

# REPORT CARD

## HIV PREVENTION FOR GIRLS AND YOUNG WOMEN



### INDONESIA



#### COUNTRY CONTEXT:

Size of population:	225,642 (in thousand) <sup>1</sup>
Ethnic groups: Javanese 40.6%   Sundanese 15%   Madurese 3.3% Minangkabau 2.7%   Betawi 2.4%   Bugis 2.4%   Banten 2%   Banjar 1.7%   other or unspecified 29.9% <sup>2</sup>	
Religions: Muslim 86.1%   Protestant 5.7%   Roman Catholic 3%   Hindu 1.8%   other or unspecified 3.4% <sup>3</sup>	
Languages: Bahasa Indonesia [official, modified form of Malay] English   Dutch   local dialects [the most widely spoken of which is Javanese] <sup>4</sup>	
Life expectancy at birth:	69.7 years <sup>5</sup>
Population living below the national poverty line:	27.1% <sup>6</sup>
Percentage of population under 15 years:	26.46% <sup>7</sup>
Youth literacy female rate as percentage of male rate (ages 15-24):	100% <sup>8</sup>
Median age at first marriage for women (ages 15-49):	19.5 years <sup>9</sup>
Median age at first marriage for men (ages 15-49):	25.2 years <sup>10</sup>
Median age at first sex among females (ages 15-49):	No available data
Median age at first sex among males (ages 15-49):	No available data
Total health expenditure (public and private) per capita per year:	\$78 <sup>11</sup>
Nurses density per 1,000 population:	No available data
Contraceptive prevalence rate for women 15 – 49:	61% <sup>12</sup>
Fertility rate (2000-2005):	2.6 births per woman <sup>13</sup>
Maternal mortality rate per 100,000 live births:	228 <sup>14</sup>



#### AIDS CONTEXT:

HIV prevalence rate (15 – 49):	0.2 [0.1 – 0.3]% <sup>15</sup>
HIV prevalence rate in young females (ages 15-24):	0.1 [<0.1 – 0.2]% <sup>16</sup>
HIV prevalence in young males (ages 15-24):	0.3 [0.1 – 0.5]% <sup>17</sup>
HIV prevalence in vulnerable groups: Sex workers: 9.5%   Injecting Drug Users: 52.4%   Men who have sex with men: 5.2% <sup>18</sup>	
Number of deaths due to AIDS:	8 700 [4 900 – 13 000]
Estimated number of orphans due to AIDS (0-17 years):	No available data



#### HIV PREVENTION FOR GIRLS AND YOUNG WOMEN CONTEXT:

While most provinces in Indonesia still have concentrated HIV epidemics, the 2 provinces of Papua and West Papua are experiencing a generalized epidemic. In Papua province the AIDS case rate (number of reported AIDS patients per 100,000) is 15 times higher than the national average; and it is twice the national rate in West Papua. A first population-based, integrated bio-behavioural surveillance study (IBBS) conducted there in late 2006 found an HIV prevalence rate of 2.4% among the general population aged 15–49.

Several studies show that sexual behaviour patterns in Papua and West Papua are of particular relevance to HIV transmission. Average sexual debut begins at 19.5 years old for males and 18.8 for females<sup>19</sup>. However, among youth in Papua (14-24 years of age) the number with a sexual debut before 15 years of age is significantly higher than amongst people in older age groups (25-39 and 40-49). This trend is more predominant amongst females than males.

### INTRODUCTION

#### THIS REPORT CARD AIMS TO PROVIDE A SUMMARY OF HIV PREVENTION FOR GIRLS AND YOUNG WOMEN IN INDONESIA.

This Report Card is one in a series produced by the International Planned Parenthood Federation (IPPF), under the umbrella of the Global Coalition on Women and AIDS, and with the support of the United Nations Population Fund (UNFPA) and Young Positives.

The Report Card is an advocacy tool. It aims to increase and improve the programmatic, policy and funding actions taken on HIV prevention for girls and young women in Indonesia. Its key audiences are national, regional and international policy and decision-makers, and service providers. It builds on global policy commitments, particularly those outlined in the Political Declaration on HIV/AIDS from the 2 June 2006 High-Level Meeting, to follow up on the United Nations General Assembly Special Session on AIDS (UNGASS).

The Report Card summarizes the current situation of HIV prevention strategies and services for girls and young women ages 15-24 years in Country. It contains an analysis of five key components that influence HIV prevention, namely:

1. Legal provision
2. Policy provision
3. Availability of services
4. Accessibility of services
5. Participation and rights

It also provides recommendations for key stakeholders to enhance action on HIV prevention strategies and services for girls and young women in Country.

The Report Card is the basis of extensive research carried out during 2008 by IPPF, involving both desk research on published data and reports, and in-country research in Country to provide more qualitative information. This research is detailed in full within a 'Research Dossier on HIV Prevention for Girls and Young Women in Country' (available on request from IPPF).

The relatively early age of sexual debut is not accompanied by sufficient knowledge of reproductive health, including sexually transmitted infections and HIV. This lack of information can increase their vulnerability to infection.

Transmission of HIV through sharing contaminated injecting equipment was identified as the cause of acceleration in the number of infections nationally in the last 5 years. However, it was predicted that in 2008 unsafe sexual behaviors will begin to dominate transmission.<sup>20</sup>

48% percent of the population (in Papua) had never heard of HIV or AIDS. Population groups with low levels of education (never attended school or did not complete primary education) had much lower levels of knowledge, with 74% never having heard about HIV or AIDS, compared to 20% of those who have graduated from senior high school or university.<sup>21</sup>

### KEY POINTS:

- The **legal age of marriage** is **16 years for women and 19 years for men**, in both cases with the legal consent of the parents, up to the age of 21.<sup>22</sup> Among women with secondary and higher education, the median age at first marriage was 23.5 years, six years older than the age among women with no education who were 17.1 years.<sup>23</sup>
- **Abortion is legal only when permitted to save the life of the woman.** Consent of the pregnant woman, her husband or her family for the procedure is necessary and it must be performed in an approved health-care facility.<sup>24</sup>
- **VCT is a mandatory for members of the armed forces** who would like to go or are returning from an area where he or she has been posted. For those living with HIV, the policy states that they should not be posted out of the country and should be assigned alternative less physical work. Measures are made to reduce the possibility of transmission.<sup>25</sup>
- Regulation No. 23/2004 states that the regulation is based on the **honour of human rights, justice and gender equality, non-discrimination**, and to protect the victims of violence.<sup>26</sup>
- While there are some laws, policies, and regulations regarding HIV & AIDS in Indonesia, **there's not one that specifically mentions the role of confidentiality for testing, diagnosis, treatment, care and support.** Information regarding confidentiality of HIV tests are only found in the protocol of VCT services, and are also supported by Regulation Ministry of Health.<sup>27</sup>
- The West Java Provincial HIV/AIDS Strategic Plan, focused on **harm reduction among IDUs** and the prevention of sexual transmission of HIV. The harm reduction policy and programme was based on Ministerial Regulation No. 02/ PER/ MENKO/ KESRA/ I/ 2007 on the **national policy on harm reduction.**<sup>28</sup>
- There is **currently no law that criminalizes the transmission of HIV**, although there are a number of provincial and district by-laws on HIV.<sup>29</sup>
- There are **no set legal age restrictions** on accessing HIV or SRH related services.<sup>30</sup>

### QUOTES AND ISSUES:

- *There should be **significant changes in our laws**, together with Female NGOs and State Ministry for Empowerment of Women we must figure out how to ensure equality for women.”* (Interview with Country Coordinator, UN Agency)
- *“Indonesia has **no special laws to prevent HIV transmission to women**, this is because all laws are for the general population.”* (Interview with Youth Officer, National Family Planning Association)
- *“I am not fully understood (aware of the situation), but as far as I know, **laws will never discriminate, everybody is equal.** Changing law will take time and the law makers would not start working if money is not involved.”* (Interview with Religious Leader)
- *“It's **not just a matter of laws** - the **real problem is how people understand them** - so they can understand about their rights.”* (Interview with UN Agency)
- *“The **laws can be changed**, so long as the communities who feel disadvantaged by the system keep on protesting against the law.”* (Interview with PLHIV Network)
- *“There's **no difference in legislation for different types of girls** and young women.”* (Interview with UN Agency)
- *“I never heard of any specific laws or regulations that focus on girls, but there has been **some involvement from teenagers in creating National Strategies.** So we cannot say the situation getting better or worse, but we can see that there is good will from the government about this matter.”* (Interview with Family Planning Association)



### KEY POINTS:

- The overriding aim of the National AIDS Commission 2007-2010 HIV and AIDS Response Strategy is to **provide and improve the quality of treatment, medical, and support services to people living with HIV (PLHIV)**, and to integrate these services with the HIV and AIDS prevention effort.<sup>31</sup>
- The Strategy has the following priority targets:
  - **80% of most-at-risk populations (MARPs)** have access to a comprehensive prevention program;
  - **60% of MARPs reached** with behavior change interventions;
  - **80% of those who are eligible can access ARV** and care, support and treatment service (CST) as needed;
  - An **enabling environment** where **civil society can play a significant role**, and stigma and discrimination are eliminated or at least minimized;
  - **Funding and other resources** (both from domestic and international sources) can meet needs in 2008;
  - **60% of pregnant women** who are HIV positive can get ARV prophylaxis;
  - **Orphaned and vulnerable children (OVCs)** can access proper support;
  - **50% reduction** (70,000 to 35,000) **in new infections**, or infections projected in 2010 if programme coverage remains at current levels.<sup>32</sup>
- Part of the policy basis of the National AIDS Strategy states that **every HIV test must be preceded by ensuring that the client has accurate information and has consented to the test**. Proper counseling must be provided both before and after the test, with the results of the test kept confidential.<sup>33</sup>
- National **PMTCT guidelines were adapted in 2005**.<sup>34</sup> Pregnant women are offered testing, particularly in areas where the epidemic is concentrated or has spread into the general population. Such **testing is done in VCT, PMTCT and mother and child clinics**.<sup>35</sup> In 2006 3.5% of HIV positive pregnant women received ARVs to reduce the risk of transmission.<sup>36</sup>
- Most life skills and reproductive health programmes are **focused on older age groups** (high school and college students). However, the evidence clearly shows that such information needs to be provided to young people at a much earlier age. For instance, surveys have revealed the **majority of adolescents had their first sexual experiences between the ages of 13 and 15**.<sup>37</sup>
- **HIV data is disaggregated by age and gender** by both UNAIDS and the national Demographic and Health Survey.<sup>38</sup>
- In the **National AIDS Strategic Plan it is an explicit responsibility of NAC's members to carry out HIV research and surveillance**. For example the Department of Health carries out STI and HIV surveillance and the Ministry of Research and Technology, HIV/AIDS research.<sup>39</sup>
- The **Behavioural Surveillance Survey (BSS) is conducted yearly** by the BPS – Statistics Indonesia. In addition the Indonesian Demographic and Health Survey is also conducted regularly every 4 or 5 years by the same agency.<sup>40</sup>

### QUOTES AND ISSUES:

- **"The right information allows all people to make the right judgments."** (Interview with Field Worker, women's association)
- **"Tell you the truth, National AIDS Council really support female condom, but the main problem is women have no power to suggesting male to using condom, that's why we really support female condom so woman can be save."** (Interview with Country Coordinator, UN Agency)
- **"Government policy should be more comprehensive**, especially on HIV prevention, and should be directed **towards even the smallest sections of society."** (Interview with Youth Officer, National Family Planning Association)
- **"We can only hope that the National Strategic Plan focuses on women; the Ministry of Empowerment of Women can do something about this."** (Interview with National AIDS Council)
- **"In Jakarta we still don't have sex education in formal schools**, but as far as I know several provinces have already tried to put this issue into school curriculums, such as West Borneo, Yogyakarta and Bali as pilot projects." (Interview with National Family Planning Association)
- **"The policies and protocols are good, but not the implementation."** (Interview with Religious Leader)
- **"I don't know for sure, I think there aren't any national curriculum guidelines for sex education."** (Interview with Director, University of Indonesia Medical Department)



### KEY POINTS:

- The Indonesian Planned Parenthood Association (IPPA) has a **specific programme for girls, boys and young women and men**. They have 24 sexual and reproductive health (SRH) services/clinics, including STI and VCT services.<sup>41</sup>
- As of the end of 2007, there were 296 VCT clinics throughout Indonesia, 153 hospitals which provide free ART and **19 hospitals** where **PMTCT programmes** exist.<sup>42</sup>
- **25.1% of female sex workers and 35.9% of injecting drug users (IDUs) had received an HIV test within the last 12 months**. Male sex workers are more likely to access testing with 52.2% reporting having tested within the last 12 months.<sup>43</sup>
- **67.7% of female sex workers reported using a condoms** with their most recent client.<sup>44</sup>
- **Condoms are widely available**, particularly in urban areas. Although, only 54.7 percent of sex workers and 56.5 percent of men who have sex with men (MSM) use condoms consistently.<sup>45</sup>
- An objective of the UNDP Initiative, the Indonesian Partnership Fund, is to **increase awareness** among the general population, particularly young people, and **reduce discrimination towards people living with and/or affected by HIV**.<sup>46</sup>
- **Clean needle programmes** only reached 20 percent of IDUs in 2004, but according to the National AIDS Council (NAC) they now reach 80 percent. There are **24 clinics providing methadone maintenance therapy (MMT)** at hospitals, community health centres and prisons around the country, with plans to open more in the near future.<sup>47</sup>
- **Antiretroviral Therapy has been fully subsidised** by the government for PLHIV, although it is not always available in all areas.<sup>48</sup>
- **Services** catering for the needs of **those that care for people living with HIV are scarce**, but there are a few NGOs that provide such services to carers.<sup>49</sup>
- Certain **NGOs provide telephone hotlines for general population** (including young people) to get advice on HIV/AIDS and other sexual and reproductive health issues.<sup>50</sup>

### QUOTES AND ISSUES:

- **"HIV prevention services are widely available in public**, whether information, sexually transmitted infections clinics, VCT service or ARV availability." (Interview with Youth Officer, National Family Planning Association)
- **"Not many men realize that they have responsibilities** in preventing infections to women, mostly women must take care of them self." (Focus group discussion with girls and young women, Kerawang West Java)
- **"Both men and women have their own role**. For me, if the man doesn't want to use the condom, I prefer not to have sex at all." (Focus group discussion with girls and young women living with HIV, Kerawang West Java)
- **"Give women access to the right information about HIV and sexual and reproductive health**, especially those who come from high risk groups. So they can learn more and understand more about the situation." (Interview with National Family Planning Association)
- **"The only condoms that are available in this clinic are male condoms**, we really hope that this clinic can also provide us with female condoms. Other services are just fine". (Focus group discussion with girls and young women, Kerawang West Java)
- **"Access to VCT and ARV should be available in all areas....** We should treat HIV more like we treat TB: TB medicines are available in all public health services (puskesmas), we should try to **make ARVs also available in the same public health services** (puskesmas)." (Interview with a Youth representative from Kisara youth organisation, PKBI Bali)



### KEY POINTS:

- **Women in the youngest age group (15-19 years) report more problems in accessing health care than older women**, particularly related to transportation and to being accompanied. 38.3% of women aged 15-19 reported having difficulties accessing healthcare in 2003.<sup>51</sup>
- In reality there are multiple **social logistical and financial barriers to girls and young women accessing services** in Indonesia, including:
  - **Costs** of services;
  - **Fear** of stigma from families and friends;
  - **Waiting times** for services and results;
  - **Lack of privacy** and confidentiality;
  - Traditional **norms of gender inequality**;
  - **Taboo** surrounding unmarried women accessing sexual and reproductive health services.

Many of these barriers particularly affect girls and young women living in rural areas.<sup>52</sup>
- The Government of Indonesia initiated a program to **subsidize the cost of ART in 2004**. By 2005, the program provided low-cost ART at 50 hospitals.<sup>53</sup> However, **under 25% percent of HIV-infected people received ART in 2007**.<sup>54</sup>
- **Stigma and discrimination issues are included in training**, and are based on National Guidelines for Training Clinic Staff. Based on WHO/ILO guidelines on Health services and HIV/AIDS.<sup>55</sup>
- The **main sources of information about HIV** for people in Papua are radio and television.<sup>56</sup>
- **HIV testing and counseling services are based on the principles promoted by WHO**. In July 2004, the government committed to providing access to subsidized antiretroviral therapy to everyone needing treatment, with the ultimate goal of ensuring universal access.<sup>57</sup>
- According to Ministry of Health Regulations **"All services must treated all client equally**, regarding they are positive, negative or untested."<sup>58</sup>
- **CD4 testing is becoming more widely available**, but primarily through private sector laboratories, which send samples to a central referral hospital. Although in theory a CD4 test is provided free-of-charge, this is rarely possible, and the test usually costs around US\$10 or more.<sup>59</sup>
- The **Indonesian Business Coalition on AIDS** has as one of its key objectives:
 

"To **publicize international and domestic best practice HIV/AIDS prevention, care and treatment initiatives** through the web, publications, media presentations, participation in targeted trade, human resource and industry events."<sup>60</sup>

### QUOTES AND ISSUES:

- **"Overcoming poverty and lack of education will increase accessibility**. And start developing people's understanding of gender issues." (Interview with Country Coordinator, UN Agency)
- **"I think it's easy for them (girls) to access the services, but making them access is difficult since most of them consider that as a taboo."** (Interview with Religious Leader)
- "The service given is not influenced by which group they belong to. **The clinic will not discriminate regardless of whether they are sex workers, HIV positive, or a drug user**. As long as they are willing to access the health service, they will always be served." (Interview with VCT Counsellor, STI Clinic)
- **"It is normal in our cultural to believe that a man's health is more important than a woman's."** (Interview with field worker)
- **"I heard about a case of a woman in labour in some rural area; the public health service didn't follow the protocol because the mother is HIV positive. It cost the life of the mother."** (Interview with member of PLHIV Network)
- **"The important thing is the government, and stakeholders; how can they create a better support system and friendly environment for people to access services."** (Interview with UN Agency)
- **"It's easier for some groups to access facilities provided by NGOs. For example, sex workers can get easier access to health services compared to housewives or even young girls."** (Interview with VCT Counsellor)
- **"Boys and young men are also facing the same problem in accessing the services, although ...from a cultural point of view, people have more tolerance for male behaviour than female. So I don't think that this can do much to help women."** (Interview with a teenager from the Sexual and Reproductive Health Division, UNFPA)
- **"I need cheaper health services**, because I'm a widow without a job". (Focus group discussion with girls and young women, Kerawang West Java)



### KEY POINTS:

- The **Indonesian government** signed the Convention on the **Rights of the Child (CRC)** on October 5th 1990 and the **Convention on the Elimination of all forms of Discrimination against Women (CEDAW)** on the 13th October 1984.<sup>61</sup>
- The Indonesian Government **is yet to sign the Convention on Consent, Marriage, Minimum age of Marriage and registration of Marriage (CCM)**.<sup>62</sup>
- Within the National AIDS Council there exists a **national working group** whose role is to **focus on issues related to PLHIV**.<sup>63</sup>
- There are individuals within the National AIDS Council that **promote the needs of young women and girls** at a national level, though **there is no official body within the Council** to address these issues.<sup>64</sup>
- The **Indonesian National AIDS Strategy 2007-2010** was developed through a **participatory process** involving youth groups.<sup>65</sup>
- In Round 9 of the Global Fund for AIDS Tuberculosis and Malaria, the Indonesian CCM contained 3 **representatives from the PLHIV community** and there was representation from the **Ministry of Women Empowerment**.<sup>66</sup>
- There are some **public figures** such as Nurul Arifin who have become **role models in the prevention of HIV/AIDS** in Indonesia.

### QUOTES AND ISSUES:

- “We should create an understanding in society, that **women also have the same rights as men.**” (Interview with Country Coordinator, UN Agency)
- “*First of all for those who are positive, we must do the best we can from spreading the virus to other - **share your knowledge with family and friends and eliminate stigma and discrimination.***” (Focus groups discussion with girls and young women living with HIV)
- “The **government can help by doing some training in capacity building** and creating policies that support women and girls.” (Interview with Field Worker, Women’s Foundation)
- “*International agreements are merely discourse in Indonesia, their dissemination is not widely spread, so many people are not aware of international commitments agreed by Indonesia. **Women should be proactive to defend their rights and be involved in decision making at regional and national levels.***” (Interview with National Family Planning Association)
- “**What we should do is to respect women’s rights** and empower them to overcome gender relation imbalance.” (Interview with Director, University of Indonesia Medical Department)
- “*There’s been a plan to **get more involvement from women and young people**, but the lack of capacity of those groups makes the implementation of the plan delayed.*” (Interview with member of PLHIV Network)
- “**So many commitments, but the implementation is not properly done.**” (Interview with Director of University Indonesia Medical Department)





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# RECOMMENDATIONS

» Based on this Report Card, a number of programmatic, policy and funding actions are recommended to enhance HIV prevention for girls and young women in Indonesia. Key stakeholders – including government, relevant intergovernmental and non-governmental organisations, and donors – should consider the following actions:

## LEGAL PROVISION

1. Ensure that all Laws and Conventions that have been ratified, particularly those related to HIV prevention and safe-guarding women, are fully respected and enforced so that the reality equals the rhetoric.
2. Develop a more robust legal framework protecting the rights of young women and girls to access safe abortions.
3. Align the laws governing the legal age for marriage of men and women so that women are given the same rights as men.
4. Develop and implement an AIDS Law that guarantees the rights and needs of those living with HIV, ensuring a strong focus on stigma and discrimination.
5. In light of the epidemic trends in Indonesia - review legislation that criminalizes sex work and the willful transmission of HIV and ensure that there is specific legislation to protect members of vulnerable groups such as IDUs prisoners and sex workers.

## POLICY PROVISION

6. Review and strengthen Indonesia's action in the light of the aspects of the **Political Declaration on HIV/AIDS** from the 2 June 2006 High-Level Meeting (to follow up on UNGASS) that particularly relate to HIV prevention for girls and young women. These include sections: 7, 8, 11, 15, 21, 22, 26, 27, 29, 30, 31 and 34.
7. Ensure that issues relating to HIV and AIDS, particularly those that affect girls and young women, are mainstreamed into all relevant government policies to guarantee that policies reinforce each other and provide a strong framework for progress.
8. There needs to be greater synergies between NGO led interventions and National responses, in order that resources for HIV prevention are maximised and work is complementary rather than duplicative. It is the role of the National AIDS Committee to strengthen such partnerships.
9. Ensure that the National Strategy reflects the changing state of the epidemic in Indonesia.

## AVAILABILITY OF SERVICES

10. Develop mobile clinics for sex workers, to facilitate them accessing services whenever necessary.
11. Continue to expand availability to all sexual and reproductive health and HIV services, particularly those targeting youth, taking advantage of the opportunities of integrating services where possible.
12. Increase awareness and availability of female condoms. Also implement measures to ensure that both male and female condoms are accessible to girls and young women in a discrete manner.

13. Develop clear guidelines and information materials in relation to positive prevention (prevention for, and with, people living with HIV) and ensure that they are disseminated widely, including through health professionals and support groups for people living with HIV. Ensure that this information addresses concerns around side effects, second line treatment, and resistance to drugs.

## ACCESSIBILITY OF SERVICES

14. Ensure that access to all HIV and sexual and reproductive health (SRH) related services are free, in particular, to voluntary counseling and testing (VCT) and condoms.
15. Raise awareness, including among parents and traditional leaders, about the validity and importance of girls and young women being empowered to protect themselves from HIV infection. Support this by emphasizing.
16. Make IEC materials available to all from the earliest age appropriate, to allow young people to gradually develop an understanding of their rights to sexual and reproductive health and how to access suitable services.
17. Introduce more targeted and integrated projects and services that address the specific sexual and reproductive health and HIV and AIDS needs of girls and young women rather than the general population. This should include initiatives to address the specific and often neglected needs of those that are marginalised.

## PARTICIPATION AND RIGHTS

18. Work more with boys and men to improve their understanding and behaviour around sexual health and HIV prevention issues so as to reduce the transmission of HIV and sexually transmitted infections (STIs) to their regular and/or recreational partners.
19. Specifically target sex workers in terms of a rights based approach to universal access to HIV prevention, treatment, care and support rather than tacitly acknowledge their existence. This should include:
  - a. Addressing the economic, social and gender-based reasons for entry into sex work;
  - b. Providing health and social services to sex workers;
  - c. Providing viable opportunities to alternatives to sex work.
20. Enhance youth participation and representation from sex workers in the development of national prevention strategies and policies both as a modality of stigma reduction and to ensure that the national response to HIV is rights based.

# CONTACT DETAILS

For further information about this Report Card, or to receive a copy of the Research Dossier, please contact:



**International Planned Parenthood Federation**  
 4 Newhams Row  
 London SE1 3UZ  
 Tel +44 (0)20 7939 8200  
 Fax +44 (0)20 7939 8300  
 Email [info@ippf.org](mailto:info@ippf.org)  
[www.ippf.org](http://www.ippf.org)  
 UK Registered Charity  
 No.229476



**UNFPA**  
 220 East 42nd Street  
 New York,  
 NY 10017  
 USA  
 Tel +1 212 297 5000  
[www.unfpa.org](http://www.unfpa.org)

**UNFPA Indonesia**  
 Menara Thamrin 7th Floor  
 Jl. MH Thamrin Kav  
 3 Jakarta  
 Tel: 62 21 314 1308  
 Fax: 62-21-31927902  
 Email: [unfpa.indonesia@unfpa.org](mailto:unfpa.indonesia@unfpa.org)  
[www.indonesia.unfpa.org](http://www.indonesia.unfpa.org)



**Global Coalition on Women and AIDS**  
 20, avenue Appia  
 CH-1211 Geneva 27  
 Switzerland  
 Tel +41 22 791 5412  
 Fax +41 22 791 4187  
 Email [womenandaids@unaids.org](mailto:womenandaids@unaids.org)



**Young Positives**  
 P.O. Box 10152  
 1001ED Amsterdam  
 The Netherlands  
 Tel +31 20 528 78 28  
 Fax +31 20 627 52 21  
 Email [rfransen@stopaidsnow.nl](mailto:rfransen@stopaidsnow.nl)  
[www.youngpositive.com](http://www.youngpositive.com)



**The Indonesian Planned Parenthood Association**  
 Jalan Hang Jebat III/F3  
 Kebayoran Baru  
 Jakarta Selatan 12120  
 Indonesia