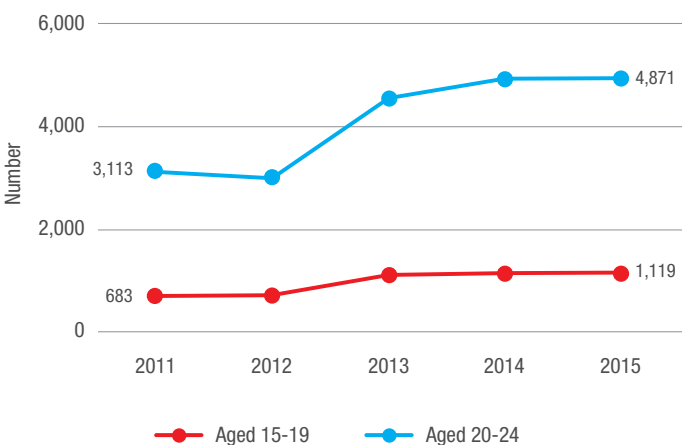


# Brief overview: HIV among Adolescent and Young Key Populations (Aged 15-19 and 20-24) in Indonesia

## 1. HIV situation

Between 2011 and 2015, new reported HIV infections in Indonesia increased annually by 13.1 per cent among adolescents (aged 15 to 19) and by 11.8 per cent among young people (aged 20 to 24) (see Figure 1).

Figure 1. Number of reported new HIV infections in general population, 2011-2015<sup>1</sup>



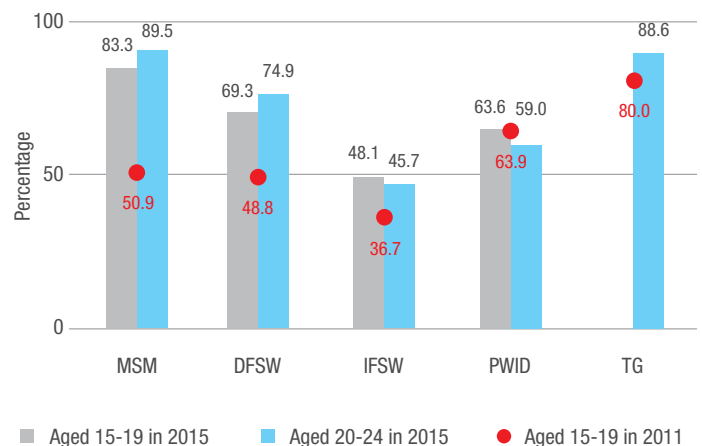
Integrated Biological and Behavioural Surveillance (IBBS) surveys found that HIV prevalence among adolescent men who have sex with men (MSM)\*\* almost quadrupled between 2011 and 2015 (from 3.8 to 15.6 per cent). In the 2015 IBBS, HIV prevalence among adolescent direct female sex workers (DFSW)\*\* and indirect female sex workers (IFSW)\*\* was 6.6 and 1.5 per cent, respectively.<sup>2</sup>

## 2. Risk behaviours

### 2.1 Condom Use

The mean age of sexual debut among adolescent MSM, FSW, people who inject drugs (PWID)\*\*, and transgender people (TG, also known as Waria in Indonesia)\*\* in 2015 was 15.6, 16.9, 16.6, and 14.7 years, respectively.<sup>2</sup> In 2015, less than 50 per cent of young IFSW reported using a condom during their last sexual encounter (see Figure 2).

Figure 2. Percentage of adolescent and young key population using a condom during last sexual intercourse in the past 12 months, 2011-2015<sup>2,3</sup>



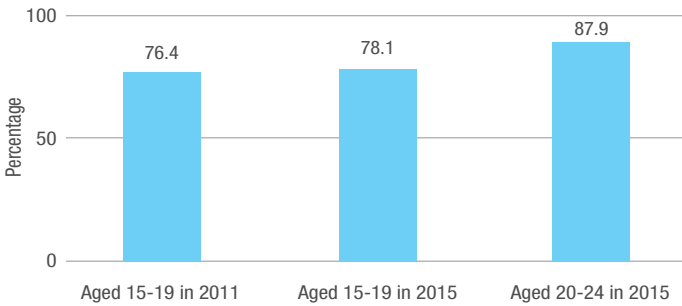
Note: Too few adolescent TG in 2015 sample to calculate percentage.



## 2.2 Harm reduction

Over three quarters of adolescent and young PWID reported using sterile injecting equipment at last injection in 2011 and 2015 (see Figure 3).

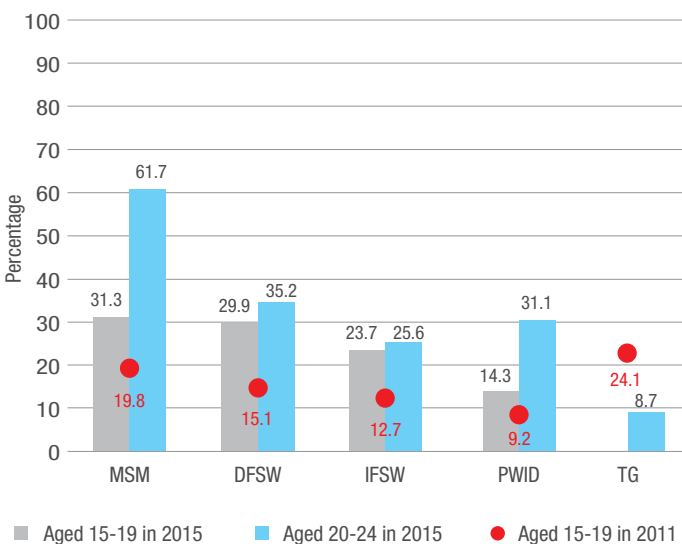
Figure 3. Percentage of adolescent and young PWID using sterile injecting equipment during last drug injection, 2011-2015<sup>2,3</sup>



## 2.3 HIV testing

HIV testing in the past 12 months among adolescent key populations (15-19 years) ranged from 9.2 per cent among PWID to 24.1 per cent among TG in 2011, and from 14.3 per cent among PWID to 31.3 per cent among MSM in 2015 (see Figure 4). HIV testing increased for all adolescent key populations (for which there are data) from 2011 to 2015. Higher percentages of young MSM, DFSW, PWID and IFSW had an HIV test in the previous 12 months compared to their adolescent counterparts.

Figure 4. Percentage of adolescent and young key population who had an HIV test in the past 12 months and received results, 2011-2015<sup>2,3</sup>

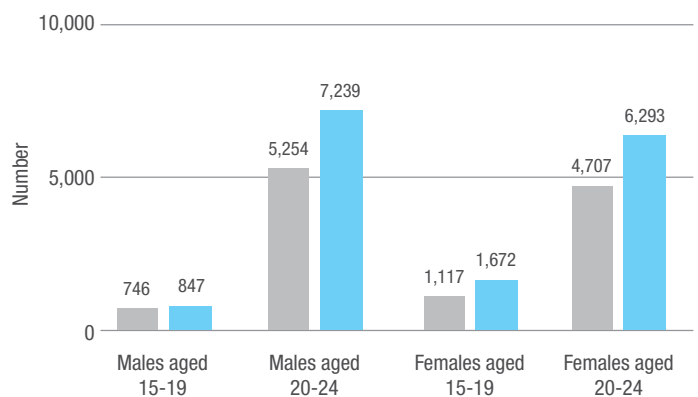


Note: Too few adolescent TG in 2015 sample to calculate percentage.

## 2.4 Antiretroviral treatment

Data extracted from the HIV/AIDS and STI Information System (SIHA) found that 2,519 adolescents aged 15 to 19 and 13,532 young people aged 20 to 24 received antiretroviral therapy (ART) in 2015.<sup>4</sup> A higher number of young people were reported to receive ART in 2015 compared to 2014 (see Figure 5). These data have not been disaggregated into any key population groups.

Figure 5. Reported number of people living with HIV ever received ART in the reporting year, 2015<sup>4</sup>



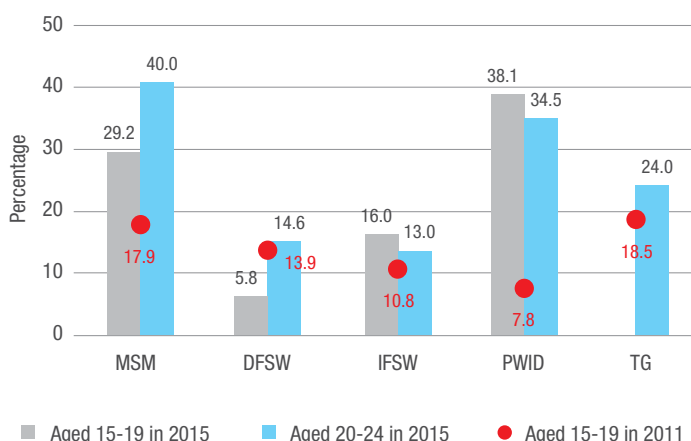


### 3. Comprehensive knowledge\*\*



Comprehensive HIV transmission knowledge among adolescent key populations (15-19 years) ranged from 7.8 per cent among PWID to 18.5 per cent among TG in 2011, and from 5.8 per cent among DFSW to 38.1 per cent among PWID in 2015 (see Figure 6). Between 2011 and 2015, the largest improvement in comprehensive HIV knowledge was among adolescent PWID (30.3 per cent increase) and MSM (11.3 per cent increase); DFSW had a percentage decrease of 8.1 per cent in comprehensive HIV knowledge between 2011 and 2015. In 2015, adolescent PWID and IFSW had higher comprehensive HIV knowledge than their older (20-24 years) counterparts.

Figure 6. Percentage of adolescent and young key population with correct comprehensive HIV transmission knowledge, 2011-2015<sup>2,3</sup>



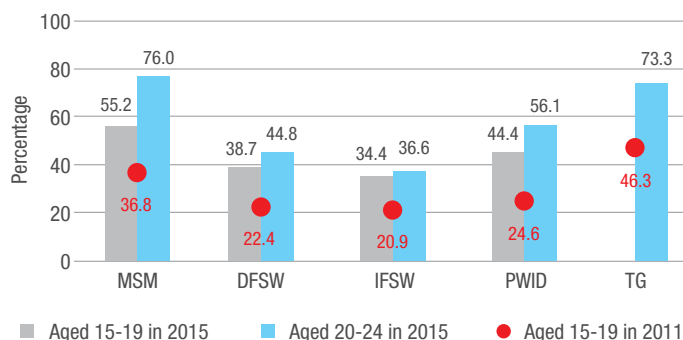
Note: Too few adolescent TG in 2015 sample to calculate percentage.

### 4. Knowledge of services



Adolescent (55.2 per cent) and young (76 per cent) MSM had the highest knowledge about where to get an HIV test compared to the other adolescent and young key populations in 2015 (see Figure 7). Less than 45 per cent of adolescent PWID, DFSW and IFSW reported knowing where to get an HIV test in 2015. Although the percentage of adolescent MSM, DFSW, PWID and IFSW who knew where to get an HIV test increased between 2011 and 2015, these percentages in 2015 were lower than those of their younger counterparts.

Figure 7. Percentage of adolescent and young key population who knew where to get tested for HIV, 2011-2015<sup>2,3</sup>



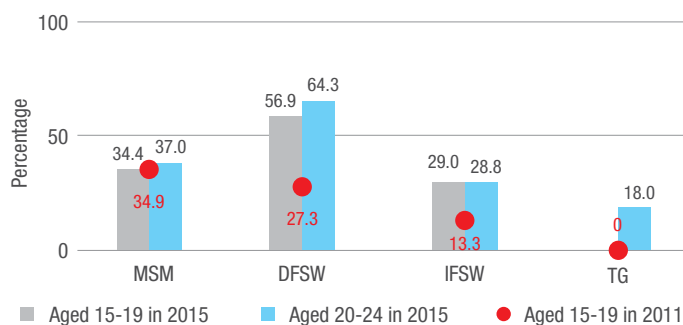
Note: Too few adolescent TG in 2015 sample to calculate percentage.

### 5. Availability, access and utilization of HIV services



A higher percentage of young and adolescent DFSW, compared to other young key populations, received free condoms through community outreach programmes in 2015. Adolescent IFSW had a 15.7 per cent increase, DFSW had a 29.6 per cent increase and MSM had a slight decrease for having received free condoms between 2011 and 2015 (see Figure 8).

Figure 8. Percentage of adolescent and young key population who received a free condom from community outreach in the past 3 months, 2011-2015<sup>2,3</sup>



Note: Too few adolescent TG in 2015 sample to calculate percentage.

#### Acknowledgements

UNICEF EAPRO and UNICEF Indonesia acknowledge the Sistem Informasi HIV AIDS (SIHA) and the Integrated Biological and Behavioural Surveillance (IBBS) 2015 data and support from Ministry of Health, Indonesia. Special thanks to Lisa G. Johnston, Global Health Sciences, University of California, San Francisco, as well as the School of Public Health and Tropical Medicine, Tulane University, for technical assistance in reviewing and finalizing the overview.

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4. Sistem Informasi HIV AIDS (SIHA). Ministry of Health, Indonesia. Data were retrieved in May, 2016.

## IBBS 2015 sampling sizes, sampling sites, and sampling methods

Key population	Sample sizes, ages 15 to 24	Sample sizes, ages 25 to 49	Province	Sampling sites	Sampling method
FSW (DFSW&IFSW)	DFSW: 137 IDFSW: 131	DFSW: 761 IDFSW: 891	Jakarta Special Capital Region (DKI)	JakUt, JakBar, JakPus, JakSel, JakTim	Cluster sampling which has not been adjusted for cluster and population sizes
			Central Java (Jawa Tengah)	Semarang, Batang	
			East Java (Jawa Timur)	Surabaya, Banyuwangi, Malang Raya	
			West Java (Jawa Barat)	Bandung, Bekasi	
			North Sumatra (Sumut)	Medan, Deli Serdang, Serdang Berdagai	
			Bali	Denpasar	
			Special Region of Papua (Papua)	Jayapura, Waimena	
			Riau Islands (Kepulauan Riau)	Batam	
			Lampung	Bandar Lampung, Lampung Selatan	
			East Nusa Tenggara (NTT)	Kupang	
Maluku	Ambon				
MSM	96	405	Jakarta Special Capital Region (DKI)	JakUt, JakBar, JakPus, JakSel, JakTim	Snowball sampling
			Central Java (Jawa Tengah)	Semarang, Batang	
			East Java (Jawa Timur)	Surabaya, Banyuwangi, Malang Raya	
			West Java (Jawa Barat)	Bandung, Bekasi	
			Bali	Denpasar	
PWID	63	148	Jakarta Special Capital Region (DKI)	JakUt, JakBar, JakPus, JakSel, JakTim	Snowball sampling
			Central Java (Jawa Tengah)	Semarang, Batang	
			East Java (Jawa Timur)	Surabaya, Banyuwangi, Malang Raya	
			West Java (Jawa Barat)	Bandung, Bekasi	
			North Sumatra (Sumut)	Medan, Deli Serdang, Serdang Berdagai	
TG	22	150	Jakarta Special Capital Region (DKI)	JakUt, JakBar, JakPus, JakSel, JakTim	Cluster sampling which has not been adjusted for cluster and population sizes
			Central Java (Jawa Tengah)	Semarang, Batang	
			East Java (Jawa Timur)	Surabaya, Banyuwangi, Malang Raya	
			West Java (Jawa Barat)	Bandung, Bekasi	

### Notes on Indonesia IBBS 2015

#### Limitations to adolescent data analysis using IBBS 2015 data set:

IBBS in Indonesia is a national surveillance programme providing HIV and other STI information on key populations  $\geq 15$  years of age at higher risk of HIV exposure. Findings only reflect the samples of populations in the respective areas in which they were sampled and aggregation of data from samples collected in different areas should be adjusted by population sizes and possibly other factors. In this brief overview, the sub-set analyses of adolescent, ages 15 to 19, and young, ages 20 to 24, key populations from the 2011 and 2015 IBBS are unadjusted and therefore not representative. Furthermore, differences in findings between the 2011 and 2015 IBBS are not statistically tested, and therefore should be interpreted with caution.

#### \*\*Definitions for key terms

Definitions for 2015 IBBS:

- MSM: Biological males aged 15 years and above, who identified themselves as MSM and had sex with another male(s) in the last year (excluding transgender people [Waria]).
- FSW: Female aged 15 and above, who had commercial sex with at least one client in the last one month. Data for FSW were disaggregated into DFSW and IFSW: 1) DFSW sell sex as their main income; 2) IFSW sell sex as their additional income and work mainly in the entertainment/hospitality industry, such as clubs, karaoke bars, massage or beauty parlours.
- PWID: Males or females aged 15 and above who injected in the last year.
- TG: Biological males aged 15 and above known as Waria by their peers.
- Comprehensive knowledge of HIV was derived using the percentage of people who correctly identified the two major ways of preventing the sexual transmission of HIV (using condoms and limiting sex to one faithful, uninfected partner), who reject the two most common misconceptions about HIV transmission, and who know that a healthy-looking person can have HIV. (Source: Monitoring the Declaration of Commitment on HIV/AIDS: Guidelines on construction of core indicators. UNAIDS, Geneva, Switzerland. March 2009).

