

SEX AND SEXUALLY TRANSMITTED INFECTIONS: EXPERIENCES OF MALE STREET YOUTH IN MEDAN, INDONESIA

By Augustina Situmorang*

Abstrak

Pemuda jalanan atau pemuda yang hidup dan/atau yang menghabiskan sebagian besar waktunya di jalanan merupakan kelompok yang paling rentan terhadap penyakit menular seksual (PMS), termasuk HIV/AIDS. Namun berhubung mereka sangat sulit dijangkau, kelompok ini masih menjadi kelompok penduduk yang belum terlayani. Studi ini bertujuan untuk mendalami kehidupan seksual dan risiko tertular PMS termasuk HIV/AIDS di antara pemuda jalanan di Kota Medan. Kajian difokuskan pada isu yang berkaitan dengan pandangan dan pengalaman mereka terhadap hubungan seks, pornografi, pemakaian kondom, dan PMS termasuk HIV/AIDS. Pengumpulan data dilakukan dengan melakukan wawancara tertutup dengan 53 orang remaja pria usia 15—24 tahun, tujuh wawancara terbuka dan satu diskusi kelompok. Hasil studi menunjukkan bahwa dua pertiga dari keseluruhan responden mengaku telah melakukan hubungan seks dan sebagian besar mengatakan melakukannya dengan penaja seks. Dalam wawancara terbuka dan diskusi kelompok ditemukan bahwa tidak satu pun responden yang mengatakan menggunakan kondom secara konsisten. Banyak di antara mereka yang mengaku telah pernah terkena PMS, yang kemudian diobati sendiri.

Street youth all over the world have been identified as the group suffering most from Sexually Transmitted Infections (STIs) including HIV/AIDS. Nevertheless as they are very difficult to reach, this group has remained an underserved population. Based on a survey of 53 male street youth aged 15-24 years, seven open-ended interviews and one FGD, this study aims to explore sexual lives and risk of sexually transmitted infections including HIV infection among street youth in Medan. These include their views and experiences of sex, pornography, condom use and STIs including HIV/AIDS. The study found that two thirds of respondents are sexually active and the majority of them reported having had sex with prostitutes. Open-ended interviews and FGD revealed that none of respondents use condom consistently. Many of them had been infected with STIs, which they cured themselves.

Keywords: Street youth, Sex, STIs and HIV/AIDS, Medan, Indonesia.

* Augustina Situmorang is a researcher for The Research Centre for Population, Indonesian Institute of Sciences, Jakarta. *E-mail:* Augustina@lipi.go.id.

INTRODUCTION

Young people who spend a considerable time on the street, often referred to as 'street youth' are increasingly present in many urban cities, especially in developing countries. The exact number of street youth is difficult to estimate. They are a transient and difficult to reach population, often fleeing from their families, social service agencies, or the police. It is estimated there are approximately 100 million street youth (aged 24 years or less) all over the world (WHO, 2000a). Most were found in large cities of developing countries. In Bangalore, India their number is estimated at between 85,000 and 100,000 (Ramakhishna, 2003). In Indonesia, based on a survey of 12 cities in 1999, there were around 170,000 children (18 years or less) who spend over 4 hours daily on the street working and/or socializing (ADB, 2000). More than half of street children in 2000 were reported as "new entrants" since the beginning of the Asian Economic crisis in 1997 (Dursin, 2000). The number of street children/youth in Indonesia, especially in North Sumatra and Aceh are estimated to have increased significantly after the Tsunami in December 2004.

Street youth both in developed and developing countries have been identified as the group suffering most from Sexually Transmitted Infections (STIs) including HIV/AIDS. A review of literature on HIV risk behaviour among street youth in the United States suggested that runaway youth were 2—10 times more likely to become infected with HIV than other youth (Walters, 1999). Data from developing countries are limited, but considering that treatment is less accessible, the prevalence in developing countries may be higher. In Cambodia, 40 per cent of all new HIV infections are in street working Children (New Internationalist 377, 2005). In Indonesia, the prevalence rates of STIs and HIV/AIDS infection among street youth are unknown. Nevertheless, it is estimated that in Jakarta, one in every seven street children/youth had a history of STIs (Population Report, 2001).

Indonesian Government and NGOs are increasingly concerned about the risks of STIs and HIV/AIDS among street children/youth in Indonesia (Black and Farrington, 1997; ADB, 2000; Ministry of Health, 2003). Nevertheless few studies have been done to understand the context in which sexual decision-making is undertaken. Programs targeting street youth mostly are conducted by NGOs and only few of them cover sexual and reproductive health issues. Some NGOs opposed condom promotion, favouring moral education, while some groups believed that other issues were more important than HIV/AIDS in improving the children's lives (Black, and Farrington, 1997). Furthermore, the availability of data that can be used to design efficient and effective programs for street youth in Indonesia is not sufficient. Given these facts, studies on issues related to risky sexual behaviour of street youth in Indonesia are very significant. This study aims to explore sexual lives and risk of sexually transmitted infections including HIV infection among males street youth aged 15—24 years in Medan. These include their views and attitudes toward pornography, condom use and STIs including HIV/AIDS.

BACKGROUNDS

Previous studies in many countries have indicated that street youth are particularly vulnerable to STIs and HIV infections because: most are sexually active (Lockhart, 2002; Anarfi, 1997) have multiple sex partners, including prostitutes (Haley, 2002), engage in homosexual activity (Lockhart, 2002), provide sex in exchange for money or protection (Haley *et al*, 2002; Swart-Kruger & Richter, 1997), are sexually abused (Black, and Farrington, 1997), rarely or inconsistently use condoms despite being aware of AIDS (Snell, 2002; Liverpool, 2002) are ignorant of other STIs against which they tend to self-medicate (Anarfi, 1997) and use illicit drugs, including intravenous drugs (Haley *et al*, 2002; Gleghorn *et al*, 1998). Moreover, street youth often do not receive appropriate medical care due to numerous individual and systems barriers impeding access to health care by this population. In addition to the barriers experienced by the adult homeless population, homeless adolescents confront further hurdles stemming from their age and developmental stage. Some of these impediments include a lack of knowledge of clinic sites, fear of not being taken seriously, concerns about confidentiality, and fears of police or social services involvement (Feldmann and Middleman, 2003; Rew *et al.*, 2002).

The issue of street children in Indonesia first emerged in the early 80s when less than ten NGOs were working in this area. At that time, the government still refused to acknowledge the existence of street children. These children were reported to be subject to national “cleansing operation”, which included detention and beatings (Yayasan Humana cited from West, 2003). The government finally acknowledged the problem of street children in the late 90s. In collaboration with several international donor agencies such as USAID, UNDP, UNICEF, AusAID, ILO-IPEC and AIDSCAP, the government, through the Ministry of Social Welfare, research institutes and local NGOs started programs and research targeting street children (Black and Farrington, 1997). Between 1995–2002 at least five national conferences on street youth were conducted. Several programmes were introduced by both government and NGOs including drop-in shelter program, vocational training program, Social Safety Net program and save the children program. Nevertheless most of these programs are considered ineffective because street children/youth are seen as objects rather than subjects. Thus they are not sensitive to the character of street children/youth (SASC, 2003).

NGOs working with street children in Indonesia established several networks, among which is the Consortium for Indonesian Street Children and the National Forum for Shelter Communication. In 1999 there were at least three NGOs in Medan interested in street children; however none of them covers reproductive and sexual issues. Their main interest was focused on providing alternative education. Meanwhile the NGOs interested in adolescent reproductive health in Medan did not cover those out of school; at the moment their main target groups were young people at school.

SETTING AND RESEARCH METHODS

This study was conducted in Medan, the capital city of North Sumatra province of Indonesia. With population of 1.9 million in 2000, it is the biggest city outside Java. Medan became an urban area in 1886 when the Dutch colonial government officially gave the status of town (*negarijraad*) to the area (Pelly, 1983:96). Since then, this city has been the centre of development of North Sumatra. As the most developed regional centre, Medan became a major destination for migrants, especially young people from surrounding areas for study or work. Street children and youth can be easily found at the traffic intersections, parking areas or shopping malls around the city. Most of them earn a living by singing, shining shoes, cleaning car windows or selling items such as newspapers, magazines, cigarettes, candy and mineral water.

In Indonesia, street children are grouped into four categories: children who live on the street, children who work on the street, children who are vulnerable to becoming street children and street children who are 16 years and above (Dursin, 2000). In this study, street youth is defined as single young people aged 15-24 years who spend most of their time working and/or living on the street. This definition includes those who are 'of the street' and those 'on the street' (WHO, 2000b). Young people 'of the street' refer to those who have no home but the streets. Their family may have abandoned them or they may have no family member left alive. Young people 'on the street' refer to those who visit their family regularly. They might even return every night to sleep at home, but spend most days and some nights on the street.

The information for this study was produced as part of a larger study on Adolescent reproductive health and pre-marital sex in Medan, which I conducted over a period of seven months in 1997–1998 (Situmorang, 2001). The study applied both quantitative and qualitative approaches. The larger study involved a survey among 875 single young people (463 males and 412 females) aged 15-24, 48 open-ended interviews and eight focus group discussions (FGDs). More than two thirds of survey respondents (76 per cent) are in-school, 18 per cent working and 6 per cent unemployed. Of those workers, 37 per cent work on the street including street vendors, shoe shining, *preman* ('street thug'), note taker of the *togel/toto gelap* (illegal gambling) and parking attendance. Almost all (95 per cent) of those who work on the street are males. The present study focuses on the sexual lives and risk of STI's among this vulnerable group.

A total of 53 male street youths participated in the survey. The majority of them were recruited randomly in their work places, such as bus stations, at traffic intersections, on the streets, malls and parking areas on the basis of their willingness to participate in the study. As I expected, the recruitment was not easy. Most of these young people were suspicious when talking to strangers. When asked to participate in the study, questions such as 'Why don't you ask the students?' (*kenapa enggak tanya anak sekolahan aja?*) or 'Why do you ask such questions?' were often raised before the interview. It needed two or three days to observe their work and to talk

with them before they were willing to participate. In many cases knowing 'the leader' was very helpful. However, several of them refused to participate, stating that the questions were too personal, or they were not interested in the study or matters related to academic research. The questionnaire was designed to be self-administered, however, unlike the students, most street youth preferred to be interviewed in person.

Seven open-ended interviews and one FGD were conducted. Compared to students, street youth were more open and freer in expressing their opinions and experiences. Most street youth in open-ended interviews and FGD did not hesitate to talk about their experiences of using drugs, getting drunk and visiting prostitutes.

CHARACTERISTICS OF STREET YOUTH IN THE STUDY

Table 1 shows the characteristics and parental backgrounds of street youth who participated in the study. Of the 53 respondents, 60 per cent were 20-24 years old and more than two thirds (68 per cent) only completed Junior High School (JHS). Two thirds (66 per cent) of respondents reported living with both or one parents. However many said that they only returned home occasionally. Reasons for leaving home were varied, mostly a mixture of poverty, physical abuse and neglected. Studies done by several NGOs involved with street children show that the abusive environment at home is the main reason for Indonesian children to live on the street (Black and Farrington, 1997; SASC, 2003). The majority of respondents reported that they still had both parents and only two per cent had divorced parents.

Most respondents came from families with low income and education level. Almost two thirds (63 per cent) of respondents' fathers had only junior high school or less education, while more than three fourths (83 per cent) of respondents mother only had junior high school or less education. However not all respondents come from less educated families. Some respondents (9 per cent) reported their father had university/academy degree; while 15 per cent of respondents' mothers have completed Senior High School (SHS). A volunteer at a drop-in shelter (*rumah singgah*) said that some of street children/youth who visit the shelter come from relatively better-off families. They leave home because they do not want to go to school and often quarrel with their parents and siblings.

Almost all (92 per cent) of respondents reported that their fathers were working. Nevertheless considering that the majority of them had only little education, most were working in low paid jobs such as street vendors, labourer or held low rank jobs such as public servant. Almost half (49 per cent) of respondents' mothers were not employed.

Table 1. Respondent's characteristics and parental backgrounds

	Percent (%) N= 53
Age group	
15-19 years	40
20-24 years	60
Education Completed	
Part/finish primary school	15
Finish JHS	68
Finish SHS	17
Living arrangement	
with parents	43
with either mother or father	23
with sibling	11
rented room	23
Parental marital status	
Parent's complete	66
Father dead	26
Mother dead	4
Parents divorced	4
Father's education	
Part/finish primary school	27
Finish JHS	36
Finish SHS	28
University/Academy	9
Mother's education	
Part/finish primary school	53
Finish JHS	30
Finish SHS	17
Father's occupation	
Public servant/retired	50
Informal sector	41
Not employed	8
Mother's occupation	
Public servant/retired	8
Informal sector	43
Not employed	49

Source: Medan Adolescent Reproductive Health Survey, 1997-98

Sexual Lives of Street Youth

By nature young people are eager to experiment with new things, especially related to 'adult lives' including sex and pornography in the belief that these will take them effectively into adulthood. Sexual activity is an intrinsic part of street life, and having sex is an important part of their constructions of masculinity and dominance in the group. It is often performed by older boys with new comers as part of initiation to become a member of the group (Black and Farrington, 1997; Beazley 2003).

Like other street youth all over the world, most street youth in Medan are also sexually active. Table 1 shows that two thirds of respondents reported have had sex. The majority of them reported have had sex with prostitutes, only 13 percent reported having sex with steady partners. Data from open-ended interviews and FGD confirmed this pattern. Many said that whenever they have money, they visit prostitutes. As stated by two street youth in the study:

Generally, in a month I will go to prostitutes maybe two times. Frequently, I go to Bandar Baru [a tourist area located at the outskirts of Medan], because the weather is cold there and also I can choose the prostitutes that I like (Oman, 23 year-old university dropout, *Preman*).

I often go to prostitutes. Usually I go to Nibung [the name of street located at city centre]. But when I have money, I go to Bandar Baru. The rate for prostitutes that I have been dating is Rp 10,000 to Rp 15,000 per trip (Deny, 20 years old, *Preman*)

Curiosity and stimulation from pornographic materials were reported as the reasons for engaging in premarital sex by many street youth. A fourth of respondents stated they had sex solely because of curiosity and 15 per cent said because of stimulation of pornography. Nevertheless a half of sexually active respondents said that they had more than one reason for being involved in premarital sex. Beazley (2003: 190) noted that for street youth, having sex may fulfil their multiple needs: to assert their virility and dominance in the group; to relieve sexual frustration; to gain money or protection and to find affection and pleasure.

Table 2. Respondents reported experiences regarding premarital sex and pornographic materials

	Percent (%) N=53
Have had sex	76
Partner in sexual intercourse (N=40) ^a	
Steady partner (<i>pacar</i>)	13
Prostitute	53
Combination of steady partner and prostitute	34
Reason for sexual intercourse (N=40) ^a	
Mutual attraction (<i>suka sama suka</i>)	10
Curiosity (<i>ingin coba-coba</i>)	25
Stimulation from pornography	15
More than one reasons	50
Exposure to pornographic materials	
Have read printed materials	98
Have watched visual materials	98

Note: a = Multiple responses possible.

Source: Medan Adolescent Reproductive Health Survey, 1997-98

Have sexual relation with prostitutes without protection certainly put these young people at high risk of contracting STIs including HIV/AIDS. Most respondents know that using condoms can prevent them from contracting STIs and AIDS, but none of them said they use condoms consistently. Condoms are considered to be barriers to their sexual pleasure. As expressed by two respondents in open-ended interviews.

I usually have sex with a prostitute. I do not use any contraception, like a condom. When I use it I can not feel 'it', I do not feel good. I have never been asked to use condom by a prostitute, if someone asked me to, I would leave her, because it means she already has diseases (Oman, 23 year-old, *Preman*).

I never use a condom, I don't feel good. The good thing when having sex is 'the rubbing', using condom we cannot feel that, so it doesn't feel good. Also when you're aroused, you don't have time to think about those things, there is a saying 'you just need a place for two people to stand' (Adi, 18-years-old, informal parking person).

The negative views toward condom are common among young people, including students in Indonesia (Situmorang, 1999). In addition, promoting the use of condom to prevent STIs is still controversial. Some religious leaders oppose this idea; they believe that promoting condom to avoid STIs will encourage people to visit brothels. Fearing negative reactions from the society many volunteers working with street youth hesitated to promote condoms even though they were aware that many street youth engage in risky sexual behaviour. In a personal interview, an NGO volunteer said that she was once asked to distribute condoms to street children she is working with but she refused to do so. She was afraid that some people might accuse her of encouraging street children to have sex, although she knew that many of them visited prostitutes regularly.

Exposure to pornographic materials

Despite Indonesian laws (Article 282 Section Three of the Criminal Code/*KUHP*) banning all pornographic materials, almost all respondents were exposed to pornographic¹ material which, as is common knowledge, can be found easily in most big cities in Indonesia. All respondents in open-ended interviews and FGD knew where and how to obtain them. Many video and book rental shops provide pornographic materials. Since it is illegal, the rental shops do not display them openly. Only those who know how to 'ask', with special codes, are able to borrow them. Those who want to purchase the books, videos or VCDs can buy them on the black market. There are two types of pornographic books, stencilled and printed: stencilled books are cheaper than the printed. The price for stencilled books is around Rp 2,000—Rp 7,500; for printed books Rp 5,000—Rp 15,000. Videos and VCDs are more expensive. The prices range from Rp. 10,000 to Rp 25,000².

Some cinemas in Medan often screen pornographic movies. These cinemas are mostly classified as second-class; usually they are much cheaper than first class cinemas. Most of them are located close to traditional markets and settlement areas. Although there are no advertisements for when the cinemas will show pornographic movies, most young people know when. One respondent said one way to tell when a cinema is showing a

¹ In the questionnaire I specified pornographic materials as 'blue film/movie' and pornographic books/stencilled. These terms are well known among young people in Medan to indicate X-rated or hard-core pornographic materials.

² US \$1= Rp 10, 000 in 1998.

pornographic movie is from the ticket price. The price for blue films is more expensive than for the ordinary films. A ticket for a pornographic movie was around Rp 3,000-Rp 5,000 while for an ordinary movie it was Rp 2,000—Rp 3,500.

Those who do not have enough money to buy pornographic videos or go to cinemas usually watch pornographic videos in a certain *warung kopi* (coffee shop). People who watch these videos mostly come from poor socio-economic backgrounds such as *becak* driver, *preman* and street youths. According to some informants, by paying Rp 1,000- Rp 2,000 they can watch videos and have coffee or tea.

Many local people, especially parents, complain about the existence of such shops in their area. Nevertheless, they cannot do much. The police often said they had no proof of the activities. Most people believe this is because these shop owners have 'backing' in the army; as a consequence, police often close their eyes to this illegal activity. When I was in the field, a local newspaper reported that several coffee shops were raided by the police for their activities showing pornographic videos. When I raised this issue in the focus groups, most participants responded spontaneously 'That must be because the owner did not 'give' enough money to the police (*itu karena sogokannya kurang aja*)'.

In focus group discussions, when the participants were asked whether they had watched or read pornographic materials, most participants spontaneously answered '*Ya udah lah kak! Udah biasa kali itu* (of course we have, that's really common)'. Observing their expressions when I was asking them, I could feel that for them my question was 'strange'. Among young men including students reading or watching pornography was not something that needed to be hidden. They talked about it openly without indication of shame or guilt. Nevertheless most agreed that watching or reading pornography might encourage young people to have sex. They believed that those who were exposed to pornographic materials would be tempted to try and practise the activities in such books or movies.

Open ended interviews and FGD also revealed that drinking alcohol and drug use are common among street youth. They usually drink a cheap locally produced wine or a mixture of soft drink with alcohol or methylated spirits. The most common drug use among street youth in Medan is smoking marihuana. All respondents and FGD's participants said had ever used it. Some said they only smoke marihuana occasionally for socializing, others said they had become addicted to it and could not stop. One FGD's participant said he sometimes took pills (ecstasy) he received for free from people who used his services as 'a body guard'. Another participant said he had stopped taking pills, because two of his friends died because of OD (over doses). In the discussion, most participants said that street youth often were offered the drug for free by 'drug dealers', but when they became addicted the free supply stopped, and they have to buy it. If they do not have money, they may borrow the drugs on condition that they have to sell drugs to other people.

Sexual Transmitted Infections Including HIV/AIDS

This study limited its focus to the most common STIs in Indonesia, gonorrhoea, syphilis and HIV/AIDS. These diseases are commonly known by the local people as *penyakit kotor* (dirty diseases), *patel* or *penyakit kelamin* (genital disease). Among street youth STIs and AIDS are not strange. Table 3 shows that almost all respondents had heard of gonorrhoea, syphilis and HIV/AIDS.

Table 3. Number and percentage of respondents who reported have heard of and recognized the symptoms of STIs and HIV/AIDS

	Percent (%) N=53
Have heard of	
Gonorrhoea	94
Syphilis	96
HIV/AIDS	98
Recognize the symptoms of	
Gonorrhoea	85
Syphilis	83
HIV/AIDS	75

Source : Medan Adolescent Reproductive Health Survey, 1997-98

Nevertheless even though most street youth have heard of STIs, misunderstanding abounds, especially on the mechanism of contagion and prevention of infections. Open-ended interviews show that many street youth believe that STIs and AIDS can be prevented by maintaining physical stamina, only having sex with 'a clean and healthy' person and taking some 'medicine' before sex. In interviews, three respondents who claimed they never use condoms when visiting prostitutes said,

About 'genital diseases', that depends on the blood immunity (*ketahanan darah*). That depends on the stamina. Usually when I am going to do 'it' with a prostitute, I'll ask her first whether she is healthy or not. Whether she is honest or not is a different matter, the important thing is her 'confession'. But just in case, I often have Kanamycin [an antibiotic]. (Oman, 23 year-old, *Preman*).

Usually the prostitutes that I date are in Bandar Baru or Nibung. I do not use a condom, but I often use 'magic power' [a kind of cream rubbed on the penis]. I buy it at the chemist or in Sambu [a traditional market in Medan]. When I think about the diseases, I am afraid that I might get them, but I do not feel comfortable using condoms (David, note taker at a *togel seller*).

Whenever I go to a prostitute, I maintain my stamina. I have to be fit, because we can get 'dirty diseases' if our bodies are 'weak'. Usually I choose a clean prostitute I do not just pick her up. I know how to tell a prostitute that is already 'dirty'. Usually her eyes are yellowish and

her face is pale and her vagina feels hot. It means she has 'dirty diseases'. For a person like me, who are regular visitors in Nibung or Bandar Baru, I already know about most prostitutes there, their 'cleanness', *goyangannya* (how they 'perform') and 'services' (Edi, 24- year-old broker/*calo*)

The findings also suggest that although young people reported knowing or having heard about STIs, fewer of them were confident of recognizing the symptoms. Only 85 per cent of all respondents reported recognizing gonorrhoea's symptoms, 83 per cent recognizing syphilis symptoms and 75 per cent recognizing HIV/AIDS symptoms, compared to the 94 per cent, 96 per cent and 98 per cent of all respondents respectively who claimed to have heard of these diseases.

Most young people in this study have heard about AIDS and know some of the symptoms. However, data from open-ended interviews and focus group revealed that their understanding about it is still poor. Some young people believe that AIDS is a 'moral disease', it is a '*penyakit kutukan*' (a disease resulting from being cursed). They believe only those who are immoral and sinful suffer the disease. As stated by a participant in FGD below:

In my opinion, AIDS is a disease that is given by God because people are sinful. It is a warning [from God]. But it can also be said to be a disease transmitted through sexual contact (Iyan, 19-year-old, *preman*).

Lack of knowledge on the nature of STIs and HIV/AIDS has caused many street youth in this study to be unaware that they are engaging in risky sexual activities. Even when they are 'unlucky' and contract STIs, many believe they can cure the diseases themselves.

In open-ended interviews and FGD many respondents said that they had contracted a sexually transmitted infection at least once. When they noticed some symptoms, they went to friends to seek advice. According them such diseases are relatively common among their friends. They found out about medicine to cure STIs from friends who had previously had the disease. Below are some answers given by respondents in open-ended interviews.

I once had '*patel*' (an STI), at first I felt like I had a fever and when I urinated there was pus. I cured it myself with *Proxitor* and *Surbex*. I was told that *Proxitor* would kill the virus, and *Surbex*, a vitamin, would cure the wound. Both are pills, they can be bought without a doctor's prescription. I knew about the medicine from a friend of mine who had had syphilis. He used those medicines and it was cured. When I had it, I told my friend, he suggested me to take those medicines. And in four to five days I was cured (Deny, 20-year-old)

I have had 'the dirty diseases' twice. The symptoms that I felt were that when I urinated there was pus, I did not feel comfortable, it [the

penis) had to be held. I cured it by taking an antibiotic injection, also with Ampicillin or other antibiotics (Oman, 23-year-old, *Premen*).

When asked why they did not seek medical treatment, some respondents replied: 'what for, because the doctor would give us similar prescriptions'. They do not feel the need to go to a medical doctor, because they believe they can cure the disease themselves. Almost all respondents said they were able to buy the medicines in many drug stores (*toko obat*) without a doctor's prescription. Others said they were too shy to go to a doctor and a doctor cost a lot of money. Most respondents said they only seek medical treatment when they fail to cure the disease themselves. They believe that sexually transmitted infections can be cured relatively easily. That is why they seem unworried about the adverse effects of STIs including HIV.

CONCLUSIONS

This study confirmed the findings in previous studies in other cities of Indonesia and elsewhere that street youth are a vulnerable group whose life styles place them at high risk for contracting and transmitting of STIs including HIV/AIDS. They are exposed to elements of the social environment which may adversely affect their health. They are among the known high-risk groups for the spread of HIV/AIDS. There is evidence of repeated illness and infections which receive inadequate treatment and, therefore, may facilitate HIV infection. There is further evidence of drug use which may also increase their vulnerability to HIV infections by weakening them physically and reducing their capacity to make rational decisions. Under the influence of drugs they tend to be reckless in their sexual practices.

Despite Indonesian laws banning all pornographic materials, they can be found easily in most big cities in Indonesia. Almost all street youth were exposed to these X-rated materials, which then make them more curious to experiment with the activities in the materials. Most street youth are sexually active and visiting prostitutes regularly. They are aware of STIs and HIV/AIDS and regard themselves as in danger of contracting it. Nevertheless, none of them claimed use to condom consistently. Generally they are not doing much to protect themselves from contracting STIs. Apart from the attitude that condom may cause discomfort, this is also influenced by the kind of misconceptions they have about the infections. The most common misunderstandings are the belief that STI's can be avoided by maintaining physical stamina and the belief that someone who is 'clean' cannot be suffering from STIs. Many of them had been infected with STIs. Self medication is the general practice for the treatment of STIs which is most likely inadequate. Such a situation increases their chances of contracting HIV.

This study shows that street youth need specific approaches and programs of services for their needs. They urgently need comprehensive sex information as well as access to safe and effective reproductive health services. The conservative approach of shielding young people from information about sex and blocking their access to reproductive health services is not effective. As the majority of street youth are engaging

in risky sexual behaviours, they need both information and services. The argument that providing reproductive services for single young people will encourage promiscuity is obviously counterproductive. For these young people, the issue is no longer how to prevent premarital sex, but how to reduce the risks attached to something they commonly do and enjoy. Before the situation gets worse we need to face this problem. Currently most programs on street children/youth were provided by NGOs which typically lack of human and financial resources. The government needs to play more active roles. Efforts must be made to develop and implement comprehensive reproductive health programs for Indonesian young people, especially those who have left school.

REFERENCES

- ADB (Asian Development Bank). 2000. Report of the president to the board of directors on a grant (funded by the Japan Fund for poverty reduction) to the Republic Indonesia for assisting girl street children at risk of sexual abuse. Available: www.adb.org/Documents/RRps/INO/jpfr_00002.pdf.
- Anarfi, John K. 1997. "Vulnerability to Sexually Transmitted Disease: Street Children in Accra". *Health Transition Review*, 7 (Supplements): 281—306.
- Black, Bill and Arin P. Farrington. 1997. *Preventing HIVAIDS by promoting life for Indonesian Street Children*. <http://fhi.org/en/HIVAID/pub/Archive/article/>
- Beazley, Harriot. 2003. "Voices from the Margins: Street Children's Subcultures in Indonesia". *Children's Geographies* 1 (2): 181—200.
- Dursin, Richel. 2000. Street children need government protection too. InterPress Third World News Agency. Available: www.hartford-hwp.com/archives/54b/081.html
- Feldmann, J. and Middleman AB. 2003. "Homeless Adolescents: Common Clinical Concerns". *Sem Pediatrics Infection Diseases* 14(1):6—11
- Gleghorn AA, Marx R, Vittinghoff E, Katz MH. 1998. "Association between Drug use Patterns and HIV Risks among Homeless, Runaway, and Street Youth in Northern California". *Drug Alcohol Depend.* 51(3):219—27.
- Haley N, Roy E, Leclerc P, Lambert G, Boivin JF, Cedras L, and Vincelette J. 2002. "Risk Behaviours and Prevalence of Chlamydia Trachomatis and Neisseria Gonorrhoeae Genital Infections among Montreal Street Youth. *International Journal of STD AIDS*. 13(4):238—45.
- Lockhart, C. 2002. Kunyenga, "Real Sex," and Survival: Assessing the Risk of HIV Infection among Urban Street Boys in Tanzania. *Medical Anthropology Quarter* 16(3):294—311.
- Ministry of Health of the Republic of Indonesia. 2003. National Estimates of Adult HIV Infections, Indonesia 2002. Jakarta.
- New Internationalist 377. 2005. Street Children the facts. Available: www.newint.org/issues377/facts.htm

- Pelly, Usman. 1983. Urban migration and adaptation in Indonesia: a case study of Minangkabau and Mandailing Batak migrants in Medan, North Sumatra. Ph.D thesis, University of Illinois, Urbana.
- Population Report. 2001. Volume XXIX No. 3 Seri L number 13. *Reaching Youth at Special Risk*.
- Ramakrishna, Yayashree, Mani Karott and Radha Srinivasa Murthy. 2003. "Experiences of Sexual Coercion among Street Boy in Bangalore India", in Bat, Sarah et al. (Eds.), *Toward Adulthood: Exploring the Sexual and Reproductive Health of Adolescents in South Asia*. World Health Organization: Geneva.
- SASC (Situation Analysis of Street Children). 2003. "Information about street Children-Indonesia", paper for a civil society forum for East and South East Asia, March 2003, Bangkok, Thailand.
- Situmorang, Augustina. 1999. "Family Planning for Indonesian Unmarried Youth: Views from Medan". *Development Bulletin* 47: 33—35.
- Situmorang, Augustina. 2001. Adolescent Reproductive Health and Pre-marital sex in Medan. The Australian National University: Canberra (Unpublished PhD. thesis).
- Swart-Kruger J, Richter LM. 1997. "AIDS-Related Knowledge, Attitudes and Behaviour among South African Street Youth: Reflections on Power, Sexuality and the autonomous self". *Social Science Medicine*, 45(6):957—66.
- Walters, Andrew S. 1999. "HIV Prevention in Street Youth". *Journal of Adolescent Health*, 25:187—198
- World Health Organization (WHO). 2000a. *Working with Street Children: A Training Package on Use, Sexual and Reproductive Health Including HIV/AIDS and STDs (Introduction)*. WHO: Geneva.
- . 2000b. *Working with Street Children: A Training Package on Use, sexual and Reproductive Health Including HIV/AIDS and STDs (Module 1)*. WHO: Geneva.