

Gender Based Violence Study Among Young Key Populations

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Indonesian
Young Key
Populations
Network

Foreword:

As an effort to raise young key population issues in Indonesia, Fokus Muda, Indonesian Young Key Populations Network in cooperation with Youth Lead, The Regional Network of Young Key Population in Asia Pacific conducted a documentation program on young key population experience within DKI Jakarta province, regarding the Gender-Based Violence. The purpose of this program is to collect data which serves as evidence-based advocacy tool.

We thank to all parties who support this documentation: To Youth Lead Secretariat who supports the initiative, National AIDS Commission (KPAN), Indonesia Positive Women Network (IPPI), Indonesia Sex Worker Network (OPSI), Gay, Waria and other MSM Network (GWL-INA), Indonesia Drug Users Network (PKNI) and Indonesia AIDS Coalition (IAC) for their support and participation during documentation process.

We are very grateful and proud to all young key population in Indonesia for their fiery spirit and adamant voice which motivate us to speak out the needs of young key population in Indonesia.

Fokus Muda, Indonesian Young Key Population Network

List of Abbreviation:

AIDS	Acquired Immuno Deficiency Syndrom
ARV	Anti Retro Viral
ART	Anti Retroviral Therapy (Terapi obat ARV)
CD4	Cluster of Differentiation 4 = T helper cells
CEDAW	The Convention on the Elimination of All Forms of Discrimination against Women
CST	Care, Support and Treatment
GWL-INA	Gaya Warna Lentera Indonesia
HAM	Hak Asasi Manusia (Human Rights)
HCPI	HIV Cooperation Program for Indonesia
HIV	Human Immunodeficiency Virus
HR	Harm Reduction
ICPD	International Conference on Population and Development
IDU	Injection Drug User
IPPI	Indonesia Positive Women Network
KB	Family Planning
KIE	Communication, Information and Education
KPAN	National Commission Commission
KRR	Kesehatan Reproduksi Remaja
NAPZA	Drug, Psychotropic, and Addictive Substances
ODHA	People Living with HIV/AIDS (PLHIV)
OHIDA	HIV/AIDS-affected communities, generally the closest family members
OI	Opportunistic Infection

PITC	Provider Initiated Testing and Counseling
PMTCT	Preventing Mother to Child Transmission
PPTCT	Preventing Parent to Child Transmission
RTI	Reproductive Tract Infection
SD	Elementary School
SMP	Sekolah Menengah Pertama (Junior High School)
SMU	Sekolah Menengah Umum (High School)
STD	Sexual Transmitted Disease
SRH&R	Sexual and Reproductive Health and Rights
UN	United Nations
VAW	Violence Against Women
VCT	Voluntary Counseling and Testing
WHO	World Health Organization

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I. Introduction

❖ Background

In 1993, the United Nations (UN) defined gender-based violence which emphasizes on violence against women (VAW). VAW encompasses; sexual violence, physical violence, and psychological violence.¹

Meanwhile, UNHCR (*United Nations High Commissioner for Refugees*), a UN agency focusing on refugee issues, stated during *2011 Gender-Based Sexual Act and Violence Strategy* that gender-based violence is a term describing violent act based on victim's social status difference (gender) between man and woman.

Gender-based violence is a violation of universal human rights protected by international instruments and conventions. There are many gender-based violence that can be classified as violation of law and criminal act as included in national regulation and law. Gender-based violence is mostly suffered by women and girls, and other marginalized youths around the world.

1. National and Global Commitment

Universal Declaration of Human Rights adopted by UN General Meeting in 1948 asserted that:

“Everyone has the right to life, liberty, security of person, fair wage, adequate living standard to maintain his/her well-being, education, free from slavery, and equal before the law”

The declaration also emphasizes that everyone has right to life, education, living together with others, equal before the law, and work.

International agreements specifically intended to address gender equality, health, and human rights issues are Vienna Declaration and Program of Action (World Conference on Human Rights, 1993), Program of Action of International Conference on Population and Development (1994) and Beijing Declaration and Platform of Action (1995). Likewise, various international and regional human rights instruments, conventions and covenants such as Committee on the Elimination of Discrimination against Women (CEDAW, 1979).

Indonesian government has made efforts in maintaining citizen's rights, needs, and protection through laws and regulations. Indonesia has ratified CEDAW into Law No. 7/1984, Law No. 23/2004 on the elimination of domestic violence, Law No. 21/2007 on the elimination of human trafficking, and Law No. 36/2009 on Health. Derivation of these laws calls for the government, particularly Ministry of Women Empowerment and Child Protection, to establish minimum service standard and standard operating procedure (SOP) which serves as guideline for related ministry, institution and Integrated Service Center (PPT).¹ The existing government policy regarding violence tends to protect women and children, while in fact there are violence cases against transgender and gay. Violence against transgender and gay is triggered by several factors such as identity issue and different sexual orientation that is still viewed negatively. Violence cases against transgender and gay often remain unresolved. Media sometimes raises these cases. Some of the media chronologically report the cases in a positive light, addressing that transgender and gay groups have same rights as other citizens, but other media report the cases in a very negative light, hindering community acceptance towards these group.

After Being "Used", A Transgender Was Beaten Severely Unconscious

JAKARTA – The choice to make a living as a transgender prostitute leads to disaster for Riki Rifai, known as Claudia (23). After giving service to a man, she was beaten so severe that had to be taken to Cipto Mangunkusumo hospital.

The incident occurred on Monday (28/7/2008) 05.00 am in Sumenep Street, Menteng, Central Jakarta. Claudia who usually offer herself there met Rumpi (30) to have sex.

They had sex with different positions, and Rumpi even asked her to have anal sex. Claudia who was promised to receive Rp75,000 could not refuse, including extra service; oral sex.

Having been satisfied, Rumpi broke his promise and refused to pay Claudia, making her enraged. Sadly for Claudia, Rumpi beat and kicked her many times. Claudia collapsed. "The perpetrator also trampled her," said Inspector Warjono, on Monday (28/7/2008). Claudia friends were chasing Rumpi, but the dark-skinned man had escaped. Claudia left unconscious. Her mouth ripped off, with wounds over her head and body. According to Warjono, the incident was reported at 08.00 am. "We will investigate this case," said Warjono.

Source: <http://news.okezone.com/read/2008/07/28/1/131834/habis-dipakai-waria-dipukuli-sampai-pingsan>

Youth Lead is a ASIA-PACIFIC regional young key population network focusing on improving young key population living standard and building youth leadership to get more involved in communities. Responding to the vulnerability of young key population to violence, Youth Lead Indonesia team together with Fokus Muda, the Indonesian Young Key Populatoion Network take initiative in documenting evidence-based violence cases against young key population in Indonesia in order to provide evidence-based information on violence against young key population and recommendation to create policy and program improvement which protect young key population against violence. The documentation result will serve as advocacy basis for Youth Lead Indonesia in the future.

❖ Study Design and Implementation

1) Study Design

Survey is conducted towards young key population within DKI Jakarta province, ranging from 18-26 years of age, with no special criteria in selecting respondents. The respondents are 27 individuals consisting of girls with HIV, young female IDUs, young transgender and young gay individuals. In its implementation, the number of respondents per population is shown in Table 1.

Table 1. Number of Respondents Based on Population or Background

Sub-population sampling	Respondents
Girls	9
Young Gay	8
Young Transgender	10
Total	27

**Source: Processed Data of Gender Based Violence Study, Youth LEAD team Indonesia, 2012*

Prior to survey, field coordinators had been provided with information on data sampling method, focus group discussion question guideline, and data gathering technique. During the implementation, field coordinators were equipped with field guideline and questionnaire use guideline to help them in gathering data. The study process took three months to gather data and tabulation. Data processing result would then be analyzed qualitatively.

2) Study Limitations

There are limitations in implementing the documentation of violence against young key population which affect its result. There is no specific time allocation to train field coordinator (as data gatherer) in understanding field guideline, question guideline and data gathering technique, causing discrepancy of answers from respondent with the objective of questions. Furthermore, the documentation is conducted in one province only (DKI Jakarta) which is incomprehensive to describe situation in other regions with limited resources and different cultural characteristics.

II. Findings

❖ Respondent's Demographic Data

Variable	Respondents n=27	
	freq	%
Health Status		
ODHA	9	33.33
OHIDHA	6	22.22
Unknown	12	44.44
Gender		
Male	8	29.63
Female	10	37.04
Transgender	9	33.33
Age		
<18	1	3.70
18-21	8	29.63
22-26	17	62.96
>26	1	3.70
Status Hubungan		
Single	10	37.04
Married	4	14.81
With spouse	7	25.93
Divorced	2	7.41
Widowed	1	3.70
Domestic Partnership	2	7.41
Unknown	1	3.70
Others	0	0.00
Level of Education		
SD	0	0.00
SMP	4	14.81
SMA	22	81.48
D1(associate degree)	1	3.70
D3 (associate degree)	0	0.00
S1 (bachelor degree)	0	0.00
Unknown	0	0.00
Others	0	0.00
Occupation		
Unemployed	6	22.22
Housewife	4	14.81
Entrepreneur	1	3.70
NGO	3	11.11
Government Employee	0	0.00
Private Sector Employee	2	7.41
Sex Worker	9	33.33

Professional (physician/teacher/journalist)	0	0.00
Unknown	0	0.00
Others	2	7.41

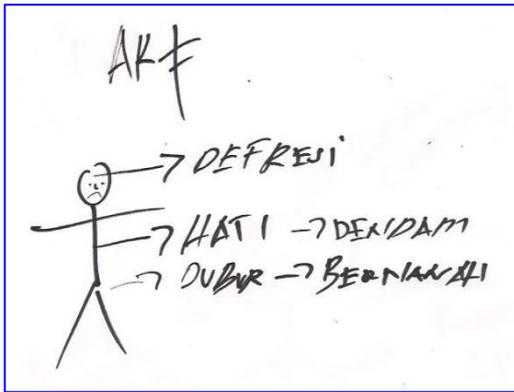
**Source: Processed Data, Gender Based Violence Study, Youth LEAD Indonesia (Fokus Muda team), 2012*

❖ Information Description and Young Key Population Experience on Violence

The definition of violence based on Great Dictionary of Indonesian Language is a character of hard, with power, coercion. Coercion means violent insistence or force. Gender violence is a violation of human rights whose rights are protected by international human rights conventions including right to security, attaining highest degree of mental and physical health, freedom from torture or cruelty, inhuman or degrading treatment, and right to life. According to Gender-Based Violence guideline document issued by UNFPA and ECHO that gender-based violence is a general term for every hazardous act beyond personal discretion, and it involves difference (gender) between ordinate and subordinate elements. Gender-based violence is a term used to underline the definition of violence against women as mentioned in UN Resolution No. 48/104, December 20, 1993 on Declaration on the Elimination of Violence Against Women.

Most of the respondents from young sub-population cannot comprehend various forms of violence when they were asked about violence. In addition, no unanimous perception on violence perceived by young key population and clearly their understanding on violence is still inadequate. From focus group discussion (FGD) on three young sub-population groups, they view violence and violence act as:

- 1) Physical violence such as beating, stabbing, shooting, and other physical assaults.
- 2) Psychological or emotional violence such as swearing, bullying, scolding, and condescending words.



Referring to Article 5 Paragrah 1 Law No. 39/1999 on Human Rights: “Everyone is recognized as an individual who may demand and be treated equally before the law” and Paragraph 2: “Everyone has right to receiving support and fair protection from objective and impartial tribunal”. However, the implementation of law is different, particularly towards young key

population.

“Violence is...always be brutal without any reason.” – Ano

“There are two forms of violence, physical violence and mental violence. Physical violence is directed towards our body, through beating etc. Mental violence is being condescended by words, mocked, ridiculed, especially when we effeminate ourselves in public, they say ‘look...a drag queen’” – NA

Regarding the young key population experience on violence, the FGD finding shows that young key population is vulnerable to violence. There are various forms of violence they experience; Physical and psychological violence by family members, spouse, client, police personnel and surrounding community. Sexual violence and abuse by spouse and client. Economic violence and neglection by spouse, family members and state.

The following are interesting excerpts on young key population experience on violence:

“Several months ago, I was rubber-bullet shot by policemen. It began when the policemen asked for ration money. But I had no money at all and my arm was shot. I didn’t tell anyone because I was scared.” – Ano

“I used to marry a beat-loving husband. Now my spouse often beats me too. It’s like an addiction, beating is addictive. He is troublesome. Since becoming my boyfriend until got married he always beats me.” – Ano

There is another interesting finding during in-depth interview with national coordinator of four key population networks in Indonesia. In one network, survey on violence against women living with and affected by HIV in 2011 found that:



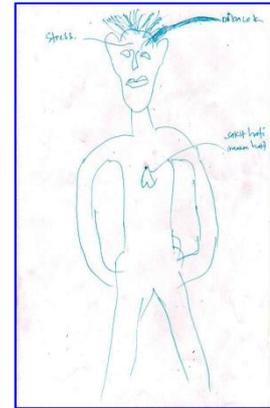
“The survey shows, from 112 respondents, that 40% of respondents undergo physical and psychological violence while 13% of them undergo forced sterilization, and 30% encounter discrimination by healthcare workers and the remaining undergo economic violence by their spouse” Baby Rivona, IPPI National Coordinator.

In-depth interview conducted by government representative (KPAN’s Youth Workgroup) explicitly shows that there is no information dissemination program on violence, particularly gender-based violence due to weak HIV/AIDS prevention program on epidemic. For example, HIV/AIDS prevention of sexual transmission program is very difficult to implement. But obviously, young key population issue has been included into KPAN’s National Strategy and Action Plan for 2010-2014 period.



The findings also show that there are strategy and information dissemination on violence in general and gender-based violence in particular. One of the strategy is to reinforce young key population on sexual and reproductive health rights and to improve their understanding on the importance of other rights. The role of youth itself in fulfillment of needs and policy making is an appropriate strategy to eliminate violence against youths in general and young key population in particular and also serves as control function for youth population.

“It is how we can sit together and observe all problems encountered by each youth from every background and to define their needs, to find the solution and synergy.” – Edo Nasution, PKNI National Coordinator



Story : AR

I have been the victim of violence from my parents. Neglect they give to me have made me prone to violence. Unlike my other friends, I become an effeminate man and grow without any protection from my parents. Besides, I am living in a very harsh neighborhood with thugs everywhere, making me more cowardly. My first incident began since my early childhood, sexual abuse from my own family members, my own cousins. Then, I still remember one incident when I was in elementary school, and the perpetrators were two siblings. The worst fact is that they are my neighbors. I was forced to satisfy their lust under threat and I couldn't fight back. There was one occasion when I was sodomized by 4 to 5 men in one time. It happened in my home and there was no one there at that time. After that, many men did "that" to me and I eventually got used to it and started to like it. But that time I felt uncomfortable, because they not only gang-raped me but also beat, slapped, strangled, and threatened me. I was gang-raped by different men because the rumour had spread. I became a victim but I didn't know how to find help, to report, to tell. I hoped some organizations and experts could handle victim of any kind of violence during childhood, so that they could stop the vicious circle in which the victim becomes the perpetrator because of his hatred and trauma during childhood.

❖ **Situational Description of Information Access, Healthcare Service and Legal Service**

Everyone has right to decent life and receiving fair law, as mentioned in 1945 Constitution Article 27 on Citizenship. It is reinforced with other laws that emphasize on state obligation to protect citizen's rights to decent life and equal treatment before the law, such as Law No. 36 on Health and Law No. 39 on Human Rights.

Law No. 39/2009 states that everyone has right to safe, affordable, and excellent healthcare service. Human Rights Law No. 39/2009 states that everyone has right to recognition, guarantee, protection of the law and fair legal treatment.

These laws show that the state has legal basis to protect citizen's rights to access healthcare service and legal treatment. But the implementation of the laws has many constraints and challenges. Young key population as a part of the whole Indonesian

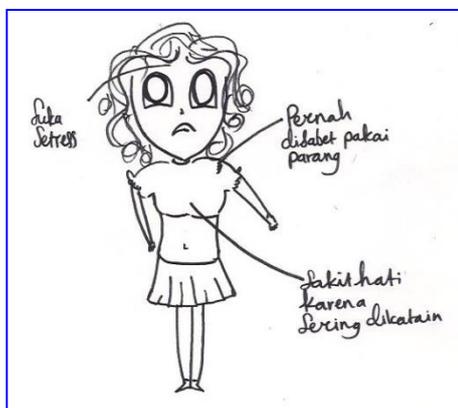
population is vulnerable in the fulfillment of their rights, especially when they belong to key population. Young key population, due to their identity, often get stigma and discrimination when accessing healthcare and legal service. The study confirms this.

Almost all respondents said that they already know where to go whenever they seek sexual and reproductive health treatment. But not all of them are able to access healthcare service due to some factors such as service cost and healthcare service worker's attitude towards them.

"I pay with my own money, there are free services but mostly not, in fact it is more expensive. We want free and low-cost service because many of us cannot afford it." - DA – Young gay respondent

"I think they (healthcare service workers) are unfriendly, just because we are transgenders. We get second priority. They are cynical too."- AL- Young transgender respondent

Some of respondents who have accessed healthcare service said that they prefer healthcare service referred by community or NGO they are familiar with. The healthcare service includes mobile clinic, a collaboration of NGO and healthcare service provider.



"Here, the NGO comes to us. So we don't have to visit the doctor, because the doctor comes here. If we get sick, we get treatment here, not anywhere else." – Girl respondent

Among young transgender group, some of them said that they can receive counseling if they become the victim of violence. The institution that provides this kind of service is LBH (Legal Aid Foundation).

"LBH also provides counseling service in addition to legal service."- Young transgender respondent.

"They (LBH workers) are very friendly and assist us from start to finish."- Young transgender respondent.

"Perhaps we are much more comfortable to access legal service in LBH if the institution is specifically intended for our community."- Young gay respondent

A different situation occurs when respondents try to access state legal service such as police department when they encounter violence case. Only few respondents said they are able to access legal service to a state's agent. Some of the contributing factors are: reluctance to open their identity due to stigma, negative attitude of legal service workers, and arduous evidence provision process.

"When deciding to report violence case based on sexual orientation, we are in the crossroads because we must reveal our sexual orientation identity"– DA - Young gay respondents

"But the cops makes it difficult, since forensic identification requires money. I don't have money so I don't go to the police. They also ask too many questions because we are junkies."- Girl IDU respondent

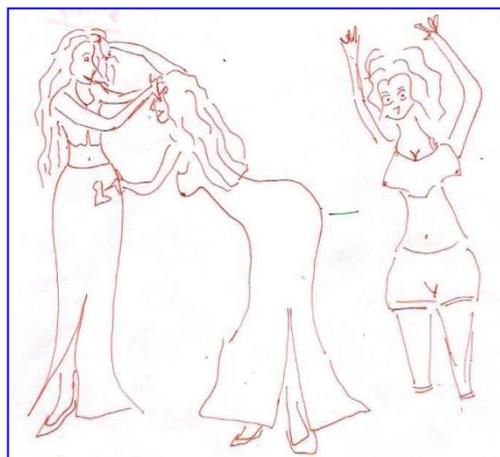
"If we don't have enough evidence, it's hard to make investigation report and too many frill. Instead, we are sometimes neglected and ignored"- Young transgender respondent

Interestingly, some respondents do not access legal service at all when reporting violence case due to embarrassment in publicly telling their experience as they view their experience as disgraceful. The violence case includes violence in family, domestic or spousal scene.

"I don't think I should seek help, it's embarrassing...it's a disgrace. Too difficult. And it's my father.."- Girl respondent

"I feel heartless if I report the case involving my own family member" – Girl respondent

In the study finding, respondents expressed hope and input concerning the healthcare and legal service they want. Dissemination on healthcare and legal service to communities is one of the hopes. It should be coupled with the attitude of healthcare and legal service providers to deliver indiscriminative service.



"Not everyone gets information on counseling service or legal service when having violence case. And probably there are many who do not know yet about healthcare service for victims of sexual-based

violence, unlike healthcare service for physical violence. It is our responsibility to protect ourselves when in a relationship.”- Young gay respondent

“I wish that police department were more friendly towards us, because we undergo violence every day, and they should help us, not anyone else.”- Young transgender respondent

❖ **Challenges in Respondent’s Perspective**

The study shows that young key population encounter challenges. Youths have long been misinformed about sex due to traditional taboo to discuss sex openly. Family shut sexuality information off rather than becoming the main source of information in the sake of custom and cultural norms. School institution also closes sexuality information and provide rude biological aspect of sex instead. Teachers do not explain about the definition of sex and its relation to health and how teens can protect themselves from sexual diseases and violence.

Other constraint is encountered by youths after the violence occurs. Very few information on health or legal service is available for them. The information itself is available but with limited dissemination when delivered to youths. Young people is considered unimportant group when it comes to information on health or legal service thus discouraging them to access the service. Some youths even are reluctant to access the service because service providers neglect them due to their sexual orientation identity. Access to injection service is very limited for girls and women, because healthcare service providers always discriminate them.

“Not everyone gets information on counseling service or legal service when having violence case. And probably there are many who do not know yet about healthcare service for victims of sexual-based violence, unlike healthcare service for physical violence. It is our responsibility to protect ourselves when in a relationship.” (BA, 26, Young Gay)

The situation is aggravated by lack of understanding on human rights and law regarding on sexual orientation which worsens stigma and discrimination against young key population groups such as gay, transgender drug user, and young people with HIV.

Still other challenge is the difficulty to seek legal service for young people since there is no youth-friendly legal service provided by police department. And it is difficult for youth to obtain evidence and to become a witness during investigation report. No

clear guideline to make investigation report and no law or regulation that protects young people when they encounter violence case.

“If we don’t have enough evidence, it’s hard to make investigation report and too many frill. Instead, we are sometimes neglected and ignored”

(xxx – Transgender FGD)

Family and spouse also contribute to create gender-based violence. The study shows that family member and spouse are the perpetrator of violence. Certain family customs such as forbidding and controlling children through beating, snapping, and inhumane punishments only traumatize children. Husband or sexual partner may become the perpetrator, hindering young victim to access legal protection.

“I’ve been living with my parents since childhood through high school. I wasn’t allowed to go outside the house, otherwise they beat me. Everytime I went out and came home they beat me. Now I don’t live with them anymore. If I come back home, they surely beat me. That’s why I don’t want to come home...” (xxx – Woman FGD)

“I used to marry a beat-loving husband. Now my spouse often beats me too. It’s like an addiction, beating is addictive. He is troublesome. Since becoming my boyfriend until got married he always beats me...” (xxx – Woman FGD)

Within organization and community, as a place where young people actively involve and a safe haven, there is still lack of understanding on gender-based violence. As study on one organization respondent shows, 75% of its members do not understand about gender and gender issues.

Young people within organization do not have adequate public speaking skill in order to deliver youth-related issues. They need to be encouraged through special approach so that they are able to speak out their problems which are different than adult. Another constraint is that many young people capacity building is not improved, they are only involved in some activities with no further follow-up.

❖ **Expectations in Respondent’s Perspective**

In respondent’s point of view, they expect better improvement in handling gender-based violence. Young people want to access information more easily, both information on healthcare and legal service and other relevant information that is useful for them. For example, Women Empowerment and Child Protection Integrated Service Center (P2TP2A) should be more youth-friendly, not only for domestic violence victims.

“I hope that the girls had more awareness on legal service. First, they should know that, as women, they have certain rights, so that they realize what occurs to them. Second, wide access to violence-related service for youth should be available. So, P2TP2A does not only serve domestic violence victims but also becomes a friendly place for young people who are victims of violence. The study findings will be sorted out to find which aspect that should be prioritized.” (Baby Rivona, IPPI National Coordinator)

Special complaint center is needed for communities, particularly for victims of sexual orientation-based violence. Special drop-in center for LGBT community, for example, can be established. Comprehensive information will eventually make young people more understand on healthy relationship and their sexual and reproductive health, therefore they can make the best decision. It is important to promote service for young victims of violence where they have safe place to access. For example, special information center where young people can access and obtain information on types of violence, complete with psychologist who can handle the recovery of traumatized victims.

“I wish the service could be free and existing services need to be improved. Cheap does not necessarily mean bad quality. And service providers should be built more.” (NA – 25th)

For legal service access, police department should be more youth-friendly particularly towards young key population group. Police personnel should be helpful rather than neglect them. Young people should be aware of legal matters concerning their rights.

“I wish that policemen were more friendly towards us, they should help us whenever violence case happen, not anyone else.” (TH, 25th)

In organization or community, the involvement of young key population group should be coupled with capacity building, so that they can serve as control function of current policy according to their perspective as teenage group. Special youth program, carried out and lead by young people themselves, is needed. Program decisions and ideas are implemented and evaluated by young people. Strategy used for the program is capacity building concerning on issue that they are knowledgeable with such as addiction, sexual behavior, youth rights, and then they can discuss what issues they are encountering. Eventually, they can embark to conduct advocacy works concerning their current issues.

“I hope that dissemination to our communities would be more active...daily meeting only concern about HIV and addiction issues. Virtually no discussion on violence. And I hope there would be meetings that discuss about information on gender-based violence...” (FI-25th)

Government should realize and be realistic on the issue that young key population have specific problem and need some guidelines rather than neglection. Government

needs to have political will to protect key population groups such as PLHIV, sex workers, drug users, LGBTs and women.

III. Conclusion

Indonesian government undoubtedly has made efforts in managing the rights, needs, and protection for its citizens against violence through various regulations. Indonesia has ratified CEDAW into Law no. 7/1984, Law No. 23/2004 on the Elimination of Domestic Violence, Law no. 21/2007 on the Elimination of Human Trafficking, and Law No. 36/2009 on Health affairs.

However, integrating violence issue as a crucial factor that affects AIDS epidemic remain unimportant for the government. Among government bodies and even NGOs that works in AIDS, violence is perceived as different subject. In AIDS prevention program itself, i.e. National Strategic and Action Plan (SRAN) 2010-2014, young key population issues are not fully addressed. In turn, when the SRAN is implemented, there is large gap in dealing with young key population issues, including violence.

In the study, we find that young key population often experience violence due to their vulnerable gender position but they do not realize that they have undergone violence. Violence act can be found anywhere, and among the perpetrators are family members, domestic relation, internal community members, peer friends, and schoolmates. In this study, we find that state agents such as police personnel also conduct violence act against this group.

The absence of strategy and inadequate system that otherwise may serve as a guideline for young key population on violence has made this group more vulnerable. Strategy to reduce their vulnerability is virtually absent.

IV. Recommendation

From the study findings we observe problems as mentioned previously and expectations that are expressed by the respondents during information extraction. According to our data, we recommend that:

1. Health service, legal service and post-trauma healing service can be available and youth-friendly, particularly to key young population group.
2. Young key population should be involved into strategic plan and program development initiated by government. The involvement should highlight their active role in implementation, monitoring, and evaluation of the strategy. Relevant stakeholder must guarantee the leadership of young key population in the strategy or program that will have significant effect to their life.
3. Relevant data and study on gender-based violence against young key population should be available regarding their vulnerability on HIV and other social aspects. Quantitative study is needed to make the information more strategic.
4. Government needs to evaluate healthcare service strategy for youths, in order to ensure universal access for young people, including young key population.

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