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Lesson Learned From Epoch Project Indonesia -
Case Studies: YCUI (Bali) And YPI (Jakarta)

By

Teguh Budiono
I. INTRODUCTION

Indonesia is the largest archipelago in the world, has a population of 179.2 million people (census 1990). Indonesia comprises 13,677 islands, including five main islands: Sumatra, Java, Kalimantan, Sulawesi, and Irian Jaya. They are scattered between the Asian continental land mass and Australia. The population is predominantly young, half under the age of 20.

Java is the principal island in terms of population (63% of total population), land use, as well as being the location of the seat of government, being Jakarta with a population of 8.8 million (Demography Data, Local Government of Jakarta, 1994).

II. INDONESIAN HIV/AIDS SITUATION

A. HIV/AIDS situation

The number of officially reported cases of HIV/AIDS in Indonesia is not large compared to other Southeast Asian countries. There were "only" 226 HIV/AIDS cases reported up to July 1994 -- 72 of them being persons with AIDS -- with a ratio of 3 to 1 between men and women. According to Linnan (1994), the estimated number of HIV-infected people in Indonesia is approximately 60,000.
Azwar Anas, Chair of The National AIDS Commission, stated that if Indonesia does not take serious action in 1996, the number of persons with HIV - infection in Indonesia will significantly increase to 1.5 million by the year 2000 (Media Indonesia, June 18, 1994). According to the WHO projection, it is estimated that persons with HIV in Indonesia will reach 2.5 million by the year 2000 (Loth, 1992). Even if multiple intervention efforts are maximized at the national scale, Linnan projected that there would be a minimum of 300,000 HIV+ cases by the year of 1999/2000 (Linnan, 1994).

B. What Makes Indonesia Vulnerable to an Epidemic of AIDS?

a. **High Incidence of STD.** One woman in the health clinic of our NGO partner reported that out of the 6000 women who visited her clinic for pap smear, 29% of them had STDs, 25% normal, and the rest had other reproductive tract infections. This result is not far from other research conducted by universities, indicating that 25% - 35% of pap smear samples of women from general community members had STDs. But people are not generally aware of the direct link between STDs and AIDS.

b. **Socio cultural perception of health and well being.**
Most Indonesians interpret "healthy" (sehat) as a condition of well-being, comfort, normal, and capable of doing daily activities. Whereas "sick" or "ill" (sakit), is defined as a condition where the individual experiences physical ailments causing feelings of discomfort (Sudarti, 1988). There are two beliefs of the cause of illnesses in Indonesian society. First, natural phenomena (such as wind, heat, cold air, and food), and second, spiritual or supernatural powers (such as spirits, magical powers, curse). To cure illnesses of natural causes, modern as well as traditional medication is used through assistance of a health provider. Whereas to cure illnesses caused by supernatural power, many would consult a shaman (dukun) or religious leader (kyai). Both perceptions heavily influence people in searching for treatment in health matters. This also has a direct link to access to health information.

c. **Socio culture factor influencing sexual behavior in various parts of the country.**
Exchanging or offering one’s spouse as a form of respect and hospitality towards guest, can still be found in some parts of the country, such as in Irian Jaya.

d. **Sex Workers.** Accurate data on sex workers are not available due to various factors such as cultural non-acceptance. But it is estimated that there are approximately 75,000 sex workers throughout Indonesia. The official number of sex workers in Jakarta is approximately 15,000 scattered in various sites, such as brothel complexes, massage...
parlors, night clubs, call girl establishments, discotheques, and other categories of the informal sector (e.g. students, singers, artists, fashion models). The majority of these sex workers come from the lower strata of society.

C. Social, Political, and Cultural Constraints.

a. Sexual contact is the primary means of HIV transmission (above 90%). But open discussions on sex with teenagers and youth (which is one of the primary target groups for AIDS prevention) is still considered taboo by educators and society-at-large, even in the capacity as "sex education" in the classroom. To date, sex education has not been included as part of the high school curriculum. However, through focused group discussions recently conducted, we learned that some teachers do give "sex education" to their students with no formal or standard reference.

b. As a consequence of the situation above, introducing condoms as an effective method to prevent HIV transmission is also considered as taboo. Thus it is difficult to openly introduce condoms as a preventive method. An unclear limitation, once again applied: "condoms can only be promoted as HIV/AIDS prevention method in red light districts, or for high risk behaviors group".

c. There is still a common attitude that "it is better for our children to be totally ignorant about sex and condoms, than to let them know and try for themselves"

d. There is still a perception or common attitude among government officials that AIDS is not yet a threat, because AIDS only "attacks" certain groups of society; thus, it will not become a widespread epidemic in Indonesia. Excuses such as "Indonesia is a religious country, with Pancasila as it ideology", or "Most Indonesian men are circumcised" are often stated irrationally.

III. EPOCH PROJECT INDONESIA

III.A. What is EPOCH.

EPOCH, which stands for Enabling Private Organizations to Combat/Prevent HIV/AIDS. EPOCH, is a two and a half years project (September 1992 - March 1995), funded by USAID through PCI. EPOCH is designed to enable selected NGOs to play an effective role in a nationwide effort to prevent the spread and limit the impact of HIV/AIDS/STDs in Indonesia.
The above purpose will be achieved through the attainment of the following major program objectives:

- **Direct Interventions:** Support and facilitate the development of appropriate NGO-initiated HIV/AIDS/STDs interventions, directed at raising awareness and encouraging the reduction of high risk behaviors among the general public and specific target groups.

- **Policy Advocacy:** Engage in policy dialogue for the formulation of informed and reasoned policies/regulations that protect the rights of individuals and the welfare of communities.

- **Skill Enhancement:** Enhance selected NGO skills in designing, managing, evaluating and documenting HIV/AIDS/STDs programs.

- **Coalitions and Networks:** Develop effective HIV/AIDS/STDs coalitions and networks on the local and national levels.

**III.B. The EPOCH strategy**

In order to achieve program objectives, the EPOCH strategy is directed at developing NGOs in each of the three priority geographic areas (Jakarta, Surabaya, and Bali).

Intensive, hands-on technical and managerial/organizational assistance is provided to design, implement and evaluate HIV/AIDS/STDs prevention activities in order to influence attitudes, encourage changes in behaviors and increase awareness among health workers, educators, journalists, professional organizations, specific target groups and the general public.

The process of carrying out the activities of the project through Indonesian NGOs (both institutional development and intervention activities) is conducted in a collaborative, intensive, partnership-like manner with PCI, PACT, USAID, and local NGOs.

The activities are designed, and the technical assistance is provided to work in a hands-on fashion with the local NGOs so that they learn by doing. Intensive on-the-job training is also an integral part of the project approach.

The technical strategy is directed at educating people (including policy/decision makers) on how to prevent the spread of HIV/AIDS/STDs promoting safer sexual practices, including condom use, reducing the number of sexual partners, improving capabilities in the rapid and accurate diagnosis and treatment of STDs; and promoting access to counselling and confidential testing.
III.C. The Target Area

The EPOCH Project focused initially on Jakarta, Surabaya, and Bali with limited expansion to other areas, over a period of two and a half years, as time, funds, and the situation permits. Priority geographical areas have been identified based on government priorities, current patterns of HIV/AIDS/STDs incidence and prevalence, and potentials for collaborating in and building upon activities which have already begun.

Recognizing that the situation in Indonesia is not yet well understood, the aforementioned areas were reviewed during the mid-term evaluation in order to determine their appropriateness in terms of what promises to be a rapidly changing situation.

III.D. The Technical Assistance

PCI and PACT (the lead partner PVOs) focus on strengthening the capacities of partner NGOs in each of the priority geographic areas (Jakarta, Surabaya, and Bali) to design and implement HIV/AIDS/STDs prevention activities, by providing intensive, hands-on technical assistance on-site. The capacities of these partner NGOs is increased by working intensively, with assistance and close supervision, on all aspects of management, problem identification, and intervention development. Technical assistance personnel are actively involved in the monitoring and supervising of intervention activities to ensure quality control. In addition, the NGOs are supported in advocating for reasoned and informed HIV/AIDS/STDs related policies by the technical assistance pool of the project.

IV. CASE STUDIES

Two NGOs are taken as case studies here, namely Yayasan Citra Usadha Indonesia (YCUI) in Bali and Yayasan Pelita Ilmu (YPI) in Jakarta. The two yayasans (foundations) have different target groups: YCU1's target audience are gigolos, gay men, and transvestites, and YPI's are highschool students. This means that each NGO employs different communication strategies, but both have a similar promotion concept: direct, friendly, positive, and urgent educational approach by peers.

Why choose this concept? The messages are delivered through interpersonal communication among peers using daily peer communication styles (direct and friendly). To anticipate the impact of communication on the target audience's perception of AIDS, the messages are "wrapped" in the most positive manner.

Why use a peer educational approach? To a certain extent, the target audience of the two yayasans are difficult to reach. Although high school students exist in a formal setting, their
peers' behaviors tend to influence them more than any other. Thus, the peer education model is perhaps one of the most important means of changing behaviors among groups of people not easily reached through formal institutions.

Behavior change also requires constant sustainable support if it is to be chosen and acted out repeatedly. Peer systems provide the support necessary to maintain safer sexual practices and to provide assistance to those who are struggling with the change to safer behavior.

Behavior change never occurs in isolation; it must be chosen out of knowledge and awareness, it must be practiced and refined, and finally, few successes, it must be repeated in actions. Every step must be supported by the communities themselves.

IV.A. CASE STUDY #1:

HIV/AIDS Prevention Programs for Gigolos, Gay Men, and Transvestites in Bali.
Partner NGO: Yayasan Citra Usadha Indonesia, Bali.
Jl. Belimbing, Gg. Y # 4
Denpasar - Bali

Duration: July 1993 - March 1995

The Target Audience
a. Gigolos in Kuta, Candi Dasa (Karangasem), and Lovina.
b. Gay men and transvestites in Kuta and Denpasar.

Objective:
To increase the knowledge on HIV/AIDS transmission and prevention to promote attitude and behavior changes among the gigolos, gay men, and transvestites thus reducing the incidence of HIV/AIDS/STDs.

Media:
Interpersonal communication, printed materials, flipcharts, posters, videotapes, and slide shows.

Contact persons:
Dr. Tuti Parwati Merati
Dr. Made Efo Suamirtha

Since 1991/1992, YCUI has provided educational information for groups of people engaging in high risk behaviors. YCUI target populations have included gigolos, gay men, and transvestites. A study titled "The Development of AIDS Education Materials for Several Target Audiences in Bali (1989-1991) " reported that only 40% of gay men and transvestites, and 55% of the gigolos ever used condoms. According to Dr. Tuti Parwati, there are 350 gay men/transvestites and 200 gigolos who work in the sex industry in the tourist destination centers in Bali. They are of various ethnic backgrounds and usually live in Bali permanently.

No standard communication strategy were employed before EPOCH Project. The educational programs were more of concern and fear towards the steeply increasing numbers of HIV infection. The campaign was conducted by using brochures (for the public) and flipcharts (for interpersonal communications use).

Within the EPOCH Project YCUI started to: (1) Develop a network of 4 Community Outreach Workers and at least 32 volunteers; (2) Develop training manual and educational materials (flipchart, slide, poster); (3) Conduct community information service activities; (4) Develop
testing and referral systems. A communication campaign strategy, primarily using flipcharts as tools for face-to-face counselling, was designed to educate the target audience about the dangers of HIV/AIDS and the benefits of condoms as an effective HIV/AIDS prevention method.

After the networks had been established in the field (Denpasar, Kuta, Candidasa, and Lovina), and after the field workers had been trained, their initial action was distributing brochures in their working areas or in their term "hunting areas" (daerah perburuan) such as bars, restaurants, motels, discotheques and other public gathering areas. The outreach workers and volunteers were equipped with flipcharts as a counseling media. By utilizing the flipcharts, personal and sexual related questions could be answered in a more comfortable manner.

Community Outreach Workers would supervise volunteers, monitor the information dissemination, and function as resource persons for the volunteers. They also coordinate and prepare the existing target audience for further educational programs provided by YCUI’s medical team.

The education program allows them to reinforce their knowledge, and discuss any doubts and disbeliefs with the YCUI medical team.

Results:
Effectiveness of brochure - an indication that by using the right messages and the right messengers, we can effectively reach our target audiences in “hunting areas” such as bars, motels, beaches, and restaurants.

Effectiveness of flipchart - an indication that face-to-face communication has more impact and break the barriers to discuss “sensitive” topics related to sex and sexual behavior.

We developed two kinds of flipchart, one for gigolos and another for gays/transvestites. The flipcharts, especially the one designed for gays/transvestites, have already been requested by several gay and transvestite groups for their counselling activities.

There are at least two indicators that the media has impact on behavior change of the peer educators, volunteers, gigolos, and gay men. Firstly, their knowledge about AIDS and how to protect themselves against HIV transmission has increased. Secondly, reported condom use among gigolos and gay men has increased.

Lesson Learned:
At present condoms are supplied by YCUI. In the intervention areas, such as Denpasar, Kuta, Candidasa, and Lovina, condoms are available in bars, restaurants, and other distribution points. But for gigolos, condoms might not be readily available. Gigolos have a high mobility and tend to follow their clients anywhere, such as into isolated villages and beaches. To solve this
problem and to sustain the AIDS awareness campaign among the targeted audiences, YCUI needs to collaborate with condom companies in establishing condom distribution systems, eg. such as introducing "street seller" systems

IV.B. CASE STUDY #2:

Training on AIDS for High School Student Leaders and Developing Student Peer-Groups on AIDS (Project 1).

Partner NGO: Yayasan Pelita Ilmu - Jakarta
Jl. Tebeto Timur Dalam VIII Q/6
Jakarta - Indonesia

Duration: July 1993 - March 1994

The Target Audience: High School Student Leaders

Objective: To increase the knowledge of the school students so that they can make informed decisions about safer sexual behaviors and influence the knowledge and behaviors of themselves and their peers.

Media: Interpersonal communication, printed materials, poster, video, and slide shows.

Contact Persons: dr. Samsuridjal Djauzi
dr. Zubairi Djoerban

In the long run, a comprehensive scheme for AIDS control should place young people as the primary target group. Although most of the young Indonesians are not sexually active, they are vulnerable to sexually transmitted diseases, including AIDS. The young are biologically "ready" for sex and would like to experiment, despite the strict socio-cultural taboos towards sex, while the existing educational institutions do not provide sufficient knowledge and information on sex, that they would have to seek information through other means; often time inaccurate, confusing, or even incorrect.
Study findings on 571 high school students in Jakarta indicated that the average student has minimal knowledge on AIDS, HIV transmission, prevention methods. The findings are similar to a study on the sexual knowledge, attitudes, practice, and behavior (KAPB) of high school students in 10 cities in Central Java (Hadisaputro, 1994). Another (unpublished) study conducted by a governmental agency on youth in 12 big cities in Indonesia indicated that a surprisingly high number of high school students engaged in premarital sex.

The Communication Campaign Strategy

YPI has conducted 20 training workshops on HIV/AIDS and communications skills for 285 high school student leaders of 139 high school from all over Jakarta. The training workshop discusses matters pertaining to AIDS, techniques of communication, and group dynamics. Upon return to their respective schools, these students would form AIDS discussion groups pelajar with their peers in the school. They can then disseminate information on AIDS through various activities at school.

The IEC materials created to spread information on AIDS are brochures, posters, buttons, and T-shirts. The brochures and posters are placed in strategic locations at school, such as message boards, cafeteria, sports hall, guidance and counseling room, and other places where students hang-out. While the buttons and T-shirts, due to the limited, are distributed only to students who volunteer to become peer leaders.

Meanwhile, YPI facilitates the participation of high school student leaders in developing peer groups to discuss HIV/AIDS problems and conduct HIV/AIDS-related activities through through Student Councils (OSIS), Youth Red Cross and other extra-curricular activity units in their schools.

Monitoring and evaluating both training programs and peer-group activities are conducted by YPI staff at the mid-term and end of the project.

Results:

At least there are two indicators which show the impact of peer educators or volunteers on changing the knowledge of high school students. Firstly, knowledge about AIDS and protection towards HIV transmission has increased about 32%. Secondly, to a certain extent, AIDS activities in schools helped reduce aggressiveness among students who are frequently involved in fighting. Some teachers reported that through these events, they often work together in conducting seminars and are invited by other neighboring schools.

An Indonesian TV station adopted the logo. Students love the AIDS awareness campaign in schools logo. They proudly wear T-shirts with the logo on the back. This popular logo was then adopted by a TV station as a background symbol for TV news on AIDS.
Lessons Learned
From the program evaluation study, the project was found to have the following results:
The involvement of teachers strongly influences the AIDS awareness program at school. Teachers, having authority and influence, are considered as reliable figures for source of information and knowledge.

Not all school allow AIDS awareness programs in their schools; therefore, YPI needs to provide further detailed information on the program objectives. Support from the Ministry of Education in coordinating YPI's activities in schools has been beneficial in building bridges with the schools.

Capability to conduct research and write reports is still a major constraint for most Indonesian NGOs. Thus, training workshops to increase staff capabilities in conducting research is strongly needed, particularly in evaluating behavior change.
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