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Characteristics And Risk Factors Of Hiv Incidence In Adolescents And Young Adults Aged 10-24 Years In Bandung City 2023-2025 Period

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Abstract

HIV remains a public health problem worldwide, including in Indonesia. Research on the characteristics and risk factors for HIV cases in the 10-24 age group in Bandung City is still limited. This study aims to describe the characteristics and risk factors for HIV cases in adolescents and young adults aged 10-24 in Bandung City for the period 2023-2025. This study used a descriptive quantitative method with a retrospective design through a retrospective report review approach. The data used were secondary data from the HIV/AIDS Information System (SIHA) of the Bandung City Health Office. The sample was obtained using a total sampling technique and 383 cases that met the research criteria were analyzed using univariate analysis and cross-tabulation. The results showed that the most HIV cases were found in young adults aged 20-24 years (293 cases (76.5%), men (351 cases (91.6%), high school/equivalent education (214 cases (55.9%), and private sector employees (99 cases (25.8%). The most frequently recorded risk factor each year is homosexuality or men who have sex with men (MSM), namely 56 cases (77.8%) in 2023, 119 cases (70.8%) in 2024, and 99 cases (69.2%) in 2025. Another risk factor that is quite frequently recorded is Children of PLHIV Mothers. This study provides an overview of the characteristics and distribution of risk factors for HIV cases recorded in the 10-24 year age group in Bandung City and can be supporting information in the preparation of promotive and preventive efforts that are appropriate to the characteristics of the target.

Keywords: HIV, Adolescents, Young Adults, Characteristics, Risk Factors

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1. Introduction

HIV (Human Immunodeficiency Virus) is a virus that attacks the human immune system and can develop into AIDS (Acquired Immunodeficiency Syndrome) if not treated properly (Jaenab et al., 2021; Natasya et al., 2025). HIV can be transmitted through sexual contact, exposure to contaminated blood, and from mother to child during pregnancy, childbirth, or breastfeeding (Djiadeu et al., 2023). Globally, HIV remains a public health challenge. By 2024, an estimated 40.8 million people are living with HIV worldwide, with 1.3 million new infections and 630,000 AIDS-related deaths (Global HIV statistics, 2025). In Indonesia, it is estimated that by 2025 there will be around 564,000 people living with HIV (Muhawarman, 2025).

The adolescent and young adult groups are important groups to pay attention to because they are in a developmental transition phase accompanied by physical, cognitive, psychosocial, educational, work and interpersonal relationship changes (Adolescent health, 2025). In this age group, various behavioral patterns, including sexual behavior, begin to form, which can impact current and future health. In West Java, HIV cases have also been found among children, adolescents, and young adults. Data cited in the research report shows that in West Java there are more than 2,900 cases in children and adolescents, including 645 cases aged 15-19 and 2,164 cases aged 20-24 (Bagaskara, 2025).

In Bandung City, the increase in cases among young people is also a concern. Data from the West Java Provincial Health Office shows that HIV cases among the 15-19 age group increased from 7 cases in 2019 to 59 cases in 2023 (Open Data Jabar, 2024). Bandung City is an area with high population mobility and educational activity, so the environmental characteristics and social patterns of the 10-24 age group are important to consider in HIV prevention efforts (Dinas Kesehatan Kota Bandung, 2025).

HIV incidence among people aged 10-24 years has diverse characteristics, including age, gender, education level, and occupation. Risk factors recorded in the SIHA are also diverse, including children of mothers living with HIV, prospective brides, homosexuals or men who have sex with men, pregnant women, and transgender women. Previous research has largely been conducted in other regions or populations, so it has not specifically described the distribution of HIV characteristics and risk factors among the 10-24 year old group in Bandung City.

The significant impact of HIV and the limited local picture underpin this study. The study aims to describe the characteristics and risk factors for HIV among adolescents and young adults aged 10-24 in Bandung City for the period 2023-2025, based on secondary data from the Bandung City Health Office. The results are expected to provide supporting information for developing promotional and preventive reproductive health efforts, including HIV education, counseling, screening, and prevention, in accordance with the role of health workers.

2. Research Methods

This descriptive quantitative study used a retrospective report review of secondary data from teh HIV/AIDS Information System (SIHA) and HIV case recapitulations at the Bandung City Health Office for 2023-2025. The study population comprised all recorded

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HIV cases aged 10-24 years in Bandung City during the study period. Total sampling was applied. After eligibility sceening and removal of duplicate records based on patient ID, 383 cases were included.

Data on age, gender, education, occupation, and recorded HIV risk factors were collected using a data extraction sheet. Data were edited, coded, entered, cleaned, and tabulated. Data were analyzed descriptively using frequency and percentage distributions and crosstabulation of characteristics by risk factor group. Multiple Response Sets in SPSS were applied to risk factors because one case could have more than one recorded category, therefore, risk factor totals could exceed the number of cases.

Ethical approval was obtained from the Health Research Ethics Committee of the Faculty of Health Sciences and Technology, Jenderal Achmad Yani University, Cimahi, under number 028A/KEPK/FITKes-Unjani/VI/2026, along with relevant research permits. Personal identifiers were excluded, and confidentiality was maintained.

3. Results and Discussion

a. Result

Based on secondary data from the Bandung City Health Office's SIHA (Indonesian HIV and AIDS Association) for the 2023-2025 period, 383 HIV cases were identified in the 10-24 age group that met the study criteria. The results are presented based on case characteristics, risk factors, and the distribution of characteristics by risk factor.

Table 1. Characteristics of HIV cases

Characteristics	n	%
Age		
Early Adolescence (10-14 years)	5	1.3
Late Adolescence (15-19 years)	85	22.2
Early Adulthood (20-24 years)	293	76.5
Gender		
Man	351	91.6
Woman	32	8.4
Level of education		
Unknown	109	28.5
Never Went to School	2	0.5
Elementary School/Equivalent	7	1.8
Junior High School/Equivalent	24	6.3
High School/Equivalent	214	55.9
College	27	7

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Work		
Unknown	119	31.1
Doesn't work	40	10.4
Students	84	21.9
Manual Laborer	5	1.3
Private Employees/Staff	99	25.8
Self-Employed/Own Business	10	2.6
Medical Professionals	2	0.5
Non-Medical Professionals	3	0.8
Sailor	3	0.8
Sex Workers	2	0.5
Etc	16	4.2
Total	383	100

The highest number of HIV cases was recorded in adults aged 20-24, with 293 cases (76.5%). Based on gender, males were the largest group, with 351 cases (91.6%). The highest level of education recorded was high school or equivalent, with 214 cases (55.9%). Regarding employment, private sector employees were the most common occupational category among those recorded, with 99 cases (25.8%), although there were 119 cases (31.1%) with unknown occupational data.

Table 2. HIV Risk Factors

Risk Factors	Year					
	2023		2024		2025	
	n	%	n	%	n	%
Child of a mother with HIV	12	16.7	24	14.3	24	16.8
Future bride and groom	0	0	2	1.2	3	2.1
Homosexual/MSM	56	77.8	119	70.8	99	69.2
Pregnant mother	1	1.4	4	2.4	4	2.8
Transvestite	0	0	2	1.2	0	0
Total Annual Cases (N)	72		168		143	

Homosexuality/MSM was the most frequently recorded risk factor in each study year, with 56 cases (77.8%) in 2023, 119 cases (70.8%) in 2024, and 99 cases (69.2%) in 2025. The next most frequently recorded risk factor was children of HIV-positive mothers. Other categories, such as pregnant women, prospective brides, and transgender women, were recorded in lower proportions.

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Table 3. Characteristics Based on HIV Risk Factors

Characteristics	Risk Factors				
	AIO	CP	MSM	IH	W
Age					
Early Adolescence (10-14 years)	3 (5%)	0 (0%)	1 (0.4%)	0 (0%)	0 (0%)
Late Adolescence (15-19 years)	14 (23.3%)	2 (40%)	60 (21.9%)	0 (0%)	0 (0%)
Young Adults (20-24 years)	43 (71.7%)	3 (60%)	213 (77.7%)	9 (100%)	2 (100%)
Gender					
Man	49 (81.7%)	2 (40%)	274 (100%)	0 (0%)	2 (100%)
Woman	11 (18.3%)	3 (60%)	0 (0%)	9 (100%)	0 (0%)
Level of education					
Unknown	28 (46.7%)	1 (20%)	62 (22.6%)	4 (44.4%)	1 (50%)
Never Went to School	1 (1.7%)	0 (0%)	1 (0.4%)	0 (0%)	0 (0%)
Elementary School/Equivalent	2 (3.3%)	3 (60%)	2 (0.7%)	0 (0%)	0 (0%)
Junior High School/Equivalent	3 (5%)	0 (0%)	14 (5.1%)	1 (11.1%)	0 (0%)
High School/Equivalent	25 (41.7%)	1 (20%)	171 (62.4%)	4 (44.4%)	1 (50%)
College	1 (1.7%)	0 (0%)	24 (8.8%)	0 (0%)	0 (0%)
Work					
Unknown	24 (40%)	1 (20%)	74 (27%)	4 (44.4%)	1 (50%)
Doesn't work	6 (10%)	1 (20%)	21 (7.7%)	3 (33.3%)	0 (0%)
Students	11 (18.3%)	0 (0%)	71 (25.9%)	0 (0%)	0 (0%)
Manual Laborer	0 (0%)	1 (20%)	2 (0.7%)	0 (0%)	0 (0%)
Private Employees/Staff	10 (16.7%)	1 (20%)	84 (30.7%)	1 (11.1%)	1 (50%)
Self-employed/Own business	3 (5%)	1 (20%)	6 (2.2%)	0 (0%)	0 (0%)

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Medical Professionals	0 (0%)	0 (0%)	1 (0.4%)	1 (11.1%)	0 (0%)
Non-Medical Professionals	1 (1.7%)	0 (0%)	2 (0.7%)	0 (0%)	0 (0%)
Sailor	0 (0%)	0 (0%)	3 (1.1%)	0 (0%)	0 (0%)
Sex Workers	1 (1.7%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Etc	4 (6.7%)	0 (0%)	10 (3.6%)	0 (0%)	0 (0%)

Information :
AIO: Child of a Mother with HIV MSM: Men Having Sex with Men W : Transvestite
CP: Prospective Bride and Groom IH: Pregnant Women

In general, the distribution of characteristics based on risk factors shows a tendency for dominance in the 20-24 age group with 213 cases (77.7%) and men with 274 cases (100%) in most risk factor groups. In terms of education, high school/equivalent with 171 cases (62.4%) was the most common category found in the risk factor group. In terms of occupation, private sector employees with 84 cases (30.7%) were one of the most frequently recorded categories. However, some groups had unknown education and occupation data, so interpretation needs to consider the completeness of the recording.

b. Discussion

Research results based on secondary data from the Bandung City Health Office's SIHA for the 2023–2025 period show that of the 383 HIV cases in the 10–24 age group, the majority were found in the 20–24 age group, namely 293 cases (76.5%). Based on gender, the majority of cases occurred in males, namely 351 cases (91.6%). Meanwhile, high school education or equivalent was the most commonly recorded level of education, namely 214 cases (55.9%), and private sector employees were the most commonly known job category, namely 99 cases (25.8%). The dominance of the 20–24 age group is in line with the 2024 Indonesian Health Profile, which shows that HIV cases in this age group are more numerous than in the 15–19 age group (Nugraha et al., 2025). The male predominance also aligns with the national HIV case profile and should be considered alongside the high prevalence of risk factors among men who have sex with men (MSM). High school education or equivalent and private sector employment may reflect the social characteristics of the case group, most of whom are in transition to adulthood. However, the unknown education and employment data of 28.5% and 31.1%, respectively, require consideration when interpreting the study results.

These characteristics can be understood in the context of development from late adolescence to young adulthood. The Nelson Textbook of Pediatrics explains that this period is characterized by increasing independence, developing decision-making skills, and expanding social interactions through education, work, and interpersonal relationships (Holland-Hall, 2020). However, the age, gender, education, and occupation

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characteristics in this study only reflect the distribution of recorded HIV cases. The results cannot be used to conclude that these characteristics directly cause HIV.

Based on the five risk factor categories analyzed, MSM was the most frequently recorded category during the study period. The number of cases in this category was 56 (77.8%) in 2023, 119 (70.8%) in 2024, and 99 (69.2%) in 2025. These findings align with research showing a high HIV prevalence among young men who have sex with men (YMSM) in urban areas of Indonesia (Johnston et al., 2021). Other research also shows the dominance of MSM as a risk factor in HIV cases in Banyuwangi Regency (Fawwaz et al., 2026). Regionally, UNAIDS has identified men who have sex with men as a key population in HIV response efforts and reports that this group is approximately 18 times more likely to be living with HIV globally than the general adult population (UNAIDS, 2025).

The dominance of the MSM category can be understood from both biological and social perspectives. Biologically, anal intercourse carries a higher risk of HIV transmission because the rectal mucosa is susceptible to microscopic damage, which can become a pathway for the virus to enter when exposed to bodily fluids containing HIV (Ismayanti and Suryamah, 2022). On the other hand, stigma, discrimination, and concerns about confidentiality of services can be barriers for some people in accessing HIV testing and services (Stephens and Surjan, 2022; World Health Organization, 2023). Although the proportion of recorded MSM cases showed changes over the study period, these changes cannot be directly interpreted as a decrease in HIV risk or incidence in the MSM population. This study only describes the distribution of cases recorded in the SIHA and does not measure HIV risk in the entire MSM population in Bandung City.

The second most frequently recorded category is children of mothers living with HIV (PLHIV), namely 12 cases (16.7%) in 2023, 24 cases (14.5%) in 2024, and 24 cases (16.6%) in 2025. This category describes cases in individuals who have a recorded history of mothers living with HIV. HIV transmission from mother to child can occur during pregnancy, childbirth, or breastfeeding (World Health Organization, 2025). Therefore, efforts to prevent mother-to-child transmission require HIV detection, antiretroviral therapy, appropriate pregnancy and delivery services, and follow-up for both mother and baby (Aboubacar Ahidan et al., 2023). Reported that cases of HIV infection in children born to mothers with HIV are still found in Western French Guiana, so monitoring and prevention efforts from pregnancy remain important.

In this study, cases of children of HIV-positive mothers were also found in the 20–24 age group, with a total of approximately 43 cases (71.7%). One possible explanation that needs to be considered is that individuals infected from birth experience slow disease progression and are lost to follow-up, which can persist into adolescence or young adulthood (World Health Organization, 2021, 2013). However, this explanation cannot be confirmed because the analyzed data did not directly account for age at infection, treatment history, or disease course of each individual. Therefore, these findings are more accurately interpreted as the distribution of cases based on age and recorded risk factor categories.

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In the context of obstetric care, findings regarding the category of children of mothers living with HIV reinforce the importance of midwives' role in supporting HIV testing in pregnant women, providing counseling, supporting adherence to antiretroviral therapy according to established guidelines, and ensuring follow-up and referrals for mothers and babies. Midwives also play a role in providing appropriate education and maintaining the confidentiality of patient information to ensure non-discriminatory access to health services (Kementerian Kesehatan Republik Indonesia, 2021). However, the results of this study were not used to determine a causal relationship between maternal HIV status and HIV incidence in children, but to describe the distribution of cases based on risk factor categories recorded in the SIHA.

Meanwhile, the categories of prospective brides, pregnant women, and transgender women were recorded in lower numbers than MSM and children of mothers living with HIV. This difference in numbers indicates variations in the distribution of risk factor categories in HIV case data for the 10–24 age group in Bandung City during the 2023–2025 period. However, a lower number of cases does not necessarily mean that these groups are at lower risk of HIV. The number of cases recorded in this study reflects the distribution of HIV cases among adolescents and young adults based on the categories available in the Bandung City Health Office data. Therefore, each category still needs to be considered in efforts to provide education, counseling, early detection, and HIV services tailored to the needs of the target group.

Overall, men who are sexually active (MSM) were the most frequently reported category, followed by children of mothers living with HIV (PLHIV). These findings provide an overview of the distribution of characteristics and risk factor categories in HIV cases in the 10–24 age group in Bandung City, based on SIHA data for the 2023–2025 period. This information can be used as a basis for strengthening health education, early detection, counseling, and HIV services tailored to the characteristics of the target group, including through comprehensive and non-discriminatory midwifery services.

This study used secondary data from the Bandung City Health Office's SIHA (Indonesian Health Association for HIV/AIDS) data, so the analysis relies on the completeness and accuracy of the available data recording. Some educational and occupational data are unknown, so interpretation of these two characteristics requires caution. Furthermore, this study only analyzed five risk factor categories selected for the journal discussion, so the results do not reflect all risk factor categories that may be recorded in the SIHA. This study is also descriptive in nature, so it cannot be used to establish causal relationships or infer the magnitude of HIV risk in one group compared to another. The results should be understood as a depiction of the distribution of HIV cases recorded in the 10–24 age group in Bandung City during the period 2023–2025.

4. Conclusion

This study describes HIV case characteristics and recorded risk factor distributions among adolescents and young adults aged 10-24 years in Bandung City during 2023-2025. Most cases were aged 20-24 years (76.5%) and male (91.6%); high school/equivalent education (55.9%) and private sector employment (25.8%) were the most frequently

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recorded categories, although education and occupation were unknown in 28.5% and 31.1% of cases, respectively. Among the five risk factor categories analyzed, MSM was the most frequently recorded each year, followed by children of mothers living with HIV. These descriptive findings may support targeted promotive and preventive services, including midwifery care, but do not establish causal relationships or population level HIV risk.

5. Compliance with ethical standards

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Disclosure of conflict of interest

The author declares that there is no conflict of interest in the research and preparation of this article.

Statement of informed consent

This study used secondary data, so individual informed consent was not obtained from the subjects. Data use was based on institutional permission and ethical approval, while maintaining the confidentiality of individual identities.

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