

Findings of the Behavioral Surveillance Survey (BSS 1996-2000) on female commercial sex workers and adult male respondents

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Executed by:
The Center for Health Research, University of Indonesia
Administered by:
The Ministry of Health, Republic of Indonesia
under the HIV/AIDS Prevention Project
Supported by:
United States Agency for International Development

FCO # 87530 BSS V

Jakarta, March 2001

Acknowledgment

The first baseline STD/HIV Risk Behavioral Surveillance Survey (BSS) was conducted by the Center for Health Research University of Indonesia (CHR-UI) in late-1996 on behalf of the DepKes RI, Directorate General of Communicable Disease Control and Environmental Health (Ditjen P2MPLP) under the HIV/AIDS Prevention Project (HAPP), now called the *Program Aksi Stop AIDS*. This was subsequently continued with a second BSS in 1997. As a follow up to the successful outcome of BSS 1996 and 1997, and the continued need to generate comparative time-series data, the third and fourth rounds of BSS was implemented by mid-1998 and 1999. This report on BSS 2000 data, and its comparison with the results of BSS 1996, 1997, 1998, and 1999 was made possible because of the active participation of GOI related agencies, most notably the Ministry of Health, and NGOs at the central and provincial levels. The financial support for both all these BSS were provided by USAID through the Family Health International.

First and foremost, the CHR-UI would like to extend its gratitude to all respondents and field personnel who have participated in the survey. The CHR-UI would like also to acknowledge many institutions and individuals who have provided administrative and operational support for the BSS 1999 in North Jakarta, Surabaya, and Manado. Appreciation is extended to the Ministry of Health, the Ministry of Social Affairs, the Ministry of Internal Affairs, the Ministry of Education and Culture, the Ministry of Transportation, the Ministry of Labor Force, the Ministry of Tourism, Post and Telecommunication, BKKBN, the Ministry of Religion, *Bappenas*, *Bappeda*, the Office of the Minister Coordinator of People's Welfare, and the related NGOs in Jakarta, Surabaya and Manado. We thank the NGOs, Hotline Surya and Abdi Asih, for their help in facilitating data collection from most of the commercial sex workers in Surabaya and Dr. Bambang S. Resident HAPP Officer, Surabaya, Dr. Yoppie Manoy and Dra. Sri Hardianti Gunadi, HAPP officers in Manado. The support of Forkom Waria, Jakarta, in connecting with transvestites is also acknowledged, as well as those individual gate-keepers in Jakarta who connected us with IVDUs,

Many thanks are extended to those individuals who have made possible for the smooth flow of the BSS 2000 field operations. Most notably to the Director General, P2MPLP, Ministry of Health. Thanks also to Dr. James C. Sonnemann, Country Director-FHI Indonesia who supported the continuation of BSS-V. Thanks are also due to Dr. Arwati Soepanto (Project Manager, HAPP), Ms. Jane Wilson (Chief of Party under the original HAPP), and Mrs. Diah (Program Officer, HAPP) for their administrative support. As well as the support of Dr. John Moran and Dr. Steve Mills throughout the operations.

Our appreciation is also extended to the various government agencies supporting the BSS activities, namely the Office of Secretary General, Ministry of Internal Affairs, the Office of Secretary General, Ministry of Education and Culture, General Bureau Head, Ministry of Tourism, Post and Telecommunication, General Bureau Head, Ministry of Transportation, the Office of Secretary General, Ministry of Social Affairs, the Faculty of Medicine, University of Sam Ratulangi, and the Office of Secretary General, Ministry of Labor Force.

The report was prepared by Dr. Nick G. Dharmaputra and Prof. Budi Utomo. The data collection and analysis which form the basis of this report could not be possible without the diligence of field managers: Drs. Heru Suparno who coordinated operations in Jakarta, Drs. Dadun in Manado, and Drs. Subarkah in who coordinated operations in Surabaya. They were all supported by many CHR-UI research staff, most notably, Drs. Amri Ismail and Drs. Ferdinand Siagian during both the pre and post field work activities.

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Introduction

The growing number of HIV/AIDS cases in Indonesia has challenged policy makers to take urgent steps to implement the National AIDS Strategy. More people within government of Indonesia (GOI) agencies and the public at large are now active, both independently and jointly, in efforts against the epidemic. In the continued absence of vaccines and effective, affordable drugs for preventing or treating HIV infection, the GOI promotes culturally and religiously appropriate educational efforts aimed to promote abstinence, encourage people to have fewer sex partners, and increase the use of condoms.

Since 1996 the GOI has collaborated with Family Health International (FHI), USAID, and non-governmental organizations in seaport cities of Indonesia (notably, North Jakarta, Surabaya, and Manado) to implement the HIV/AIDS Prevention Project (HAPP), now called the ASA (*Aksi Stop AIDS* or Action to Stop AIDS). The HAPP/ ASA is an intensive project that promotes behavior change, policy reform, improved STD diagnostic and treatment services, and increased access to protective devices for those at greatest risk of infection. The HAPP Behavioral Surveillance Surveys (BSS), which has been carried out since 1996, serves as a tool to help measure the progress of HAPP interventions. However, it is important to note that observed trends *cannot* be attributed to any one set of interventions. Rather, they serve to indicate what risk behaviors are present in the geographic areas where groups are sampled. Individuals may or may not be exposed to any number of interventions.

The BSS

Behavioral surveillance surveys (BSS) form an important component of integrated surveillance systems for monitoring the HIV epidemic and are included in the 2nd generation surveillance systems recommended by UNAIDS and WHO. The BSS methodology is a monitoring and evaluation tool designed to track trends in HIV/AIDS-related knowledge, attitudes, and behaviors in sub-populations at particular risk of HIV infection, such as female sex workers, injection drug users, migrant men, and youth. However, groups included in a BSS depend on the state of the epidemic and the distribution of risk in populations.

The BSS consist of repeated cross-sectional surveys conducted systematically to monitor changes in HIV/STD risk behaviors.¹ A key benefit of the methodology is its standardized approach to questionnaire development, sampling frame construction, and survey implementation and analysis. BSS findings serve many purposes: They yield evidence of project impact, provide indicators of project success and highlight persistent problem areas, identify appropriate intervention priority populations, identify specific behaviors in need of change, function as a policy and advocacy tool, and supply comparative data concerning behavioral risks.²

This report highlights findings on female commercial sex workers (FCSWs) and adult males (specifically sailors and seaport workers and truckers and their assistants) from the first through the fifth waves of the BSS, conducted yearly in 1996, 1997, 1998, 1999, and 2000.

Study Design and Methodology

All waves of the BSS, from the initial wave in 1996 through 2000, followed the same methodology, described below.

Study population

The BSS were designed to enable measurement of behavior change over time among specific sub-populations. Data on high-risk groups provide valuable information on the segments of the population having the greatest impact on the HIV and STD epidemics. Therefore, many of the groups included in the BSS were those at highest risk of infection and transmission, such as female commercial sex workers (FCSWs).

Table 1: Sub-population Definitions for BSS 2000

Category	Description	Location
Location-based Sex Workers (LSWs)	Females engaging in sex in exchange for remuneration	Mostly located in a formalized setting for commercial sex, such as a brothel complexes (localization areas)
Non Location-based Sex Workers (NLSWs)	Females having sex in exchange for remuneration	Mostly located in an informal setting, such as a street, bar/pubs or discotheques
Sailors and Seaport workers/ laborers (S/SLs)	Ships crew/ sailors and seaport workers and laborers	Mostly located in main sea-ports or harbors esp. during docking.
Truckers (TD/As)	Inter-provincial truck drivers and drivers' assistants	Mostly located in regular inter-province truck pools

¹ The BSS is based on classic HIV and sexually transmitted disease (STD) serologic surveillance methods.

² BSS have been conducted in more than 20 countries—primarily in Africa and Asia—since 1992, and their use in Latin America and the Caribbean is growing. Since 1999 they have been used in cross-border sites in Asia and Africa, where they are proving beneficial for understanding the pandemic from a regional instead of a purely country-specific perspective. In several countries multiple rounds of BSS have been implemented already, with the trend data used to formulate new programs and to adapt existing ones.

In addition to the high-risk groups, the BSS included other sub-populations that are considered ‘bridge’ groups, consisting of individuals who have significant sexual contact with both high- and low-risk groups. Bridge groups for these surveys included sailors/seaport laborers (S/SLs), and truck drivers and their assistants (TD/As).³

Study sites

The HAPP intervention sites of North Jakarta, Surabaya, and Manado were selected as the sites for the BSS. Besides being major entry ports for the country, these three cities have cosmopolitan and urban characteristics, with active sex industries. The study sites with the corresponding sub-populations for wave one through five is as follows:

Table 2: Survey Populations with Study Sites and Sample Sizes, BSS 1996-2000

Survey Population	Jakarta					Surabaya					Manado				
	1996	1997	1998	1999	2000	1996	1997	1998	1999	2000	1996	1997	1998	1999	2000
Location-based Sex Workers (LSWs)	200	200	200	200	302	201	200	200	212	297	200	-	-	-	303
Non Location-based Sex Workers (NLSWs)	199	200	198	200	298	200	203	201	205	303	200	200	200	201	200
Sailors and seaport laborers (S/SLs)	399	400	400	400	397	200	200	200	200	399	200	400	400	403	400
Truck drivers/ assistants (TD/As)	-	-	-	-	206	200	200	200	200	201		-	-		-

Sample size and design

Sample size calculations are extremely important in behavioral surveillance. Sample sizes were determined for each group and in each city on the basis of behavioral parameters, the behavior change to be detected, the degree of confidence in such a change, statistical power and design effects. Sample sizes were increased in the year 2000 wave to yield more precise estimates. A two-stage cluster design was employed with each group. During the first stage, clusters were selected by probability proportional to size from a complete list of sites. Respondents were selected from the selected clusters during the second stage.

A sampling frame was initially prepared to provide the basis for selecting clusters. Brothel complexes were used as clusters for Lokalisasi-based sex workers while areas

³ Low-risk groups typically are more broadly defined groups within the general population representing varying socio-demographic characteristics. Male and female factory workers (M/FFWs) and male and female high school seniors, represented more general population groups. These groups were not sampled every year and in some cases were discontinued because of their low reported risks, and they were not surveyed in BSS 2000.

such as brothel houses, streets, massage houses, hotels, and discotheques, bars, and nightclubs were used for non-Lokalisasi sex worker clusters. Seaport areas were used as clusters for sampling sailors and seaport laborers, and truck pool areas were used for locating truckers and assistants. Information regarding clusters, such as city, population group, geography, and the estimated number of individuals per cluster, was recorded.

The questionnaires were developed in stages parallel to the field preparation. Separate questionnaires were developed for FCSWs and male respondents based on international best practices.⁴

Demographic characteristics

The age of most of the adult male respondents were 20 years old or above. Thus, most are in their active sexual and reproductive age. There were about 4% aged less than 20 years old. In 2000, about 47% of the male respondents were aged between 20-29 years old, and another 50% were aged 30 years old or above.

In terms of their education background, there were about 45% who reportedly completed senior high school education or above. There seems to be more respondents each year that completed senior high school or tertiary education. In general, sailors tend to have better education than truckers. The majority of adult male respondents (65%) were married. About 34% reported never married, and only about 1% was widowed. (For complete details see annex Table AMB1)

Age pattern among the FCSWs is rather different. There were many who were still in their teenage years (about 14% who were aged 20 years or under). There seems to be increasing number of young girls over the past few years, where in 1996 the proportion was less than 12%. In 2000, the majority of FCSWs were above 20 years old, with more than half of all FCSWs were aged between 20-29 years old. About another third were aged 30 years or above.

The level of education remains low among FCSWs over the years. However, the number of FCSWs who reported finished junior high or senior high seems to be increasing over the years. In 2000, almost half of the respondents reported finish junior or senior high school levels. The remainder only completed primary level or had no education at all. Non-localization FCSWs tend to indicate better education levels compared to their localization counterparts.

Table 3 below presents a summary of demographic characteristics of both male group of respondents and FCSWs (For complete details see annex Table ACB1)

⁴ Questionnaires were pre-tested to ensure that the questions and the interviewing techniques were appropriate. Pretest results were also used as a means of validating the survey data. Questionnaires used in future waves were modeled on the wave 1 questionnaires.

Table 3: Percentage distribution of FCSWs and Male respondents by demographic characteristics, 1996,1997, 1998, 1999 and 2000

Target groups	FCSW					Male				
	1996	1997	1998	1999	2000	1996	1997	1998	1999	2000
N	1000	1003	1000	1026	1502	1199	1200	1203	1205	1603
Age (years)										
< 20	11.7	10.6	10.8	11.7	13.6	5.2	5.0	4.4	5.2	3.9
20 - 29	54.9	56.2	53.8	54.2	55.1	43.4	48.0	50.8	44.9	46.5
30 +	33.4	33.2	35.4	34.1	31.4	51.4	47.0	44.8	49.9	49.7
Education										
No schooling	10.2	7.1	8.9	5.8	6.5	0.9	1.1	1.3	1.0	0.6
Not finished primary	25.4	25.5	20.7	21.5	14.2	15.4	10.3	9.6	8.7	7.1
Finished primary	31.1	32.5	30.0	27.3	30.0	27.0	23.8	22.9	25.6	21.4
Finished junior high	24.5	23.5	27.8	31.0	33.1	26.8	29.3	27.4	32.1	25.8
Finished senior high	8.5	11.2	12.3	14.3	16.1	26.0	32.7	33.5	28.4	34.4
Finished academy/ university	0.3	0.2	0.3	0.0	-	3.9	2.8	5.3	4.1	10.6
Marital status										
Never married	22.6	21.8	20.6	22.5	26.3	31.3	35.8	40.3	35.8	33.7
Married	6.5	9.3	11.3	12.8	13.6	67.6	62.8	58.6	63.6	65.1
Divorced	58.8	59.0	59.9	57.2	52.9	0.9	1.0	0.9	0.6	1.1
Widowed	5.7	6.6	5.1	6.7	5.4	0.2	0.4	0.5	0.1	0.1
Others	6.4	3.3	3.1	0.8	1.8	-	-	-	-	-
No answer	-	-	-	0.1	-	-	-	-	-	-

FCSWs = Female Commercial Sex Workers including localization and non-localization FCSW

Male = Adult males sailors, seaport workers, truckers and assistants

The pattern of working on a particular location as FCSWs is not similar between localization and non-localization FCSWs. Most respondents have worked as CSWs for about two years (mean 21 months) and most reportedly have worked where they are continuously for about 15 months. Non-localization FCSWs tend to report longer time period of working as a CSW (mean 19-25 months) than their localization counterparts (mean 17-18 months). Non-localization CSWs also tend to stay in their location of work longer (mean 15-20 months) than localization CSWs (mean 12-14 months). Non-localization CSWs tend to reside longer in a particular city than localization FCSWs. The shorter duration in localizations may indicate the 'turn-over' period of FCSWs where younger girls are deployed to replace older girls to satisfy demand. (For complete details see annex Table ACB2)

Besides having to compete with younger girls, many older FCSWs also have to bear the economic burden of raising their children (mean 1.5 - 2.0). Due to their older age and residence, non-localization FCSWs tend to have more children than localization FCSWs. However, many localization FCSWs (53% in Jakarta and 29% in Surabaya) as well as non-localization FCSWs (47% in Manado and 53% in Jakarta) reportedly have children in their immediate care. The total number of FCSWs who have to take care of their children on their own have increased over the years (from 19% in 1996 to 48% in 1999 and to 44% in 2000).

Table 4 below presents a summary of socio-economic characteristics of FCSWs. (For complete details see annex Table ACB2)

Table 4: Socio-economic characteristics of FCSWs

	1996	1997	1998	1999	2000
N	1000	1003	1000	1026	1502
Mean of age at first sex	16.8	16.8	17.0	17.2	17.1
Mean of length of time working as CSW (months)	26.4	29.3	24.4	25.3	20.8
Mean Length of time working on the site (months)	16.0	15.8	15.6	19.6	15.1
% of FCSWs with children	62.2	64.6	69.0	65.2	62.3
Mean of number children	1.7	1.7	1.7	1.9	1.7
% of FCSWs caring own child	19.0	17.8	40.6	48.1	44.3

N = Number of all respondents.

Knowledge on HIV/AIDS

The level of knowledge about HIV/AIDS among adult males as well as FCSWs have improved over the years. Table 5 below presents a summary of the level of knowledge among male respondents and FCSWs.

Table 5: Percentage distribution of FCSWs and Male respondents' knowledge regarding HIV/AIDS and its mean of prevention, 1996,1997, 1998, 1999 and 2000

	FCSW					Male				
	1996	1997	1998	1999	2000	1996	1997	1998	1999	2000
N	1000	1003	1000	1026	1502	1199	1200	1203	1205	1603
Know at least two out of three appropriate ways of HIV/AIDS prevention	71.4	77.5	82.4	86.2	82.5	76.4	79.0	88.7	93.2	87.5
Those replied correctly on the appropriate ways to prevent HIV/AIDS (%)										
Avoid shared needles	74.0	74.5	76.6	82.3	84.6	78.8	80.0	89.1	93.6	90.8
Faithful with one partner	58.8	67.6	77.2	77.4	78.1	71.9	71.4	85.5	91.2	83.0
Always using condom when having sex	69.9	76.1	78.9	84.3	77.8	52.7	69.2	75.5	82.2	77.7

The level of knowledge, in terms of ever heard about HIV/AIDS, among adult males has improved over the years. By 2000, most adult male respondents (97%) have heard about HIV/AIDS. Improvements may be observed especially among sailors (from 79.5% in 1996 up to 99.5% in 2000) and truckers (from 87 to 98.5%) in Surabaya. However, the level of knowledge in terms of details (such as that 'people with AIDS may look very sick') is still low (around 40%). Nevertheless the proportion that can cite such details have improved over the last 5 years. The proportion of those who know about people with HIV symptom ('can still look healthy') is good (63%). Despite their knowledge, people still tend not to discuss HIV/AIDS with others. In fact, over the last 5 years the proportion seem to remain the same (around 20%) in some groups, or declined (such as among sailors in Jakarta and Manado). Mass media such as television and the print media or the radio remain consistently the main sources of information on HIV/AIDS. (For complete details see annex Table AMK2, also AMK5)

There were also improvements in the level of knowledge among female commercial sex workers. By 2000, about 91% have heard about HIV/AIDS. The highest proportion reporting as such were in Manado (100%). However, those FCSWs who know in detail (such as people with AIDS may look very sick) is still low and this has not improved over the last 5 years. The proportion of those FCSWs who know that people with HIV symptom (can still look healthy) is not yet good (varying 19 to 47%). Most FCSWs still tend not to discuss HIV/AIDS with others. Over the last 5 years the proportion seem to remain the same in some groups or declined (such as among non-localization CSWs in Surabaya and Manado). The mass media, namely television, print media, and radio remain consistently the main sources of information on HIV/AIDS for FCSWs. (For complete details see annex Table ACK3 and also ACK5)

In terms of further details about preventing HIV/AIDS, the data shows that sailors' and truckers' knowledge of HIV/AIDS has improved markedly between 1996 and 2000. In 1996 approximately 75% of sailors and laborers in Jakarta and Surabaya knew that avoiding shared needles reduces HIV transmission, but by 1999 up to 90% of respondents knew that this was an appropriate prevention strategy. This proportion declined slightly in 2000. Similarly, the issue of condom use has indicated some improvements over the years, particularly among sailors (from around 50% in 1996 to more than 90% by 2000). Nevertheless, misconceptions still prevail. Many people still perceive that touching or eating together with HIV infected person can cause transmission. Insect bites as well as common usage of toilette still remain among the popular misconception of HIV transmission. In general, however, there were more male respondents in 2000 (almost 90%) than in 1996 (around 76%) who can cite at least two of the three main ways of preventing HIV/AIDS. (For complete details see annex Table AMK3)

Similarly among FCSWs, in terms of further details about preventing HIV/AIDS, there have been improvements. In 1996, localization FCSWs had the least knowledge of appropriate ways to prevent HIV transmission and the highest levels of misconceptions about ways HIV is transmitted. Knowledge of ways to prevent HIV/AIDS rose steadily among sex workers from around 71% (1996) to around 80% (2000). However, this increase was mostly due to an increase in knowledge among localization FCSWs in Jakarta and non-localization FCSWs in Surabaya. (ACK4) This notwithstanding, misconceptions about HIV transmission among FCSWs remain significant and seems to be increasing. There were more FCSWs in 2000 (round 40%) than in 1996 (25%) who perceive that transmission could be affected by touching or eating together with people living with HIV/AIDS. Insect bites as well as common usage of toilette still remain among the popular misconception of HIV transmission in 2000 (more than 30%). The general trend in FCSWs knowledge, however, indicate improvements over the years with more FCSW respondents in 2000 (more than 80%) than in 1996 (around 71%) who can cite at least two of the three main ways of preventing HIV/AIDS. (For complete details see annex Table ACK4)

Knowledge of condoms

At this time, the only effective means of preventing transmission of HIV/AIDS via high risk sex is by condom use. Thus knowledge and awareness about it and its benefits is important to be socialized. Table 6 below presents a summary of the level of knowledge among male respondents and FCSWs about condom and its benefits.

The majority of male respondents knew about condoms in 1996. By 2000 almost all males recognized a condom. In 1998 about 60% of sailors and laborers, truckers and their assistants knew that condom use could prevent STDs and by 2000 the proportion reached about 80%. There were also more male respondents were able to identify different places of obtaining condom (such as the drug store, vendors/ stalls, government outreach, and health centers) than in previous years. (For complete details see annex Table AMK6)

Table 6: Percentage distribution of FCSW and Male respondents who recognized a condom and know the benefits of condoms, 1996, 1997, 1998, 1999 and 2000

Target groups	FCSW					Male				
	1996	1997	1998	1999	2000	1996	1997	1998	1999	2000
N ^b	1000	1003	1000	1026	1502	1199	1200	1203	1205	1603
Recognized a condom										
Among all respondents	94.8	96.9	98.4	99.2	98.7	79.2	84.8	97.2	98.8	98.6
N ^c						950	1017	1169	1190	1580
Knowledge on purpose of condom										
Avoid pregnant	-	-	44.0	49.4	56.4	-	-	66.0	70.0	70.7
Avoid STD	-	-	82.6	92.9	90.6	-	-	72.3	78.0	87.8
Others	-	-	4.8	2.4	8.0	-	-	3.4	5.1	6.1
Don't know	-	-	3.2	0.0	2.2	-	-	3.9	6.5	2.2

^bNumber of all respondents.

^c Number of respondents who recognized a condom.
respondents who recognized a condom.

^d Multiple responses and applies to

In 1996 almost all FCSWs recognized a condom. Levels of knowledge increased slightly over the survey years. More than 90% of sex workers were able to recognize a condom in 1996, and this percentage has increased only slightly over the survey years. In some cases, level of knowledge had reached up to 100%. By 2000 more FCSWs recognized that the purpose of a condom was to avoid STDs (91%), including HIV, or to avoid pregnancy (56%). In the past years there were increasingly more FCSWs who could cite various types of places to get condom, such as the apothecary, drug store, health center, or medical professionals. (For complete details see annex Table ACK6)

High risk sexual behaviors

Analysis of trends in behavioral indicators measured through the BSS has helped to demonstrate that risk behaviors have been slow to change, despite targeted interventions. The 1999 and 2000 data indicated that positive behavioral changes may be finally responding to interventions.

Early sex

Age at first sex could be indicative of exposure to high risk sex. Table 7 below presents a summary of first sexual experience among male respondents.

For the majority of male respondents, first sexual intercourse, both marital and premarital, took place between 15 and 24 years of age. In Jakarta, the proportion of sailors and laborers who reported having sex at a young age (15 to 19 years old) increased from 1996 to 1998, while the percentage of truckers reporting early sexual initiation decreased. Approximately one out of four respondents, particularly among sailors and laborers and truckers in Jakarta and Surabaya, reported that an FCSW was their first sexual partner.

**Table 7: First sexual experience among male respondents.
1996, 1997, 1998, 1999 and 2000**

	1996	1997	1998	1999	2000
N	1065	1071	1196	1078	1500
Mean of age at first sexual contact (years)	20.2	19.6	19.8	20.3	19.8
First sexual partner (%)					
Friend	10.5	8.5	8.5	5.2	5.6
Girl friend	36.3	42.2	41.5	38.4	44.4
Fiancée	1.9	4.7	5.4	8.8	9.3
Wife	32.0	25.3	20.0	23.9	19.6
FCSW	19.2	17.4	23.3	22.5	20.2
Others	0.1	1.6	1.3	1.3	0.9
Don't remember	0.0	0.1	0.0	0.0	0.1
No answer	0.0	0.2	0.0	0.0	0.0
	100.0	100.0	100.0	100.0	100.0

N = respondents who reported ever had sexual intercourse.

In most cases, though, the first sexual partner was their girlfriends or friend (around 50%) or current spouse (around 25%). And besides brothels or localization, the most common places of first sexual contact were respondents' own home (around 25%) or girlfriends home (about 30%). (AMP8)

In comparison, the mean age at first sex among all FCSWs was also around 17 years old. It seems that those working in localization areas tend to report earlier age compared to those working in non-localization areas. (ACB2)

Recency and frequency

High risk sexual behavior may, among others, be indicated by the recency and frequency of sexual contact of the most vulnerable high risk group (such as between FCSWs and adult males seeking FCSW services) and by the patterns of condom use behavior during such contacts.

In terms of recent sex, among those male respondents who ever had sex, most reported have had sex about one to two months ago. Most respondents reported did not use

condom in their last sex. Among the few who did use condom in last sex (8.5% in 2000), most stated to avoid being infected by STD (80%) or to avoid pregnancy (30%). For the majority of respondents who did not use condom in last sex, the most common reasoning were that partner is 'clean', or that they never used it before, or due to reduced pleasure, or that spouse was already using contraceptive. (See Table AMP9 for further details)

Among the males, the sailors and truckers tend to report a much higher level of sexual contact with FCSWs than other male groups. There seems to be increasing trend of males reporting ever had sex with CSWs, from 49.5% in 1996 up to 70% by 2000. The percentage of sailors and laborers and truckers who reported having had sex with an FCSW in the past year increased from 1996 to 1998 but started to level off in 1999 and in 2000, there were 47% who reported having had sex with an FCSW in the past year.

Table 8 below presents a summary of high risk sexual behavior with FCSWs. (For further details see also annex Table AMP 10)

Table 8: Sexual contact with female FCSWs and condom use characteristics among male respondents in the past year. 1996.1997. 1998. 1999 and 2000

	1996	1997	1998	1999	2000
N ^b	1199	1200	1203	1205	1603
Ever had sex with FCSWs (%)	49.5	56.0	61.9	59.2	70.1
Ever had FCSW contact in the past year (%)	26.8	36.5	44.5	41.1	46.8
N ^c	321	438	535	495	751
Mean of number of sexual contact with FCSW in the past year	10.6	12.4	9.59	11.7	9.9
Mean of number of FCSW persons in sexual exchange in the past year	-	-	7.3	8.8	7.0
Always using condom in FCSW contact last year (%)	10.9	8.4	3.9	3.8	6.9
N ^d	321	438	535	495	751
Using condom in last FCSW contact last year (%)	13.7	9.1	10.0	15.6	22.1
Mean of amount (thousands in <i>rupiah</i>) paid for last sex	29.9	28.1	36.6	39.6	50.6

^a. Number of all respondents.

^b Number of all respondents.

^c Number of respondents who reported ever had FCSW contact past year.

^d Number of respondents who reported ever had FCSW contact past year.

- Not applicable

Each year there has been increasing number of male respondents who reported ever had sex with a FCSW (from 49.5% in 1996 up to 70% in 2000). This trend is also followed by more males reporting ever had sex with FCSW in the past year (from 27% to 47%). Among those men who reported had sex with a CSW in the past year, the mean number of sexual contacts was about 10 times while the mean number of CSWs the men had contact with was around 7. These figures are somewhat similar with previous years. Despite the frequency and the number of sex with different CSWs, constant condom use was only reported by less than 7%. (see Table AMP10) This is similarly reflected in the fact that there were still few men who reported used condom in last sex with FCSW (around 20%). Those who did use condom in last sex, most reasoned to avoid STDs (98%). While those who did not use condom in last sex, they reasoned for reduced pleasure (64%), no supply or other reasons. (see Table AMK10b)

In terms of epidemic risk carried by men to the general population, more than half of all currently married male respondents reported that they had sex with a FCSW in the past year. The figure is higher among truckers (around 60%) than sailors or seaport workers. Most of these married men (80%) tend not to use condom when last having sex with a FCSW. (AMK10c)

In most cases, the mean number of months ago since last sex among the male respondents was 18. Most respondents (58%) reported went to localization or the bars (12.5%) or the streets (10%) to obtain FCSW services. Localization sites were more popular among men (especially sailors) in Jakarta and Surabaya. In Manado, the sailors and seaport workers prefer the street girls while preference for hotels and discotheques seems to be declining. (AMK10)

From the point of view of the FCSWs, most of their sexual behavior pattern seems to remain constant in past years. In most cases FCSWs work throughout the week and they service about 8 guests a week. Of these guests, less than 3 men were reported using condom. Those FCSWs who reported constant (always) condom use have increased only slightly (from around 10% to 12%). The most significant change was among localization FCSWs (from 10-17%) and non-localization FCSWs (3%-15.5%) in Surabaya and in Manado (0.5%-7%). In Jakarta, the trend seems to be declining.

Table 9 below presents a summary of high risk sexual behavior among FCSWs. (For further details see also annex Table ACP8)

Table 9: Working on commercial sex and condom use characteristics among female FCSWs 1996,1997, 1998, 1999 and 2000

	1996	1997	1998	1999	2000
N ^b	1000	1003	1000	1026	1502
Mean of number working days in last week	6.1	6.2	5.9	6.0	6.1
Mean of number guests served in last week	8.4	9.2	6.8	6.7	7.8
Mean of number of guest using condom last week ^c	-	-	2.3	2.5	2.9
Condom use last week (%)**					
Never	21.2	22.6	41.7	36.4	0.3
Occasionally/sometimes	42.7	43.1	27.9	29.0	27.6
Often	24.8	23.8	19.3	22.2	21.5
Always	10.7	10.0	10.1	12.3	12.1
Can not be remembered	0.4	0.3	0.0	0.0	0.0
No answer	0.2	0.2	0.1	0.0	0.1

^b Number of all respondents.

^c Had not been done in 1996 and 1997

** last week only for 1998 and 1999, last months for 1996 and 1997.

In most cases, FCSWs reported that their last sex was about 2 days ago (since the interview). In the last day, each FCSWs served an average between 1 to 2 guests. Of these, only one or none used condom. Overall, around 40% of FCSWs reported used condom in last sex, though this figure may be over-reported. Table 10 below presents a summary of high risk sexual behavior in last sexual contact with clients among FCSWs. (See also Table ACP9)

Table 10: Condom use characteristics in last sexual contact among FCSWs. 1996,1997, 1998, 1999 and 2000

	1996	1997	1998	1999	2000
N ^b	1000	1003	1000	1026	1502
Mean of number days since last sex	2.9	2.5	1.9	2.5	1.6
Mean of number guests during last day	1.7	1.8	1.6	2.0	1.6
Mean of number guests using condom at last day	0.6	0.6	0.6	0.9	0.8
% using condom last sex ^c	36.3	36.8	36.9	47.9	41.3

^b Number of all respondents.

^c Percentage values apply to all respondents.

From the point of view among the few FCSWs who reported used condom in last sex, most (85%) reasoned to avoid being infected with STDs. The number of CSWs who reported used condom because their clients requested it has improved (from 2% in 1996 to more than 20% in 2000). This change is particularly reported by localization FCSWs in Jakarta and Surabaya. Among those FCSWs who did not use condom in last sex with a client, most (more than 45%) stated that their clients refused. But many FCSWs also reasoned that condom reduced their pleasure (23%), or that they never thought of using condom (12%), or that they are already familiar with the client (around 10%). (ACK10)

Payment paid and received for sex

Payment for sex with FCSWs have increased steadily in the past 5 years (from mean of Rp. 30,000 in 1996 up to Rp. 51,000 in 2000). On average, truckers seem to pay the least, while FCSW services paid by sailors or port workers were more expensive in Manado and Jakarta than in Surabaya. Table 11 below presents a summary of payment received and paid by clients of FCSWs. (see also Table AMK10b)

Table 11: Payment characteristics among FCSW respondents. 1996. 1997. 1998, 1999, and 2000

	1996	1997	1998	1999	2000
N ^b	1000	1003	1000	1026	1502
Mean of amount of thousands rupiah paid by last guest	53.6	49.7	61.8	86.9	95.6
Mean of amount received last month (in thousands rupiah)	-	-	611.8	878.8	1144.6

In comparison, reported incomes received by FCSWs from their male guests also have increased in the last few years (from Rp. 62,000 in 1998 to around Rp. 96,000 in 2000). FCSWs in Manado consistently receive higher pay than in Jakarta or Surabaya. Non-localization FCSWs in all the three cities tend to receive more than their localization counterparts. In 2000, there were fewer CSWs who complained receiving less income since the 1998 economic crisis. Since 1998, most FCSWs reported significant monthly income improvements (from mean Rp. 611,000 in 1998 to Rp. 1,144,000 in 2000). (ACK11)

High risk behavior with other multiple partners

High risk sex with multiple partners increases the possibility of HIV/AIDS epidemic into the population. Tables 12 and 13 below present a summary of high risk sex with multiple partners.

In 2000, around 80% of both married and unmarried males reported ever had sexual contact in the past year. The higher proportion reporting as such were found among truckers in Jakarta and Surabaya (more than 80%) and sailors and seaport workers in Manado (more than 95%). In most cases (81%) of all males reported had sex with own wife and almost half among them (47%) reported with a FCSW. Of those who reported had sex in the past year, around 15% reported had sex with women other than a FCSW. The numbers of these non-FCSWs women vary between one to two persons, with sailors reporting higher averages than truckers. (For details see annex Table AMP11)

Table 12: Characteristics of male respondents who reported ever had sexual contacts in the past year. 1996.1997. 1998. 1999 and 2000

	1996	1997	1998	1999	2000
N ^b	1199	1200	1203	1205	1603
Ever had sexual contacts in the past year	83.6	85.1	82.4	76.1	79.6
N ^c	1002	1021	1094	917	1276
Status of sexual partner in the past year (%)					
FCSW	31.7	42.6	45.1	41.1	46.8
Wife	76.8	68.1	61.2	62.7	81.2
Girl friend	11.5	19.0	17.8	12.4	20.8
Acquaintance	9.0	8.0	6.6	5.1	4.7
Others	0.6	0.5	1.3	1.6	1.8
No response	0.2	0.0	0.0	0.0	0.0
Ever had sexual contact with women other than FCSW in the past year (%)	18.2	23.6	24.5	19.1	14.9
Mean of number of women other than FCSW in the past year	1.7	1.7	1.3	1.3	1.2

^b Number of all respondents.

^c Number of respondents who reported ever had sexual contact in the past year.

Other than their paying clients, about 40% of FCSW respondents reported have own boyfriend within the last 6 months. Many non-localization FCSWs (around 40-50%)

reported having one, or more, boyfriend (mean 1.3). Sometimes FCSWs accept payment for sexual services from their boyfriends.

In terms of risk aversion with these boyfriends, most FCSWs claimed do not use condom in last sex, only less than 17% reported used condom with a boyfriend in last sex. Among the few who did use condom, they reasoned to avoid STD infection and avoid being pregnant. Among most who did not use condom, their main reasons were that condom reduced their pleasure or partner refused. About half of FCSWs who reported having a boyfriend in the last 6 months, more than half reported accepting some sort of payment for sexual services. (ACP12)

Table 13: Condom use characteristics among female FCSWs when having sex with their boy friends. 1996. 1997. 1998, 1999 and 2000

	1996	1997	1998	1999	2000
N ^b	1000	1003	1000	1026	1502
Ever had boyfriend in last 6 months (%)	41.3	44.4	39.6	41.7	42.0
Number of boyfriends					
Mean	1.1	1.2	1.2	1.2	1.3
Number of cases	413	445	396	427	631.0
% Using condom at sex with boy friend ^c	16.2	14.4	17.4	26.6	17.0
N ^d	67	64	69	114	107
Reasons for using condom (%)					
Avoid pregnancy	20.9	25.0	39.1	41.2	49.5
Avoid STDs	71.6	82.8	73.9	88.6	78.5
Others	8.9	15.6	7.2	2.6	8.4
Don't know	7.4	0.0	0.0	0.0	0.9
N ^e	336	378	326	313	521
Reasons for not using condom (%)					
Reduces pleasure/comfort	31.3	43.4	50.3	46.3	48.8
Hard to get condom	2.4	3.2	2.1	2.6	0.8
Partner don't want to	47.9	50.5	52.1	51.8	46.6
Others	3.6	10.3	14.7	22.7	28.0
Accepting payment from boyfriend (%) ^e	54.0	63.6	69.2	58.6	55.8

^b All respondents.

^c Percentage apply to respondents who reported ever had boy-friend in last 6 months.

^d Number of respondents who reported used condom in last sex with their boy-friend

^e Number of respondents who reported did not use condom in last sex with their boy-friend.

Knowledge and experience with STDs

Level of knowledge about STDs

As indicated by Table 14 bellow, in terms of respondents' knowledge about STDs all the previous BSS survey data revealed that respondents' knowledge of STDs had remained limited throughout the survey years. Most respondents, adult males and FCSWs, were able to name only the 'popular' types of STD, such as syphilis, gonorrhea, and HIV/AIDS, with syphilis being the best known. This knowledge has changed minimally

over the survey years, with the percentage of those who could name HIV/AIDS as an STD increasing among male respondents in 1997 but then falling again in 1998.

Table 14: Percentage distribution of FCSW and Male respondents reported knowledge about type of sexually transmitted diseases (STDs). 1996, 1997, 1998, 1999 and 2000

Target groups	FCSW					Male				
	1996	1997	1998	1999	2000	1996	1997	1998	1999	2000
N	1000	1003	1000	1026	1502	1199	1200	1203	1205	1603
Know STDs type (%)										
Gonorrhea	27.0	44.3	31.1	32.9	34.5	25.8	47.0	34.7	48.5	49.0
Chlamidia	-	-	1.0	1.1	1.8	-	-	0.1	1.4	1.3
Vaginal (yellowish thick) discharge	-	-	32.7	27.1	31.1	-	-	-	-	-
Syphilis	67.7	76.2	67.6	68.3	71.6	84.2	87.9	90.3	86.7	89.6
Herpes	1.9	4.3	3.3	2.2	4.1	0.8	1.6	2.4	4.8	3.9
Lymphogranuloma venereum	0.7	0.9	0.3	0.3	0.2	0.2	1.3	0.2	0.3	0.6
Scabies	-	-	-	-	-	3.6	9.4	0.0	0.0	0.0
<i>Jamur</i> /itching around the genital	-	-	-	-	-	11.9	10.7	0.0	0.0	0.0
<i>Jengger ayam</i> /condyloma	4.4	7.7	3.6	7.2	4.8	0.9	3.4	3.7	5.3	5.4
AIDS	31.5	54.2	46.5	51.9	46.5	26.2	42.4	35.8	56.8	61.7
Hepatitis	-	-	-	-	-	0.9	1.8	0.0	0.0	0.0
Others	0.8	2.5	6.0	2.3	9.1	1.1	2.3	5.6	9.0	6.9
Don't know	-	-	-	0.3	0.4	-	-	4.4	4.2	3.0
No answer	-	-	-	-	-	0.0	0.0	0.3	0.2	0.1

N= all respondents.

In general, the pattern of knowledge about STDs among adult male respondents has not improved. Most could only cite the most popular types of STDs such as chlamidia (90%), AIDS (62%) or gonorrhea (49%). (AMH12) Among FCSWs, the most commonly known type of STDs were still syphilis (72%), AIDS (46.5%), gonorrhea (34.5%), or vaginal discharge (31%). (Further details presented in annex Table ACH13)

Experience with STDs and health seeking behavior

Table 15 below present the percentages of FCSW and male respondents who reported ever had STD by type of STDs for years of 1996, 1997, 1998, 1999 and 2000.

In 2000, about 24% of male respondents reported ever experienced STD in the past year. This proportion was less compared to previous years (in 1996 it was reported by 30%). However, there seems to be more sailors and sea port workers reported ever had STD. Among those who ever experienced STD, the most commonly reported in 2000 were gonorrhea (49%) and syphilis (43%). Of course, in most cases (54%) the respondent assumed it himself or was informed from a friend (23%). Only 22% sought the information from a doctor, and this patterns has not changed much over the years. (More details in annex Table AMH13)

Table 15: Percentage of FCSW and Male respondents who reported ever had STD by type of STDs. 1996, 1997, 1998, 1999 and 2000

Target groups	FCSW					Male				
	1996	1997	1998	1999	2000	1996	1997	1998	1999	2000
N ^b	1000	1003	1000	1026	1502	1199	1200	1203	1205	1603
Reported ever had STD (%)	13.8	28.0	14.5	12.3	14.7	30.1	27.1	26.4	25.2	23.6
N ^c	138	281	145	126	221	361	325	317	304	379
Types of perceived STD (%)										
Gonorrhea	2.9	15.6	13.8	15.9	5.4	16.4	36.9	23.0	37.8	49.1
Chlamidia	-	-	0.7	0.0	0.0	-	-	-	-	-
Vaginal (yellowish thick) discharge	47.8	53.4	60.0	57.1	62.4	-	-	-	-	-
Syphilis	18.8	8.9	14.5	11.9	16.7	52.4	43.1	66.2	53.6	42.7
AIDS	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
No answer/Don't know	-	-	-	-	-	-	-	0.3	0.0	0.8
Source of knowing having STD (%)										
By self	55.1	62.6	53.1	55.6	58.4	63.5	66.2	63.1	57.2	53.6
Friend	10.9	7.8	13.3	9.5	11.8	13.5	11.2	15.5	24.3	23.0
Doctor	31.9	26.7	30.9	31.0	24.9	19.8	21.5	19.2	17.4	22.2

^b Number of all respondents.

^c Number of respondents who reported ever had STD.

Treatment of last STD symptom

Proper medical treatment of STDs is imperative in the effort of reducing the spread of HIV/AIDS. However, this behavior does not seem to have changed over the years, and in some cases may be worse. Table 16 below presents the percentages of both FCSWs and male respondents who reported ever had STDs related symptom and their health seeking behavior in the past year. 1996, 1997, 1998, 1999 and 2000.

From all the male respondents, 24% reported ever experienced STD symptom in the past year. This is higher compared to findings from the past two years (around 20%). From the reported symptoms, the most common were pain and burning when urinating (29%) which has been increasing since 1996 (13%). This increasing trend is observable among sailors and port workers as well as truckers in the three cities. The same pattern is also present in urethral purulent discharge (16.5%). Among those male respondents who reported ever had STD in the past year, their last symptom were pain and hot when urinating (63% in 2000, compared to 48% in 1996) and urethral purulent discharge (23%). Other commonly reported last STD symptoms were small black marks (7.2%) and painless and non-itching ulcer (4.4%).

Among those adult males who reported have had STD symptom in the past year, only about half (55.5%) sought medical treatment. Among those who sought medical treatment, 47% went to a private practice (especially in Surabaya) and 28% went to a medical center. There seems to be increasing trend among those males who seek treatment from health centers and hospitals since 1996. Among the remainder who decided not to seek medical treatment, the majority (85%) reportedly self-treated their symptoms. The trend of self-treatment of STD symptom has been rising since 1996.

Various myths and misperception about treatment of STDs seem to prevail, as well as people's lack of willingness to be morally shamed, socially stigmatized, or interrogated by authorities (such as medical practitioners). (See also annex Table AMH14)

Table 16: Percentage of FCSW and Male respondents who reported ever had STDs related symptom and their health seeking behavior in the past year. 1996, 1997, 1998, 1999 and 2000

Target groups	FCSW					Male				
	1996	1997	1998	1999	2000	1996	1997	1998	1999	2000
N ^b	1000	1003	1000	1026	1502	1199	1200	1203	1205	1603
Ever had STD symptom in the past year(%)	42.0	42.3	36.5	38.8	37.7	47.7	21.1	20.4	20.9	24.3
Ever had STD symptom (%)										
Pain and burning sensation when urinating	18.0	24.3	19.7	19.4	23.5	12.7	24.4	21.7	26.2	29.3
Lumps on the genital	1.3	1.0	1.0	1.9	1.8	0.9	1.0	1.6	2.2	1.7
Small black marks	2.3	0.9	2.9	5.4	3.3	2.2	1.5	2.3	3.5	4.9
Darkish-red lumps	1.3	0.3	0.9	1.2	0.5	1.3	0.7	0.7	0.8	1.0
Painless and non-itching ulcer	8.2	1.2	4.2	3.6	2.4	2.4	2.5	2.4	4.7	2.7
Scabies around genital	2.9	4.0	2.9	0.0	2.5	6.0	6.9	0.0	0.0	0.0
Fungi and itching around genital	7.1	8.4	2.9	2.6	0.0	10.3	9.4	0.0	0.0	0.0
Urethral purulent discharge	-	-	1.3	2.1	1.5	-	10.6	10.6	19.0	16.5
N ^c	420	424	365	398	567	572	253	245	252	389
Last symptom in the past year										
Pain and hot when urinating	28.1	38.0	28.2	29.6	38.3	47.9	24.4	56.7	53.2	63.2
Lumps on the genital	1.4	0.9	0.5	3.0	0.5	0.7	1.0	5.1	2.4	0.5
Small black marks	3.4	1.4	1.6	6.0	3.9	3.3	1.5	7.1	6.3	7.2
Darkish-red lumps	0.5	0.2	0.3	2.0	0.2	2.6	0.7	0.4	1.2	1.8
Painless and non-itching ulcer	16.0	1.2	4.1	5.0	1.8	3.5	2.5	7.5	11.1	4.4
Scabies around genital	4.1	4.5	6.0	0.0	2.8	14.9	6.9	0.0	0.0	0.0
Fungi and itching around genital	13.1	12.7	6.0	3.5	0.0	27.1	9.4	0.0	0.0	0.0
Urethral purulent discharge	-	-	1.9	1.0	1.6	-	10.6	22.0	25.8	22.9
Vaginal (yellowish thick) discharge	33.6	41.0	36.2	29.4	33.3	-	-	-	-	-
% seeking for medical care ^d	72.9	73.3	70.1	62.6	62.3	53.0	47.6	60.2	52.8	55.5
Place of treatment for last symptom ^d										
Health center	9.8	16.8	30.9	18.5	23.2	6.3	6.0	13.1	28.6	28.2
Family planning clinics	2.9	1.7	13.3	9.2	5.7	2.5	2.0	2.0	1.5	6.5
Hospital	6.4	2.8	12.1	10.4	9.3	8.0	9.0	19.6	14.3	16.2
Doctor/private practice	49.8	43.0	42.2	55.0	59.8	33.6	27.5	60.8	50.4	47.2
Other	0.7	8.0	1.6	5.6	2.0	1.8	3.2	4.6	3.8	1.9
Don't remember	-	-	0.0	0.4	0.0	0.2	0.0	0.0	0.8	0.0
No answer	-	-	0.0	0.8	0.0	0.7	0.0	0.0	0.8	0.0
N ^e	114	113	109	148	211	269	133	98	119	173
Having self treatment	74.8	80.9	86.2	85.9	85.9	74.5	78.2	77.1	84.0	85.0

^b Number of all respondents.

^c Number of respondents who reported ever had STD symptom in the past year.

^d Percentage applied to respondents who reported ever had STD symptom in the past year.

^e Number of respondents who reported ever had STD symptom in the past year and do not seek for medical care

Among the FCSWs, in 2000, about 38% of all FCSW respondents stated that they ever experienced STD in the past year. However, over the last 5 years, the total proportion who reported as such have varied from 36% up to 42%. Among those who reported ever had STD, many (23.5%) reported pain and burning when urinating. There is an upward trend of FCSWs reporting this symptom (from 18% in 1996, 24% in 1997, to 20% in 1998), especially among localization FCSWs in the three cities. Thick yellowish vaginal discharge was reported by 19% FCSWs, and it was proportionately higher in localization areas in Jakarta and Surabaya. Abdominal pain was another commonly reported symptom

(13%), and it was especially higher among localization FCSWs in Jakarta and Surabaya.(Further details presented in annex Table ACH15)

Specifically among those FCSWs who reported ever had STD symptom in the past year, their last symptom was commonly pain and burning when urinating (38%). This proportion of reported symptom is up from previous years of around 30%. Thick yellowish vaginal discharge (33%) or abdominal pains (17.5%) were other common symptoms that have remained similar over the past years. Small black marks were another oft-reported symptom (4%).

Among those FCSWs who reported ever had STD symptom in the past year, the majority (62%) sought medical treatment. This proportion is lower compared to finding in 1996, 1997 and 1998 (around 70%). Those who sought treatment tend to go to private practices (60%) or a health center (23%). There is upward trend of visiting private practices/doctors (less than 50% prior to 1998). Among those FCSWs who did not seek medical treatment, most (86%) decided to self-treat their ailment. This proportion has remained similar over the past years. Self-treatment seems especially increasing among non-localization FCSWs in Jakarta and Surabaya. (Details presented in annex Table ACH15).

Conclusions

Analysis of trends across the five waves of data collection specifically among female commercial sex workers and adult males (namely sailors, seaport workers, truckers and their assistants) supports the following conclusions:

- Compared with the baseline data of 1996, there is now high percentages of respondents in all the surveyed sub-populations had heard of HIV/AIDS and their numbers have been increasing over the years.
- Both male (sailors and truckers) and FCSW respondents in all study sites showed increased knowledge of appropriate ways to prevent HIV transmission over the years.
- Since 1996, the level of knowledge of condoms increased for both male and FCSWs respondents during all the survey years.
- Knowledge of STDs has remained low throughout the survey years, mostly being limited to names of popular types of STD.
- The percentage of male respondents who reported having sex with an FCSW indicates to be increasing over the past years (especially from 1996 to 1998, stabilized in 1999, and inclined in 2000).

- Reported condom use in last sex with FCSWs among male respondents showed signs of increase in 1999 after several years of no change or decreased use. However, consistent condom use remains low.
- Condom use as reported by FSW increased in some sites but remained unchanged in others.
- Although the majority of those male and FCSW respondents who ever had STD in past year tend to seek medical treatment, most of those who did not tend to self-treat their last STD symptom, and their percentages seems to be increasing.

References

CHR-UI, MOH/CDC, FHI/USAID. 2000. *Behavioral Surveillance in Jakarta, Surabaya and Manado, 1996-1999*. Jakarta.

Utomo, B, NG. Dharmaputra (eds.) 1998. *STD/HIV Risk Behavioral Surveillance Surveys, 1996: Results from Cities of Jakarta, Surabaya, and Manado*. Report Monograph to HAPP/FHI and the Ministry of Health. Jakarta: CHR-UI.

Utomo, B, NG. Dharmaputra (eds.) 1999. *STD/HIV Risk Behavioral Surveillance Surveys, 1996, 1997 and 1998: Results from Cities of Jakarta, Surabaya, and Manado*. Report Monograph to HAPP/FHI and the Ministry of Health. Jakarta: CHR-UI.

Utomo, B, NG. Dharmaputra (eds.) 1999. *STD/HIV Risk Behavioral Surveillance Surveys, 1998: Results from Cities of Denpasar, Ujung Pandang and Kupang*. Report Monograph to MenKokesra/ AusAID. Jakarta: CHR-UI.

Dharmaputra, NG, B. Utomo, and S. Iljanto. 1997. *Operational Assessment of Institutional Responses to HIV/AIDS in Indonesia*. Report Monograph to HAPP/FHI and the Ministry of Health. Jakarta: CHR-UI.

MOH. Ministry of Health. 2000. National routine monthly reporting of HIV and AIDS cases. (Mimeo) Jakarta: MOH-CDC.