL AND HIGH-RISK BEHAVIOR

About 17% of AY/MSM bought anal sex from a male or TG in the past year, among which 50% reported using condoms at last sex. Thirty-two percent of AY/MSM reported selling anal sex, with about 67% reporting condom use at last sex. HIV prevention interventions targeting sexual risk behaviors related to commercial sex should engage both patrons and sex workers and encourage routine disease screening, consistent condom use, and increase accessibility to harm reduction options, such as PREP. Prevention messages should be tailored and delivered in venues where MSM meet clients for sexual encounters.

AY/MSM PREFER BOTH MALE AND FEMALE SEX PARTNERS

The majority of AY/MSM reported ever having sexual intercourse with a female and 38% reported having a sexual encounter with a female in the last six months. Among AY/MSM who reported having sex with females, half reported using condoms during their last sexual intercourse with a female. Development of HIV prevention interventions targeting pansexual men, should focus on the risks associated with inconsistent condom use with male, female and/or TG sexual partners. Health care providers and related NGO should encourage routine HIV testing. Future research should aim to gain a better understanding of the social context of homo, bi and pan-sexuality among reasons for not using condoms with male sex partners (regular or non-regular) included, reduced pleasure, partner refused, ashamed to ask, ashamed to buy, partner's trust MSM in Indonesia.

AY/MSM HAVE ACTIVE AND PASSIVE ROLES DURING SEX WITH MALE PARTNER

Most AY/MSM reported having both active (top) and passive (bottom) roles during sexual intercourse with male partners. Being the receptive partner in anal sexual intercourse has higher risk of HIV transmission than being the insertive partner. Interventions targeting sexual risk behaviors among MSM should include education about the risks associated with receptive and insertive anal sexual behavior. Widespread access to condoms and lubricants and harm reduction services are needed.

AY/MSM ARE NOT BEING REACHED BY HIV PREVENTION PROGRAMS

Roughly half of AY/MSM surveyed reported not being reached by HIV prevention programs. These finding highlights the need to prioritize the development and implementation of effective interventions tailored to meet the needs of AY/MSM in Bandung. Government, NGO and other stakeholders should conduct formative research to determine the best prevention strategies needed to reach MSM.

AY/MSM ENGAGE IN SEX WHILE UNDER THE INFLUENCE OF ALCOHOL AND DRUGS

AY/MSM reported frequent consumption of alcohol, many of whom reported engaging in sexual intercourse while under the influence of alcohol or drugs. Alcohol affects decision-making about safer sex, which can increase risk of HIV transmission. AY/MSM reported low amounts of drug usage with both non-injection and injection drugs. Of those that did report injecting drugs, 61% reported sharing a needle at last injection. Provision of substance abuse assessments, education, counselling, and treatment should be provided as a complete package of care to AY/MSM.

MANY AY/MSM ARE NOT AWARE OF THE RISKS ASSOCIATED WITH HIV INFECTION

Overall, HIV/AIDS knowledge was moderate among AY/MSM, ranging from 41% to 51% of MSM were not aware of the risks associated with HIV infection. The reported sources of HIV/AIDS information varied, with many reporting friends and peers and mass media as sources for HIV/AIDS information. The findings show a significant gap in the provision of HIV/AIDS education among AY/MSM in Bandung, Indonesia. Despite inconsistent knowledge about HIV risk, high risk behaviors and multiple partners, a large proportion of MSM perceived themselves at low or medium risk of being infected with HIV. The expansion of HIV/AIDS education programs to ensure all men have access to accurate HIV/AIDS prevention information should be prioritized when addressing this health issue.

RATES OF AY/MSM ACCESSING HIV TESTING ARE LOW

More than half of AY/MSM knew where to get an HIV test and 64% had ever been tested for HIV. Stigma and discrimination may deter MSM from accessing testing services, even if they are accessible. Efforts to control the spread of HIV among MSM should include the scale up of routine, MSM-friendly HIV testing centers.

HIV-POSITIVE AY/MSM HIGH LEVELS OF ARV USAGE

Among the AY/MSM who reported knowing their HIV positive status (30%), all reported starting ARV treatment. The majority reported taking their medicine recently. AY/MSM and other key populations should remain a top priority when addressing HIV/AIDS and ARV treatment should continue to be encouraged.

AVOIDING HEALTHCARE SERVICES DUE TO STIGMA AND DISCRIMINATION

Most AY/MSM did not report avoiding healthcare services due to stigma and discrimination. However, 25% reported avoiding seeking HIV testing due to concern or fear of stigma. Further

research is needed to understand the extent of influence stigma and discrimination have on accessing health care services.

AY/MSM HAVE STRONG SOCIAL NETWORKS

Given that this survey used a peer recruitment process to enroll AY/MSM, it is evident that this population has strong social networks. Among those who were ever tested for HIV, 34% were accompanied by a friend for their last HIV test. This knowledge of strong social ties should be harnessed to deliver appropriate harm reduction to AY/MSM.

SUMMARY OF KEY RECOMMENDATIONS

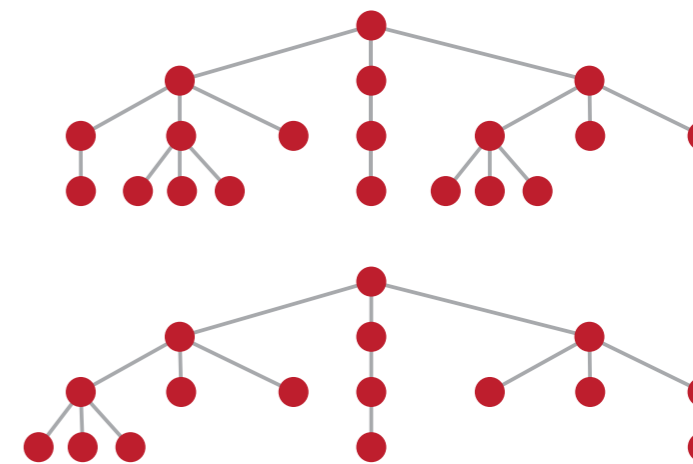
- Scale up evidenced-based HIV prevention interventions targeting AY/MSM; make use of online platforms to deliver HIV prevention messages.
- Scale-up coverage, routine screening for HIV and other STI, condom and lubricants distribution, and implementation of combination prevention services including PrEP.
- Integrate mental health services, to include substance abuse, into HIV and STI prevention programs targeting AY/MSM.
- Harness the finding that AY/MSM use online platforms to deliver education and increase awareness about human rights, sexual safety, health care and HIV transmission.
- Make use of the knowledge that AY/MSM have strong social networks and rely on peers for information and accessing HIV testing. This knowledge can be useful for building stronger harm reduction, HIV education and testing programs using peer resources.
- Educate health care and other service providers such as outreach workers on tailoring services to meet the specific needs of the AY/MSM population.
- Monitor stigma and discrimination in health care settings.
- Provide sensitivity training (including sexual orientation gender identity and expression – sexual characteristic or SOGIE-SC training) to health care and other service providers to ensure a welcoming and supportive environment to encourage AY/MSM to seek services when necessary.
- Scale-up peer educators and other outreach workers (in particular, peer workers) to provide education and to distribute condoms and lubricants to AY/MSM.
- Provide screening for STIs in HIV testing and counselling service centers.
- Integrate HIV testing and other disease screening services into HIV prevention programs for AY/MSM in both clinical and non-clinical settings.
- Scale up HIV/AIDS education services, including online education platforms.
- Form advocacy groups and coalitions to increase awareness and to create an environment that supports AY/MSM, involving MSM community such as Indonesia national MSM network (GWL INA).
- Conduct more research to understand the ARV uptake success by AY/MSM who are aware of their HIV positive status.
- Continue to monitor this highly vulnerable population through additional HIV IBBS survey; expand this research beyond Bandung.

4

Overview: Adolescent and Young Male to Female Transgender People (AY/TG)

Only 33 AY/TG were recruited into the survey. The findings presented here are not representative of the population and some confidence bounds are too wide to interpret.

FIGURE IV.1. RECRUITMENT GRAPH OF THE AY/TG SAMPLE (N=33)



Age, Education and Employment

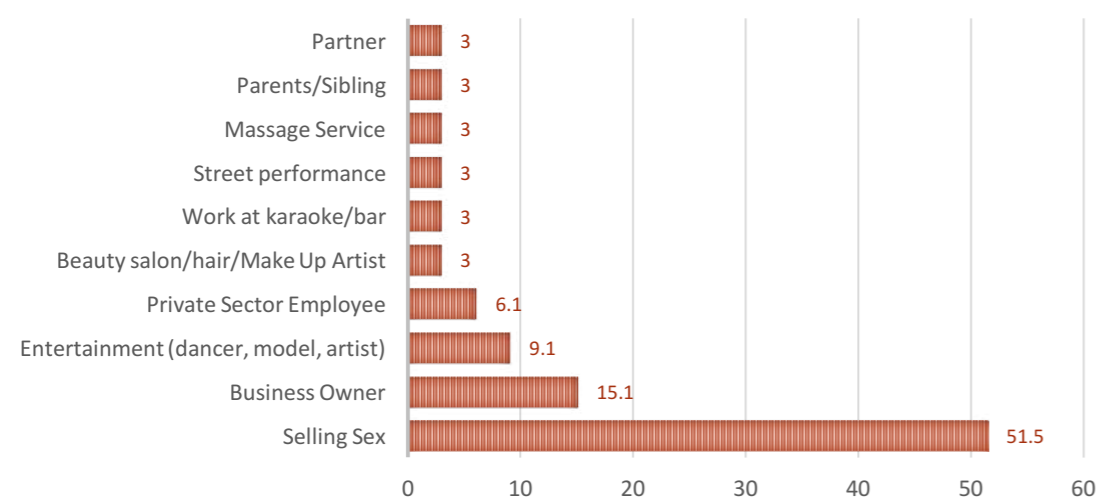
The majority of AY/TG in Bandung were 20 years and older (Table IV.1) with a median age of 23 (range: 16-24). All had any schooling, among which the majority reported having completed all or some of high school.

Table IV.1. Age and education among AY/TG, Bandung, Indonesia, 2018/2019

INDICATOR	N	% (95% CIS)
AGE		
15 – 19 YEARS OLD	2	6.1 (0, 14.6)
≥ 19 YEARS	31	93.9 (85.3, 102.5)
HIGHEST EDUCATION LEVEL		
ELEMENTARY	5	15.1 (2.2, 28.1)
JUNIOR HIGH SCHOOL	12	36.4 (19.0, 53.7)
SENIOR HIGH SCHOOL	16	48.5 (30.5, 66.5)
CURRENTLY ENROLLED IN SCHOOL	1	3.0 (0, 9.2)

Just over half of AY/TG in Bandung reported commercial sex work and 15% reported owing a business as their main source of income (Figure IV.2).

FIGURE IV.2. SOURCES OF INCOME AMONG AY/TG, BANDUNG, INDONESIA, 2018/2019



Marital Status and Living Situation

Ninety-seven percent of AY/TG were single, 33% reported living alone and 30% reported living with a steady male partner. (Table IV.2)

Table IV.2. Marital status and living situation among AY/TG, Bandung, Indonesia, 2018/2019

INDICATOR	N	% (95% CIS)
CURRENT MARITAL STATUS		
SINGLE	32	97.0 (90.8, 103.1)
MARRIED	1	3.0 (0, 9.2)
DIVORCE	0	-
LIVES WITH		
ALONE	11	33.3 (16.4, 50.3)
WITH FRIENDS AT KOST/DORM/ BOARDING HOUSE/APARTMENT	6	18.2 (4.3, 32.1)
STEADY MALE PARTNER	10	30.3 (13.7, 46.8)
FAMILY/SIBLINGS	6	18.2 (4.3, 32.1)

AY/TG Social Characteristics

SEXUAL BEHAVIORS WITH DIFFERENT TYPES OF PARTNERS

Seventy-three percent of AY/TG reported their most common role as passive or receiver during sexual relations with a male partner (Table IV.3). The median age at first sexual intercourse was 16 (range: 5 to 20). The median number of sex partners in the past month among AY/TG was ten. Most AY/TG reported having their last sexual intercourse within three days and 79% reported condom use during last anal penetrative sex with a male. Most AY/TG reported using a condom during their last oral sex with a male partner.

Table IV.3. General sexual behaviors with male partners among AY/TG, Indonesia, 2018

INDICATOR	N	% (95% CIS)
MOST COMMON ROLE/POSITION DURING ANAL SEX		
INSERTER/ACTIVE/TOP	1	3.0 (0, 9.2)
RECEIVER/PASSIVE/BOTTOM	24	72.7 (56.7, 88.8)
BOTH ACTIVE AND PASSIVE	8	24.2 (8.8, 39.7)
LAST ANAL SEX		
WITHIN 3 DAYS	25	75.8 (60.3, 91.2)
WITHIN A WEEK	5	15.1 (2.2, 28.1)
WITHIN A MONTH	2	6.1 (0, 14.6)
A MONTH TO SIX MONTHS	1	3.0 (0, 9.2)
CONDOM USED DURING LAST ANAL SEX		
	26	78.8 (64.1, 93.5)
NUMBER OF ANAL SEX PARTNERS IN PAST SIX MONTHS (PERSONS)		
MEDIAN, MEAN	10, 28.3	

Steady male partners

Sixty-seven percent reported having a steady male partner in the past year (Table IV.4), among which 67% reported the sexual identity of the partner as being male and 22% reported that this partner had other partners. Almost all AY/TG reported using lubricants during last anal sex with their steady partner, among which 77% reported always using a lubricants. Sixty four percent reported used a condom during last anal sex with a steady male partner, among which 67% had anal sex in the last three days and 50% 'always' used a condom during anal sex with their steady male partner. Forty-five percent of AY/TG reported they would still have anal sex with steady partner if a condom was not available. The most common reasons for not always using condoms during penetrative anal sex with regular male partners included that it 'reduces pleasure' and 'trust their partner'.

Table IV.4. Steady male sex partners among AY/TG, Bandung, Indonesia, 2018/2019

INDICATOR	N	% (95% CIS)
HAD NON-PAYING STEADY MALE SEX PARTNER IN THE PAST ONE YEAR		
	22	66.7 (49.7, 83.6)
GENDER IDENTITY OF STEADY PARTNER		
FEMALE	2	33.3 (0, 87.5)
MALE	4	66.7 (12.5, 100)
TRANSGENDER	0	-
CURRENT STEADY PARTNER ALSO HAS OTHER SEX PARTNER		
	6	22.3 (7.1, 47.5)
USED WATER-BASED LUBRICANT AT LAST ANAL SEX WITH STEADY PARTNER		
	21	95.4 (86.0, 100)

LAST MONTH FREQUENCY OF USING WATER-BASED LUBRICANTS DURING ANAL SEX WITH STEADY PARTNER *		
SOMETIMES (LESS THAN 50%)	4	18.2 (0.6, 35.7)
ALWAYS	17	77.3 (58.2, 96.3)
DON'T KNOW/ DON'T REMEMBER	1	4.5 (0, 14.0)
USED CONDOM AT LAST ANAL SEX WITH STEADY PARTNER		
	14	63.6 (41.8, 85.5)
LAST TIME HAD ANAL SEX WITH STEADY MALE PARTNER		
WITHIN 3 DAYS	10	66.7 (39.6, 93.7)
WITHIN A WEEK	2	13.3 (0, 32.8)
WITHIN A MONTH	2	13.3 (0, 32.8)
WITHIN A MONTH TO SIX MONTHS	1	6.7 (0, 21.0)
FREQUENCY OF CONDOM USE DURING ANAL SEX WITH STEADY MALE PARTNER IN LAST MONTH		
NEVER	2	9.1 (0, 22.1)
SOMETIMES (LESS THAN 50%)	9	40.9 (18.6, 63.2)
OFTEN (MORE THAN 50%)	0	--
ALWAYS	11	50 (27.3, 72.7)
WOULD STILL HAVE ANAL SEX WITH STEADY PARTNER IF CONDOM WAS NOT AVAILABLE		
	10	45.4 (22.8, 68.0)
REASONS FOR NOT USING CONDOM AT LAST ANAL SEX WITH STEADY MALE PARTNER**		
REDUCES PLEASURE	4	50 (5.3, 94.7)
FORGET	1	12.5 (0, 42.1)
TRUST MY PARTNER	3	37.5 (0, 80.8)

*No response for never and often.

** No response for very expensive, ashamed to buy, difficult to use, forget, partner refused to use.

Casual sex partners

Forty-three percent of AY/TG had a casual sex partner in the past year (Table IV.5), among which 50% reported that their casual partner has other sex partners. Almost all AY/TG used lubricants during last anal sex with their casual partner, among which 64% always used lubricants. Sixty four percent used condoms at last anal sex with casual male partner and 60% 'always' used condoms with casual sex partners in the past six months. Nearly half would still have anal sex with casual male partner if condom was not available. Among AY/TG who reported not using condoms, two reported that condoms 'reduce pleasure', one reported 'trust partner' and one reported 'forgetting to make it readily available' as their primary reason for not using condoms.

Table IV.5. Casual male sex partners among AY/TG, Bandung, Indonesia, 2018/2019

INDICATOR	N	% (95% CIS)
HAD NON-REGULAR/ CASUAL MALE SEX PARTNER IN THE PAST ONE YEAR		
	12	42.9 (23.3, 62.4)
GENDER IDENTITY OF CASUAL PARTNER		
FEMALE	3	60 --
MALE	2	40 --
TRANSGENDER	0	--
CURRENT CASUAL PARTNER ALSO HAS OTHER SEX PARTNER		
	5	45.4 (10.4, 80.5)

USED WATER-BASED LUBRICANT AT LAST ANAL SEX WITH CASUAL PARTNER		
	10	90.9 (70.6, 111.2)
FREQUENCY OF USING WATER-BASED LUBRICANTS DURING ANAL SEX WITH CASUAL MALE PARTNER IN LAST MONTH*		
SOMETIMES (LESS THAN 50%)	1	9.1 (0, 29.3)
OFTEN (MORE THAN 50%)	7	63.6 (29.7, 97.5)
ALWAYS	2	18.2 (0, 45.4)
DON'T KNOW/ DON'T REMEMBER	1	9.1 (0, 29.3)
USED CONDOM AT LAST ANAL SEX WITH CASUAL PARTNER		
	7	63.4 (29.7, 97.5)
LAST TIME HAD ANAL SEX WITH CASUAL MALE PARTNER		
WITHIN 3 DAYS	1	20 (0, 75.5)
WITHIN A WEEK	1	20 (0, 75.5)
WITHIN A MONTH TO THREE MONTHS	3	60 (0, 128.0)
FREQUENCY OF CONDOM USE DURING ANAL SEX WITH CASUAL MALE PARTNER IN LAST MONTH		
NEVER	1	10 (0, 32.6)
SOMETIMES (LESS THAN 50%)	1	10 (0, 32.6)
OFTEN (MORE THAN 50%)	0	--
ALWAYS	6	60 (0, 96.9)
DIDN'T HAVE SEX WITH CAUSAL PARTNER IN THE LAST MONTH	2	20 (0, 50.1)
WOULD STILL HAVE ANAL SEX WITH CASUAL PARTNER IF CONDOM WAS NOT AVAILABLE		
	5	45.4 (10.4, 80.5)
REASONS FOR NOT USING CONDOM AT LAST ANAL SEX WITH CASUAL MALE PARTNER**		
FORGET TO MAKE READILY AVAILABLE	1	25.0 (0, 104.5)
REDUCES PLEASURE	2	50.0 (0, 141.9)
TRUST MY PARTNER	1	25.0 (0, 104.5)

*No response for never and did not have sex with a casual partner in the past month.

**No response for very expensive, ashamed to buy, difficult to use, ashamed to ask sexual partner, forget to use and partner refused to use

Commercial sex partners

Sexual Behaviors

The median age of AY/TG first selling anal sex was 18 and median age to whom AY/TG sold sex was 25 (Table IV.7). Almost all AY/TG had ever sold anal sex in exchange for money or goods, among which most sold sex within the past three days, finding clients through online and social media, and using a condom the last time they sold sex. Of the few who did not use a condom the last time they sold sex, most (n=3) reported the reason being that they 'forgot to make it readily available'. Twenty eight percent reported that they would still have anal sex if a condom were not available.



Table IV.6. Commercial male sex partners among A/YAY/TG, Bandung, Indonesia, 2018/2019

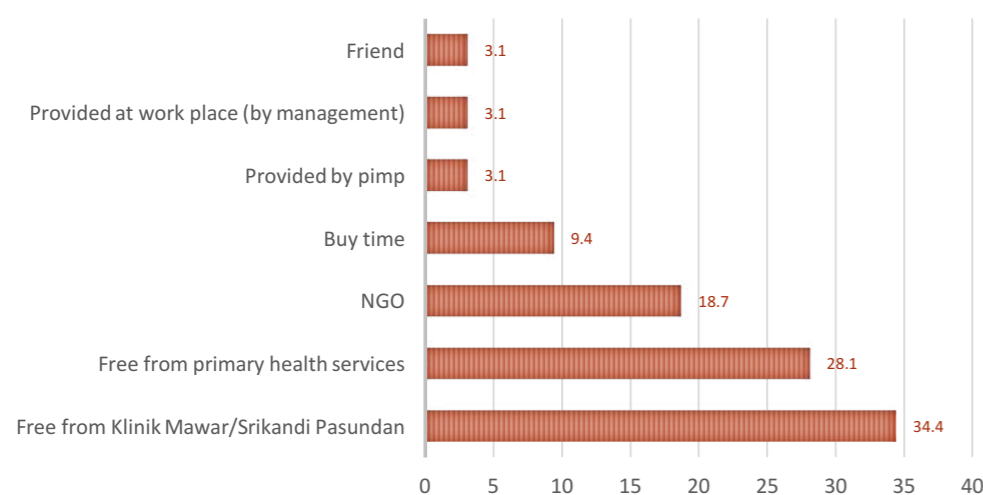
INDICATOR	N	% (95% CIS)
EVER SOLD ANAL SEX IN EXCHANGE FOR MONEY OR GOODS	32	97.0 (90.8, 100)
AGE AT FIRST SELLING ANAL SEX IN EXCHANGE FOR MONEY OR GOODS (YEARS)		
MEDIAN, MEAN	18, 17	
AGE OF LAST PERSON WHO BOUGHT SEX		
MEDIAN, MEAN	25, 26.2	
LAST TIME SOLD ANAL SEX IN EXCHANGE FOR MONEY OR GOODS		
WITHIN 3 DAYS	17	53.1 (34.8, 71.4)
WITHIN A WEEK	4	12.5 (0.3, 24.6)
WITHIN A MONTH	4	12.5 (0.3, 24.6)
WITHIN THREE MONTHS	3	9.4 (0, 20)
WITHIN SIX MONTHS	0	--
WITHIN A YEAR	3	9.4 (0, 20)
MORE THAN A YEAR	1	3.1 (0, 9.5)
PLACES WHERE MEN WHO BOUGHT ANAL SEX WERE MOSTLY FOUND*		
ONLINE/SOCIAL MEDIA	26	81.2 (66.9, 95.5)
LOCALIZATION	3	9.4 (0, 20)
STREET/GARDEN	4	12.5 (0.3, 24.6)
USED A CONDOM LAST TIME SOLD ANAL SEX	27	84.4 (71.1, 97.7)
REASONS FOR NOT USING CONDOM LAST TIME SELLING ANAL SEX^		
VERY EXPENSIVE	1	20 (0, 75.5)
FORGET TO MAKE IT READILY AVAILABLE	3	60 (-)
CUSTOMER REFUSE TO USE IT	1	20 (0, 75.5)
WOULD STILL HAVE COMMERCIAL ANAL SEX IF CONDOM WAS NOT AVAILABLE	9	28.1 (11.6, 44.6)

*No response for karaoke, bar, massage parlors, pimps, mall; ^No response for ashamed to buy, difficult to use, reduces pleasure, ashamed to ask partner to use, forget to use, trust my partner.

Sources of Condoms

Of those who reported using condoms used last time selling anal sex, most got it for free from primary health services, a local clinic, or NGO (Figure IV.3).

FIGURE IV.3. SOURCES OF CONDOMS USED WITH COMMERCIAL SEX PARTNERS AMONG AY/TG, BANDUNG, INDONESIA, 2018/2019



Number of Sex Partners and Times Condom was Used

The median number of men to whom AY/TG sold sex on the last day worked was two, in the last week was three and in the past month was five (Table IV.7). The median number of times a condom was used during anal sex among all male clients on the last day worked was two, in past week worked was three and in past month was ten.

Table IV.7. Number of clients and times condom was used among A/YAY/TG, Bandung, Indonesia, 2018/2019

INDICATOR	Median, MEAN
NUMBER OF MEN WHO BUY ANAL SEX ON LAST DAY WORKED (PEOPLE)	2, 3.2
NUMBER OF TIMES CONDOM WAS USED DURING ANAL SEX WITH ALL MALE CLIENTS, LAST DAY WORKED	2, 3.0
NUMBER OF MEN WHO BUY ANAL SEX in past week (PEOPLE)	3, 4.6
ESTIMATE NUMBER OF TIMES CONDOM WAS USED DURING ANAL SEX WITH MALE CLIENTS IN PAST WEEK	3, 4.9
NUMBER OF MEN WHO BOUGHT SEX IN PAST MONTH (PEOPLE)	5, 9.9
ESTIMATED NUMBER OF TIMES CONDOM WAS USED DURING WITH MALE CLIENTS IN PAST MONTH	10, 13.2

Lubricant Use

Ninety-four percent of AY/TG normally used lubricants during anal sex with a male partner (Table IV.8), among which most reported using a water-based lubricant (58%). Of those who used water-based lubricants when having anal sex in the past month and in the past six months, 77% reported 'always' using lubricants.

Table IV.8. Lubricant use with male partners among AY/TG, Bandung, Indonesia, 2018/2019

INDICATOR	N	% (95% CIS)
NORMALLY USES LUBRICANTS DURING ANAL SEX WITH A MALE PARTNER	31	93.9 (85.3, 100)
OTHER THAN SALIVA, LUBRICANT USED MOST OFTEN DURING ANAL SEX WITH MALE PARTNER		
WATER-BASED LUBE,	18	58.1 (39.7, 76.5)
VASELINE, POMADE, OTHER PETROLEUM JELLY	2	6.4 (0, 15.6)
BODY LOTION OR BABY OIL	11	35.5 (17.6, 53.3)
COOKING OIL/OLIVE OIL/MAYONNAISE/BUTTER	0	--

Substance Use

Most AY/TG reported consuming alcohol, however few drank alcohol two or more times a week and half had a drink containing alcohol once a month or less (Table IV.9). Of AY/TG who consumed alcohol, most reported having sexual intercourse under the influence of alcohol. Most smoked tobacco in the past six months. Twenty-four percent ever used drugs to get high and one. The single AY/TG who reported having ever injected drugs also reported never sharing needles.

Table IV.9. Substance use among AY/TG, Bandung, Indonesia, 2018/2019

INDICATOR	N	% (95% CIS)
CONSUMED ALCOHOL IN LAST SIX MONTHS		
	22	66.7 (49.7, 83.6)
LAST TIME ALCOHOL WAS CONSUMED		
WITHIN 3 DAYS	10	45.4 (22.9, 68.0)
WITHIN A WEEK	7	32.8 (10.7, 52.9)
WITHIN A MONTH	4	18.2 (6.8, 35.7)
WITHIN 3 MONTHS	0	-
WITHIN 6 MONTHS OR MORE	1	4.5 (0, 14.0)
FREQUENCY OF DRINK CONTAINING ALCOHOL		
MONTHLY OR LESS	11	50 (27.3, 72.7)
2-4 TIMES A MONTH	8	36.4 (14.5, 58.2)
2-3 TIMES A WEEK	1	4.5 (0, 14.0)
4 TIMES OF MORE A WEEK	2	9.1 (0, 22.1)
EVER HAD SEXUAL INTERCOURSE WHILE UNDER THE INFLUENCE OF ALCOHOL	24	72.7 (56.7, 88.8)
SMOKED TOBACCO IN PAST SIX MONTHS	24	72.7 (56.7, 88.8)
EVER USED DRUGS TO GET HIGH	8	24.2 (8.8, 39.7)
EVER INJECTED DRUGS	1	12.5 (0, 42.0)

Stigma and Discrimination

Ten percent of AY/TG ever avoided healthcare because of stigma, all of whom reported fear or concern of experiencing violence, police harassment, or arrest as the main reason for avoiding healthcare (Table IV.10). Most have told their mother (82%) and siblings (86%), however, only 3% have told their father. Forty-two percent felt discrimination from their family members who expressed aversion because she identifies as female one or more times. Few avoided HIV testing in last 12 months. Among the reasons for avoiding HIV testing, most felt fear or concern about experiencing violence because they are AY/TG. Seventy-two percent were scolded for being AY/TG and 84% were gossiped about for being AY/TG. Ten percent avoided seeking healthcare at a center due to fear or concern of police harassment or arrest. About 19% were ever physically harassed because of being AY/TG and 9% were forced to have sex.

Table IV.10. Stigma and Discrimination among AY/TG, Bandung, Indonesia, 2018/2019

INDICATOR	N	% (95% CIS)
FAMILY KNOWS SHE IDENTIFIES AS FEMALE (MAY OR MAY NOT DRESS LIKE FEMALE)		
	28	84.8 (71.9, 97.8)
PERSONS WHO KNOW THAT SHE IDENTIFIES AS FEMALE (MULTIPLE CHOICE)	10	45.4 (22.9, 68.0)
MY MOTHER	23	82.1 (67.0, 97.3)
MY FATHER	1	3.6 (0, 10.9)
MY SIBLINGS	24	85.7 (71.9, 99.5)
OTHER FAMILY (GRANDPARENT, UNCLE, AUNT, ETC)	18	64.3 (45.4, 83.2)

FAMILY MEMBERS (EVEN ONLY ONE) EXPRESS AVERSION* BECAUSE SHE IDENTIFIES AS FEMALE	20	71.4 (53.6, 89.3)
FRIENDS (EVEN ONLY ONE) EXPRESS AVERSION* (BECAUSE SHE IDENTIFIES AS FEMALE)	10	30.3 (13.7, 46.8)
AVOIDED SEEKING THE FOLLOWING BEHAVIORS IN PAST YEAR DUE TO FEAR OF/ CONCERN ABOUT STIGMA		
HEALTH CARE CENTER	8	24.2 (8.8, 39.7)
HIV TEST	6	18.2 (4.2, 32.1)
HIV MEDICAL CARE	3	9.1 (0, 19.4)
NOT APPLICABLE	23	69.7 (53.1, 86.2)
AVOIDED SEEKING IN PAST YEAR DUE TO FEAR OF OR CONCERN SOMEONE MAY LEARN THAT PARTICIPANT IDENTIFIES AS FEMALE (MAY OR MAY NOT DRESS LIKE FEMALE)		
HEALTH CARE CENTER	5	23.8 (3.9, 43.7)
HIV TEST	4	20 (0.8, 39.2)
HIV MEDICAL CARE	1	5.0 (0, 15.5)
NOT APPLICABLE	16	(60.8, 99.2)
AVOIDED SEEKING IN PAST YEAR DUE TO FEAR OF OR CONCERN ABOUT OR EXPERIENCED VIOLENCE		
HEALTH CARE CENTER	3	14.3 (0, 30.6)
HIV TEST	2	9.5 (0, 23.2)
HIV MEDICAL CARE	0	0 (-)
NOT APPLICABLE	18	85.7 (69.4, 102.0)
AVOIDED SEEKING IN PAST YEAR DUE TO FEAR OF OR CONCERN ABOUT OR EXPERIENCED POLICE HARASSMENT OR ARREST*		
HEALTH CARE CENTER	2	9.5 (0, 23.2)
NOT APPLICABLE	19	90.5 (76.8, 104.2)
ATTENDING PHYSICIAN, NURSE OR STAFF OF A CLINIC/HOSPITAL REFUSED SERVICE BECAUSE THEY KNOW PARTICIPANT IDENTIFIES AS FEMALE (MAY OR MAY NOT DRESS LIKE FEMALE)		
YES	1	3.0 (0, 9.2)
NO	29	87.9 (76.1, 99.6)
NOT APPLICABLE	3	9.1 (0, 19.4)
RECEIVED POORER CARE AND SERVICES FROM DOCTOR, NURSE OR STAFF OF CLINIC/HOSPITAL COMPARED TO OTHER PATIENTS BECAUSE OF IDENTIFYING AS FEMALE		
YES	2	6.1 (0, 14.6)
NO	28	84.8 (71.9, 97.8)
NOT APPLICABLE	3	9.1 (0, 19.4)
EVER FORCED TO PERFORM ORAL SEX, ANAL (OR VAGINAL) SEX BECAUSE OF IDENTIFYING AS FEMALE (MAY OR MAY NOT DRESS LIKE FEMALE)		
	3	9.1 (0, 19.4)
PERSONS WHO TO TALK TO WHEN HE HAS A PROBLEM BECAUSE OF IDENTIFYING AS FEMALE**		
FAMILY	13	41.9 (23.5, 60.3)
FRIEND	10	32.3 (14.8, 49.7)
FRIENDS WHO ALSO IDENTIFY AS FEMALE	8	25.8 (9.4, 42.1)

EVER SEE/HEAR AY/TG BEING EXPERIENCE THE FOLLOWING ACTIONS BECAUSE OF IDENTIFYING AS FEMALE		
BEING EXCLUDED FROM PARTICULAR SOCIAL GROUPS	18	54.5 (36.7, 72.5)
BEING ABANDONED BY A PARTNER	17	51.5 (33.5, 69.5)
BEING ABANDONED BY FAMILY	18	54.5 (36.7, 72.5)
BEING TEASED, INSULTED OR SCORNED	24	72.7 (56.7, 88.8)
BEING GOSSIPED	28	84.8 (71.9, 97.8)
DON'T WANT TO BE INVOLVED IN COMMUNITY	20	60.6 (43.0, 78.2)
HAVING PROPERTY TAKEN AWAY	16	48.5 (30.5, 66.5)
NEVER SEEN ALL THOSE ACTIONS	17	51.2 (33.5, 69.5)
OTHERS	2	6.1 (0, 14.6)

*No response for HIV test, HIV medical care. **No response for partner, pimps.

Sexual Violence

Fifteen percent of AY/TG have ever experienced physical violence (Table IV.11). Twenty-one percent were forced during first anal sex and among these individuals, 43% were friends, 43% were strangers, and 14% were identified as their boyfriend. No AY/TG reported their first anal sex being with a commercial partner. Of those who were forced to have anal sex in the past year, three were forced by a client and two were forced by with strangers.

Table IV.11. Sexual violence among AY/TG, Bandung, Indonesia, 2018/2019

INDICATOR	N	% (95% CIS)
FORCE DURING FIRST ANAL SEX		
	7	21.2 (6.5, 35.9)
PERSON WHO FORCED TO HAVE FIRST ANAL SEX *		
BOYFRIEND	1	14.3 (0, 49.2)
FRIEND	3	42.9 (0, 92.3)
STRANGER	3	42.9 (0, 92.3)
EVER FORCED (AGAINST YOUR WILL) TO HAVE ANAL SEX		
	5	15.1 (2.2, 28.1)
PERSON WHO FORCED TO HAVE ANAL SEX IN THE PAST YEAR**		
SOMEONE WHO PAID YOU	3	60 (-)
STRANGER	2	40 (-)

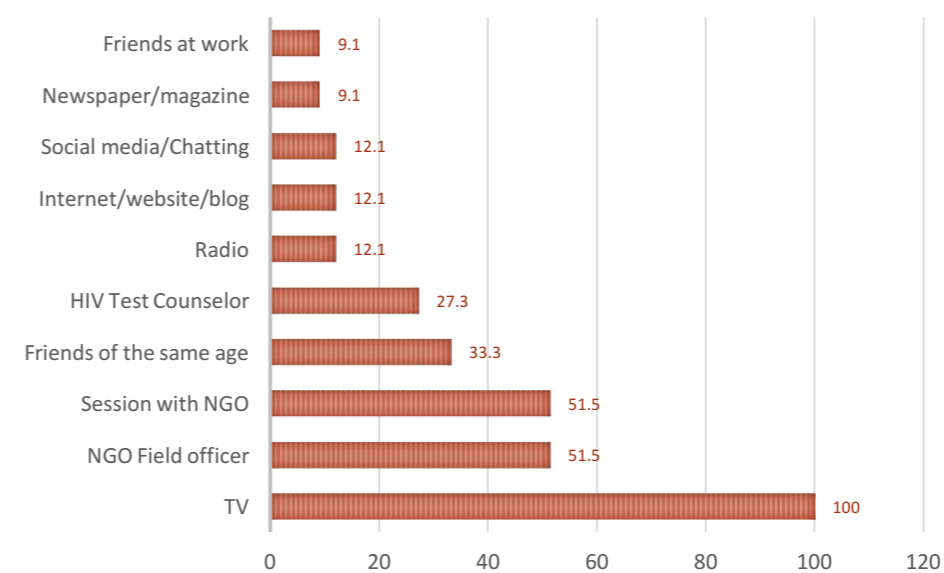
*No response for paying partner, family member, non-paying steady partner. **No response for boyfriend, family member, friend, non-paying steady sexual partner.

HIV/AIDS

HIV/AIDS RISK, KNOWLEDGE AND BELIEFS

Nearly all AY/TG have heard about HIV. All obtain information about HIV from TV, half obtained information from an NGO Field Officer and half from attending a session with an NGO. (Figure IV.7)

FIGURE IV.4. SOURCES OF HIV/AIDS INFORMATION AMONG AY/TG, BANDUNG, INDONESIA, 2018/2019



Forty five percent of AY/TG assessed themselves for be at high risk for HIV infection, 67% assessed condoms as being very effective at preventing HIV infection and 42% assessed knowing their HIV status as very necessary (Table IV.12). Sixty percent of AY/TG knew that someone who looked healthy can be living with HIV and 76% knew that a female living with HIV can infect their children when pregnant/breastfeeding. The majority knew that it is possible to reduce HIV infection by using a condom during each sexual intercourse, by having sex with only one uninfected, faithful partner, and that someone cannot be infected with HIV by a bite from a mosquito or by sharing a meal with someone living with HIV. One quarter knew that someone can reduce his/her HIV infection risk by taking antibiotics after having sexual intercourse, 88% knew that there is no medicine to cure HIV and that someone diagnosed with HIV should start taking medication right away, after diagnosis. Seventy-six percent believed that someone can get HIV by performing oral sex.

Table IV.12. HIV/AIDS risk, knowledge and beliefs among AY/TG, Bandung, Indonesia, 2018/2019

INDICATOR	N	% (95% CIS)
SELF-ASSESSED RISK FOR HIV INFECTION		
HIGH RISK	15	45.4 (27.5, 63.3)
SOME RISK	8	24.2 (8.8, 39.7)
LOW RISK	4	12.1 (0.4, 23.9)
ALREADY HAVE HIV	0	--
DON'T KNOW	6	18.2 (4.3, 32.1)
LEVEL OF CONDOM EFFECTIVENESS IN PREVENTING HIV INFECTION DURING ANAL SEX*		
VERY	23	69.7 (53.1, 86.2)
SOMEWHAT	10	30.3 (13.7, 46.8)
LEVEL OR IMPORTANCE KNOWING HIV STATUS**		
VERY NECESSARY	14	42.4 (24.6, 60.2)
NECESSARY	18	54.5 (36.6, 72.5)
DON'T KNOW	1	3.0 (0, 9.2)
SOMEONE WHO LOOKS HEALTHY CAN BE LIVING WITH HIV		
	20	60.6 (43.0, 78.2)

IT IS POSSIBLE TO REDUCE HIV INFECTION RISK BY USING A CONDOM DURING EACH SEXUAL INTERCOURSE	29	87.9 (76.1, 99.6)
IT IS POSSIBLE TO REDUCE HIV TRANSMISSION RISK BY HAVING SEX ONLY WITH ONE UNINFECTED FAITHFUL SEXUAL PARTNER	20	60.6 (43.0, 78.2)
SOMEONE CAN BE INFECTED WITH HIV THROUGH A MOSQUITO BITE	5	15.1 (2.2, 28.1)
IT IS POSSIBLE TO BECOME HIV INFECTED BY SHARING A MEAL WITH SOMEONE LIVING WITH HIV	3	9.1 (0, 19.4)
A FEMALE LIVING WITH HIV CAN INFECT THEIR CHILDREN WHEN PREGNANT/ BREASTFEEDING	25	75.8 (60.3, 91.1)
SOMEONE CAN REDUCE HIS/HER HIV INFECTION RISK BY TAKING ANTIBIOTICS AFTER HAVING SEXUAL INTERCOURSE	8	24.2 (8.8, 39.7)
THERE IS NO MEDICINE TO CURE HIV, ONLY TO SLOW IT DOWN	29	87.9 (76.1, 99.6)
WHEN SOMEONE LIVING WITH HIV SHOULD START TAKING MEDICATION		
RIGHT AWAY AFTER DIAGNOSIS	27	81.8 (67.9, 95.7)
WHEN PERSON FEELS SICK	4	12.1 (0.3, 23.9)
WHEN PERSON IS DYING	0	--
DON'T KNOW	2	6.1 (0, 14.6)
BELIEVES SOMEONE CAN GET HIV BY PERFORMING ORAL SEX	25	75.8 (60.3, 91.1)

*No response for not effective, don't know.

**No response for not so necessary, not necessary at all.

HIV Testing, Condoms, and Prevention Programs

Almost all AY/TG knew where to get an HIV test, among which 93% reported ever having had an HIV test, among which 68% had their last test in the past three months (Table IV.13). Among those who had an HIV test in the past 12 months, 97% received their results and one (3%) reported having a positive test result. Seventy-nine percent of AY/TG reported having been reached by HIV prevention programs or receiving condoms in past 12 month from an NGO or outreach worker and 87% received condoms and lubricants from outreach service, drop-in center, sexual health clinic in past three months.

Table IV.13. HIV testing, condoms, and prevention programs among AY/TG, Bandung, Indonesia, 2018/2019

INDICATOR	N	% (95% CIS)
KNOWS WHERE TO GO TO HAVE AN HIV TEST IF WANTED	32	97.0 (90.8, 100)
EVER HAD AN HIV TEST	31	93.9 (85.3, 100)
TIME OF LAST HIV TEST		
LESS THAN 3 MONTHS	21	67.7 (50.3, 85.2)
3-6 MONTHS	8	25.8 (9.4, 42.1)
6- 12 MONTHS	0	--
MORE THAN 12 MONTHS	2	6.4 (0, 15.6)
DON'T KNOW/ DON'T REMEMBER	0	--

RECEIVED RESULT FROM LAST TEST	30	96.8 (90.2, 100)
RESULT OF LAST TEST		
POSITIVE	1	3.4 (0, 10.5)
NEGATIVE	28	96.5 (89.5, 100)
INDETERMINATE	0	--
RECEIVED HIV PREVENTION INFORMATION FROM NGO OR COMMUNITY IN PAST YEAR	26	78.8 (64.1, 93.5)
EVER RECEIVED INFORMATION ABOUT HIV PREVENTION	29	87.9 (76.1, 99.6)
TYPE OF INFORMATION ON HIV PREVENTION RECEIVED		
SAFE SEX AND SAFE CONTRACEPTION METHODS	13	44.8 (25.6, 64.1)
HIV TEST	11	37.9 (19.1, 56.7)
HIV TREATMENT	2	6.9 (0, 16.7)
NO NEEDLE SHARING	1	3.4 (0, 10.5)
BREASTFEEDING	1	3.4 (0, 10.5)
HIV SYMPTOMS	1	3.4 (0, 10.5)
HIV TRANSMISSION	4	13.8 (0.4, 27.1)
RECEIVED CONDOMS AND LUBRICANTS FROM OUTREACH SERVICE, DROP-IN CENTER, SEXUAL HEALTH CLINIC IN PAST THREE MONTHS	28	87.5 (75.4, 99.6)

Health Seeking Behaviors

Most AY/TG who were tested for STI in the past three months (TableIV.3). Of the few that reported any STI signs and symptoms in the past year, most said that they went away on their own. One person experienced any cough more than two weeks, breathlessness and cold sweats at night and only four experienced any abdominal pain, dark urine, fever and joint pain, nausea vomiting, no appetite, tired and yellow eyes.

Table IV.13. Sexually transmitted infections (STI) among AY/TG, Bandung, Indonesia, 2018/2019

INDICATOR	N	% (95% CIS)
TESTED FOR SEXUALLY TRANSMITTED INFECTIONS IN PAST THREE MONTHS	22	71.0 (54.0, 87.9)
EXPERIENCE ANY ITCHING, PAIN, INFLAMMATION, DISCHARGE, OR ULCER AROUND GENITAL OR ANAL AREAS IN PAST YEAR		
PAINFUL, BURNING SENSATION WHEN URINATING	3	9.1 (0, 19.4)
WARTS AROUND THE GENITAL/OR ANUS AREA	1	3.0 (0, 9.2)
CUTS OR SCABS AROUND THE GENITAL AREA	2	6.1 (0, 14.6)
ABNORMAL DISCHARGE FROM PENIS AND ANUS	1	3.0 (0, 9.2)
SWELLING AROUND ANUS	0	--
ITCHING AROUND GENITAL/ OR ANUS AREA	3	9.1 (0, 19.4)

MAIN REASON FOR NOT TAKING ACTION ONE OR MORE SYMPTOMS WERE EXPERIENCED		
STILL FEELING HEALTHY	1	6.2 (0, 19.6)
PLACE OF SERVICE IS FAR	0	--
COST OF SERVICE IS EXPENSIVE	0	--
NOT KNOWING THE PLACE OF SERVICE	0	--
NOT COMFORTABLE WITH THE SERVICE	0	--
FEEL ASHAMED	1	6.2 (0, 19.6)
SYMPTOMS WENT AWAY	14	87.5 (69.3, 100)
IN THE PAST 12 MONTHS, EXPERIENCED ANY COUGH MORE THAN TWO WEEKS, BREATHLESSNESS AND COLD SWEATS AT NIGHT		
	1	3.0 (0, 9.2)
MAIN REASON FOR NOT TAKING ACTION ONE OR MORE SYMPTOMS WERE EXPERIENCED		
STILL FEELING HEALTHY	0	--
PLACE OF SERVICE IS FAR	0	--
COST OF SERVICE IS EXPENSIVE	0	--
NOT KNOWING THE PLACE OF SERVICE	0	--
NOT COMFORTABLE WITH THE SERVICE	0	--
FEEL ASHAMED	0	--
IN THE PAST 12 MONTHS, EXPERIENCED ANY ABDOMINAL PAIN, DARK URINE, FEVER AND JOINT PAIN, NAUSEA VOMITING, NO APPETITE, TIRED AND YELLOW EYES		
	4	12.1 (0.4, 23.9)
MAIN REASON FOR NOT TAKING ACTION ONE OR MORE SYMPTOMS WERE EXPERIENCED		
STILL FEELING HEALTHY	0	--
PLACE OF SERVICE IS FAR	0	--
COST OF SERVICE IS EXPENSIVE	0	--
NOT KNOWING THE PLACE OF SERVICE	0	--
NOT COMFORTABLE WITH THE SERVICE	0	--
FEEL ASHAMED	0	--

HIV Prevalence

Based on results from biological testing, prevalence of HIV among AY/TG was 3%.

Discussion and Recommendations of AY/TG Findings

AY/TG ARE TYPICALLY YOUNG ADULTS, WITH PRIMARY EDUCATION AND SINGLE

The majority of AY/TG were at least 20 years old, had at least a primary school education and were single. These socio-demographic characteristics of AY/TG are important for planning targeted HIV prevention programs.

RISKY SEXUAL BEHAVIORS AND CONDOM USE

Most AY/TG reported having their sexual debut in their teens (median: 16) with male partners who were slightly older (median: 18). AY/TG reported having anal penetrative sex with multiple male partners several times in the previous month, however as much as 79% reported using a condom at last anal sex and most reported using a condom at last oral sex with a male partner. Around 97% of AY/TG reported providing commercial sex, most of whom reported always using condom. Reasons for not using condoms with male sex partners (regular, non-regular and clients) included: trusting their partner, client refused, reduced pleasure and forgetting to make condom readily available. Tailored HIV/AIDS prevention messages should emphasize the importance of consistent condom use with all partners including female partners, especially when concurrency is involved(7). These programs should provide training on condom negotiating skills.

AY/TG PREFER ONLY OR MOSTLY MALE SEX PARTNERS

Development of HIV prevention interventions targeting AY/TG, should focus on the risks associated with inconsistent condom use with both male and female sexual partners. Health care providers and related NGOs should encourage routine HIV testing. Future research should aim to gain a better understanding of the social context of homo, bi and pan-sexuality among AY/TG in Bandung.

AY/TG HAVE ACTIVE AND PASSIVE ROLES DURING SEX WITH MALE PARTNER

Most AY/TG reported having passive (bottom) roles during sexual intercourse with male partners. Being the receptive partner in anal sexual intercourse has higher risk of HIV transmission than being the insertive partner. Interventions targeting sexual risk behaviors among AY/TG should include education about the risks associated with receptive and insertive anal sexual behavior . Widespread access to condoms and lubricants and harm reduction services are needed.

UTILIZATION OF CONDOMS AND LUBRICANT IS HIGH

Most AY/TG reported using lubricants during anal sex. Among AY/TG who reported the use of lubricant during anal sex, most reported using water-based lubricant. Findings suggest the need for the expansion of sexual health education programs and improved access to condoms and lubricants for AY/TG.

AY/TG ARE REACHED BY HIV PREVENTION PROGRAMS

Most AY/TG reported being reached by HIV prevention programs. All AY/TG had obtained information about HIV from TV. This finding highlights the need to prioritize the development and implementation of effective interventions tailored to meet the needs of AY/TG. Government, NGOs and other stakeholders should conduct formative research to determine the best prevention strategies needed to reach AY/TG.

AY/TG ENGAGE IN SEX WHILE UNDER THE INFLUENCE OF ALCOHOL AND DRUGS

Though infrequent, the majority of AY/TG reported consumption of alcohol, 24% reported ever using drugs, and most AY/TG reported engaging in sexual intercourse while under the influence of alcohol. The majority of AY/TG reported smoking tobacco in the past six months. Alcohol affects decision-making about safer sex, which can increase risk of HIV transmission. Provision of substance abuse assessments, counseling and treatment should be provided as a complete package of care to AY/TG.

SOME AY/TG ARE NOT FULLY AWARE OF THE RISKS ASSOCIATED WITH HIV INFECTION

Overall, about 30% of AY/TG were unaware about HIV/AIDS prevention. The reported sources of HIV/AIDS information varied, with many reporting counseling services, healthcare workers and friends and peers. The findings show a significant gap in the provision of HIV/AIDS education among AY/TG in Bandung, Indonesia. Consistent with moderate knowledge about HIV risk, high risk behaviors and multiple partners, most AY/TG perceived themselves at high risk of being infected

with HIV. The expansion of HIV/AIDS education programs to ensure all people who are transgender have access to accurate HIV/AIDS prevention information should be expanded.

AY/TG ARE ROUTINELY TESTING FOR HIV

More than 97% of AY/TG knew where to get an HIV test but 94% have ever been tested for HIV. All AY/TG reported having an HIV test within the last 12 months knew their status. Stigma and discrimination may deter AY/TG from accessing testing services, even if they are accessible. Efforts to control the spread of HIV among AY/TG should include the scale up of routine, AY/TG-friendly HIV testing centers.

LOW PREVALENCE OF HIV, SYPHILIS AND HBV

Prevalence of HIV among AY/TG was 3%. Although disease prevalence was low, efforts to prevent the continued spread is needed. AY/TG and other key populations should remain a top priority when addressing HIV/AIDS in Indonesia.

AVOIDING HEALTHCARE SERVICES DUE TO STIGMA AND DISCRIMINATION IS LOW

Although most AY/TG did not report avoiding healthcare services due to stigma and discrimination, further exploratory surveys are needed to understand the level of stigma and discrimination. About 10% of AY/TG reported ever avoiding healthcare because of fear or concern of violence, police harassment, or arrest. Further research is needed to understand the extent of influence of stigma and discrimination to the accessibility of health care services.

AY/TG REPORT LOW LEVELS OF SEXUAL VIOLENCE

Most AY/TG did not report ever experiencing sexual violence, however 21% were forced during first anal sex. Further research is needed to explore the cases of physical violence more in-depth.

SUMMARY OF KEY RECOMMENDATIONS

- Scale up evidenced-based HIV prevention interventions targeting AY/TG, including intimate partner HIV prevention.
- Scale-up coverage, routine screening for HIV and other STI, condom distribution, and implementation of combination prevention services.
- Integrate mental health services, to include substance abuse and sexual violence, into HIV and STI prevention programs targeting AY/TG.
- Educate health care and other service providers on the specific needs of the AY/TG population.
- Monitor stigma and discrimination in health care settings.
- Provide sensitivity training to health care and other service providers to ensure a welcoming and supportive environment to encourage AY/TG to seek services when necessary.
- Scale-up peer educators and other outreach workers to distribute condoms, lubricants and information to AY/TG.
- Scale up non-clinical and clinical routine HIV and STI testing services (including community-based screening/testing); ensure that services are responsive to the needs of A/FSW.
- Integrate HIV testing and other disease screening services into HIV prevention programs for AY/TG in both clinical and non-clinical settings.
- Scale up HIV/AIDS education and counseling services.
- Form advocacy groups and coalitions to increase awareness and to create an environment that supports AY/TG involving national transgender network (GWL INA).
- Continue to monitor this highly vulnerable population through additional HIV IBBS survey; expand this research beyond Bandung.

APPENDIX A. POPULATION SIZE ESTIMATION

A

Appendix: Population Size Estimation

Population Size Estimation

The population sizes of AY/MSM, A/FSW, AY/PWID were estimated using three different methods: 1) the multiplier methods (service multiplier and unique object multiplier), 2) Wisdom of the Crowds, and 3) successive sampling population size estimation (SS-PSE).

MULTIPLIER METHODS

The service and unique multiplier methods involve overlapping independent population counts to extrapolate the overall population size.

SERVICE MULTIPLIER

The service multiplier used programmatic data from a health center, consisting of population members who received a service in each survey city over the six months prior to the survey. This information was cross-referenced during the RDS survey by asking each respondent whether they had exposure to the service at least once during the same specified time period. To measure how many participants received services, they were asked during the survey: 'Did you receive a service [service may be specified] from [specific name/address of NGO] in the past six months?'

UNIQUE OBJECT MULTIPLIER

The unique object multiplier involved distributing key chains (unique objects) to eligible populations by outreach workers directly prior to the RDS survey. The number of objects distributed are counted (first multiplier) and used in a calculation with proportion of those who reported receiving the object (second multiplier) to derive the population estimation. The unique objects were distributed in each of the survey cities one week prior to the start of the survey. To measure how many participants received a unique object multiplier, they were asked during the survey: 'Did you receive a key chain in the week of [dates of distribution of unique object]?'

MULTIPLIER CALCULATION

The number of population members who received a unique object one week prior to the start of the survey or visited a service between the specified dates was used as a numerator (M) and the proportion who reported receiving an object prior to the start of the survey or visited a service between the specified dates was used as the denominator (P). The mathematical formula to calculate the population size was: $N = M/P$. Where:

N: Estimated Size

P: Proportion of population members in survey who reported receiving the object/service.

M: Number of population members to whom the object was distributed or service provided.

WISDOM OF THE CROWDS

Participants in the RDS survey were asked for their best guesstimate on the number and range of the population size of populations in Bandung, as an application of the Wisdom of the Crowds. This method is based on the assumption that, in aggregate, the responses of sufficient number of key populations on their numbers will provide a good estimate of the actual number of their population. During the survey, participants were asked their own estimates of the size and range of their respective populations in their respective survey sites. The median for the point, minimum and maximum number of AY/MSM, A/FSW and AY/PWID reported by the study participants were calculated.

SS PSE

The SS-PSE method uses data collected during the RDS survey: each participant's social network size, time of enrollment, number of people recruited by each participant. First, these data are used to impute a new degree for each participant. Prior knowledge about the population size, the imputed degree and other sampling data are used in a Bayesian framework (i.e., quantifies uncertainty about unknown quantities by relating them to known quantities) to quantify a population estimate with probability bounds.

Results

ASSESSING BIAS

Once the population size estimates were calculated, they were assessed for biases by UNPAD, UNICEF and the international consultant and seemingly unrealistic values were discarded.

CONSENSUS ESTIMATES

The plausible results obtained from the different PSE methods were presented to stakeholders at a workshop in Bandung (Figure A.1, A.2 and A.3).

FIGURE A.1. POPULATION SIZE ESTIMATIONS, AY/PWID, BANDUNG, 2018-2019

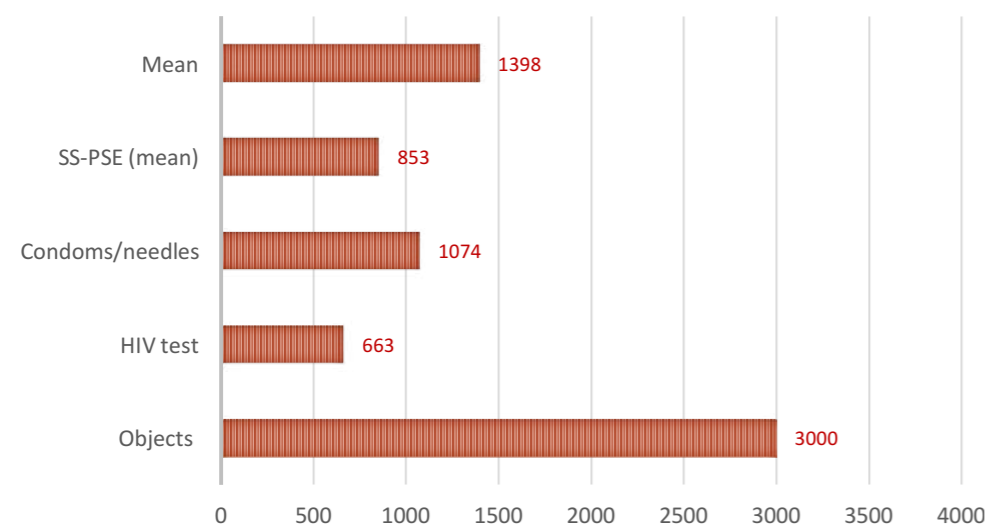


FIGURE A.2. POPULATION SIZE ESTIMATIONS, A/FSW, BANDUNG, 2018-2019

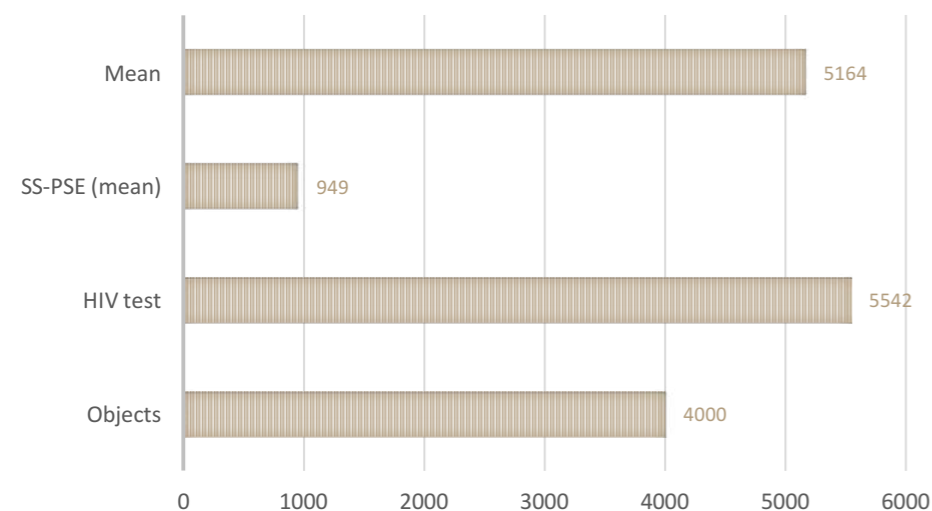
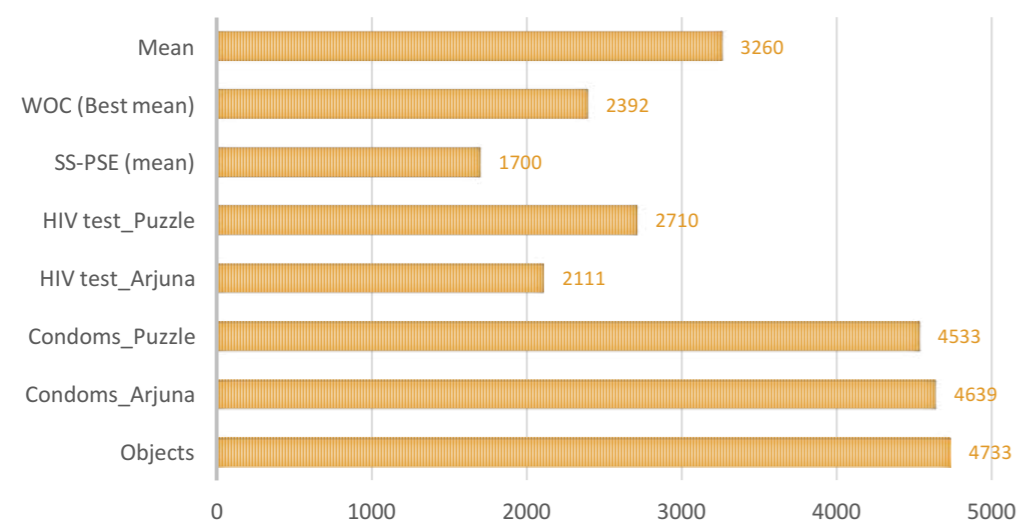


FIGURE A.3. POPULATION SIZE ESTIMATIONS, AY/MSM, BANDUNG, 2018-2019



During the workshop, a consensus procedure was conducted whereby participants discussed the most plausible size estimations for each population group. All calculated PSEs were triangulated and vetted at the workshop by taking into account the strengths and weaknesses of each approach. The PSEs were divided by the equivalent general population sizes (i.e., adolescent females for A/FSW) to derive a percentage. The final agreed upon estimate for AY/PWID was about 900 (or 0.17% of the equivalent population; 493,730) relying mostly on the SS-PSE, for A/FSW was about 950 (or 0.39% of the equivalent population; 244,444) relying mostly on the SS-PSE, and for AY/MSM was about 3200 (or 1.3% of the equivalent population; 245,286) relying mostly on the mean of all results (Table A.1).

Table A.1. Population size estimations in Bandung, 2018-2019

AY/PWID	A/FSW	AY/MSM
900	950	3200

