Factors Contributing to Susceptibility to HIV Infection. A Case of Ojek Community in Belu District, East Nusa Tenggara Province, Indonesia.

A Research Project Submitted to Van Hall Larenstein University of Applied Science in Partial Fulfillment of the Requirements for the Degree of Master of Management of Development, Specialization in Rural Development and HIV/AIDS.

By

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September 2010

Wageningen, The Netherlands

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ACKNOWLEDGEMENT

First of all, I am grateful to God for his enormous grace through health, strength and patience which enable me during my study in the Netherlands.

My thanks also goes to Netherland Education Support Office (NESO) for sponsoring me through StuNed Scholarship during my study in Larenstein University.

I also thank to Larenstein Unversity for the chance given to me to pursue my master degree and for the guidance through all the lecturers during the entire course.

Thanks to Mrs. Koos Kingma, the coordinator of Rural Development and HIV/AIDS specialization, for her insight, advice, support and encouragement which enable me to have better understanding on HIV/AIDS during the course in this University.

Special thanks goes to my supervisor, Mr. Adnan Koucher, for his guidance, support, patience, critical and constructive comments for the completion of this thesis.

My deepest thanks to my beloved mother, Rosalinda Bano Nahak, for her incredible prayer and support; to my uncle Blasius Seran and my aunt Feronika Fore, for their prayer, attention, support and encouragement during my study; to my brothers and sister for their supports.

My special thanks goes to my beloved fiancée, Fredrika for her wonderful love, prayer, patience and encouragement which give me spirit during the entire course in the Netherlands.

Finally, I would like to give my gratitude to Yayasan Sumber Kasih organization, HIV/AIDS Commission of Belu district and all the respondents who were very cooperated during the fieldwork so that I can finish this research as scheduled.

DEDICATION

I specifically dedicate this research work to my beloved fiancée FREDRIKA for her wonderful love which accompanies me over time.

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LIST OF ABBREVIATIONS

ADB	Asian Development Bank
AIDS	Acquired Immune Deficiency Syndrome
ARV	Anti Retro Viral
BPS	Badan Pusat Statistik
CHC	Community Health Center
CST	Care and Support Treatment
CSWs	Commercial Sex Workers
HIV	Human Immunodeficiency Virus
IOM	International Organization for Migration
ITDG	Intermediary Technology Development Group
KPAD	Komisi Penanggulangan AIDS Daerah
NGOs	Non Governmental Organizations
PLWHA	People Living With HIV/AIDS
RI	Republik Indonesia
STDs	Sexually Transmitted Diseases
TB	Tuberculosis
UNAIDS	United Nation AIDS
VCT	Voluntary Counseling and Testing
YSB	Yayasan Belu Sejahtera
YSK	Yayasan Sumber Kasih

ABSTRACT

The presence of HIV/AIDS in Indonesia has brought a great impact on the communities' life. Started from Bali, HIV/AIDS has been slowly and steadily creeping and spreading to many other parts of Indonesia. It arrived in Belu district in 2004 as it was detected in five commercial sex workers (CSWs) who migrated to Belu from other provinces. This research was done with ojek community in Belu district aimed at identifying potential susceptibility factors for the spread of HIV infection among this community which further contribute to reduce the spread of this infection among them. The primary data in this study were collected through semi structure interviews with individual and focus group discussions with ojek community. Meanwhile, secondary data were gathered through literatures, research, journals, reports, articles and any other documents related to this research topic.

Findings from the fieldwork indentify some potential susceptibility factors for the spread of HIV infection among ojek community which are mobility and migration, patterns of sexual behaviours and networking, less information or knowledge and low awareness level on HIV/AIDS, access to health services, economic condition and environmental situation. This study reveals that during their working days, they are very much mobile and might engage in risky situation and risky behaviours such as having unprotected sex with multiple sexual partners including with CSWs and have sexual networking with CSWs which make them more susceptible to this infection. It is compounded by complicated procedures to access to health services, less knowledge and low awareness levels on HIV/AIDS which make them unaware of the means of HIV prevention. Likewise, their economic condition which deals with money every day as well as environmental condition, for instance, availability and the wider spread of CSWs might also stimulate them to engage in risky behaviours which make them susceptible to the infection.

Finally, some key recommendations are provided for various institutions working on response to HIV/AIDS in Belu district; *first,* awareness campaigns should focus more on high susceptible groups; *second,* need to keep the continuity of HIV/AIDS programmes and cover as many as ojek community; *third,* improve the procedures to access to health services; *fourth,* pay attention to the status of CSWs; *fifth,* enhance the roles of community leaders and religious leaders in response to HIV/AIDS; *sixth,* enhance the number of NGOs that work on HIV/AIDS programmes; and *seventh*, collaboration of various institutions working on HIV/AIDS programmes are needed.

CHAPTER ONE: INTRODUCTION

1.1 General Background

Issue on HIV/AIDS in Indonesia was started in the beginning of 1986 when a national newspaper reported that there was a patient who manifested AIDS syndrome. It of course attracted attention of Indonesian society but officially the first HIV case in Indonesia was announced by Health Department of Indonesia in 1987. It was diagnosed in a foreign tourist who died in Bali (Julianto, 2002; The World Bank, 2005). By the end of 1987 HIV/AIDS cases detected in Indonesia were only five but it is steadily increased and widespread to all parts of Indonesia over time.

At the national level, the significant increasing of HIV/AIDS prevalence rate was started in 2000s. The number of HIV/AIDS cases at national level by December 2006 reported by Health Department of Indonesia was 2873 cases. The prevalence rate of HIV infection by sex up to December 2006 was 82% men, 16% women and 2% unknown. In 2006 the most infected groups identified were injected drug users estimated 50.3% and heterosexual estimated 40.3% and that is why the cumulative percentage of HIV/AIDS cases by age group in 2006 was led by group age 20 to 29 (54.76%) and the group of age 30 to 39 (27.17%) who are sexually active and mostly involved in injecting drug use (Departemen Kesehatan RI, 2007).

The number of detected new incidence HIV infection is steadily increased year by year. By the end of 2007, there were 2947 HIV/AIDS cases diagnosed and it was dramatically increased in 2008 which was estimated 4969 cases. Meanwhile, new detected HIV/AIDS cases by December 2009 were 3863 cases, with the cumulative percentage by sex of 73.7% on men and 25.8% on women and 0.5% unknown. The most infected groups are still led by heterosexual population which was 50.3% and injecting drug users which was 40.2%. The cumulative percentage of HIV/AIDS cases by age group was led the group age 20 to 29 (40.7%) and the group age 30 to 39 (30.14%) who are sexually active and involved in injecting drug use (Piet, Masjkuri, Sedyaningsih, Kubis, Rahman, Spratt, 1999; Departemen Kesehatan RI, 2010).

In Belu district, the first HIV/AIDS case was diagnosed in 2004 in five commercial sex workers (CSWs) through HIV medical examination test (Fernandez and Lau, 2008). Data shows that the spread of HIV/AIDS in this region has been getting wider and the number of positive people is increased over time. The number of HIV/AIDS cases reported by December 2007 was 107 cases (0.03%). It was steadily increased to 168 cases (0.04%) by the end of 2008 but in 2009 it was dramatically increased due to the new HIV/AIDS cases reported during the year were 124 cases so that the cumulative number of HIV/AIDS cases became 292 (0.07%) by December 2009 (KPAD Belu, 2009).

This mentioned number above places Belu district on the top of the highest number of HIV/AIDS cases among other twenty districts in East Nusa Tenggara province. The infected groups within Belu communities are also varied such as ojek communities, CSWs, bus drivers, housewives, farmers, entrepreneurs, police, army, civil servants, seamen, school teachers and students (Fernandez and Lau, 2008). Ojek community is the one of the most infected groups among those groups. The prevalence rate of HIV infection among them is increased every year due to the number of incidence HIV infection among ojek communities is rapidly increasing. It is due to they are very much mobile from one place to another and due to that they have chances to interact with other people as well as engage in risky environments and risky behaviours like

having unprotected sex with multiple sexual partners including with CSWs compounded by les knowledge, information and low awareness on HIV/AIDS which make them unaware of the means of prevention such as use of condom, etc.

There are actually some other factors contributed to the spread of HIV infection such as socio, cultural, economic, environmental factors, etc (Barnett and Whiteside, 2006). Based on the description above, this research focuses on identifying and exploring susceptibility factors for the spread of HIV infection among ojek communities in Belu district, East Nusa Tenggara province, Indonesia.

1.2 Problem Statement

At national level, the first HIV/AIDS case in Indonesia was announced in 1987. By the end of the year, HIV/AIDS cases found were only five cases but the spread of this epidemic is continuously getting wider to other regions of Indonesia over time. In Belu district, HIV/AIDS is a new hazard. It was first detected in Belu in 2004 in five commercial sex workers (CSWs) through HIV medical examination test (Fernandez and Lau, 2008). The fact shows that the spread of HIV/AIDS in this region has been getting wider over time and the prevalence rate of HIV/AIDS has been increasing every year particularly in the last three years. In 2007 HIV/AIDS prevalence rate in this region was 0.03% and it was steadily increased by 0.07% by December 2009 (KPAD Belu, 2009). The infected groups within Belu communities are also varied such as ojek communities, CSWs, bus drivers, housewives, farmers, entrepreneurs, police, army, civil servants, seamen, school teachers and students (Fernandez and Lau, 2008). Ojek community is one of the most infected groups among those groups. The prevalence of HIV infection among them is increased every year due to the number of incidence HIV infection among ojek communities is rapidly increasing. There are, of course, factors that make them susceptible to HIV infection. Yasayan Sumber Kasih (YSK) organization deals with prevention of the spread of HIV infection or reducing susceptibility of ojek communities to HIV infection. However, YSK has insufficient information on those factors, therefore the concern of this research is to identify and explore factors that make ojek community in Belu district susceptible to HIV infection.

1.3 Research Objectives

1. To contribute towards reducing the spread of HIV infection among ojek communities in Belu district (Overall Objective).
2. To identify and provide information on the factors that make them susceptible to HIV infection.
3. To examine the strategy of Yayasan Sumber Kasih in reducing the spread of HIV infection among ojek communities.

1.4 Research Questions

Main Research Question

1. What are the factors that make ojek community in Belu district susceptible to HIV infection?

Main Question

2 What is the strategy of YSK to reduce susceptibility to HIV infection among ojek community?

Sub Questions

2.1 How does the strategy of YSK contribute to reduce susceptibility to HIV infection among ojek community?

2.2 What are the problems faced by YSK in preventing or reducing the spread of HIV infection among ojek community?

1.5 Research Methodology

This research was initially started by reviewing some relevant literatures to explore and identify susceptibility factors for the spread of HIV infection among ojek communities in Belu district. Based on the information from literature reviews some check lists were created to guide semi-structured interviews during the fieldwork which has been conducted with these particular ojek communities based villages, in Belu district, in which the main objective of this research has been held. There have been also some discussions with religious leaders, community leader, staff of HIV/AIDS Commission, staff of Yayasan Belu Sejahtera and the staff of Yayasan Sumber Kasih on susceptibility factors of the spread of HIV as well as the strategy they have been applied to reduce the spread of HIV infection among ojek communities.

This research was conducted for four weeks. The first two weeks was used to interview the key informants in the community and focus group discussions while the last two weeks were used to compile all the data from the fieldwork.

Sample Selection and Interviews

This research is focusing on susceptibility factors for HIV infection among ojek community in Belu district. The sample was taken from two villages in Belu district.

For the purpose of this research, the total of 30 respondents was selected for interviews and focus group discussions. Those respondents are 20 ojek; 10 from each of the two selected villages, who are married and unmarried; 3 religious leaders, 2 community leaders, 2 staff from HIV/AIDS Commission of Belu, 2 staff from YSK organization and 1 staff of Yayasan Sumber Kasih (YBS). Those 20 ojek were selected based on the criteria married and unmarried in order to gain various and different information on their mobility, patterns of sexual network, knowledge on basic fact about HIV/AIDS, their access to health services, their economical status as well as the environment surrounding their living places.

Religious leaders and community leaders were selected and interviewed to find information on the potential susceptibility factors for the spread of HIV infection among ojek community. Meanwhile, the respondents of HIV/AIDS Commission, staff of Yayasan Belu Sejahtera (YBS) and staff of YSK were selected and interviewed to obtain information on their HIV/AIDS related activities or their respective organisation response to HIV/AIDS and suggestion on potential susceptibility factors for the spread of HIV among ojek community.

Table 1.1: List of sample of research

Category of Informants	No	Remark
Ojek Community	20	Random selection of married and unmarried ojek in the two selected villages
Religious Leaders	3	Due to limited time, it is purposely decided to select 3 respondents from this category
Community Leaders	2	The two selected community leaders are men
HIV/AIDS Commission	2	One is the chief of this commission and another is the staff this commission
Yayasan Sumber Kasih	2	Due to limited time, it is purposely decided to select 2 respondents of this category
Yayasan Belu Sejahtera	1	Due to limited time, it is purposely decided to select 1 respondent from this category
Total	30	

Source of Data Information and Method of Data Collection

Primary Data

Primary data was collected using semi structure interview and focus group discussions. There were four focus group discussions, among unmarried and married ojek in each village. These focus group discussions were aimed at gathering further information and exploring the opinions of respondents (ojek) regarding susceptibility factors for the spread of HIV infection including information on their mobility patterns, knowledge and awareness on HIV/AIDS, sexual network patterns, their access to health services, economical status and environment surrounding their living places.

Secondary Data

Secondary data was collected through literature review, various articles, journals, reports, internet, book and other relevant documents. These secondary data was used to review and analyze the primary data accordingly in order to have in depth knowledge on the research topic. The extracted data was analyzed and elaborated further and the result was summarized in the final report.

Data Analysis

The data gathered during the field work was grouped based on the similarities of responses from different groups. The analysis of data was referring to the literature review and it specifically emphasized on the susceptibility factors for the spread of HIV infection among ojek community in Belu district.

1.6 Significance of the Research

The expected result of this study is the information on susceptibility factors for the spread of HIV infection among ojek communities in Belu district. This information will be applied to assess how the strategies have been implemented by Yayasan Sumber Kasih to reduce the spread of HIV infection in this particular community. A better understanding on susceptibility factors of the spread of HIV infection is very important for this organization and for those who want to involve and assist in efforts to reduce the spread of HIV infection among this particular community in Belu district or in other places.

1.7 Limitation of the Research

Due to limited time the scope of this research was focused on ojek community in Belu district only. It requires similar research to be conducted in other districts that have large ojek population with different backgrounds and characteristics in order to get various information and opinion for enriching our understanding on susceptibility factors for the spread of HIV infection.

1.8 Organization of the Report

This research is organized into five chapters. Chapter one presents introductory of the study which covers the general background of the research, research problem, research objectives, research questions, methodology, significant of the research, limitation of the research and organization of the report.

Chapter two deals with literature review. It provides information on the basic knowledge on HIV/AIDS which comprises of the concept of HIV/AIDS, means of transmission and means of prevention. This chapter also provides information and concept on potential susceptibility factors to HIV infection.

Chapter three specifically deals with the study area. It presents the information on the study area with regard to HIV/AIDS epidemic. It narrows the information on this epidemic from the general one to the specific ojek community. It consists of three parts which are HIV/AIDS epidemic in Indonesia as a whole, HIV/AIDS Belu district, ojek and HIV/AIDS and HIV/AIDS in Belu district.

Chapter four presents the results and discussions on the potential susceptibility factors to HIV infection among ojek community in Belu district.

Finally, chapter five deals with the conclusion of the study and provides some key recommendations.

CHAPTER TWO: LITERATURE RIVIEW

This chapter elaborates literature reviews regarding the topic of this research. It covers general understanding on HIV/AIDS and what is the difference between HIV and AIDS, means of HIV transmission, concept on susceptibility and potential susceptibility factors such as socio cultural factors, economical factors and environmental factor which contribute to the spread of HIV infection.

2.1 What is HIV/AIDS?

There have been many literature reviews on HIV/AIDS. In this part I am not going to repeat all concepts about HIV/AIDS but I am referring to what is relevant to Belu district especially to ojek community. AIDS is a kind of disease caused by a virus known as HTLV III or Human T Lymphotropic Virus Type III or what is now called HIV. HIV is the Human Immunodeficiency Virus (Carne, 1990). When this virus infects a person's body it will weaken his or her immune systems. And in the end this virus can cause AIDS. AIDS is Acquired immune Deficiency Syndrome.

As written above that HIV stands for Human Immunodeficiency Virus. *Human* means human beings, not animals, plants or insects; *Immune* - refers to the immune system, organ or cells that fight against disease and infection in our body; *Deficiency* means the immune system is damaged and cannot function properly to fight against infection or disease in human body; *Virus* is extremely a small microorganism which, when entering into human body can cause certain viral diseases such as HIV, can enter cells of a person's body and prevent these cells to perform their function or prevent the cells to function properly (Fernandez and Lau, 2008). HIV is a virus that can spread from one person to another in a specific way and can devastate the immune system of an infected person or make it not functioning at all.

As well as already written above that AIDS stands for Acquired Immune Deficiency Syndrome. *Acquired* means that someone may acquire or experience this disease later after infected by HIV; *Immune deficiency* means a person’s immune system is damaged and may not work properly to fight against infection or disease. In other words, the virus attacks a person’s immune system and makes it less capable of fighting infections. Thus the immune system becomes deficient; *Syndrome* means a mixture of signs and physical symptoms. In relation to AIDS, syndrome means that AIDS is not one disease but rather presents itself as a number of diseases that come about as the immune system fails. Hence, it is regarded as a syndrome (Barnett and Whiteside, 2006; Fernandez and Lau, 2008).

In other words, it can be explained that human bodies have some parts of the blood which work to fight infection or disease known as white blood cells. White blood cells are used to attack viruses, bacteria, infection and foreign bodies that enter into the human body. Normally white blood cells (CD4 cells) function to destroy viruses and bacteria and keep the body from infection or disease. When HIV enters the body it is the main task of the white blood cells to get rid of it (Hutapea, 1995; Barnett and Whiteside, 2006). However, because this virus multiplies itself in the body then kills white blood cells and destroys a person's body resistance. When this happened to someone then that person will become a target for other infections and diseases or what is called opportunistic infections.

Thus it can be concluded that HIV and AIDS are not the same thing. At least there are three things to note here as follows: First, HIV is the virus that causes AIDS; second, an individual can

be infected by HIV, the virus that causes AIDS but he or she may not directly be AIDS affected; third, if someone is infected by HIV it does not automatically mean that he or she has AIDS. Although for most people, sooner or later, he or she will suffer from AIDS.

2.2 Means of HIV Transmission

There are some practices that cause or through which HIV can be transmitted to one another. First of all it should be stressed that HIV is a virus which is sexually transmitted. This means that a person can be infected by HIV through unprotected sexual relations with a spouse or someone who is infected by this virus. HIV is also transmitted through injecting drug users (e.g. heroin addicts) who take turns using a needle that has been contaminated with the blood of an infected person, or also through blood transfusions when blood donors are infected. The virus can also be contracted from mother to baby, either during the pregnant period or delivery process, as well as through breast milk of HIV-infected persons (Carne, 1990; Barnett and Whiteside, 2006; Fernandez and Lau, 2008).

Thus, we can conclude that there are four modes of HIV transmission, as follows: *First*, HIV can be spread by doing unprotected sexual relations - through unprotected vaginal or oral - with someone who is infected. Barnett and Whiteside (2006, p. 41) state that 'the vast majority of HIV infections are the result of sexual transmission'. There are some kinds of sexual contacts in which HIV can pass through from someone to another; *vaginal sex* is when the male insert his penis into the vagina of women; *anal sex* is when the male insert his penis into anus (rectum) of women or other men; *oral sex* is when a woman or a man sucking or licking a man's penis, or when a man or woman lick vaginal area of a woman, or when a man or woman licking anal area of men or women (Carne, 1990; Fernandez and Lau, 2008). Unprotected sex here means doing any kind of sexual relations without the use of condoms.

Second, HIV-infected through sharing needle with an infected person. Another way for contracting HIV is sharing needles with infected persons. After an infected person using a needle or syringe to inject, then a drop of his or her infected blood left in the needle and tools. So, if someone else uses the same needle and injection tools, he or she has actually injected the blood of an infected person into his or her bloodstream (Barnett and Whiteside, 2006). And even a drop of infected blood will be sufficient to transmit HIV to someone. This is very dangerous for the users of illicit drugs. Because it is usual that one of the ways that they use is to inject the drug either intravenously - that is, directly into the vein or to inject drugs under the skin but not into the vein. If a needle injection is used, it can transmit HIV if among the users there is one who has been infected by HIV (Johnson, 1995; Hutapea, 1995).

So someone could get infected with HIV not because of the syringe needles but due to there is blood from an infected person left on the syringes that he used. When someone uses the same needle then the infected blood which remains in the needle transfers into his or her body and he or she is infected by HIV as well. A person can also become infected when he was tattooed with the same needle - or a razor blade or a piece of glass - which has been used to tattoo someone who is infected by HIV, especially when the blood dripping during the process (Carne, 1990; Fernandez and Lau, 2008).

Third, HIV infected through blood transfusion or transfusion of infected organs from a person. Blood transfusion is blood or blood components from one person (donor) transferred into the body of another person who needs it. When the donated blood which was infected with HIV, is taken into the body of people who need then the person receiving the blood automatically will be infected by HIV as well.

As stated by Barnett and Whiteside (2006, p. 43) ‘use of contaminated blood or blood products is the most effective way of transmitting the virus as it introduces the virus directly into the bloodstream’. This is one of the reasons why in the early 1980s, HIV spread rapidly among hemophiliacs who received blood transfusions contaminated with HIV. The hemophilia patients did not have clotting factors in their blood. Bleeding happens continuously if injured, and blood transfusion was needed to replace the amount of blood lost. More than half of all U.S. hemophiliacs had contracted HIV in the years of AIDS epidemic. Finally in the mid-1980s a test conducted to detect HIV antibodies was discovered and blood banks immediately conduct a screening of donated blood so that since 1987, no longer hemophilia patients who contracted HIV through blood transfusions. But there is always the likelihood for someone getting HIV from blood transfusions, but people who donate blood will not be infected because the needles used to draw blood are used only once (Carne, 1990; Fernandez and Lau, 2008).

Fourth, HIV can also be transferred by HIV-infected pregnant mothers to their babies before or after birth. When the blood of pregnant women is infected by HIV then it is likely that they will pass it on to their fetuses during pregnancy or at time of delivery. The baby will be born with HIV. It is due to a fetus in the womb gets food from his or her mother through the placenta and umbilical cord, a group of blood vessels that link the baby to his or her mother at the umbilical cord of a baby (below the stomach). Similarly, an HIV infected mother can pass it to her baby through breastfeeding (Barnett and Whiteside, 2006; Fernandez and Lau, 2008).

Most of infants born from HIV infected mothers will actually become infected with the virus. Babies and children who are infected will eventually suffer from AIDS. Another test showed positive results because antibodies from the mother pass through the placenta into the fetus, which makes antibody of baby became positive. However, unless the virus also infects the fetus or infant, the mother's antibodies will disappear within eight months and the HIV antibody test is no longer positive then this baby is not infected and can grow normally.

2.3 Susceptibility

There are lots of literatures explain about susceptibility, for the need of this study I am referring to some notions which are relevant to understand the context of Belu district and particularly ojek community as the main target group of this study. Concept of susceptibility is mainly referring to risky environments and situations which create the chance or likelihood for an individual to be exposed to HIV infection and risky behaviours that one does or is forced to engage in (Masanjala, 2007; Morton, 2006,).

Still in line with the notion above, Loevinsohn and Gillespie (2003), Muller (2005) explained that susceptibility refers to the likelihood of an individual becoming infected with HIV virus. It comprises of two components;

1) The chance of being exposed to the virus, which in turn related to the risk environment and specific situations of risk that the person confronts and the riskiness of her or his behaviours (both of which may related);

2) The chance of being infected with the virus once exposed.

Those conceptions described above indicate that there are factors contributing to the susceptibility to HIV infection such as physiology aspect (refers to the differences between men and women’s bodies make women more susceptible); individual behaviour aspect (which is related to multiple sexual partners, condom use, get STDs treated, drug use, etc); poverty aspect, HIV prevalence, illiteracy, etc (Groverman, 2007).

Those explanations indicate that susceptibility could happen at different levels e.g. individual, household, community level, etc. As has been stated in a research done by ITDG (2005, 3) that:

> "Susceptibility also refers to the probability of significant AIDS-related impacts occurring at different levels e.g. individual, household, community level, etc. These impacts are not one-time event, they sale of assets, some of which are irreversible, leaving the household – if indeed it survives – significantly impoverished. Susceptibility does not only apply at the individual level, but also at the wider contextual environment that shapes the conditions for the spread of HIV in a wider society."

Generally, there are some factors that influence behaviours and contribute to create risk environment and situations such as asymmetric sexual relations, movement and inequality. Asymmetric sexual relations refer to the increasing likelihood of being exposed to HIV infection due to a few numbers of women having unsafe sex with a large number of men. Epidemiological models indicate that such kind of relationship contribute to hasten the spread of HIV infection among a particular community or population. Movement refers to risky situations where people are moving into, out of or between it. Those people can contribute to widen the spread of HIV as well as raise HIV infection rates among areas or communities previously little touched. Meanwhile, inequality refers to several factors which can contribute to the risks of exposure that people face e.g. social cultural, economic, gender inequality, etc (Loevinsohn and Gillespie, 2003).

Based on the description above, to understand what has been contributing to the susceptibility to HIV infection among ojek community in Belu district, there is a need to explore and identify some susceptibility factors including the mobility of ojek in running their job as hired motorcycled drivers, patterns of their sexual behaviour and network, accessibility to health services, their knowledge on the basic fact about HIV/AIDS, economical status and environment surrounding their living places. Exploration and identification of those factors would be very helpful to obtain various information and opinion on the life of ojek and further to formulate recommendations for reducing the susceptibility of ojek community to HIV infection.

2.4 Susceptibility of Ojek to HIV Infection

The concept of susceptibility to HIV infection contains a wider meaning that can be applied in a wider context of life at individual, household and community level. It is stated that 'susceptibility is not only applied at the individual level but also at the wider contextual environment that shapes the condition for the spread of HIV in a wider society' (ITDG, 2005, 3). It refers to any factors within society or community which contribute to the spread of HIV virus among community members. Those factors could be the aspects of situation that might increase and decrease the *riskiness of environment* which can enhance the chance of this epidemic to be transmitted (Barnett and Whiteside, 2006).

Of course there are various determinants which in a certain way open the opportunities to the wider spread of this HIV virus such as biomedical, behavioural, micro-level (community/society level) and macro-level determinants (national level) (Barnett and Whiteside, 2006) (see. Figure 2.1).

Distal determinant ⟶ Proximal determinants			
Macro Environment	**Micro Environment**	**Behaviour**	**Biology**
Wealth	Mobility	Rate of partner Change	Virus sub type
Income Distribution	Urbanization	Prevalence of Concurrent partner	Stage of Infection
Culture	Access to Health Care	Sexual Mixing Partner	Presence of Other STDs
Religion	Level of Violence	And Condom Use	Sex
Governance	Women's rights and Status	Breast Feeding	Circumcision

Figure 2.1: Determinants of HIV/AIDS, adapted from Barnett and Whiteside (2006)

In the context of this research, susceptibility factors among ojek communities have been analyzed. Some factors that contributed to the susceptibility of them to HIV infection are social cultural factors e.g. patterns of mobility and migration, patterns of sexual networking and access to health services, less knowledge and information on HIV/AIDS and low awareness on HIV/AIDS among this particular community; economical factors e.g. level of income, for what needs the money is spent; environmental factors e.g. factors related to the surrounding of the ojek communities.

2.4.1Socio Cultural Factors

2.4.1.1 Patterns of Mobility/Migration

IOM (2003) reported that the number of migration and population mobility is increasing in all over the world. In the inception of the twenty first century one out of every thirty five persons is an international migrant. This condition in a certain way has also contributed to the wider spread of HIV/AIDS. Mobility and migration have been identified as driver of the spread of HIV epidemic within country and across countries. This globalization era where people can easily afford to go overseas might increased the chance to wider spread of HIV virus among people everywhere. UNAIDS (2001, 2) stated that:

> "Migration, mobility and HIV/AIDS are major global phenomena at the beginning of new millennium. Since the start of the HIV/AIDS epidemic, a concern of governments has been that people moving between countries might be spreading HIV/AIDS. Today, however, there is increasing recognition that migrants and mobile people maybe more vulnerable to HIV/AIDS than are populations do not move. They may acquire HIV while on the move and take the infection back with them when they return home, often without even knowing it."

People who are mobile might have their own reason such as to search of better job from one place to another temporarily, seasonally or permanently (UNAIDS, 2001). The movement in itself is not a problem but the environment in which people are moving might put them in a risky situation. They may engage in risky situations and behaviors such as having unprotected sex

with multiple sexual partners and sex workers and drug use that make them more susceptible to HIV infection (UNAIDS, 2006).

It indicates that those who are really in high risky situations and behaviours are mobile groups such as bus drivers, truck drivers, ojek, military, etc. Previous studies conducted in Papua, eastern part of Indonesia reported that HIV/AIDS was brought to Papua by migrants from Indonesia. Now the spread of HIV/AIDS is getting wider due to many sexual workers migrate to Papua and the military is also involved in this kind of activities. Those sexual workers from other parts of Indonesia are imported to Papua and mixed with the local sexual workers from Papua. This situation has been contributing to the increasing of sex industry in Papua as well as to the increasing of the number of HIV/AIDS positive people in Papua (Butt, Numbery and Morin, 2002b).

It has also been revealed that HIV/AIDS was initially brought to Indonesia by a foreign tourist (who is also mobile) and further by commercial sexual workers from the neighbor countries such as Thailand, Malaysia, Laos, China, etc. The increasing of sex industries which are widespread in Indonesia and bring numerous sexual workers from outside has a great contribution to the spread of HIV/AIDS within this country. Another reason is that many Indonesian people go abroad every year and might have unprotected sexual contacts during traveling. Most of them are infected and bring it back home when they return; they would also transmit it to their spouses or their other sexual partners in Indonesia (Julianto, 2002). This condition does contribute to increase the number of HIV infected people and the data proved that the most infected group by December 2009 was heterosexual population which was about 50.3% (Departement Kesehatan RI, 2010).

It denotes that migration and mobility do have great implication on increasing the spread of and susceptibility to HIV infection either for those who are migrating or mobile or the society or communities where they are living with. As a mobile population they are in high-risk groups and may move from one to another place as well as spread HIV to lower risk groups. So, the impact is not only for themselves but also for individual, communities or society whom they interact with.

2.4.1.2 Patterns of Sexual Behaviors and Sexual Network

The spread of HIV/AIDS is supported by other social aspects which are practiced in a certain community or society. One of the social aspects estimated in many countries as a determinant which directly contributes to the increase of HIV infection is pattern of sexual behavior. And it is very important to analyze this aspect because it is related to human behavior in the transmission of HIV infection (Gupta, 2001).

Sexual activity is actually a private activity but in many communities, social norms have great implications towards individual sexual behaviors including attitude and sexual practices. A previous study in Papua called *the Papuan Sexuality Project* reported some common sexual practices in Papua which are sexual pattern of the young (secret sex); this indicates the sexual behaviors among young people aged 16 to 29 who are mobile and tend to have sex at a young age, have multiple sexual partners and to have sex with friends in an opportunistic manner. This ‘secret sex’ is widespread in all of regions in Papua province. Other sexual practices in this particular province are sexual patterns of street sex workers and *Waria* (Waria is the name for transsexual people, from men to women). These two types of sexual patterns are also widespread among society in Papua regions (Butt, Numbery, Morin, 2002b).

This description does not mean that any kinds of sexual contacts or sexual intercourses are risky behaviors which contribute to susceptibility to HIV infection. It depends on with whom a person does sexual intercourse and under what environment. Sexual intercourse becomes a risky behavior for getting infected by HIV when a person does it with multiple sexual partners, unprotected sex and in a situation where HIV is widespread because he or she might be infected by his or her sexual partners (Barnett and Whiteside, 2006).

Sexual pattern among ojek communities is actually stimulated by the chances they get during working days. They are very much mobile and have relationships and interactions with many people among communities in Belu including with sexual workers. It somehow already puts them in a risky situation which can make them engage in risky behaviors with their passengers or clients and sexual workers.

2.4.1.3 Access to Health Services

Health services are very important in efforts to cope with the spread of HIV infection. Availability and accessibility to health services would be very much useful to prevent the spread of this pandemic and reduce the susceptibility to HIV infection among communities and societies. On the contrary, unavailability or inaccessibility or limited access to and poor quality of health services can worsen or increase susceptibility to HIV infection and can be cofactor for raising many other health related problems (Devereux, 2006).

USAID when cooperating with the government of Indonesia to respond to HIV/AIDS in Indonesia gave more attention to the improvement of health services. In terms of this, the improvement would have been focused on the availability and accessibility as well as the quality of health services to the communities by providing and fostering facilities-level service delivery to targeted provinces (Piet, *et al*., 1999; The world Bank, 2005). It seems that the government and The World Bank realized that health services are very important to cope with the spread of HIV infection. HIV/AIDS is one of many other sexually transmitted diseases (STDs) such as gonorrhea, syphilis, hepatitis, etc. STDs are common in high-risk groups and have been associated with the greatest for HIV transmission (Piet, *et al*., 1999).

It implies that better diagnose and treatment to STDs could be very useful to reduce the spread of HIV infection because when a person is infected by any other STDs then he or she is being exposed to be infected by HIV virus as well. Being infected by any other STDs increases the likelihood of an individual becoming infected with the HIV virus (Muller, 2005). Moreover, when a person is infected by HIV virus, he or she might be easier to get infected by other STDs and easier to transmit HIV virus to others. It means that delivering better health services such as precise diagnose and good treatment to people when infected by other STDs is a way to reduce or prevent the spread of HIV infection.

Other aspects should be covered in health services to prevent the spread of HIV infection are the transmission from mother to child and the use of needles among injected drug users. Better diagnose to mother during pregnancy up to delivery process could help to reduce the risk of HIV transmission from mother to child as well as better management for distribution and use of needle could also help to reduce the spread of HIV infection among injected drug users.

2.4.1.4 Basic Knowledge on HIV/AIDS

Basic knowledge and self-awareness on HIV/AIDS play a very important role in prevention the spread of HIV infection among communities or even are cited as the best strategy to against HIV transmission (Caldwell, *at. al*., 1999). It was indicated in many literatures that most of societies and communities particularly those living in remote areas do not have access to knowledge or information on HIV/AIDS. Especially in low prevalence countries such as Indonesia, people in villages or rural areas seem to keep focusing on doing their activities and even do not recognize HIV/AIDS as a hazard for their life. It indicates that there are still many communities and societies who have insufficient information, knowledge or even do not know at all about HIV/AIDS. Such condition makes people unaware on HIV/AIDS and not taking into account in their daily life.

Once Luc Montagnier, the inventor of HIV blood test (HIV I), from Pasteur Institute, Paris, was interviewed about what kinds of HIV/AIDS related activities have been conducted in France, he explained that they have done campaigns on disseminating HIV/AIDS information aggressively through schools as well as campaigns through television. He continued that there will be many HIV infection cases happen in tropical countries including Indonesia if there is not or less information and education on HIV infection and other sexually transmitted diseases (Julianto, 2002).

Widespread information of HIV/AIDS and HIV/AIDS education programmes among communities would be very helpful for people. People should be taught about the basic fact on HIV/AIDS so that they would be able to understand how this HIV virus works and transmits from one to another. At least by knowing the means of HIV transmission could help people to protect themselves or escape from being exposed to HIV infection. Less information or knowledge and low awareness on HIV/AIDS can put people into risky behaviors like having unprotected sex with multiple sexual partners and sharing needles especially among young people. That is why good HIV/AIDS education is regarded as one of the most effective ways to help young people to elude HIV/AIDS as well as to reduce the spread of HIV infection (The World Bank, 2003).

Accessibility to HIV/AIDS education might help people to raise their awareness on HIV/AIDS and apply basic fact on HIV/AIDS to avoid engaging in risky behaviours as well as encourage other people to prevent the spread of HIV infection among their communities. By having enough information and knowledge on the basic fact on HIV/AIDS might also encourage people to respond to HIV/AIDS problem. Most of the time people seem to be afraid of involving or engaging in HIV/AIDS programs because they are afraid of getting infected by HIV positive people.

Another study that has been done with indigenous people in villages in Papua, Indonesia concluded that the spread of HIV among them is continuously getting wider due to less information or knowledge on HIV/AIDS that they have and low awareness of condom use among them (Butt, Numbery and Morin, 2002b). Thereby, less access to education on HIV/AIDS and low awareness on HIV/AIDS could be the factors which increase susceptibility of people to HIV infection and incline the spread of HIV virus.

2.4.2 Economical Factors

Financial capital is an important aspect that could also contribute to the susceptibility to HIV infection. Condition of lacking of money or unfavorable economic condition (poverty) could be

the push and pull factors to the susceptibility to HIV infection at individual, household or community levels. This condition can drive people to engage in many kinds of risky activities in order to survive or to obtain what they want.

Byron, Gillespie and Hamazakaza (2006) explained such economic condition related the susceptibility to HIV infection based on the view of economic need (poverty) versus economic want (the desire for the material goods) which can drive people' behaviours. Most of the times these two aspects are the main push and pull factors that make women participate in transactional sex.

Poverty condition compounded by no employment options can be the main factor that push people particularly women and girls to choose transactional sex activities as an employment option to survive and even to underpin the life of their children and family. Moreover, the desire for luxurious materials can be the main pull factor that frame people behaviours to engage in transactional sex activities. Byron, Gillespie and Hamazakaza*.,* (2006, 12) stated that:

> "Others framed the behaviours in terms of greed and the desire for luxurious (status) goods such as the latest clothing, cosmetics, lotions and beer that pull women into trading sex for resources with men of greater economic means than their husbands or partners."

The description above indicates that not only being in poverty condition and the desire for luxurious materials can push and pull people (women) to engage in transactional sex but also being in favorable economic condition or having much money can also stimulate people to engage in risky behaviours such as traveling a lot and having multiple sexual partners during traveling, etc. Men who have money or ones who travel a lot (mobile), for instance, business men, entrepreneurs, seamen, ojek, etc, can also engage in risky behaviours that make them susceptible to HIV infection.

2.4.3 Environmental Factors

It is related to surrounding situations in which a particular community is living or doing their activities which could make them being exposed to the infection. It implies that the surrounding situations in which people are interacting can influence their behaviours and contribute to create high-risk for the spread of and susceptibility to HIV infection (Loevinsohn and Gillespie, 2003). Environmental factors have great influence to increase the spread of and the susceptibility to HIV infection.

ADB (2008) reported that HIV is widespread in the construction places due to most of the commercial sex workers (CSWs) are also operating in the construction places. In addition to that, the construction employees are far away from their spouses and in the work places they have money. These are the environmental factors that might make them engage in risky behaviours such as having unprotected sex with sex workers; moreover condoms are available in the construction places. The same situation happens during transportation where truck drivers often engage in risky behaviours by doing unprotected sex with high risk people like sex workers.

ADB started to join with other Developments Agencies to sign a joint initiative by Development Agencies for infrastructure Sectors to reduce the spread of HIV in 2006. It realized that the

spread of this epidemic among the workers and employees has a great impact on the outputs and profits. ADB (2008, 5) stated that:

> "In construction projects and transport, social norms may become loose and workers and employees may be tempted to engage in high-risk behaviours. If STI and HIV infections increase, workers' and employees' absences and sickness may threaten output and profits."

What is explained above implies that the environment or the situation surrounding the construction and transportation contribute to the spread of HIV infection and make construction workers and employees susceptible to this epidemic. Moreover, other factors from the side of construction workers and employees that contribute to the susceptibility to HIV infection among them are that they are far away from their spouses and they have much money in the work place that might encourage them to engage in risky behaviours.

CHAPTER THREE: OJEK AND HIV/AIDS

This chapter presents information on ojek and HIV/AIDS in Belu district but before coming to that it is also useful to describe general information on HIV/AIDS epidemic in Indonesia as a whole and then narrowed it down to HIV/AIDS epidemic in Belu district.

3.1 HIV/AIDS Epidemic in Indonesia

The first case of HIV/AIDS in Indonesia was reported in 1987. It was detected in a foreign tourist who died in Bali. By December 1987 the number of detected HIV/AIDS cases was only 5 cases but it is steadily increased year by year (The World Bank, 2005). Initially it was stated that sexual transmission was that common mode of the spread of HIV infection and that is why sexually transmitted diseases (STDs) are deemed as cofactors associated with greatest risk for HIV transmission (Piet, *et. al.,* 1999). The significant increasing of national prevalence rate is in 2000s due to the new incidence HIV infection has been increasing very high. In 2006, the numbers of national HIV/AIDS cases reported by Health Department of Indonesia were 2873 cases. The prevalence rate of HIV infection by sex up to December 2006 was 82% on men, 16% on women and 2% unknown (Departemen Kesehatan RI, 2007).

In 2006 the most infected groups were injected drug users estimated 50.3% and heterosexual estimated 40.3% and that is why the cumulative percentage of HIV/AIDS cases by age group in 2006 was led by group age 20 to 29 (54.76%) and group age 30 to 39 (27.17%) who are sexually active and mostly involved in injecting drug use (Departemen Kesehatan RI, 2007).

The number of new incidence HIV infection is steadily increased year by year. In 2007, HIV/AIDS cases were 2947 cases and it was dramatically increased in 2008 that was estimated 4969 cases. In 2009, new detected HIV/AIDS cases were 3863 cases, with the cumulative percentage by sex of 73.7% on men and 25.8% on women and 0.5% unknown. The most infected groups were still led by heterosexual population which was 50.3% and injecting drug users which was 40.2%. The cumulative percentage of HIV/AIDS cases by age group was led the group age 20 to 29 (40.7%) and the group age 30 to 39 (30.14%) who are sexually active and involved in injecting drug use (Piet, *et. al.,* 1999; Departemen Kesehatan RI, 2010).

Table 3.1: The number of HIV/AIDS cases in Indonesia by year in the last 10 years up to December 31, 2009

No	Year	Number of HIV/AIDS Cases
1	2000	255
2	2001	219
3	2002	345
4	2003	316
5	2004	1195
6	2005	2639
7	2006	2873
8	2007	2947
9	2008	4969
10	2009	3863
Total		19973

Source: HIV/AIDS survey report of Indonesian Health Department by January 2010.

From the total HIV/AIDS cases of 19973, 14720 HIV/AIDS cases were detected on men, followed by 5163 cases on women and 90 cases unknown.

Initially the response to HIV/AIDS in Indonesia was very late due to the government of Indonesia still tended to point out that AIDS was not a disease of Indonesian people. It is a disease of people from other countries. In other words, the danger of AIDS is a danger of non Indonesian people and not the danger of Indonesian people. The reason why the Indonesian government thus tended to blame like that was that they did not want to make the society became nervous and restless (Julianto, 2002).

But along with the process of time, the government and Indonesian people are more aware of the danger of AIDS disease which slowly but surely entered and spread among the people of Indonesia. The fact of AIDS cases and the increasing number of people living with HIV/AIDS, convinced the government to come to a conclusion that AIDS is not only a disease of strangers and the danger of AIDS is not only a danger of strangers but also disease and danger which have attacked the Indonesian people as well (Julianto, 2002; Fernandez and Lau, 2008).

The fact of multiplied of the number of cases every year pushed the government to leave early classic response and started to conduct AIDS campaigns more aggressively, and finally in 1994 the National Commission on AIDS Prevention was formed by Presidential Decree No. 36/1994 and the National Strategy on HIV / AIDS was launched, seen as a framework and guidance for all activities and control of AIDS. Likewise, community donor started giving attention for this problem in Indonesia and rapidly worked to put into place assistance projects to support the government of Indonesia's national HIV/AIDS program prevention in responding HIV/AIDS (Piet, *et al.,* 1999).

3.2 HIV/AIDS in Belu District

Belu is one of twenty two districts of East Nusa Tenggara Province, Indonesia which is located at the border of East Timor. With regard to HIV/AIDS, Belu district is leading the position of the prevalence rate of HIV/AIDS cases in East Nusa Tenggara Province. By the end of 2009, HIV/AIDS Commission of Belu district reported that Belu has 292 HIV/AIDS cases. The first HIV case in Belu District was diagnosed in 2004 in five commercial sex workers (CSWs) through HIV blood tested (KPAD Belu, 2006; Fernandez and Lau, 2008). It was apparently a very few number when compared to the total population of Belu Districts which was 354.681 (BPS Kab. Belu, 2007). Initially, when it was detected in Belu, HIV was an issue which was only recognized by some people working in Health Department of Belu District. It was somewhat hidden to most of the society in Belu. Granted that many communities in Belu District in particular those living in remote areas even up to now do not have access to HIV/AIDS information due to limited facilities such as television, radio, electricity, etc (Fernandez and Lau, 2008).

The fact shows that even though information on HIV/AIDS is not widespread but HIV/AIDS is now widespread among communities in Belu and even living with people in their families through family members. Dissemination of information on HIV/AIDS somewhat is hindered by the public opinion of Belu communities particularly those who are still deeming HIV/AIDS as disease of rich people living in big cities and traveling a lot. But the reality now is revealing that it is attacking both rich and poor people living in cities and villages (Fernandez and Lau, 2008). Many households are now suffering from HIV infection and the impact of AIDS. Some of them lose their livelihoods and add the burden of their households and even extended families in striving to get access to health services, etc. This seems to be very significant to those

households who are most of the time relying on one person as the breadwinner such as households of ojek (hired motorcycle drivers) and bus drivers. Moreover, the burden of infected households is more difficult when stigma and discrimination of society are stuck to them.

Ojek communities are large and widespread in almost all of the parts of Belu region. The number of Belu people working as ojek is estimated about 2000 to 3000 (KPAD Belu, 2009). Their main income generating activity is as hired motorcycle drivers who drive people to everywhere around Belu. Dealing with this particular job gives them opportunities to have wide social relationships and interactions with people from Belu communities including relationship, interaction and network with CSWs either in the brothels or in the private houses. They are also playing a role as mediators who link and drive people, for instance, seamen and new visitors to whorehouses because they are paid more than the normal prices.

These practices are somehow putting them into risky situations and might encourage them to engage in risky behaviours because once they already have good relationship, interaction and network with CSWs then they will be free of charge to have sex with those sex workers but if not then they have to spend money for that as well. It, of course, increases their susceptibility to HIV infection. A previous study conducted in Papua, eastern part of Indonesia on the topic of preventing AIDS in Papua discovered that accessibility to multiple sexual partners due to the availability of CSWs led more Papuans (men) to seek for money in exchanging for sex and this practice plunged them into risky situations and behaviours which increase the susceptibility to HIV infection among their communities and societies (Butt, Numbery, Morin, 2002b).

Such situation seems to be worse when looking at the mobility of ojek. They are very much mobile from one place to another and due to that they have chances to have interaction and network with other people as well as other CSWs in other places. CSWs are also very much mobile and have a rolling migration system from one place to another surrounding Indonesia. Most of them are infected by HIV virus and can spread it to their sexual partners (Wing and King, 2005; Chua, Leo, and Lee, 2008; Fernandez and Lau, 2008). That is one of the reasons why ojek communities are considered as one of the most susceptible groups to HIV infection in Belu (KPAD Belu, 2009).

Figure 3.1: Map on East Nusa Tenggara Province
Source: http://thomaspm.wordpress.com/page/4/?pages-list

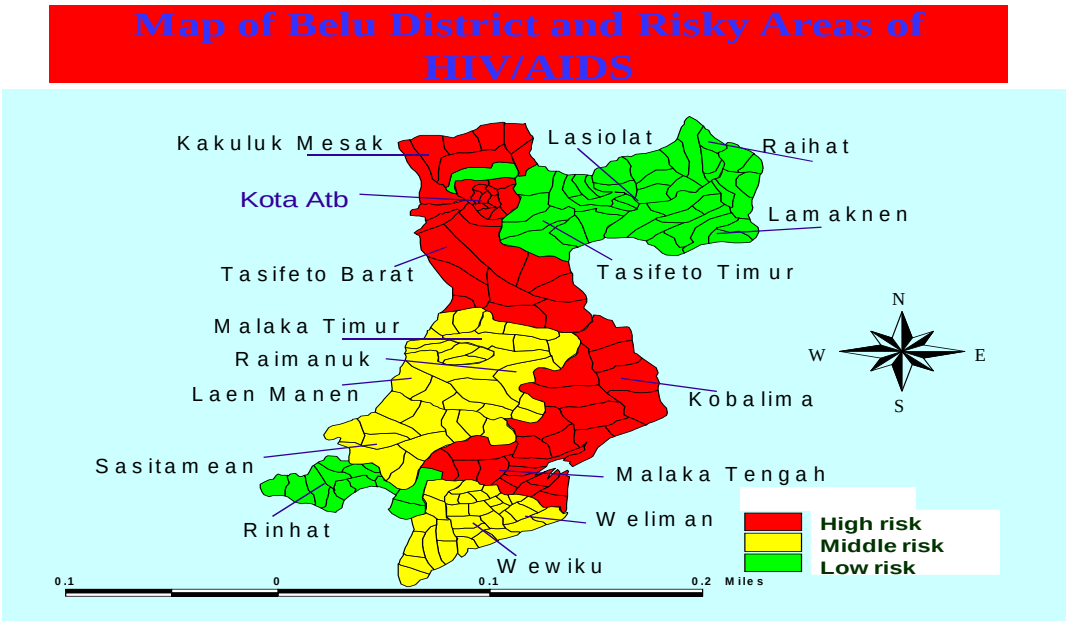

Figure 3.2: Map of Belu district and risky areas of HIV/AIDS
Source: HIV/AIDS commission of Belu district, 2009.

3.3 Ojek and HIV/AIDS in Belu District

Ojek (motorcycle taxis) is a new means of transportation in Indonesia. Indonesia has many kinds of transportations which have been operating since long time ago such as *Bajaj, Becak, Delman.* Those are the types of traditional transportations which are still operating up to now but limited in the big cities e.g. Jakarta and Java. Other types of transportations are *Bemo, Mikrolet, Bis and Kreta Api*[1].

Ojek started operating in Indonesia in 1990s. So far there is no license from the government of Indonesia for or to control over ojek. In Jakarta and other big cities, ojek services people from the main road to their housing complex. It somehow replaces the role becak and bajaj, people are more likely to go by ojek because it cannot be trapped in traffic jam and moves fast when compared with other types of transportations.

Ojek started operating in Belu district since 1990s by some persons but the populations of ojek community has been increasing day by day up to now. It is due to there have not been any regulations or license from the government to control over them. Everybody could be an ojek as far as the person knows how to drive a motorcycle. Ojek population in Belu district was estimated around 2000 to 3000 persons by the December 2009 (KPAD Belu, 2009). They are

[1] http://www.expat.or.id/info/traditionaltransport.html

operating in almost all the parts of Belu district. The tax is depending on the distance to reach and it is negotiable between the driver and passenger.

Ojek works along day started early in the morning up to evening so that they spend the whole day outside home and move from one place to another. Most of them are hired by other people (the owners of motorcycles) but a few of them use their own motorcycles. Mostly they as well as their family (if they are married) are relying on the income they get from this job and even they cannot afford to search of another better job because they have low level of education. The income that they earn every day is roughly about fifty to sixty thousand rupiahs (about five to six Euros) and from this amount of money they have to give twenty five or thirty thousand rupiahs to their boss and the rest is for them and for fuel for the next day (KPAD Belu, 2007).

This short explanation gives an overview about the life of ojek communities. It indicates that they are very much mobile, keep moving every day and interacting with people within Belu society including relationship and interaction with CSWs. It is somehow putting them into a high-risk situation and behavior because they are also playing a role as mediators who link and drive people, for instance, seamen and new visitors to whorehouses because they are paid more than the normal prices from local people. Moreover, when they already have good relationship and interaction with CSWs then they will be free of charge to have sex with those sex workers. Some previous studies conducted in Papua, eastern part of Indonesia stated that sex workers who migrate from other parts of Indonesia bring HIV/AIDS to Papua. They make this epidemic widespread in Papua by infecting their sexual partners (Butt, Numbery, Morin, 2002a; Freund, 2006).

Engaging in sexual practices with multiple sexual partners is one the reasons - compounded by less information or knowledge and low awareness on HIV/AIDS as well as economical and environmental factors - why HIV is widespread among ojek community. This community is one of some other groups such as group of CSWs, housewives, farmers, bus drivers and entrepreneurs holding the highest prevalence rate of HIV infection or the highest number of people living with HIV/AIDS (KPAD Belu, 2009). This condition becomes worse when they are falling ill because they cannot afford to pay for medical treatment using the income that they get and most of the time their relative or extended families are going to take care of them.

CHAPTER 4: RESULT AND DISCUSSION

This chapter describes the findings and results of the fieldwork on the potential susceptibility factors to HIV infection among ojek community in Belu district. These results or findings gained from the respondents during the interviews and group discussions in the field study are discussed and classified in some parts as follows: part 4.1 contains the prevalence rate of HIV/AIDS in the study area, part 4.2 presents potential factors contributing to the susceptibility to HIV infection among ojek community in Belu district, part 4.3 presents the responses to HIV/AIDS in Belu district.

4.1 The Prevalence Rate of HIV/AIDS in the Study Area

The survey report of Indonesian Health Department by December 2009 indicated that 19973 people in Indonesia were living with HIV/AIDS. The same report classified that the most infected groups are heterosexual population who is holding the highest percentage of HIV/AIDS infection by 50.3% followed by injecting drug users with 40.2%. And the cumulative percentage by age among this number of infected people in general is led by group age 20-29 which is 40.7% and group age 30-39 which is 30.14% (Departement Kesehatan RI, 2010).

The prevalence rate of HIV/AIDS in Belu district reported by HIV/AIDS Commission in 2009 was 0.07%. Based on the information gained from the chief of this commission is that the number of HIV/AIDS cases indentified by the end of 2009 was 292 but he assumed that HIV/AIDS cases in Belu district should be more than this detected number. It is due to less people undergo medical examination test to know their HIV/AIDS status.

> "HIV positive persons that we tested mostly came to hospitals or to communities health centers and agreed to undergo HIV test when they were chronically ill. It is due to many reasons, for instance, many of them were still undergoing traditional treatment, have little information or knowledge and low awareness on HIV/AIDS, afraid to know their status, etc". (A staff of HIV/AIDS Commission).

> "Many communities among Belu district do not know and realize that HIV/AIDS is a hazard for their life and because of that they do not really care about it. I am sure that if such situation still remains then HIV/AIDS will be more widespread among our communities in the next few years". (The chief of HIV/AIDS Commission of Belu District).

Table 4.1: The prevalence rate of HIV/AIDS in Belu district

No	Year	Number of HIV/AIDS Cases
1	2004	15
2	2005	17
3	2006	24
4	2007	51
5	2008	61
6	2009	124
Total		292

Source: HIV/AIDS Commission of Belu district, 2009.

Information from other respondents (ojek) in a certain way confirms what is stated above that information on HIV/AIDS does not reach all the communities among this region. 10 out of 20 respondents from ojek community stated that they do not know much about HIV/AIDS as a hazardous disease even though they ever heard issue that some of their friends get HIV infection. They are more familiar with syphilis because many of their friends get infected by syphilis. 9 respondents declared that they have ever been infected by syphilis and they realized that when they felt pain during urinating and some liquid went out from their penis but they got recovery soon after having antibiotics.

> "We often share information on syphilis when we are gathering and ask for help from friends when we are infected. Usually most of us, when getting infected, do not undergo medical checkup in the clinic or hospital but we directly buy antibiotic from pharmacy because we already know that". (Young man, 20 years old, Fatukety).

Information obtained during focus group discussions with ojek in the two selected villages indicated that the spread of information on HIV/AIDS among their community is very limited even though their community is one of the most infected groups among Belu communities. It is due to not many of them are involved in the workshops or trainings on HIV/AIDS held by some organizations and HIV/AIDS Commission. They are more focusing on doing their work and do not really consider it as a serious problem for their life.

> "Some months ago people from HIV/AIDS Commission called us to participate in training on HIV/AIDS but I did not attend it. I do not understand about HIV/AIDS and it is not my problem as well as it does not give me benefits. I cannot leave my work and spend time for it". (Married man, 38 years old, Fatukety).

This information and findings from the fieldwork indicated that HIV/AIDS is not well known in the study areas but it might be possible that there are some of them are infected by HIV. Due to lack of information and knowledge on this epidemic they might not be aware about HIV/AIDS cases and do not undergo HIV test to know their HIV status. Hence, most of them deny that HIV/AIDS is not a problem within their communities.

> "I know that people in my community often get sick and go to medical checkup in the hospital because of disease like malaria, diarrhea and syphilis but I never heard any members of my community get sick because of HIV/AIDS. I think it is not a problem for our community". (Young man, 27 years old, Umanen).

> "I ever heard that some people did HIV examination test in the hospital but all of them are not from our village. So, I think that people in our village are free from this HIV/AIDS". (Young man, 25 years old, Fatukety).

> "It is very difficult to convince people for undergoing HIV examination test. People are afraid to undergo HIV test because they might be stigmatized and discriminated in their community as well as they often deny that HIV/AIDS is not their disease". (A staff of HIV/AIDS Commission).

Findings from the fieldwork denoted that community members of these two selected villages do not know ones who are infected by HIV in their villages but in the reality there are some people from their villages are HIV positive. It might be due to the information on infected persons is hidden and not publicly exposed. Stigma and discrimination might be the reasons why it is hidden from the public as well as the positive persons might be afraid and do not want to disclose their status.

4.2 Potential Susceptibility Factors

Findings from the fieldwork which are based on the interviews with various respondents identified three major potential susceptibility factors for the spread of HIV infection among ojek community which are socio cultural factors which comprise of mobility/migration, patterns of sexual behaviours and sexual networking, access to health services, basic knowledge on HIV/AIDS; economical factors and environmental factor. This part presents and discusses these potential susceptibility factors contributing to the spread of HIV infection among ojek community in the study areas.

4.2.1 Socio Cultural Factors

4.2.1.1 Mobility/Migration

The main livelihood of ojek in Belu district is hired motorcycle drivers. They deliver passengers from one place to another either inside or outside Belu region depending on the destination places of passengers. Mobility is a main part of their livelihood. They start early in the morning until evening around 21.00 or 22.00 pm. They have to spend the whole day outside home to seek for passengers and deliver them to their destination places.

All of the ojek have to keep moving from one place to another during the whole day to look for the passengers. It indicates that their mobility patterns are varies depending on the places where they can get passengers. Most of the time they keep moving around crowded places where there are many people and they can easily get passengers. During focus group discussions with ojek, all of them stated that they would like to move around crowded places such as trade centers in urban areas, school complex and office complex. In these places they mostly find many passengers.

> "We know places where we can find many passengers and when we should be in those places. Early in the morning we move from one gang to another around house complex

> to deliver people to offices, trade centers and to school. Around 12.00 to 14.00pm we usually keep staying in the front of school complex and office complex because that is the time for students and teachers to go back home as well as office workers have their lunch break so that we can deliver them back to their houses or to the near restaurants. Around 17.00 to 18.00pm most of us stay around office complex to deliver office workers back home". (Married man, 36 years old, Umanen).

Such situation somehow shapes the patterns of mobility of ojek. This study found that they mostly have intension to move to urban areas. Ojek from rural areas most of the time move to the crowded places in urban areas early in the morning and back home in the evening. This pattern of mobility, however, can contribute to the spread of HIV from one to another community among Belu district. Mobility is identified as one driver or factor which facilitates the widespread of HIV infection (IOM, 2003). The reasons for ojek to move to urban areas might be due to not all of the people in rural areas want to spend money for renting ojek, they prefer to go by *mikrolet* (small bus) which is a bit cheaper than the rent for ojek as well as the number of ojek in rural areas is creasing while the passengers still remain the same so that they are not able to get enough money for the payment to their boss and for themselves and their families.

When operating in the working places they split up themselves based on parking places so that when waiting for passengers such as in the school complex, office complex and trade centers they will wait in their park places. It indicates that they somehow have their own communities and friends with whom they gather, help each other, share information and influence each other. They usually have time for gathering such as during waiting for passengers, before going back home in the evening or during the holiday season for students and office workers. The common activities that they do when gathering are drinking alcohol, smoking and gambling.

> "We usually have chances to gather and have fun like drinking alcohol, smoking, gambling and sometimes go to *rumah biru* (whorehouse) but most of us who often like are young men while married men mostly go back to their family after working". (Young man, 23 years old, Umanen).

> "We work and spend the whole day outside home; we always have in mind that our wives and children are waiting for us to bring something for our dinner together. It is very difficult for us to get money why should we spend it for something which is not important". (Married man, 39 years old, Fatukety).

Picture 4.1: Ojek who are waiting for passengers in the parking place
Source: http://www.agrisoft-systems.de/kawasaki/AboutIndo_1_1.htm

In addition, 16/20 ojek indicated that ojek have casual sexual relations with other partners including commercial sex workers (CSWs) during working days outside home and when mobilizing from one to another place (see table 4.2). This mobility per se is not a problem but the environment including social relationships in which they are mobilizing might put them in risky behaviours e.g. having multiple sexual partners and engaging in unprotected sex. This study also found that social relationships among ojek bring a great influence towards their personal sexual behaviours. They gave information to each other about availability of sexual partners that they can find. After having sex with a women or girl then they are going to disseminate information about that women or girl to the others so that others can try it as well.

During the interview, 12/20 respondents (ojek) commented that they especially young men ojek normally share information among them regarding sexual partners. Because of that they know many places or houses of CSWs who are living either in whorehouses or private houses around urban areas. While during focus group discussions most of the married men ojek stated that having sexual partners outside is shameful practice and not allowed by cultural norms as well as religious thoughts. They are faithful to their spouses even though they know that women and girls are available among their working places.

> "As married men what would people say to us if we have sex outside our houses and what kinds of norms should we teach and leave to our children and young generation? Our cultural and religion teach us to have only one partner forever. Having sexual partners outside home is a sin and shameful practice". (Married man, 39 years old, Umanen).

It denotes that cultural and religious norms still play important role in the community life as direction for their individual behaviours including sexual behviours. But when looking at the data on HIV/AIDS among ojek community it shows that some of them who are HIV positive are married men (KPAD Belu, 2009). It might be due to the environment in which they are mobilizing every day is high risk environment as well as their social interaction during working days might put them in risky sexual behaviours. They might also engage in unprotected sex with multiple sexual partners while mobilizing from one place to another. Such idea was also supported by the chief and staff of HIV/AIDS Commission of Belu district, community leaders, 2 religious leaders and the staff of NGOs during the interviews with them. They commented that ojek is the most mobile group in Belu and they have the widest relation and interaction with all communities within this region so that they know many groups of people and communities. These conditions can influence and give them wider chances to practice immoral activities which are forbidden by religious and cultural norms. By doing that they are exposed and more susceptible to HIV infection to HIV infection. In conclusion this study reveals that 83.33% of respondent agreed that ojek have casual sexual relations during working days outside home while 16.66% did not agree (see table 4.2).

Table 4.2: Casual sexual relations of ojek during working days outside home

Type of Respondents	Responses from Respondents	
	Have casual sexual relations during working days	Do not have casual sexual relations during working days outside home or did not answer
Married Ojek (N=10)	6	4
Unmarried Ojek (N=10)	10	0
NGOs' staff (N=3)	3	0
HIV/AIDS Commission (N=2)	2	0
Community Leaders (N=2)	2	0
Religious Leaders (N=3)	2	1
Total (N=30)	25	5

Source: Field interview, July 2010

During the fieldwork it was also indicated that before working as ojek (motorcycle drivers) most of them used to migrate to work overseas such as in Malaysia, Singapore, Philippine, etc. All the interviewees (ojek) confirmed that many ojek either married men or unmarried men used to work overseas for some years. Once working abroad they are not allowed to bring their spouses. This condition might encourage them to engage in risky behaviours during living abroad such as having multiple sexual partners so that they have wider opportunity to be exposed to HIV infection (IOM, 2003).

Migration as well as high mobility and interaction with many kinds of groups among Belu communities can possibly create patterns of sexual behaviours of ojek which contribute to the susceptibility to HIV and the spread of this epidemic among them as well as other communities in which they are mobilizing and interacting. It means that not only them who are susceptible to this infection but also the communities where they are. They might get it from one place and spread it in other places or bring it back when they return home without realizing it (UNAIDS, 2001).

> "We are sure that most of the men get HIV infection when working overseas and bring it back when returning home because we discovered that most of the HIV positive women's husbands used to work in other countries and have died from AIDS". (A staff HIV/AIDS Commission).

4.2.1.2 Patterns of Sexual Behaviors and Sexual Networking

During focus group discussions and interviews with various respondents in the fieldwork it was indicated that religious norms play important role in life of Belu inhabitants. 90% of Belu inhabitants are Christian and this study notes that Christian religion norms do not allow Christian

people to have sexual partners outside marriage. In other words, extramarital relationships and having sex before married are not allowed by religious norms. This study also found that cultural norms in Belu region do not allow people to do such practices. All of the cultural norms have punishment for those discovered doing such practices. In short, all the cultural norms in this particular region do not allow society to have multiple sexual partners outside marriage, pre-marriage and wife inheritance.

It means that based on the findings of this study it was clear that religious and cultural norms do shape the behaviours of Belu society in general including their sexual behaviours. But when coming to the individual level it was discovered that such practices really exist among ojek community. During the interview with ojek, 16/20 acknowledged the existence of having multiple sexual partners outside marriage and pre-marital sex among their community even though such practices are not allowed by religious and cultural norms. Meanwhile, 12/20 declared that the reasons why many ojek engage in these practices are due to personal interests (behaviours) which are also stimulated by the availability of CSWs and 3/20 stated that it is sometimes due to conflicts with wives in their households.

> "I actually started to engage in pre-marital sex with my girl friend and after that I and some of my friends have sex with commercial sex workers (CSWs). I do it for several times up to now but mostly I have sex with CSWs". (Young man, 21 years old, Fatukety).

> "I know that having sex with CSWs is common thing among ojek. It is not only done by young men but also married men. Many ojek have multiple sexual partners which is not known by their wives or parents because they do it outside home during working days". (Married man, 35 years old, Umanen).

This study also finds that another reason why ojek engage in extramarital relationship or pre-marital sexual relation is sexual networking between them and CSWs. 20/20 respondents (ojek) indicated that sexual networking and 18/20 indicated that less knowledge on HIV/AIDS are two of the main reasons why ojek are easily engage in those practices. Those two reasons are also acknowledged by all the NGOs' staff, the chief and staff of HIV/AIDS commission. Meanwhile, 3 religious leaders emphasized more on less information while 2 give comments also on sexual networking and knowledge on HIV/AIDS and 2 community leaders gave more accentuation on sexual networking practice as well as less knowledge on HIV/AIDS. Data from the fieldwork indicate that the highest percentages on the reasons for ojek to multiple sexual partners including with CSWs which contribute to susceptibility to HIV infection are 96.66% for the reason of having sexual network with CSWs and 93.33% for the reason of less knowledge or information on HIV/AIDS (see table 4.3). In addition, all the three religious leaders added that those ojek who have more than one sexual partner are those who do not obey their religious thoughts and norms due to lack of faith to God. Those who firm in believe will not do that during the whole of their live. Meanwhile, the two community leaders commented that many ojek have left their cultural norms due to they are very much mobile and have high interaction various people from various background that might influence their way of life.

Such sexual networking is built up due to ojek most of time drive clients such as seamen, visitors, etc, to the whorehouse and link them with CSWs. By doing such practices they know each other and have sexual relations with CSWs. Most of them engage in this networking because it gives them more benefits. They get more money from seamen or visitors when driving them to whorehouse. Another benefit is that they are often free of charge to have sex

with CSWs if they already have network with CSWs. This is of course a risky situation as well as risky practice that make them susceptible to HIV infection. Risky situations in which people are interacting might encourage them to engage in risky behaviours like having unprotected sex, multiple sexual partners that make them being exposed to the epidemic (UNAIDS, 2006).

Another practice is that many ojek often drive those CSWs living in private houses to their working places e.g. hotels, café or bar during the evening. By doing that they get more money because they are paid with different prices. This study notes that most of the ojek involved in working during the evening are young men ojek. It is in line with another pattern of sexual practice called 'secret sex' practiced by young men in Papua, eastern part of Indonesia, that has contributed to the widespread of this infection among them (Butt, Numbery, Morin, 2002b). 8/10 young men ojek acknowledge that CSWs often rent them to drive them to the places where they operate in the evening and after that drive them back home.

> One of the young men interviewees said "I have 3 clients (CSWs), they often call me in the evening around 22.00 or 23.00 o'clock to deliver them to their working places. Sometimes I ask for help from my friends (ojek) to drive them when I do not have time or when I am driving one of them".

Table 4.3: Reasons for ojek to have multiple sexual partners including with CSWs

Type of Respondents	Responses from Respondents					
	Reason 1	Reason 2	Reason 3	Reason 4	Reason 5	Reason 6
	Personal interests and availability of CSWs	Having sexual networking with CSWs	Less knowledge on HIV/AIDS	Influenced by friends	Conflicts in the households	Other
Married Ojek (N=10)	2	10	10	4	3	0
Unmarried Ojek (N=10)	10	10	8	8	0	0
NGOs' staff (N=3)	0	3	3	0	0	0
HIV/AIDS Commission (N=2)	0	2	2	0	0	0
Community Leaders (N=2)	0	2	2	0	0	2
Religious Leaders (N=3)	0	2	3	0	0	3
Total (N=30)	12	29	28	12	3	5

Source: Field interview, July 2010.

This description above conforms to the reality regarding the spread of HIV infection among ojek community in Belu region. Data reveals that ojek community is one of the most susceptible groups to HIV/AIDS epidemic. It is actually supported by their sexual behaviours and sexual

networking, for instance, extramarital relationships, pre-marital multiple sexual partners that they practice during working days. In the interviews with the community leaders from the study areas both of them gave the same comments that such practices contribute to the spread of HIV infection among ojek community and make them more susceptible the HIV infection. Those practices put them in risky situations and environments and risky behaviours which make them more susceptible to this pandemic. Risky situation and environment in which people are interacting and mobilizing as well as risky behaviours that people engage in contribute to the spread of HIV infection as well as make people more susceptible the epidemic (UNAIDS, 2001).

4.2.1.3 Access to Health Services

Findings from the fieldwork particularly the interviews with the Chief and staff of HIV/AIDS Commission indicate that generally health facilities and services are available for the whole communities in Belu region. Based on the data got from HIV/AIDS Commission there are 5 hospitals in Belu region, 22 community health centers, 123 village clinics and particularly there are 7 voluntary counseling and testing (VCT) clinics (see table 4.4). Those 22 community health centers are located in every sub district in Belu regency. Likewise, those 123 village clinics are located in 123 villages (Belu district has 207 villages) including the two study villages.

Added to this there are trained workers specifically involved in HIV/AIDS services who are 20 HIV/AIDS counselors, 12 doctors and 10 nurses who work for care and support treatment (CST) in community health centers and hospitals and 10 laboratory staff (KPAD Belu, 2009) (see table 4.5). During the interviews with HIV/AIDS Commission staff, it was stated that health facilities are available but the problem is the procedure to access to health services including access to antiretroviral (ARV) by positive persons. ARVs are only available in one hospital located in the center of Belu. The procedure is that HIV positive persons from villages who want to have free treatment and medicine in the hospital have to register first in the village clinic and community health center to get recommendation letter.

> "The health service procedure for HIV positive persons is a bit complicated and it makes most of them decided to not take ARVs because when they register and ask for recommendation letter, people in the village clinic and community health center often ask many questions and suspect them as HIV positive persons. This makes them afraid of stigma and discrimination if their status become an issue or disclosed among their communities". (A staff of HIV/AIDS Commission).

Table 4.4: Health Facility in Belu district

Name of Health Facility	No. of Health Facility
Hospital	5
Community Health Center (CHC)	24
Village Clinic	123
VCT Clinic	7
Sexual Transmitted Infection (STI) Clinic	1

Source: HIV/AIDS Commission of Belu district, 2009

Table 4.5: Trained HIV/AIDS Workers

Job	No	Work Place
HIV/AIDS Counselors	20	
CST Doctor	7	Community Health Centers
CST Doctor	5	Hospitals
CST Nurse	7	Community Health Centers
CST Nurse	3	Hospitals
Laboratory Staff	9	Laboratory

Source: HIV/AIDS Commission of Belu district, 2009

This procedure is also applied for the whole communities especially for those who are identified as poor households and ojek households are also classified as poor households. Poor households are actually free of charge for medical treatment because they have 'health community guarantee card' divided by Indonesian government but to be free of charge for medical treatment they should follow the procedure otherwise they must pay. During focus group discussions with ojek community, all of them commented that when they or their family members are sick then they would like to go directly to the community health center or hospital but most of the time they did not get services due to they did not bring with them recommendation letter from village clinic staff or worker. The reason is due to they know that health facilities like medicines are very limited in the village clinic.

> "I and some of my family members have gone to our village clinic for several times when we were sick but I discovered that the medicines given to us were only antibiotics or paracetamol which can be easily bought in the pharmacy. In addition, the nurse in the village clinic is not always available for us, we went to the clinic and often one of us should go to call her in her house". A married man, 37 years old, Fatukety.

Findings from the field study also indicated that there has not been any HIV/AIDS clinic center in these two selected areas, while during focus group discussions all of them stated that there has not been any HIV/AIDS activities carried in these two villages. But some of them ever heard about HIV/AIDS activity like training or workshop conducted in their neighbor village.

There are actually three levels of health facilities and services provided by the government which are village clinics, community health centers and hospitals. So, people who would like to get medical treatment or undergo medical checkup, for instance, in the hospital then they should register first to the village clinic to get recommendation letter and further register to the community health center and with the recommendation letter from the community health center they can go for medical treatment or check up in hospital for free.

4.2.1.4 Basic Facts and Awareness Levels on HIV/AIDS

The interviewees (ojek) indicated that they have little information or knowledge about the basic facts on HIV/AIDS. Some topics were asked to them regarding the basic knowledge on

HIV/ADS such as the different between HIV and AIDS; the means of HIV transmission; means of HIV prevention. 10/20 respondents (ojek) declared that they do not really know about HIV/AIDS even though they ever heard the name and issue regarding HIV/AIDS from their friends (see table 4.6). Dissemination of information about HIV/AIDS among ojek community is very limited due to less access to the sources of information and low awareness level on HIV/AIDS among them.

> "We are busy with our work every day. What is important in our minds is how to earn more money to support our families. We do not have time to seek for information and even we do not care about HIV/AIDS", said a married man, Fatukety.

In the focus group discussions it was discovered that the source of information among this community is only from friends (other ojek). Their friends told them about the issue on HIV/AIDS in the parking place while waiting for passengers. Actually, there are sources of information regarding HIV/AIDS available in each hospital and clinic as well as HIV/AIDS newspaper sponsored by HIV/AIDS Commission but none of them is aware to look for that information or they do not even know about that.

Limited knowledge on this epidemic makes them not aware of the hazard of this infection and further not knowing towards how to protect themselves from HIV infection. During the interviews with the community leaders as well as religious leaders, all of them commented that limited knowledge and low awareness on HIV/AIDS among ojek community could be the factors that make them more susceptible to the infection because they do not know how to protect themselves or avoid risky behaviours. This finding is in line with another study conducted with indigenous people in villages in Papua, Indonesia which concluded that the spread of HIV among them is continuously getting wider due to less information or knowledge on HIV/AIDS as well as low awareness of condom use among them (Butt, Numbery and Morin, 2002b).

Table 4.6: Responses from the interviewees on the basic knowledge on HIV/AIDS

Topic	Married (n=10)	Unmarried (n=10)	Remarks
The different between HIV and AIDS		2	8/10 unmarried ojek mentioned that HIV and AIDS is disease without differentiating them while 10/10 married ojek did not answer.
The means of HIV transmission			None married men ojek mentioned transmission through sharing of needle or sharp materials. None mentioned transmission from mother to child and through contaminated blood transfusion
Through sexual contact	3	4	
Through sharing of needle and sharp materials	0	3	
Mother to child	0		
Through contaminated blood transfusion	0		
Mentioned means of HIV prevention			All of the married men were strictly against condom use.
Abstinence and be faithful	3	4	
Condom use	0	3	
Do not share contaminated needle or sharp materials	0	3	
Source of information			7/10 married men ojek said that we never heard about it. 3/10 unmarried ojek did not answer.
Newspaper	0	0	
Friends	3	7	
From paramedics in hospital	0	0	

Source: Field interview, July 2010

Dissemination of HIV/AIDS information among ojek community is very limited. It might be due to low awareness and unwillingness of them to seek for information. In the interview with HIV/AIDS Commission staff it was indicated that information on HIV/AIDS is actually available but self-awareness of Belu people including ojek to know more about this epidemic is still low.

> "We have been trying to disseminate information on HIV/AIDS by conducting workshops to some communities, for instance, stakeholders, community leaders, religious leaders, students, ojek and public society but we discovered that only few of them are enthusiastic to attend. We also discovered that none ojek attended every workshop that we conducted". (A staff of HIV/AIDS Commission).

All of the interviewees commented that they actually do not really know the hazard of HIV/AIDS and it makes them not really care about it. It is also due to HIV/AIDS is not a common disease among them and among Belu communities as a whole. The common diseases that they know are malaria, TB and syphilis. Another reason that might border the spread of HIV/AIDS information among the communities is the public opinion which deems sex as something taboo. It makes people not openly talk about HIV/AIDS.

This finding also indicates the unwillingness of ojek to use condom. During the focus group discussions and interviews 10/10 respondents (married men ojek) are strictly against condom

use while 7/10 young men ojek did not answer. All married ojek commented that it is not allowed by religious norms and even their cultures never taught them to use it. Further some of the married men commented that the important thing is trust each other and be faithful to our partners. Only 3/20 respondents are willing to use it but they declared that they never used it so far due to unavailability of condom.

> "After heard information from my friend about HIV/AIDS I decided to use condom when going to the whorehouse but I could not find it even I do not know where to find it". (Young man, 23 years old, Umanen).

In the interview with the staff of HIV/AIDS Commission it was revealed that condom is actually available but it is provided only in the hospitals, HIV/AIDS Commission office and health department office. It might be due to the religious norm especially Christian norm does not allow the promotion of condom use to the society. Even condom is available in those places but nobody registered to get.

> "HIV/AIDS Commission and Health Department of Belu district provide condom in our offices but so far nobody came to request it. Most of the condoms are taken by offices staff and workers". (A staff of HIV/AIDS Commission).

Use of condom is not a common practice for many communities in this region and that is why people might feel shy to take condom because others might think that they will use it to have sex with other partners or CSWs. This could be another reason why people are unwilling to take it.

In conclusion, less knowledge and low awareness on HIV/AIDS as well as low awareness of condom use could be the factors contributing to the wider spread of HIV infection among ojek community and make them more susceptible to this epidemic. Because of that HIV/AIDS campaigns and workshops as well as HIV/AIDS education are very important to disseminate HIV/AIDS information to the society including to ojek community.

4.2.2 Economical Factors

It is interested to note that research in different countries such as in Southern Zambia indicated that economic condition, poverty and lack of money as well as desire for luxurious materials mostly can be the factors that push and pull people to participate in risky livelihood options such as prostitution or commercial sex workers (CSWs) (Byron, Gillespie, Hamazakaza, 2006). But here it should be indicated that not only being in poverty condition or the desire for luxurious materials can push and pull people to engage in transactional sex but also being in favorable economic condition or having much money can also stimulate people to engage in risky situations and behaviours such as traveling a lot and having multiple sexual partners during traveling, etc. Men who have much money or ones who travel a lot (mobile), for instance, business men, entrepreneurs, seamen, ojek, etc, can also engage in risky behaviours that make them susceptible to HIV infection.

Findings from the fieldwork of this study are in line with the mentioned research above. These findings show that generally ojek earns money everyday. They have their daily income and monthly income. Their average income everyday is about fifty to sixty thousand rupiahs (five to six Euros). 13/20 ojek indicated that their average daily income is about fifty to sixty thousand rupiahs, while 7/20 stated that their average daily income is about sixty to seventy thousand

rupiahs but in the focus group discussions all of them commented that they sometimes earn more which is about seventy to eighty thousand rupiahs. Meanwhile, their monthly income is about 20 to 30 percent of the total amount of money that they submit to the in a month and it is also depending on the agreement between ojek and his boss. 16/20 stated that their monthly income is 30 percent, 3/20 have 25 percent monthly income and 1/20 has 20 percent monthly income. These differences are mainly due to the total amount of money that they submit to the boss every day. The higher total amount of money that they submit the higher percentage they get. Findings from the field study based on the interview with ojek community indicated that 60% of them have average daily income which is about 50 to 60 thousand rupiahs, while 40% of them have average daily income about 60 to 70 thousand rupiahs. And 80% of them have monthly income which is 30% of the total amount of money submitted to the boss, while 15% of them have monthly income which is 25% of total amount of money submitted to the boss in a month (see table 4.7 below).

Table 4.7: Income of ojek

Type of Respondents	Responses from Respondents				
	Daily Income		Monthly Income		
	50 to 60 thousand rupiahs	60 to 70 thousand rupiahs	20%	25%	30%
Married Ojek (N=10)	5	5	0	1	9
Unmarried Ojek (N=10)	8	2	1	2	7
Total (N=20)	12	7	1	3	16

Source: Field interview, July 2010.

From this amount of money they should submit about twenty or twenty five or thirty thousand rupiahs to the boss (the owner of motorcycle) and the rest is for them. During the focus group discussions it was discovered that from the total amount of money that they earn everyday they spend it for various needs. 10/10 married men commented that mostly they spend it for the needs of their families, for example, for food; 5/10 stated that they also allocated it for the school fees of their children; 7 of them spend money for cigarette and 2 of them also spend money for alcohol and another 1 spend money for gambling as well. Meanwhile all the young men ojek commented that they spend for their own needs such as for buying cigarette (10/10), drinking alcohol (7/10), gambling (3/10) and sometimes for having sex (8/10). It might be due to all of them (young men ojek) are still living with their parents so that their daily needs are still depending on their parents. Usually, young men and young girls are living with their parents except if they study or get any job that requires them to move to another place far from home; they will have their own houses and live separately from parents permanently after getting married.

> "I know many of us especially young men ojek spend our money just for fun. Mostly we spend it for cigarette, alcohol and sex. I remember what I and some of my friends did some months ago, we were drinking alcohol and after getting drunk we went to whorehouse to have sex with CSWs". (A story of a young man ojek, 24 years old, Fatukety).

Table 4.8: Ojek's needs which require money

Type of Respondents	Responses from Respondents							
	Item 1	Item 2	Item 3	Item 4	Item 5	Item 6	Item 7	Item 8
	Submit to Boss	Fuel	Food	School Fees	Alcohol	Cigarette	Gambling	Having Sex
Married Ojek (N=10)	10	10	10	5	2	7	1	0
Unmarried Ojek (N=10)	10	10	0	0	7	10	3	8
Total (N=20)	20	20	10	5	9	17	4	8

Source: Field interview, July 2010.

This findings show that most of the unmarried ojek spend more money on fun activities compared to married men ojek. 100% of unmarried ojek spend money on cigarette, 80% of them spend money on having sex and 70% of them spend money on alcohol (see table 4.8 above).

Findings from this study particularly from the interviews with ojek community indicated that economical factor could also contribute to susceptibility of ojek community to HIV infection and to the wider spread of this epidemic among their community. It is also supported by respondents (staff) from YBS, YSK and HIV/AIDS commission. All of them commented condition of ojek who are dealing with money every day might also stimulate them to have multiple sexual partners that can make them susceptible to the infection. This finding also shows that young men ojek are more susceptible to HIV infection due to their personal behaviours. Most of them engage in risky behaviours like having sex with CSWs, having multiple sexual partners using their own money. The condition of having more money and less responsibility could be factors contribute to susceptibility to HIV infection and the spread of this epidemic among their community.

4.2.3 Environmental Factor

Interviews with ojek community, community leaders and people from HIV/AIDS commission denoted environmental factor that makes ojek susceptible to HIV infection which is high number of CSWs who are living surrounding their living places. Discovered that CSWs are widespread in these study areas and mixed with the communities. It might stimulate to increase risk environment and contribute to the spread of HIV infection in these areas.

Availability of CSWs might contribute to increase extramarital relationship practices among people living in these communities. In the focus group discussions all the discussants acknowledged that one thing that might stimulate people (men) to have multiple sexual partners or extramarital relationships is the existence of CSWs who live and operate within their communities. It is very easy for them to find other sex partners because they are living and interacting with each other every day. Moreover, all of them commented that the number of CSWs is continuously growing up. It gives negative impact not only for men but also for their young girls. In the contexts of this research factors related to the surrounding situation of the living places of ojek can be the factors contributing to the susceptibility of ojek to HIV infection.

> "We know almost all the CSWs because they are living with us and we meet them almost every day. It is in a certain way stimulating men either young men or married men to have multiple sexual partners. Likewise, it brings negative influence to our young girls to involve in the same practice. Some of our young girls now are involved in this kind of job". (A married man, 36 years old, Umanen).

In relation to the existence of the CSWs, discussants commented that the local government does not give attention to the status of CSWs so that their status is not known whether legal or illegal in the communities. It is also acknowledged by the staff of HIV/AIDS Commission that less attention of the local government of Belu district to the existence of CSWs could be one factor contributing to the wider spread of CSWs in communities in Belu region as well as due to their status is not legally known in Belu communities then health services often do not reach them. "The widespread of CSWs is one of the factors that bring HIV infection to Belu society", said the staff of HIV/AIDS Commission.

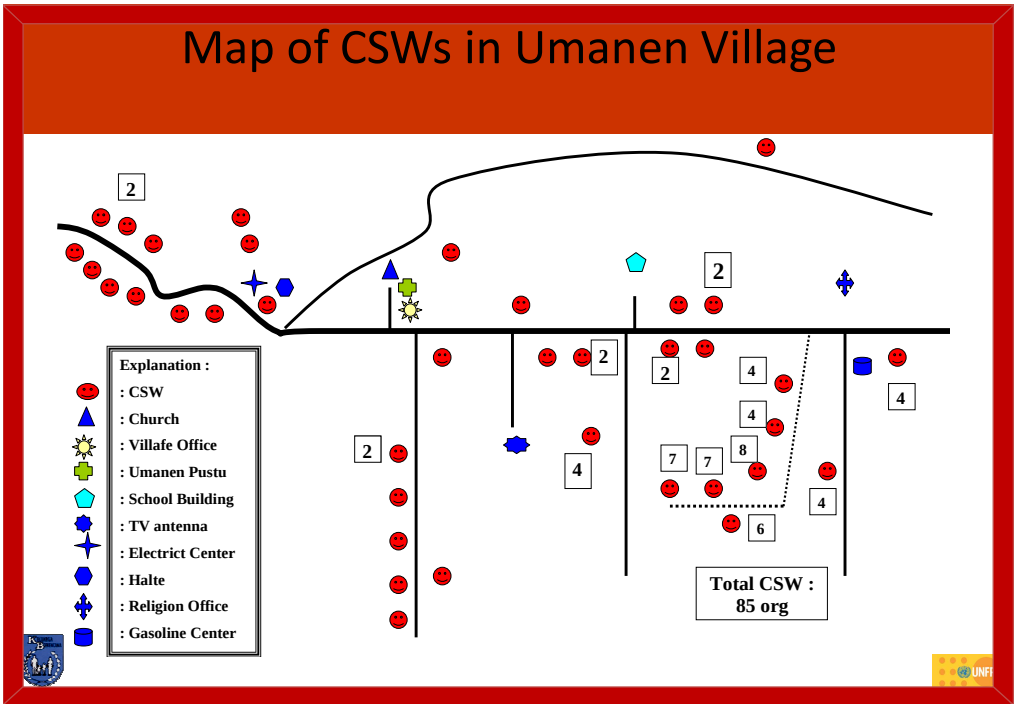

Figure 4.1: Map of the spread of CSWs in Umanen village.
Source: HIV/AIDS Commission of Belu district, 2009

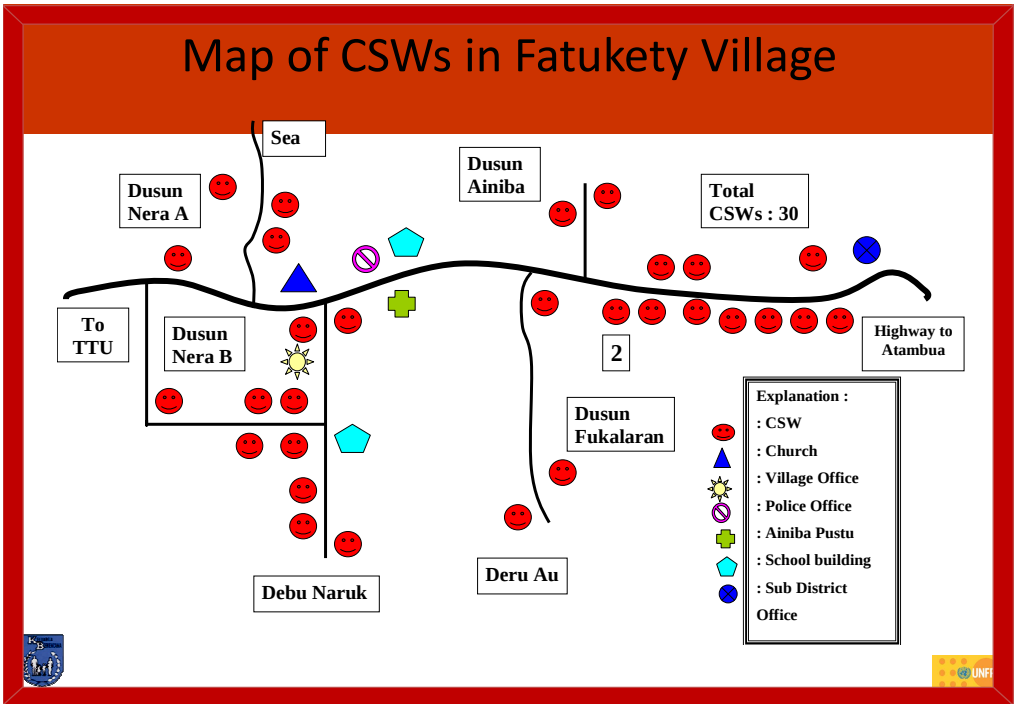

Figure 4.2: Map of the spread of CSWs in Fatukety village
Source: HIV/AIDS Commission of Belu district, 2009

4.3 The Responses to HIV/AIDS in Belu District

This part deals with the responses conducted by various institutions e.g. the local government of Belu district, HIV/AIDS Commission and NGOs in combating with HIV/AIDS. The responses to HIV/AIDS have been initiated by the Belu government since this epidemic was diagnosed in this region. After detecting the existence of this epidemic in Belu in 2004, the government directly built up a commission called HIV/AIDS Commission which specifically deals with the prevention of the spread of this infection.

In the interviews with the chief and staff of this commission it was stated that this commission began its response with providing trainings on HIV/AIDS to HIV/AIDS workers and staff, building up collaboration with stakeholders such as religious and traditional leaders, community leaders, formation of HIV/AIDS group works at sub district levels and socialization of HIV/AIDS information to high risk groups, for instance, CSWs, pimp, ojek, housewives, farmers, army, police, civil servants, teacher, students; support and assistance for people living with HIV/AIDS (PLWH). Findings of this study indicate that actually this commission is still more focusing on awareness rising programmes by conducting workshops and trainings on HIV/AIDS for Belu communities.

Interview with the staff of this commission concluded that effort to disseminate HIV/AIDS information for Belu communities as a whole is still prioritized as the most important aspect. It might due to the fact that only few groups among Belu communities who can get access to HIV/AIDS information and are aware on the hazard of HIV/AIDS (KPAD Belu, 2009). Another finding discovered in this interview was that there is also challenge for the implementation of

HIV/AIDS programmes. The main challenge is less financial support from the government. So, even though they have set up many programmes but not all of them are implemented due to lack of financial support.

> "We have set up HIV/AIDS programmes that we think important for our people including PLWHA, e.g. workshops or trainings to each community in Belu including high risk communities, support and assistance for PLWHA, etc, but we often could not implement them all and reach our purposes due to less financial support". (A staff of HIV/AIDS Commission).

Another programme conducted by this commission is weekly HIV/AIDS newspaper. This newspaper basically focuses on broadcasting every HIV/AIDS case or activity related to HIV/AIDS which is implemented either by this commission or other organizations and NGOs. It is aimed at broadening dissemination of HIV/AIDS information among Belu communities. It is expected that there will be more people of Belu communities who know about this epidemic and it will be very helpful to contribute towards the efforts to prevent the spread of HIV (Caldwell, Orubulove and Pat., 1999).

Besides the programmes of HIV/AIDS commission, there are NGOs named Yayasan Belu Sejahtera (YBS) and Yayasan Sumber Kasih (YSK) which have HIV/AIDS related projects in Belu district. The programmes of these two local NGOs are mainly focused on awareness rising to specific groups or communities. YBS mostly gives workshops or training on HIV/AIDS for senior high school students around Belu. They collaborate with school institutions to set up workshops or trainings for students and by doing that they cover school teachers as well.

> "Our organization actually pays more attention to young people. Our purpose is to cover as many as young people of Belu communities in our services because we are sure that the more young people know about HIV/AIDS the quicker the dissemination of HIV/AIDS information among Belu communities. We expect that the information that get will be continued to their parents, siblings, relative and friends after back from school". (A staff of YSB).

Likewise, YSK has HIV/AIDS related activities which mainly emphasize more on awareness rising by conducting workshops and trainings on HIV/AIDS for some target groups such as ojek and student. In the interviews with the staff of this organization, it was stated that before conducting workshops or trainings particularly for ojek community they made personal approaches with ojek because most of them often unwilling to attend. It was one challenge that they discovered during the implementation of HIV/AIDS programmes to this particular community. It was also indicated that the awareness levels of ojek community to know more about this epidemic is still low that is why they were not interested in HIV/AIDS related activities conducted NGOs or HIV/AIDS commission.

> "It is not easy to get them into our workshops or trainings because they are more likely to go for driving than to attend it. It might due to the money that we gave to them does not fit to their daily incomes. Other reasons might be the topic on HIV/AIDS is not interesting for them or they do not understand and are not aware on the hazard of HIV/AIDS", said a staff of YSK.

Another community covered in their services is the community of catholic young men and girls (*orang muda katolik*). In collaboration with church leaders (priests), they set up programmes for catholic young men and girls which are mainly aimed at helping them to have an understanding

on HIV/AIDS so that they are aware of it. Likewise, the church leaders also engage in disseminating information on HIV/AIDS to the Christians either during the holy mass or in other meetings. They also play important role to encourage young people to engage in HIV/AIDS related activities so that they have more information and knowledge about this epidemic.

> "HIV/AIDS related activities that we conduct help our society including ojek community to understand at least the basic facts of HIV/AIDS. I discovered it was very helpful but those activities are not continuously done due to some challenges that we face, for instance, we do not have other fund besides from the government to support our activities so that even though we have many activities but we are able to implement only a few of them". (A staff of YSK).

In short, there is discontinuity of HIV/AIDS programmes implementation by those mentioned institutions (HIV/AIDS Commission and NGOs) in the responses to HIV/AIDS cases in Belu district. The reasons which are clearly identified in this study are lack of financial support to underpin HIV/AIDS related activities as well as willingness or awareness levels of people including ojek community on HIV/AIDS are still very low. Another aspect is that those institutions more focus on their own programmes without building up any collaboration among them.

CHAPTER 5: CONCLUSIONS AND RECOMMENDATIONS

This chapter consists of two parts. First part is conclusion that will present the summary of the main findings from the fieldwork related to the potential susceptibility factors contributing susceptibility ojek community in Belu district to HIV infection. Second part is recommendation that will present with various recommendations to various institutions and the local government of Belu to take into account in the efforts to combat with HIV/AIDS particularly to reduce the susceptibility of ojek community to this epidemic.

5.1 Conclusion

HIV/AIDS case in Belu district is a new hazard which is not widely known yet by Belu people. Generally, many groups and communities in Belu region do not know and have access to HIV/AIDS information and even do not really care about this epidemic. The first method or reaction from the Indonesian government which has announced to Indonesian people that HIV/AIDS is the disease of other people from other countries and not ours is still held by most of Indonesian people.

There are some communities in Belu district identified as the most susceptible groups to HIV infection. One of them is ojek community. The susceptibility of ojek community to HIV infection is related to their patterns of mobility and migration as well as the patterns of sexual behaviours and sexual networking. It is due to their livelihoods as motorcycle drivers who work for transferring people from one place to another either among Belu areas or outside. Likewise, most of them used to migrate to abroad before holding the job as motorcycle drivers. During working days as motorcycle drivers they engage in risky sexual behaviours and sexual networking. These practices in a certain way support extramarital relationships and sex pre-marriage practiced by ojek community even though it is not allowed by religious and cultural norms. Most of the time they engage in those practices due to their individuals interests. Those practices were also supported by the environmental factor or situation surrounding their living places in which commercial sex workers are widespread and operating.

Another factor that contributes to the susceptibility to HIV infection among their community is less information or knowledge and low awareness on HIV/AIDS which make them not know how to protect themselves from HIV infection. Compared to married men ojek, young men ojek are more susceptible to HIV infection due to the influence of their peer groups and social relation. Most of the activities that they practice in their social groups such as drinking alcohol, gambling, going to whorehouse somehow support them to engage in risky behaviours compounded by less responsibility to their family needs like housing, foods, etc, so that the money that they earn is just for fun including for having sex.

In responses to this HIV/AIDS case, various institutions (the local government, HIV/AIDS commission and NGOs) have been implementing many kinds of programmes to serve and help Belu society. Most of the programmes from those various institutions contain HIV/AIDS related activities which are still focusing on HIV/AIDS awareness rising such as trainings and workshops on HIV/AIDS for various targeted groups among Belu communities, support and assistance for people living with HIV/AIDS (PLWHA), etc. But findings of this research indicate that there have been discontinuity of the implementation of HIV/AIDS programmes conducted those various institutions.

5.2 Recommendations

By referring to the findings from the fieldwork and the conclusion of this study, some recommendations could be offered for the future action of those various institutions in response to HIV/AIDS case in Belu district as a whole and ojek community in particular.

1) It is needed for Yayasan Sumber Kasih organization, Yayasan Belu Sejahtera organization, HIV/AIDS commission which are dealing with the responses to HIV/AIDS epidemic to conduct more HIV/AIDS awareness campaigns which give more attention to high risk groups or communities such as ojek community, CSWs, housewives, farmers, etc.

2) It is recommended for those institutions to maintain running HIV/AIDS programmes and try to cover as many as possible ojek community.

3) There is a need for Health Department of Belu district to improve the procedure to access to health services. I propose that HIV/AIDS Commission and Health Department of Belu district can create a specific procedure that encourage and make people feel comfortable to undergo HIV test and treatment.

4) There is a need for the local government to pay attention to the existence of commercial sex workers (CSWs). It is needed to provide health services such as HIV test for them periodically because they are identified as one of the group who spread this epidemic among Belu communities.

5) There is a need for those institutions to enhance the roles of religious, traditional and community leaders in response to HIV/AIDS. It would have been better if those various institutions really involve and give them roles in every HIV/AIDS related activity or campaign.

6) There is a need for the local government to enhance the number of NGOs or institutions which work on HIV/AIDS programmes in Belu district. Enhancing the number of NGOs and institutions which work on HIV/AIDS programmes could help to reach as many as communities and groups including ojek community which is widespread in Belu region.

7) To conduct further research focuses on ojek community in other districts or areas. It would be very helpful to obtain as much as various information and opinions on susceptibility factors for the spread of HIV infection among ojek community.

REFERENCES

ADB (Asian Development Bank), 2008, *ADB, Roads and HIV/AIDS, A Resource Book for the Transport Sector,* Philippines, 6 ADB Avenue.

Barnett, T. and Whiteside, A., 2006, *AIDS in the Twenty-First Century,* London, Palgrave Macmillan.

BPS Kabupaten Belu, 2007, *Belu Dalam Angka,* Atambua, BPS Kab. Belu.

Butt, L., Numbery, G. and Morin, J., 2002a, *The Smokescreen of Culture: AIDS and the Indigenous in Papua, Indonesia,* Victoria, B.C. Canada V8W 3P4.

Butt, L., Numbery, G. and Morin, J., 2002b, *Preventing AIDS in Papua,* Kotaraja, Papua.

Byron, E., Gillespie, S. and Hamazakaza, P., 2006, *Local Perceptions of HIV Risk and Prevention in Southern Zambia,* IFPRI.

Caldwell, J. C., I. O. Orubulove, and Pat Caldwell, 1999, "*Obstacles to Behavioural Change to Lessen the Risk of HIV Infection in the Africa AIDS Epidemic,* Nigerian Research" in Caldwell, et al., 1999, Resistances to Behavioural Change to Reduce HIV/AIDS Infection in Predominantly Heterosexual Epidemics in Third World Countries, Canberra, Australia National University.

Carne, A. C., 1990, *AIDS,* Jakarta, Dian Rakyat.

Chua, A. C., Leo, Y. S., and Lee, C. C., 2008, *Building Partnerships to Address the HIV Epidemic,* Singapore, Med J; 49(5): 376.

Departemen Kesehatan RI, 2010, *Laporan Triwulan Situasi Perkembangan HIV/AIDS di Indonesia sd 31 Desember 2009,* Jakarta.

Departemen Kesehatan RI, 2007, *Laporan Triwulan Situasi Perkembangan HIV/AIDS di Indoesia sd 31 Desember 2006,* Jakarta.

Devereux, S., 2006, *Vulnerable Households in Somali Region, Ethiopia,* UK, Institution of Development Studies (IDS) at University of Sussex Brighton.

Fernandez, G. M. B. and Lau, F., 2008, *HIV/AIDS, PMS dan Masyarakat Kita,* Kupang, Gita Kasih.

Freund, A., 2006, *The HIV/AIDS Pandemic in West Papua,* Newcastle, Australia.

Groeverman, V., 2007, *Test Your Organization with the 12-Boxes Framework,* Oxfam Novib, edited by Sue Holden.

Gupta, 2001, *"Gender, Sexuality and HIV/AIDS: The What, the Why and the How"* International Center Research on Women, Washington, DC.

Hutapea, R., 1995, *AIDS, PMS Dan Pemerkosaan,* Jakarta, Rineka Cipta.

ITDG (International Technology Development Group), 2005, *Impact of HIV/AIDS among Pastoral Communities in Kenya,* Nairobi, Kenya.

IOM, 2003, "*Population, Mobility and HIV/AIDS",* International Organization for Migration, Geneva, Switzerland.

Johnson, M. E., 1995, *Cara-Cara Menghindari AIDS,* Jakarta, Arcan.

Julianto, I., 2002, *Jika Ia Anak Kita, AIDS dan Jurnalisme Empati,* Jakarta, Kompas.

KPAD Belu, 2009, *Laporan Tahunan Komisi Penanggulangan HIV/AIDS Kabupaten Belu*, Atambua.

KPAD Belu, 2007, *Laporan Tahunan Komisi Penanggulangan HIV/AIDS Kabupaten Belu*, Atambua.

KPAD Belu, 2006, *Laporan Tahunan Komisi Penanggulangan HIV/AIDS Kabupaten Belu*, Atambua.

Loevinsohn, M. and Gillespie, S., 2003, "*HIV/AIDS, Food Security and Rural Livelihoods: Understanding and Responding,"* Washington, D.C. 20006 U.S.A., IFPRI.

Masanjala, W., 2007, "*The Poverty-HIV/AIDS Nexus in Africa: A livelihood Approach."* Science and Medicine 65(5): 10321041.

Morton, J., 2006, *"Conceptualizing the Links Between HIV/AIDS and Pastoralist Livelihoods."* The European Journal of Development Reseach. 18(2): 235254.

Muller, T. R., 2005, *HIV/AIDS and Human Development in sub-Saharan Africa,* The Netherlands, Wageningen Academic Publishers.

Piet, L. D., Masjkuri, M. K. N., Sedyaningsih, E., Kubis, F., Rahman, W., Spratt, K., 1999, *External Assessment of USAID/Indonesia's HIV/AIDS Program,* USAID.

The World Bank, 2003, *Education and HIV/AIDS; A Sourcebook of HIV/AIDS Prevention Programs,* Washington, DC 20433.

The World Bank, 2005, *Project Performance Assessment Report on Indonesia HIV/AIDS and STDs Prevention and Management Project.*

UNAIDS Technical Update, 2001, *Population Mobility and AIDS,* Geneva, Switzerland.

UNAIDS Regional Task Force, 2006, *Mobility and HIV Vulnerability Reduction, In South-East Asia and Southern China, 2006-2008*

Wing, J., and King, P., (2005), *Genocide in West Papua? The Role of the Indonesian State Apparatus and A Current Needs Assessment of the Papuan People. Centre for Peace and Conflict Studies, University of Sydney and ELSHAM, Jayapura, Papua.*

ANNEXES

Annex 1: Semi structured Interview Guide for ojek community

For this semi structured interviewed, there are four main broad topics are used and some developed sub questions are created for the field work interview.

Topic 1: Migration / Mobility

1.1 What are the reasons for ojek to be very much mobile?
1.2 What is the most common destination place of their mobility?
1.3 For how long do they spend outside homes?
1.4 What activities do they do in the places that they are mobilizing in?
1.5 Do ojek engage in casual sexual relation during their working days?
1.6 What were their employments before working as hired motorcycle drivers?
1.7 Why do ojek choose to work as hired motorcycle drivers?

Topic 2: Patterns of Sexual Behaviour and Sexual Network

2.1 What are the common sexual behaviours in the community? (Men or women are allowed to have sex before married or not, patterns of sexual behaviours of married men and married women or extramarital relationship).
2.2 What are the reasons for ojek to have multiple sexual partners?
2.3 How do the communities perceive those above practices?
2.4 Do ojek have relationship with community members including with sexual workers?
2.5 For what reasons do they have relationship and interaction with sexual workers?
2.6 What kinds of relationship and interaction do they have with sexual workers?
2.7 Are there any kinds of sexual networks in your community? (Explain)
2.8 How do they perceive risky behaviours and risky environments?

Topic 3: Access to Health Services

3.1 What are the common health problems in your community?
3.2 Are there any health center services available in your community?
3.3 Are there any kinds of HIV/AIDS related health services available to your community?
3.4 How do you get health services when you are sick? (You pay it yourself or for free).

Topic 4: Basic Knowledge on HIV/AIDS

4.1 Have you ever heard about HIV/AIDS? (Are they different or not, explain)
4.2 Have you ever heard about the means of HIV transmission? (Mention them)
4.3 Have you ever heard about the means of HIV prevention? (Mention them)
4.4 How do you get or access information on HIV/AIDS? (From friends, Television, radio, newspaper, source of HIV/AIDS information do you know).
4.5 Do you know condom and how to use it?
4.6 Do you think that you have a chance to be infected by HIV? (why?)
4.7 How do you and the communities perceive people living with HIV/AIDS?

Topic 5: Economical factors

5.1 How much money do they earn from ojek activity every day?
5.2 How much do you give to your boss and leave for your selves?
5.3 For what needs do they spend the money?
5.4 Do you also spend money for fun? (for alcohol, cigarette, visiting whorehouse, etc)

Topic 6: Environmental Factors (factors related to the surrounding situation of ojek community)

6.1 Do you think your community is in risky environment and risky situation?
6.2 What kinds of practices that you think can make your community be susceptible to HIV infection? (Explain)
6.3 How many whorehouses and commercial sex workers are in your community?
6.4 What are the impacts to your community?
6.5 Do you think that their statuses are legal or illegal?
6.6 Where are they (sex workers) from? (Outside Belu, inside or mixed)
6.7 What kinds of mechanism do they use to service their clients? (They do it whorehouses or clients can bring the out)
6.8 Do you know who their common clients are? (Local people, seamen, visitors, ojek, etc).
6.9 How the community members do perceive those practices?

Annex 2: Semi structure interview guide for religious leaders and community leaders, chief and staff of HIV/AIDS commission, staff of Yayasan Belu Sejahtera and staff of Yayasan Sumber Kasih.

1. What are the potential socio cultural factors contribute to the spread of HIV infection among ojek community?
2. Do you think that high mobility of ojek can contribute to susceptibility to HIV infection among them? (Opinion)
3. Are there any sexual behaviours and sexual network among ojek community which make them susceptible to HIV infection?
4. What do you know about access to health services? (Is it accessible or not? Does it encourage people e.g. ojek to undergo medical checkup or not?
5. What is your opinion about knowledge or awareness levels of ojek community on HIV/AIDS? Does it contribute to make the susceptible to HIV infection?)
6. Do you think economical factors also contribute to the susceptibility of ojek to HIV infection? (Opinion)
7. What kinds of environmental factors or factors related to surrounding of the living places of ojek that make ojek susceptible to HIV infection?
8. What are HIV/AIDS related activities that have been conducted by your organization or commission?