

SEXUAL RISK BEHAVIOUR OF OUT-OF-SCHOOL YOUNG MALES IN AN URBAN SLUM: A CASE STUDY IN DURI UTARA, JAKARTA

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Abstract

The objective of this paper is to shed light on the sexual risk behaviours of a marginalized group of young males residing in a Jakarta slum, the majority of whom are out-of-school and face limited economic opportunities. The paper reports findings from a qualitative case study of young people and findings are intended to inform the development of programmes and interventions for marginalized young males in Indonesia more generally. The findings of this case study highlight the extreme vulnerability of marginalized urban youth in Jakarta. Poorly educated, with few employment opportunities and residing in semi-permanent structures with little privacy, young males turn to peer networks (*tongkrongan*) for support, information and counselling. While peer networks do indeed play a positive role in these respects, their influence is not entirely positive and risky sexual and related behaviours are observed to be reinforced by peer group networks. Young males report drug use, peeping and accessing pornographic materials to set the stage for sexual activity, and such activities as gambling and stealing to obtain the money necessary to engage in free sex. Findings reiterate risky sexual behaviours. While committed relationships with females in the neighbourhood are reported, young males report “free sex” with casual partners including sex workers, rarely use condoms and remain poorly informed about safe sex practices. Peer pressure to engage in peeping, and drug use followed by sex worker relations are widely described. And finally, infection and pregnancy are not necessarily perceived as negative outcomes of sexual relations but rather are seen as events reinforcing masculinity and male prowess, precipitating a wanted marriage or easily remediable through abortion. Peer pressure is widely reported, and young males report an inability to negotiate safe and wanted sexual behaviours. Findings reiterate the need for programmes and interventions to be directed to peer networks and intended to enhance awareness and skills with regard to safe sex behaviours on the one hand but also, more fundamentally, to address young people’s needs for vocational and life skills and employment and recreational opportunities on the other.

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Introduction

Available case studies in Indonesia suggest that between 5% and 10% of unmarried young females and between 20% and 30% of unmarried young males (15-24 year olds) have engaged in sexual activity (see, for example, Khisbiyah *et al.*, 1996, Sapruddin, 1999, Sumiarni *et al.*, 1999, Satoto, 1995, Singarimbun, 1991, Situmorang 2001). Much of this activity is risky: estimates suggest that about half of all those affected with HIV are aged 15-24, and about one third of all abortions conducted annually occur to women aged 15-24. While the sexual health needs of all young people remain poorly known and served, those of marginalized sub-populations of youth -- those residing in the slum areas of metropolitan cities -- remain particularly poorly addressed, although there is concern that risky sexual activity is particularly prevalent among young males residing in these settings (Moeliono, *et.al.*, 1998). The objective of this paper is to shed light on one such marginalized group -- young males residing in a Jakarta slum, the majority of whom are out-of-school and face limited economic opportunities -- and particularly sexual behaviour patterns and risks faced. The paper reports findings from a qualitative case study of young people and findings are intended to inform the development of programmes and interventions for marginalized young males in Indonesia more generally.

Background

There are a total of 44 million youth aged 15-24 in Indonesia, comprising some 20 % of the Indonesian population (220 million in the year 2002). Of the population aged 7-24, almost two in five (38%) live in urban areas, and half of these reside in the peri-urban slums of major metropolitan cities (BPS, 2000). Education and economic activity data suggest that large proportions of young people are neither in school nor working.

At the national level, 92.5% of those aged 6-12 attends primary school, 59.2% of those aged 12-15 attends secondary school, and 38.5% of those aged 15-18 attends high school (BPS, 2000). As such, about half of all young people are no longer in school by age 13 and that about three in five are out of school by age 15. In general, poverty and in the case of females, early marriage, are leading reasons for early school drop out (BPS, 2000). At the same time, employment opportunities are scarce for out-of-school youth in urban slums: only 29% of youth aged 15-19 and 56% of those aged 20-24 were reported to be economically active, including working on the streets and in domestic service (BPS, 2000).

Although national level data are limited, evidence from small studies in selected urban areas suggests that pre-marital sexual activity is not unknown among young people in Indonesia (Sapruddin, 1999, Sumiarni *et al.*, 1999, Satoto, 1995, Singarimbun, 1991, Khisbiyah, 1996). For example, the Indonesia Demographic Health Survey reports that 5.9% of young married women aged 20-24 reported pre-marital sexual activity (BPS/SDKI, 1997). Similarly, findings from a large study of about 3600 unmarried young people in 12 large cities in Indonesia indicated that between five and 30 percent were sexually experienced (Hatmadji, *et.al.*, 1993). A third study, of 875 young people aged 15-24 in the city of Medan- Sumatra, found that 27% of males and 9% of females had engaged in pre-marital sex (Situmorang 2001). There is, moreover, evidence that much of this sexual activity is unsafe: estimates suggest that about half of all those affected with HIV are aged 15-24, and those residing in Jakarta are most likely to be at risk (Departemen Kesehatan, 2001), and that about one third of all abortions conducted annually occur to women aged 15-24 (Khisbiyah, 1996; Wijono, 2000; Utomo, 2001).

Despite this, reproductive health information and services remain limited for unmarried youth. For example, a recent study conducted in West Java among 1189 rural and urban youth suggests that 60% remained poorly informed of sexual health issues including unwanted pregnancy and its risks. The study further highlighted the reluctance of parents and schoolteachers to convey information to youth on reproductive health issues (Departemen Kesehatan, 1995/1996). This reluctance is reinforced by norms, moral and religious values that restrict in practice young people's access to contraceptive and reproductive health services unless they are married. Insurmountable obstacles inhibit unmarried youth from acquiring services, counselling, or even public education related to family planning, safe abortion or STI treatment (Djaelani, 1996; Situmorang, 2001; The Jakarta Office of the Ford Foundation, 2000) and as a result youth tend to develop their own - sometimes risky - mechanisms for addressing sexual and reproductive health needs .

Young people residing in urban slums are particularly disadvantaged. They are more likely than others to be out of school and less likely to be engaged in economic activity. Housing conditions are modest and cramped, enabling little privacy. Typically, young people – particularly males – are observed to be “doing nothing”, socialising with peers at street corners and outside teashops located within the slum. Risky behaviours – including substance use and unprotected sex – are not unknown among young people in these settings, including Duri Utara, a typical peri-urban slum of Jakarta and locale for this study.

Setting

Duri Utara is located in the western part of Jakarta and is one of Jakarta's most densely populated peri-urban slums. It contains a population of 26,862, covers some 20 hectares and eight districts further divided into 14 sub-districts. The density of population is about 14,000 people per hectare. Housing is cramped, structures are semi-permanent and offer residents little privacy, light or air. Most homes have electricity but water and toilet facilities are shared and open drains run along the rows of homes. Escaping from these cramped quarters, young people – particularly young males – tend to assemble in “*Tongkrongan*”, selected locations along the lanes of the slum that provide a meeting place for networks of young males.

Like those in other slum areas, residents of Duri do have access to public health services in the vicinity (Community Health Services) as well as to private clinics. While these facilities do provide reproductive health services, such services are available, in practice, only to the married. As in Indonesia more generally, young people in Duri face huge obstacles in gaining access to accurate information on or services for their sexual and reproductive health needs.

Data and methods

Data are drawn from an entirely qualitative study of young people aged 15 – 24 years in Duri. The study was designed to be participatory, with selected local youth forming the research team. In a first step, investigators mapped locations in which young people congregated (“hung out”). Through discussions, youth leaders were identified and selected for the research team of the study. Peer researchers were extensively trained in research methods and interviewing techniques. Several phases of investigation were conducted, including a narrative exercise with 40 young males and six FGDs with 48 young males engaged in different activities (full- or part-time work, unemployed, residing in different parts of the slum), in-depth interviews with six young males as well as 14 best friends or partners, 3 parents, a community leader, a drug store keeper and two midwives, and participant observation. The narrative exercise and focus group discussions were held with the following groups of young males: (a) the unemployed, including one group of unemployed drug users; and (b) those with part-time or temporary employment. While the

original intention was to conduct this study among both young males and females, this strategy proved ineffective in recruiting sufficient females, and hence this paper is restricted to the perspectives of males. Study participants were selected purposively and the idea was to explore norms and practices.

Findings

Profile of young males

A mapping of the community suggests that youth aged 15 to 24 years comprise 20% of the population and number about 5000. The majority has some secondary or high school education, but about 15% are less educated. Despite the fact that the majority of young males are out-of-school, economic opportunities are limited and the majority of young males are unemployed, or have part time or temporary employment – as factory or construction workers, painters, machine operators, parking lot attendants or employees in restaurants and gambling stalls.

A large majority of young males are not, therefore, engaged in either schooling or work. These young men may usually be observed socialising in groups in public places such as malls, street corners, and alleyways, outside shops or mosques. The home, in contrast, is perceived as a place to eat and sleep but not to engage in social interaction. Sites at which young males do interact socially are known as *tongkrongan* (loosely translated as places to “hang out”). *Tongkrongan* tend to be loosely structured meeting places, with neither formal leaders nor fixed group membership. Although they tend to be open to all young people to “nongkrong,” in practice a young male will tend to associate himself with a particular *Tongkrongan*. *Tongkrongan* are selected for their geographic convenience (near home, near working activity, the same sub-district, better area) or for the peer network frequenting it (friends with similar characteristics and interests). *Tongkrongan* activity typically occurs until late at night.

Tongkrongan offer young males their main source of information, counselling and support with regard to friendship, girls and dating, as well as to sexual and reproductive health matters and problems. Young males report that the *Tongkrongan* enables them an opportunity to discuss intimate concerns that they are inhibited from raising with their parents. As expected however, this forum has both positive and negative influences. On the positive side, *Tongkrongan* are a source of information, support and peer counsel:

“What we (youth) do everyday is usually ‘nongkrong’, chatting, sometimes play playstation or Video-game . . . when we come together, we talk about daily activities . . . sometimes we talk about our private problems . . . about relationships . . .” (FGD, temporarily employed group)

“When we feel bad.... we can get support from friends we meet at the “tongkrongan” (FGD, unemployed group)

“We can exchange ideas, about each others’ problems” (FGD, temporarily employed group)

“Nongkrong is needed, when we nongkrong, we can communicate, so nongkrong is not always negative.” (FGD, unemployed group).

On the negative side, this peer network serves to perpetuate sexual misperceptions, and strengthens peer pressure for risky sexual and other behaviours. Young males describe a host of risky behaviours that they associate with their participation in these networks -- risky sex and

sex worker contacts, drug use, gambling, and reading and watching pornographic materials. Pressures to conform to high-risk group activities are repeatedly reported by young males in the area. Thus *Tongkrongan*, while a source of support to marginalized slum youth, may also be a leading factor influencing youth towards risky sexual experiences.

"Youth stay awake at tongkrongans ... In Duri, youth usually "nongkrong" because they have no jobs as their daily activity.. if they had jobs, they would not nongkrong so much." (FGD, unemployed group)

"During nongkrong ... yes usually we use drugs ... and we talk about girls Yes, firstly drugs, and secondly girls" (FGD, temporarily employed group, parking lot attendants)

"if we don't use drugs as our friend do at the tongkrongans, we feel uneasy, so we also use it (drugs) (FGD, temporarily employed group)

"Usually, we do not have any plan (to go to the brothel), only when we met at the "Tongkrongan"....." (in-depth interview, temporarily employed, 24 year old).

"parents do not care about their children, for example myself, my parents work and I don't get enough attention, to lessen boredom I go usually "nongkrong" for socialization ... it give us freedom, freedom to be drunk, to have sex with girls... no body care . . . I don't care, what important for me is be accepted by my friends ... because with friends we can change ideas ... " (in-depth interview, temporarily employed, 19 year old).

Risky sexual experiences

That large proportions of young males residing in Duri were sexually experienced was evident from the narratives, focus group discussions and in-depth interviews. Although they acknowledged the persistence of traditional norms prohibiting pre-marital sexual relations, only a small proportion of males – and larger proportions of females – were said to adhere to these social and religious restrictions on behaviour. Rather, discussions with young males revealed a wide perception of changing norms and widespread sexual activity: pre-marital sex was consistently reported to be quite "common" and "taken for granted." Indeed, as the following examples suggest, pre-marital sex had become part of the youth sub-culture in this setting:

"90% of the youth (boys) in Jakarta are not "pure" (never had sex) anymore ... but of course it depend on the person." (FGD, unemployed, drug user group)

Interestingly, several parents appear to be aware of the pre-marital sexual activity of young people and although disapproving, recognise that they have little authority to prevent it. One mother reported:

"It is the era, it is common among young people (to have pre-marital sex), it is already a tradition among the youth . . . " (in-depth interview, mother of an unemployed male aged 22).

Indeed, young males report that sexual activity is most likely to take place in their own homes in the absence of parents and the mother quoted above, perhaps an extreme case suggested that sexual activity even took place in the home when parents were present:

"She (girl friend of the son) often come here and get into his (son's) room but what can I say . . . " (In depth interview, mother of an unemployed male aged 22).

Partners are drawn both from the same neighbourhood and from outside it. Dating is said to include both non-penetrative and penetrative activities and young males report strategies used to pressure young females to engage in sex:

"yes, there are boys who take the chance with girls who are in love with the boy. The boy asks the girl to have sex as a proof of love. There are girls who – because of her love – are willing to do that" (In depth interviews, unemployed male, aged 23).

"Youth who date ... many of them become pregnant, but most of them are directly being married" (In depth interview, community leader)

Data also suggest that pre-marital sexual experiences are largely unsafe. Multiple partners, sex worker contacts and non- or irregular use of condoms were frequently reported.

"I can do it with my own girl's friend, but also with another (secret lover) (FGD, unemployed, drug user group)

Indeed, young males made a clear distinction between sexual relations with a steady partner and with a casual one. Pre-marital sex was used to refer to sex with a steady partner, one with whom marriage may be considered. On the other hand, "free" sex was the term used to describe sexual relations with casual partners (male or female), and particularly sex workers and call girls. Indeed, young males identify two types of paid sex partners: commercial sex workers and 'dongdot' or call girls. Commercial sex workers were described as older women, forced to accept any client, brothel based and charging "standard" prices. In contrast, "dongdot" or call girls were described as younger, and able to refuse clients, usually preferring 'young and attractive men'. Moreover, dongdot were not necessarily brothel based, often conducting their business in small hotels in the area; they were also considerably more expensive than commercial sex workers. For this reason, youth expressed a preference for brothel based sexual activity.

Sexual relations with sex workers were frequently reported and were often described as a group activity, usually spontaneous and largely dependent on the availability of cash:

"After drinking, we go to brothels (Focus group discussion, unemployed group; also mentioned that temporarily employed group).

"...when we met at the "Tongkrongan" he said 'hey, why don't we go across' (a symbol for the brothel near Duri), I said ok let's go if you pay" (In depth interview, temporarily employed male aged 24)

"yes we do it with girls, lets say with "dongdot" ... we all did it (everybody laughed) (FGD, unemployed, drug user group).

The extent to which young males engaged in sexual relations with sex workers depended to a considerable extent on the availability of resources. There was consensus that sex workers in the brothels most frequented by young males from Duri (Kalijodo and Muara Angke) charged between Rp. 30.000 and Rp. 50.000 (or \$3-\$5 in 2000), an exorbitant sum for the average

young male who, if employed, earned no more than Rp.25.000 (or US\$ 2.50) per day. Earnings from gambling were also described as used to support relations with sex workers.

“we go to the brothel almost once a week, and “buy” sex because he earned the money from gambling “(In depth interview, young male aged 24).

Masturbation was perceived as an alternative to free love if resources were unavailable or for those who believed that sex worker contacts were sinful. The topic of masturbation was raised frequently (in all FGDs, in depth interviews and narratives) and was referred to as a normal and common activity among young males and one that they were not ashamed to discuss among peers in the “*Tongkrongan*”. For example:

“Desire must be released. We do it by masturbation” (Focus group discussion, unemployed group)

“it is a habit (masturbation) . . . it’s a hobby . . .” ha ha ha (everybody laughs) (Focus group discussion, temporarily employed group)

“According to me every youth here did masturbation (Focus group discussion, unemployed group).

“After watching (pornographic) VCD we go to the bathroom and do “hallo-halo Bandung” (a term for masturbation) Yes there are also friends who go to the brothels“ (Focus group discussion, temporarily employed group)

Despite evidence of quite widespread risky sexual activity, condom use is negligible. Few young males reported its use and even fewer reported regular use of condoms:

“No condom, boys do not use condom ... if you use condom, it is not sex. Sex is skin to skin. . With protection it is not pleasant” (In depth unemployed male aged 23).

“I don’t use protection . . . I have no any thought about disease” (In depth interview, unemployed young male aged 23).

There is, moreover, limited awareness of its protectiveness and misconceptions and myths abound concerning safe sex behaviours.

“to prevent pregnancy, girls take pills .. capsule-M with sprite (soda water) ... if we forget to take the pill, the girl has to squat afterwards. Another way to prevent is peeing afterwards because at that time the sperm hasn’t got in so it can flow out with the pee ... (Focus group discussion, unemployed, drug user group)

After having sex I always drink jamu (herbs) or other pills (obat kuat) which can make me strong . . . just as prevention for diseases ...” (In depth interview, temporarily employed parking lot attendant aged 23).

Finally, young males report traditionally negative attitudes concerning its use and reveal, instead a sense of invulnerability to infection.

“I do not think that far . . . I do not bother” (Focus group discussion, unemployed group).

In summary, the evidence suggests that risky sexual behaviour is widespread among marginalized slum youth in Duri. Sex worker contacts are well known and condoms are rarely used. Peer networks are important in reinforcing and supporting risky behaviours and several peer group activities are reported that set the stage for risky behaviours.

Setting the stage for risky sexual behaviour

Young males report a number of activities that set the stage for sexual relations, particularly “free sex” relations. These include peeping into the homes of neighbours engaging in sexual relations and watching pornographic films as well as alcohol and drug use. By and large, these are described as group activities, conducted by two or more members of a *Tongkrongan*.

Peeping or observing couples having sex in their own homes is considered entertainment and easily available given the crowded living conditions, lack of privacy and open structures typical of Duri. Indeed young males describe how likely couples – those recently married for example – are identified and peeped upon by *tongkrongan* members as a way of setting the stage for sex:

"There is an open opportunity (easy to do peeping in the area) . . . so everyday I peep . . . so we get sexual desire. . . the way out is masturbate ...or better, to have sex " (Focus group discussion, temporarily employed group, mostly parking lot attendants).

"yes I also peep, but I do not masturbate, I did it with my partner in my room" (Focus group discussion, temporarily employed group, mostly parking lot attendants)

"there is a hole at the toilet ... we peep twice a day ... once we were caught and they ran away and never did it again" (Focus group discussion, temporarily employed group, mostly parking lot attendants).

Aside from peeping, sexual desire is aroused also by watching pornographic films. Young males report that sexual activity – both with girl friends and especially with sex workers -- is often preceded by group viewing of pornographic films:

"We watch VCD / BF . . . sometimes with a girl (among us) . . . then we are (sexually) aroused . . . we go to the bathroom (masturbation) . . . or we go to look for "dongdot" or sex workers" (Focus group discussions, temporarily employed group).

"it started with watching (pornographic) VCDs ... we became influenced (aroused) ... so we buy (sex) or if we don't have money we go to the bathroom (do masturbation) What they see in the video, they practice . . ." (Focus group discussions, unemployed, drug user group)

Drug and alcohol abuse was widely reported in the narratives, discussions and in-depth interviews. Young males estimated that about half of the young males in Duri had experimented with or were currently using drugs.

". . . the most popular activity among youth in Duri , most of them, youth ,is to consume drugs" (Focus group discussion, unemployed, drug user group)

Substance use was described as a peer group activity. On the one hand, it was widely associated with peer group pressure; on the other, it was recognised as setting the stage for sexual relations. Several young males acknowledged that they were unable to resist peer pressure to engage in substance use in the *Tongkrongan*.

“Influence of peer . . . if we do not use they will say . . . you are like a girl, like a transvestite . . . “ (Focus group discussion, unemployed group)

“I don't feel comfortable when I come and gather with them but do not use . . . to respect them finally I also use (drugs) ” (Focus group discussion, unemployed group)

Young males reported the link of drugs to sexual desire and relations repeatedly. Many study participants reported using drugs prior to having sex with both girl friends and sex workers:

“After using shabu (methamphetamine) . . . about 6 months (I have been using it) . . . after using it desire to have sex is very high “ (Focus group discussion, unemployed, drug user group)

“first drinking ...then we become drunk and sexually aroused , somebody asks to go to Angke (brothel) so we go to Angke ... (Focus group discussion, temporarily employed group, mostly parking lot attendants).

“buy drugs ...use drugs and directly my sexual desire is aroused .. then use the girl ...everybody here have used her (referring to a sexual active girl in the area) (Focus group discussion temporarily employed group, mostly parking lot attendants).

“after using shabu I lost control, ... I do not think about disease ... the only thing I want to do is having sex (In depth interview, unemployed young male aged 23).

“Saturday night, after salary day,, we go together with friends, we go to brothels .. five of us, under the influence of alcohol we have sex with the girls (sex workers) (In depth interview, temporarily employed young male aged 24).

As a group activity, drug use included sharing needles: *“The needle . . . we use together . . .”* and although risks relating to sharing of needles were not particularly well understood, young males appeared to associate several mental and physical disorders and deaths of young people in the neighbourhood with drug use

“It depends on the package (of heroin) ... we can use it together among the three of us” (Focus group discussion, temporarily employed group).

“Already three of our friends (in one district) died . . . in a couple of years four friends died . . . usually (because of) PT (Putaw= heroin) . . . they are friends who usually hang around with us” (Focus group discussion, unemployed group).

In summary, peer networks offer young, marginalized males opportunities that set the stage for risky sexual relations, while at the same time, enabling them to access sex worker partners and transmitting messages that associate masculinity with such risky behaviours as drug use and non-use of condoms. Such consequences as infection and unwanted pregnancy are not unknown.

Outcomes of risky sexual activity

Study participants were not unfamiliar with the adverse consequences of risky sexual relations. Several acknowledged the experience of symptoms and expressed fear of HIV:

“That night (after visiting brothel) when he wanted to pee, his penis hurt very bad He went to the doctor and the doctor asked “you like to go to the brothel, don’t you?” (Focus group discussion, temporarily employed group, mostly parking lot attendants).

“it itches . . . I think I get a disaster . . . do I have AIDS?” (Focus group discussion, temporarily employed group, mostly parking lot attendants).

“... one time I got a disease but taking ampicillin (antibiotics) 500, after three days recovered ... just drink herbs, you won’t get (sexually transmitted) disease, you can be sure of traditional herbals ” (In depth interview, temporarily employed parking lot attendant aged 23).

By and large however, symptoms of sexually transmitted infection were a source of pride and masculinity and a signal of prowess but also perceived as inevitable.

“I don’t think that far, I do not bother. “ (Focus group discussion, temporarily employed group)

“I go to the brothel ... if we got a disease ... it is fate ... have thought about it but never got it “(Focus group discussion, unemployed group).

As a source of pride, sexually transmitted infections were openly discussed in peer networks. Indeed, it was this network through which young males learned of the experiences of their peers and obtained information concerning treatment seeking.

Making a girl pregnant, similarly, was not always perceived as a negative outcome. Rather, on the one hand it was perceived as a strategy whereby to force parents to consent to the marriage of their young son. Young males reported convincing or coercing their girlfriends to become pregnant so that the girls’ parents are forced to accept the relationship and they can get married.

“I want my girl to be pregnant, to prove . . . you know my parents don’t care . . . If I haven’t done this (having sex and making my girlfriend pregnant) my parents wouldn’t see (care)...” (Focus group discussion, unemployed, drug user group).

“There are many youth here who just do it (have sex) because parents do not agree with the relation” (In depth interview, temporarily employed male aged 23).

“many (unwanted pregnancy) happen here, and not only in Duri. It happens because of the parent factor, because parents don’t permit it, they just do it (sex, become pregnant)” (FGD, unemployed)

Interviews with parents would reinforce this perception. For example:

“If my daughter become pregnant, the only way is being responsible, they must be married . . . (In depth interview, mother of female aged 16).

“Yes to my observation, they are already like husband and wife... I am afraid that the relationship will break than it will be a pity for the girl ... I am afraid she will be pregnant...” (In depth interview, mother of unemployed male aged 23).

On the other hand, if unwanted or if marriage was not an option, pregnancy was perceived as an unfortunate event that was easily remediable through abortion.

"There are many girls here who get pregnant ... there are many who did abortion
(Focus group discussion, unemployed, drug user group)

"of those who became pregnant, there are those who married, and there are those who did abortion" (in depth interview, temporary employed, aged 23).

"because of shame she wanted to do abortion, and she took a small pill" (in depth interview, temporarily employed, aged 22).

Clearly, findings suggest that neither infection nor pregnancy is necessarily perceived as adverse consequences of sexual relations by young males.

Conclusions and recommendations

The findings of this case study highlight the extreme vulnerability of marginalized urban youth in Jakarta. Poorly educated, with few employment opportunities and residing in semi-permanent structures with little privacy, young males turn to peer networks and *tongkrongan* for support, information and counselling. While peer networks do indeed play a positive role in these respects, their influence is not entirely positive and risky sexual and related behaviours are observed to be reinforced by peer group networks. Young males report drug use, peeping and accessing pornographic materials to set the stage for sexual activity, and such activities as gambling and stealing to obtain the money necessary to engage in free sex. From discussions, it appears that these behaviours are perceived as substitutes for lack of work and other legitimate opportunities for young people.

Findings reiterate risky sexual behaviours. While committed relationships with females in the neighbourhood are reported, young males report "free sex" with casual partners including sex workers, rarely use condoms and remain poorly informed about safe sex practices. Peer pressure to engage in peeping, and drug use followed by sex worker relations are widely described. And finally, infection and pregnancy are not necessarily perceived as negative outcomes of sexual relations but rather are seen as events reinforcing masculinity and male prowess, precipitating a wanted marriage or easily remediable through abortion.

Several programmatic recommendations are evident from this study. This study has clear lessons for the content of interventions for marginalized young males in Duri as in other slum areas. Misconceptions and lack of complete awareness about sexual risk behaviours must be addressed in ways that are acceptable to the peer network; messages concerning condom use in particular must be reinforced, given the widespread resort to sex workers and call girls. Youth must be apprised of the potential risks of drug abuse and its links to risky sexual behaviour and the spread of STIs and HIV/AIDS.

At the same time, it is evident that young males are in need of adult counselling and support. A frequently mentioned concern revealed in FGDs and in-depth interviews was the lack of opportunities to discuss sexual health issues with adults, be they counsellors, parents or providers – indeed the need for programmes that provide for mentoring relationships with key adults was a recommendation made by young people themselves. Programmes are needed therefore that foster these mentoring relationships on the one hand, and that are addressed to apprising parents about sexual health issues, reducing their inhibitions about communicating sexual health messages with their children and enabling them to provide support and counselling to their children on the other.

Clearly, the current in-school focus of sexuality education must be expanded to reach those out-of-schools as well. Given the importance of peer networks and the visibility of the tongkrongan in Duri, programmes and interventions are needed that are acceptable to and engage young people through these networks. Non-governmental organisations may play a vital role in fostering such programmes at tongkrongan and peer network levels, and the findings of this study suggest that a promising mechanism may be the use of trained local peer leaders to provide this education.

Most important however, is the need reiterated in this study for special efforts that address the environment factors that have contributed to the extreme vulnerability of young males in the study, notably poverty and lack of economic and other opportunities. There is an urgent need to engage young males -- and females -- in urban slums -- through life and vocational skill building, employment opportunities and other recreational activities.

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