

COUNTRY BRIEF

OUR RIGHT TO HEALTH:

*Investing in the Transformation of
Healthcare for Transgender People*



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Transformation *of*
Health Care *for*
Transgender People

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ACKNOWLEDGEMENTS

The Asia Pacific Transgender Network would like to thank all those who contributed to this project, the first large-scale trans community-led research in the region, especially the trans people who provided their time and shared their invaluable experience for the survey. The regional and national research has been an extensive process spanning nearly five years from inception. The first meeting was held in Bangkok, Thailand, from 14-15 October 2014 with participants from six countries. APTN is grateful to the national partners. We would like to especially thank the national team in Indonesia who contributed their time, ideas and exercised patience through complex and time-consuming negotiations to make this brief a reality. They include, Ienes Angela, Wawa Reswana, Sasha Ramdhani, Abhipraya Mochtar (Erkhy), Rere Agistya, Ratna Sharma, Titin Wahab, Tommy Zahrawan Dina Listiorini, Indana Laazulva, Elizabeth Shanty, and Mustakim (Shiro).

APTN is also grateful to the commitment and support it received from the UNAIDS Regional Support Team in Bangkok, we especially acknowledge the invaluable support of Tony Lisle (retired) and Manuel da Quinta. A special thanks to current and former APTN staff, including Kevin Halim, Thanapoom (Omo) Amatyakul, and Apimon (Kik) Nitipisanon, Wimon (Neng) Srinoparatwatana, Shrutika Badguja, Samreen Shahbaz, and interns Mark, Mookie, First and Jinhee as well as Joe Wong and Natt Krapiet who led the study inception and mobilisation of the funds.

We would also like to thank, Sangita Singh for writing the country brief, and also preparing key informant interview guidelines; Jack Byrne for preparing the regional focus group discussion guidelines; Azra Abdul Cader, Samreen Shahbaz and Dhivya Kanagasingham (ARROW) for the desk review; Sundus Iftikhar for development of the database and statistical support; Kylie Fisk for data analysis and for leading the drafting of regional report with technical support from Jack Byrne, Sarah Zaidi and Samreen Shahbaz; Sam Winter and Sarah Zaidi for study conceptualisation and for supporting APTN and working on the research design, and presentations. APTN also acknowledges the support of Save the Children, Nepal, specifically Quoc Nguyen, Dr. Zakir Kadirov, Bhawani Dahal, and Roshan Shrestha.

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ACRONYMS AND ABBREVIATIONS

AIDS

Acquired Immunodeficiency Syndrome

APTIN

Asia Pacific Transgender Network

ARROW

The Asian Pacific Resource and Research Centre for Women

ART

Antiretroviral Therapy

CBO

Community-based Organisation

CBS

Community Based Survey

FGD

Focus Group Discussions

GFTAM

Global Fund to Fight AIDS, Tuberculosis and Malaria

GOI

Government of Indonesia

GWL INA

Jaringan Gaya Warna Lentera

HIV

Human Immunodeficiency Virus

HCP

Health Care Provider

HTC

HIV Testing and Counselling

IRB

Institutional Review Board

KII

Key Informant Interview

LGB

Lesbian, Gay, Bisexual

LGBT

Lesbian, Gay, Bisexual, Trans

MSM

Men who have Sex with Men

NHIS

National Health Insurance Scheme

PDSKJI

Indonesian Psychiatrists Association

PEP

Post Exposure Prophylaxis

PEPFAR

President's Emergency Plan for AIDS Relief

PLHIV

People Living with HIV

PREP

Pre-Exposure Prophylaxis

REDCap

Research Electronic Data Capture

SD

Standard Deviation

SPSS

Statistical Package for Social Sciences

SS

Sanggar Swara

STI

Sexually Transmitted Infections

WHO

World Health Organisation

YSS

Yayasan Srikandi Sejati

TERMINOLOGY

Transgender and Trans

In this report, we use transgender and trans interchangeably as an umbrella term to refer to the lived diversity of gender identities and forms of gender expression of the respondents. Culturally specific terms for trans people are evolving and are often best understood within the local, social, cultural, religious, and/or spiritual contexts in which they have been defined. We use the following definition of a trans person in line with the *Blueprint for the Provision of Comprehensive Care for Trans People and Trans Communities in Asia and the Pacific*:

“Persons who identify themselves in a different gender than that assigned to them at birth. They may express their identity differently to that expected of the gender role assigned to them at birth. Trans persons often identify themselves in ways that are locally, socially, culturally, religiously, or spiritually defined.”

Culturally Specific Terms

TRANS WOMEN (assigned male at birth): In Indonesia, trans people who identify as women use multiple terms to refer to self-identify. These include Transpuan, Waria, Banci, Bencong and Wandu. For the purposes of this report we will refer to trans people who identify as women as Transpuan, a culturally specific and widely used term in Indonesia.

TRANS MEN (assigned female at birth): In Indonesia people who identify as men also use multiple terms to self-identify themselves. These include, Laki Laki, Trans men and Priawan. Trans men and Priawan are two distinct categories of people who identify as men. Trans men in Indonesia will undergo gender affirming measures including taking hormones and surgery where possible. Priawan who also identify as men will not undergo any such gender transitioning measures. For the purposes of this report we will refer to trans people who identify as men as Trans men and Priawan to accurately reflect the contexts of their experiences.

Gender Identity

We use this term to describe an individual’s personal sense of their gender. This can be associated with their sex assigned at birth or be different from it.

Gender Expression

We use this term to describe how people physically express and communicate their gender in culturally appropriate ways. Usually this is to communicate their femininity, masculinity, or genderlessness to other people.

Transition

Trans people seek to be recognised socially and legally based on their gender, not based on the sex they were assigned at birth. For many trans people this involves seeking gender-affirming medical care (such as hormone replacement therapy, gender-affirming surgeries, etc.), based on informed consent, to change their body to match their gender. This process is called transition. Transition is an individual choice and journey.

Gender-Affirming Health Services

This term is used to describe any medical interventions a trans person takes to medically transition. Medical transitioning includes taking gender-affirming hormones (estrogen, anti-androgens or testosterone) and/or undergoing surgical interventions to align their body with their gender identity. This could include, for example, “top” (e.g., chest reconstruction surgery) and “bottom” (e.g., vaginoplasty, phalloplasty, metoidioplasty, etc.) surgeries.

¹ Health Policy Project, Asia Pacific Transgender Network, United Nations Development Programme (2015) *Blueprint for the Provision of Comprehensive Care for Trans people and Trans communities*. Washington, DC: Futures Group, Health Policy Project. Retrieved from: <https://weareaptn.org/wp-content/uploads/2017/10/blueprint-comprehensive.pdf>

ABOUT *this* COUNTRY BRIEF

In 2019, Gaya Warna Lentera Indonesia Network (GWL Ina)² and the Asia Pacific Transgender Network (APTN)³ embarked on an ambitious research project to document the barriers and gaps to accessing STI, HIV and other health services for trans people in four countries (Indonesia, Nepal, Thailand and Vietnam). The research was designed and implemented by trans researchers in each country. The brief outlines the research findings and provides information and recommendations on HIV and other healthcare services for trans people in national settings, the barriers in accessing these services, and the ways in which barriers can be removed through policy and programmatic change and community empowerment.

Consistent with our community principles of “Nothing about us without us”, this process has built the capacity of trans people to utilise research methodologies and data to collect information for evidence-based advocacy to promote quality and trans-appropriate and competent services. This research aims to bridge the gaps in the availability of trans-specific data. We believe this is the first large scale trans community-led research providing essential information into the lives of trans people in Indonesia and the region. This research was made possible through funding from the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) and Save the Children Nepal.⁴

OVERVIEW

Overview of the HIV and Health Context for Trans people in Jakarta

In Indonesia, Transpuan, loosely translated to trans women (male to female) and trans men and Priawan (female to male) communities often migrate to cities in search of safer and more secure communities. Transpuan generally have lower levels of education which limits their employment prospects, as such they often engage in sex work, entertainment industry and/or street busking for income. Lower rates of education are also linked to poorer health outcomes including lower levels of treatment retention, adherence and viral suppression. There have been very few quantitative or qualitative studies on Indonesia’s trans men and the Priawan community. While they might fall under a typical trans umbrella where their sex assigned at birth is not in congruence with their gender, these two groups have distinct difference. Those that self-identify as trans men in Indonesia may choose to undergo gender-affirming measures including taking hormones and surgery if possible whereas those who self-identify as Priawan do not undergo any such gender transitioning measures.

Our study reveals and explores the experiences of Transpuan, Priawan and trans men in accessing STI, HIV and trans-competent health care services. It provides compelling evidence that highlights a pressing need to remove harmful and punitive measures that allow for the perpetration of harassment and violence against trans people. Barriers to accessing health care lead to delays in seeking health care or not attending at all despite the need. These include security issues at clinics, inconvenient timings and lack of transport as well as anticipated discrimination, past negative experiences and health care providers (HCPs) who are not knowledgeable about trans health. Findings of our study highlight that, in order to meet fast track targets and eliminate HIV in this population, there is a need for greater trans-competent health care guidelines and standards of care both for HIV and gender-affirming care to ensure that services for trans people are available, accessible, of high quality, and stigma free.

²Jaringan Gaya Warna Lentera is a network of CBOs working on issues of HIV, health, and human rights. Established in 2007 in Surabaya, the members work on communication and coordination in HIV control programmes and to strengthen advocacy related to fulfillment of sexual and reproductive health and human rights.

³The Asia Pacific Transgender Network (APTN) advocates for the protection of the legal, social and human rights of trans people as well as the enhancement of their social well-being and quality of life in the Asia-Pacific region.

⁴Save the Children is the principal recipient for the 3-year (2018-2020) regional Key Populations Research and Advocacy (KPRA) project in South and Southeast Asia. The aim is to gather evidence for community-led HIV prevention, testing and other health services amongst key populations of people living with HIV (sub-recipient APN+), people who use drugs (ANPUD), sex workers (APNSW), and trans people (APTN).

⁵Gus Cairns. NAM aidsmap: Indonesia: tackling HIV in one of the world’s fastest-growing epidemics. 4 September 2018 Retrieved from: <https://www.aidsmap.com/news/sep-2018/indonesia-tackling-hiv-one-worlds-fastest-growing-epidemics>

Overview of the National HIV Response in Indonesia

Indonesia is one of the few countries in the world that has an increasing number of new HIV infections. UNAIDS estimates 640,000 people currently living with HIV (PLHIV) in 2019 and WHO estimates new infections of 73,000⁶ yearly with only an estimated 10-20% of PLHIV on antiretroviral treatment (ART). In Indonesia, like most of the Asia Pacific region, the HIV epidemic is concentrated among key populations of men who have sex with men (MSM), female sex workers, people who inject drugs (PWID), and trans women (Transpuan).⁷

As signatory to Political Declaration on Ending AIDS, the Government of Indonesia (GoI) has committed to achieve the 90-90-90 fast track strategy by 2020, which includes testing 90% of key populations; treating 90% of PLHIV on ART by 2020. As part of the strategy, the GoI ambitiously aimed to ensure 81% of all people living with HIV receiving ART by 2030.⁸ Given that only 51% of people have been tested and 17% of PLHIV were on treatment in 2018,⁹ the GoI will need to accelerate its implementation in order to achieve their targets. Indonesia's HIV epidemic is largely concentrated in key populations including female sex workers, MSM and trans people and people who inject

drugs. AIDS financing, spending and investment data reveals that, from a budget of \$107 million, 57% is financed domestically and 43% financed through international funding sources. Only 1% is earmarked for key population prevention programming.¹⁰

There is no available data on the population of trans people in Indonesia, Even HIV prevalence estimates are limited in trans populations as they are often subsumed under MSM key populations. Of the data that is available, HIV prevalence rates for trans people in Indonesia especially Transpuan are extraordinarily high at 24.8% nationally, and 34% in the highest burdened province Jakarta, especially when compared to the general population of adults (between 15-49 years) which is 0.4%.¹¹ This is in large part due to discrimination and criminalisation of their gender identity and sexual orientation, their engagement in high risk employment such as sex work and a lack of trans-competent and trusted HCPs across the country.

IBBS TABLE¹²

Key Population	National	Transgender	MSM	Sex Workers	PWID
Prevalence	0.4%	24.8%	25.8%	5.3%	28.8%

⁶ibid.

⁷ This report does not cover the Provinces of Papua and West Papua both of which are experiencing a generalised HIV epidemic

⁸ Prabhakaran, S., A. Dutta, R. Ross, and C.B. Cantelmo. 2018. Options to Finance the Rapid Scale-Up of the HIV Response in Indonesia. The Role of the National Health Insurance Scheme (JKN) and Local Governments. Washington, DC: Palladium, Health Policy Plus. Retrieved from: http://www.healthpolicyplus.com/ns/pubs/8229-10436_GFAHIVFinancingOptionsreduced.pdf

⁹ UNAIDS 2018. Indonesia. Retrieved from: <https://www.unaids.org/en/regionscountries/countries/indonesia>

¹⁰ UNIADS 2019. Indonesia Country Snapshot 2019. Retrieved from: <https://www.aidsdatahub.org/sites/default/files/resource/indonesia-country-card-snapshot-nov-2019.pdf>

¹¹ UNIADS. Indonesia Country Data 2020. Retrieved from: <https://www.aidsdatahub.org/sites/default/files/resource/2020-aids-data-book-indo.pdf>

¹² UNIADS 2019. Indonesia Country Snapshot 2019. Retrieved from: <https://www.aidsdatahub.org/sites/default/files/resource/indonesia-country-card-snapshot-nov-2019.pdf>

The National Action Plan HIV-AIDS 2015-2019 implemented by the Ministry of Health has outlined a national response which includes a comprehensive package of services in line with WHO Global Guidance. Yet while the plan accounts for an overall response, it fails to fund and provide specific and explicit actions targetting key population groups which has implications on access, quality of service and freedom from stigma, and discrimination as it enables local authorities to continue to marginalise those who do not conform to their measures of “moral decency”. Additionally, delays remain in rolling out innovative outreach and prevention activities. A key policy within the national response, ‘test and treat’ which relies on early and regular HIV testing with immediate antiretroviral therapy (ART) provision, regardless of CD4 count, for those diagnosed with HIV, is not fully implemented. In addition, the lack of poor monitoring of patients on treatment has resulted in poor treatment adherence and retention.¹³ This is further exacerbated by nationwide state-based anti-LGBT sentiments, arrests, harassment and violence, which has increased since 2016 and contributed to disproportionately high rates of HIV particularly in MSM, trans and sex worker populations. This has created a

hostile climate particularly for those providing HIV testing and prevention services to key populations, increasing fear of arrest and harassment. For example, in 2017,¹⁴ police raids and arrests were conducted on HIV outreach hot spots and peer outreach workers for ‘promoting immoral behaviour’ in the provision of HIV prevention education and condoms. This has coincided with the dissolution of the National AIDS Commission in 2016 at the national level, which has been restructured under Provincial Administrations. HIV-related services are now coordinated by local governments, who are responsible for disbursing funds to HIV-related organisations at their sole discretion.¹⁵ This has huge and varied implications for civil society and non-government organisations providing HIV-related services that may not fit with the morals and values of provincial administrators.

“...Actually, there are doctors who are friendly to trans people, but because of the political situation in this country, they say please do not contact again...”

¹³ Global Fund 2020: Office of the Inspector General. Audit Report: Global Fund Grants in the Republic of Indonesia. Retrieved from: https://www.theglobalfund.org/media/9237/oig_gf-oig-20-001_report_en.pdf?u=637278310680000000

¹⁴ Human Rights Watch (2018) “Scared in Public and Now No Privacy” Human Rights and Public Health Impacts of Indonesia’s Anti-LGBT Moral Panic Retrieved from: <https://www.hrw.org/report/2018/07/01/scared-public-and-now-no-privacy/human-rights-and-public-health-impacts>

¹⁵ *ibid.*

LEGISLATION AND POLICIES

on Legal Gender Recognition and Sexual Health and Rights of Trans People

Despite a long socio-cultural history of gender diversity in Indonesia, with some provinces recognising five genders,¹⁶ colonisation introduced the prohibition of homosexuality and strongly influenced heterosexuality and normativity in Indonesia today, including within the legislative framework. This has been exacerbated over the last decade, by conservative and militant religious and cultural beliefs and norms that consider homosexuality and cross dressing immoral and indecent, and has driven discrimination, state-sanctioned violence and rights abuses of key HIV populations including Transpuan, trans men and Priawan populations, and hampered HIV prevention efforts.

Indonesia's Constitution outlines provisions granting all citizens the right to equal protection by law, including the right to non-discrimination, education, health, physical and spiritual prosperity and the right to establish a family and procreate. However, within the Constitution, there are also several provisions that limit trans people and other marginalised groups who do not conform to heteronormative sexual and gender norms, subsequently overriding these protections. Article 28 (1)(2) of the Constitution, limits protections and rights of trans people and other marginalised populations, based on an individual's duty and obligations to meet "society's just demands based on consideration of morality, religious values, security, and public order". Further, Article 281 of the Indonesian Penal Code criminalises any person who "offends against decency", which has been used to target and criminalise trans and other gender diverse people.¹⁷ In addition while there is currently no specific national law that criminalises homosexuality or trans people during the decentralisation of government structures in 2001, regional level administrators (provinces, district and cities) were granted greater regional autonomy to make their own policies and laws. In this regard, currently 11 out of 34 provinces¹⁸ across Indonesia, criminalise consensual same-sex relations, immoral conduct, sexual relations outside marriage, and indecency.¹⁹

In September 2019, the Indonesian parliament reviewed and revised several articles under the Criminal Code in Article 628, which would further criminalise and violate the rights of lesbian, gay, bisexual (LGB), and trans people (as well as women and religious minorities) and will contribute further to diminishing the right to freedom of speech and association. The bill has been tabled for vote within the House of Representatives in 2020. Key Ministerial representatives have been outspoken in their support of such anti LGBT laws:

"We must not fear or succumb to outside pressure and threats that banning LGBT practices will decrease foreign tourism. What we must prioritise is the safety of nation's future, particularly the safety of our youth from influences that go against norms, culture and religion."

**SPEAKER OF THE HOUSE OF REPRESENTATIVES,
BAMBANG SOESATYO²⁰**

There is no national or regional legal framework that permits legal gender recognition in Indonesia. In its absence it is both a hindrance and an enabler. For example currently, it is possible for trans people to file a civil application to local courts to change their gender markers, and acquire new identification documents. While the process is often pathologising and invasive requiring trans people to present numerous documents including psychiatric diagnosis and proof of gender-affirming surgery, there have been numerous positive outcomes. The lack of legal framework enables Judges to use their discretion on a case by case basis resulting in ad hoc and inconsistent outcomes that are not predictable and therefore do not provide comprehensive rights-based protection. However, given the current conservative political climate, legislative change to make the process more consistent is not likely to happen. Furthermore, the prerequisite of undergoing gender affirmation surgery in order to legally change one's gender excludes many trans people who may choose not to undergo surgery or who may be unable to do so due to cost and availability.

¹⁶ For example in South Sulawesi, the Bugis people, recognise five genders and in the same province Torajan people recognise third gender and in Java it is not uncommon to see traditional dram performances of a man playing a woman's character and vice versa.

¹⁷ Penalty includes up to two years and eight months imprisonment, or a fine.

¹⁸ Including Aceh, Yogyakarta, West Java, North Sumatra, South Sumatra, East Kalimantan, and South Sulawesi.

¹⁹ ASEAN SOGIE CAUCUS: Regional Statement on the Looming Criminalization of LGBTQ Persons in Indonesia. 23 September 2019 Retrieved from: <https://aseansogiecawcus.org/statements/asc-statements/138-regional-statement-on-the-looming-criminalization-of-lgbtq-persons-in-indonesia>

²⁰ The Jakarta Globe, "New Criminal Code Won't Weaken KPK; Gay Sex to Remain Illegal," June 3, 2018, <http://jakartaglobe.id/news/new-criminal-code-wont-weaken-kpk-gay-sex-remain-illegal/>

FINDINGS

The report findings are structured to answer five research questions²¹ proposed by the study to gain information on the availability, access and quality of HIV and other health care needs for trans people in the country, the barriers in accessing services, and the ways in which barriers can be removed through community empowerment.

Who participated in our study?

Trans people participating in the study consisting of **195 (78%) Transpuan and 55 (22%) Priawan and trans men**. The mean age of participants was 30.7 years (SD 6.21). The mean age of the respondents when they first recognised they were different than the sex assigned at birth was on average at 12 years old. The mean age of revealing their trans identity to others was 20 years. This illustrates that on average trans people struggle alone with their gender identity for 6 years.

Data was collected from 250 trans people from the Greater Jakarta Area (Jakarta, Bogor, Depok, Tangerang, Bekasi) and recruited through convenience sampling, through national peer-based networks. This included 55 Priawan and trans men, 195 Transpuan. In addition, a total of 44 people, including 26 Transpuan and 13 trans men, took part in focus group discussions while five people consisting of service providers, government and policy advisors took part in key informant

PRIAWAN AND TRANS MEN (55)

TRANSPUAN (195)



Mean age of all the Trans participants: 30.7 years

12 yrs

Mean age when trans people first recognised they were different than the sex assigned at birth

20 yrs

Mean age when trans people first revealed their identity to others

6 yrs

Average number of years trans people struggle with their identities

interviews. The institutional review board (IRB) of the Centre for HIV Studies of Atma Jaya Universitas, Jakarta, issued the ethical clearance for this research. Written informed consent was obtained from all individuals who participated in the study.

Of the sample, 16.8% (n=42) had completed university level studies, 35.2% (n=88) had completed high school, 34.8% (n=87) had completed secondary school, and 11.6% (n=29) had completed primary school. An additional 1.6% (n=4) had completed a vocational course. Trans people in the study indicated that 37.2% (n=93) worked part time for wages, 38.4% (n=96) were self employed, 20% (n=51)

were unemployed, and 2.8% (n=7) responded other. The data reveals that no respondent identified as being in full time work. When asked their occupation, respondents' top three answers were the sex industry (26%, n=65), business owner (11.6%, n=29), and entertainment industry (11.2%, n=28). Potentially, some of these categories overlap, for example a sex worker may have indicated that they were 'self employed' rather than employed in the sex industry, or do sex work alongside their main occupation. As mentioned previously, 146 individuals or 58.4% of the sample specified sex work, when asked what type of street work they did.

²¹ (1) What types of HIV and other health care services do trans people need, and what types of services are currently available? (2) What types of available HIV and other health care services do trans people access or not access, and why? (3) What are the barriers in accessing HIV and other health care services? (4) How can the trans community try to reduce barriers to HIV/STI and other health care services? (5) In what ways can trans communities empower themselves to reduce these barriers?

-O1-

What types of HIV and other health care services do trans people need, *and what types of services are currently available?*

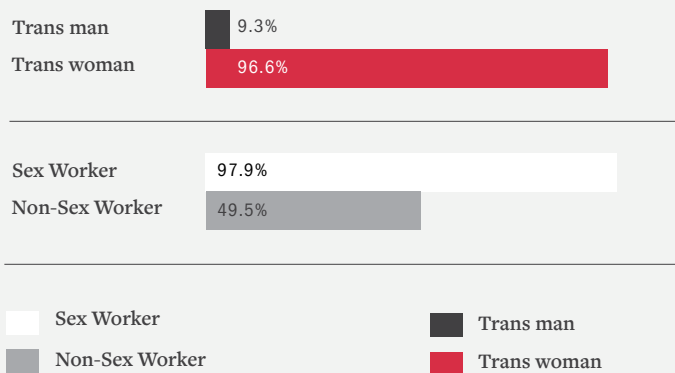
STI, HIV and Risk Factors

Low levels of education and a lack of employment opportunities due to stigma and discrimination mean that trans women are more likely to engage in sex work and the sex industry. Of the sample, 58% (n=146) stated they had engaged in sex work, all of whom were Transpuan. Respondents were asked about the number of casual sex partners they had over the last year. Of the sample, 20.4% (n=51) said they did not have casual sex, of whom 92.2% (n=47) were trans men and Priawan, and 7.8% (n=4) were Transpuan. Those who had casual sex tended to have between 11 and 50 partners (33.6% of the sample, n=84), or 51 to 100 partners (21.2%, n=53). 23% (n=45), all Transpuan, had over 100 casual partners, of whom 86.7%, n=39, were sex workers.

Sexually Transmitted Infections

Of the sample, 91.6% (n=229) of respondents have knowledge of STIs. In terms of STI testing, 77% (n=194) of the entire sample had ever tested for an STI. Transpuan were more likely to have ever been tested for HIV compared to trans men (96.6% vs 9.3%) and sex workers were more likely to be ever tested than non-sex workers compared (97.9% vs 49.5%). In addition, more sex workers (67.8%, n=99) than non-sex workers (24%, n=25) were tested every three months.

Ever got tested for STI in the past



HIV

In terms of ever having had a HIV test, 81% of respondents reported having done so. Transpuan were more likely to have tested for HIV than trans men (96.9% vs 25%), and test every three months. Again, sex workers were more likely to test for HIV and more regularly than non-sex workers. The findings of the FGD illustrated that trans men and Priawan were less likely to have ever been tested for an STI or HIV, citing reasons such as lack of perceived exposure, not knowing where to get a test, fear of a HIV positive result and fear of negative treatment by a HCP which could likely be a factor in their lack of testing. One trans man stated:

“I don’t have risky sex, I don’t change needles with other people, I don’t mix with people ...”

TRANS MAN, FGD

Additionally, given the higher risk of transmission of STI and HIV to sex workers and the fact that all sex workers in the sample were Transpuan, health services may be targetting hot spots and sex industry outreach venues leading to higher access to testing services. Of the sample, 18.8% (n=47) were HIV positive, in this group, 10 people (4%) delayed seeking treatment with the remainder seeking treatment immediately. Of the sample, 43 people were on treatment.

When asked about broader HIV prevention and treatment services, respondents reported little knowledge and access to Post Exposure Prophylaxis (PEP) or Pre-Exposure Prophylaxis (PREP), with on average 67% of respondents stating they did not know what PEP and/or PREP was. Given that Indonesia has embarked on a Pilot PREP project in four high prevalence cities in 2019, greater awareness around PREP in the trans community will be essential to facilitate access, adherence and prevention efforts.

Gender-Affirming Health Care

Gender affirmation through physical transition is essential and medically necessary for many trans people in affirming their gender identity. This includes, access to counselling, hormone therapy, hair removal, and gender-affirming surgery including breast augmentation and reconstruction surgery also known as top surgery and genital surgery. Data revealed that the top three desirable intervention priorities for trans people were facial feminisation and masculinisation (27%; n=67), top surgery (21%; n=52) and hormone replacement therapy (13%; n=32). Given the lack of access to competent providers and the high associated costs, only 2.4% (n=6) of Transpuan and 1.6% (n= 4) of trans men have undertaken any kind of gender-affirming surgery.

Hormone use starts on average at 19.2 years of age for Transpuan and 24.4 years of age for trans men (Priawan do not use gender-affirming interventions). Sex workers use hormones at a much earlier age, 19 years, than non-sex workers 22.5 years. The data illustrates 73.6% (n=184) of respondents having ever used hormones and 59.5% (n=149) who are currently using. An additional 21.2% (n=53) plan to use hormones in the future. When asked if they planned to seek medical advice before initiation, 73.6% (n=39) of this group stated yes. Yet the data reveals that only 1.1% (n=2) of respondents received information on safe hormone use from medical professionals. This highlights that despite their desire to seek medical advice, from professional sources, their lack of knowledge, cost and availability and access to trans-competent and trans-friendly HCPs, may influence their decision to not do so . Instead, 90.6% (n=165) of respondents received information from other trans peers and transelders with an additional 2.1% (n=4) stating self-research and online support groups as avenues of information-seeking. FGDs illustrated, that many Transpuan seek information from elders in the community such as “mak-mak an”.²² Mak-mak an have significant influence on young Transpuan particularly during their early transition, and are often consulted prior to or in lieu of visiting medical services. Hormones and/or silicone treatments are received at the homes or salons where mak-mak an’s work.

“I received my very first information from “mak-mak an” ... it was 2009, I was a newbie, and I followed everything they said, for example, on how to take birth control pills correctly”

FGD

FGDs also highlighted the differences in consumption of hormones between Transpuan and trans men. Transpuan were less likely to be able to identify the name of hormones they use, the administration, and dosage. In comparison, trans men who participated in the FGD stated they had consulted with a psychiatrist before commencing hormone therapy and men were able to specify the type of hormones (injection or pills), the name of the drug and the correct dosage. They were also more likely to undertake online research and consult medical professionals such as midwives on usage and dosage. Where that was not possible, they turned to YouTube for tutorials on injecting testosterone. They are also aware of the risk of taking higher doses of testosterone.

Overall, these issues highlight that there is a significant gap in the provision of safe gender-affirming health services and basic information for transitioning in local languages especially for Transpuan.

²² A mak mak an is a trans woman (Transpuan) who is considered senior advisor in the transcommunity . Not all seniors are referred to as mak mak an. They play an important role in many young trans people’s lives, especially when they begin the transition period; for example, buying hormones, learning how to inject, or receiving an injection.

General Health Care

The survey also aimed to get a better understanding of respondents' general physical and mental health care status and needs in the last 30 days. On a scale of 1-5, with a score closer to one indicating poor mental and physical health and a score of 5 indicating positive mental and physical health and well-being, participants were asked questions about their physical health in relation to fever, infection, accident and injury, and in relation to use of gender-affirming interventions. The self-reported results indicate low levels of poor physical health and injury (4.5) and low levels of poor mental health (4.3) and gender-related health (4.6) outcomes. There were no significant differences between age, gender or sex work. However, when asked questions regarding specific physical and mental health symptoms, the data illustrates that 55.5% (n=138) of the respondents felt physically unwell in relation to fever infection or other illness during the last 30 days. 24.5% (n=62) of respondents experienced some kind of physical ill health due to gender-affirming changes such as hormone use or gender-affirming surgery.

Mental Health Care

Additionally, in the last 30 days, 56% (n=90) of respondents stated they had experienced feelings of sadness, hopelessness and worthlessness, and 41.2% (n=103) stated they felt anxious, nervous and/or restless. Trans men and Priawan indicated higher rates of symptoms and diagnosis than Transpuan. These feelings range from a little of the time to all the time, yet only 18.4% (n=46) of the respondents have ever accessed mental health services from a HCP. In the overall sample, 77% (n=192) had never utilised psychiatric or mental health counselling. Trans men and Priawan, indicated higher rates of symptoms and diagnosis than Transpuan, for example, 30.9% of trans men had ever been diagnosed with depression compared to 0.5% of Transpuan. Further, trans men and Priawan, were more likely to access counselling than Transpuan (19.5% of trans men compared to 5.3% of Transpuan).

When respondents were asked about their experiences with suicidal ideation, of the sample, almost a quarter of respondents, 24% (n=60) had ever thought of ending their life. Of this group, 54.7% (n=35) indicated the number of attempts ranging from 1-20 times. The mean age of first attempt by respondents was at 17 years, with the youngest at seven years. Amongst these respondents, only 31.4% (n=11) received support from professional mental health care providers or counsellors, others indicated support from religious groups, neighbours and partners as sources of support. When this data was disaggregated by gender, comparatively, Transpuan were more likely to have attempted suicide: 60.9% of trans women who answered the question had attempted suicide (14 individuals), compared to 51.2% of Priawan or trans men (21 individuals). Priawan and trans men were more likely to seek counselling and support. No Transpuan sought support following a suicide attempt.

Attempts of suicide and ideation align with age when young trans people are internally grappling with their identities without disclosure to others. The data shows that young people (18-25 years) are more likely to access mental health care services than older people (over 25 years) but the lack of available services continues to hinder greater uptake. This finding highlights the crucial need for scaling up interventions for young trans people to explore and understand their gender identity in safe spaces, with access to protective resources including peers and mental health professionals.

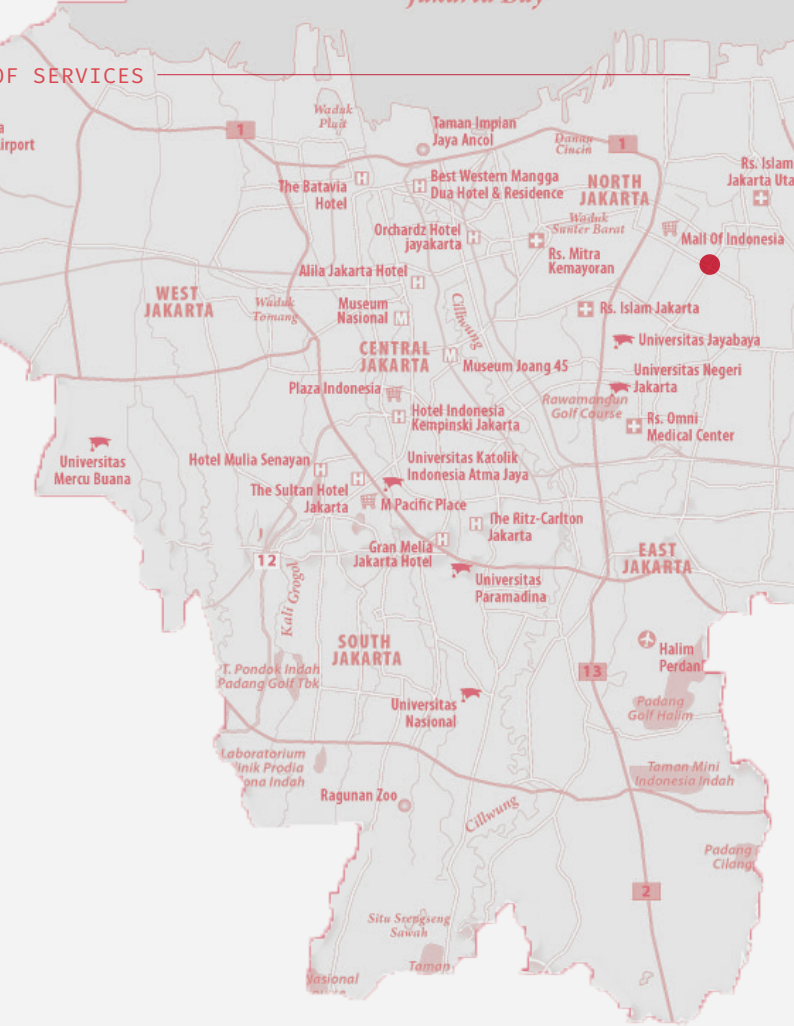
The data indicates that sex workers were the least likely to seek and have access to mental health services than non-sex workers, with only 4.8% receiving any kind of mental health counselling compared to 37.9% of non-sex workers. Again, highlighting the service gaps that are likely due to multiple barriers caused by discrimination, stigma, and a lack of quality competent and skilled HCPs.

²⁰ Mental health scale was calculated via participant's self-analysis of their feeling within the last 30 days, in the scale of 1 (all the time) to 5 (none of the time), on two items: Sad, hopeless and worthless; and Anxious, nervous, restless.

Availability of Services in Greater Jakarta

In 2016 to improve local government's responses, the Ministry of Health (MoH) introduced a new National Minimum Standards including guidelines on the provision of HIV services for the first time. Funded by MoH, hospitals, District Health Outposts and Puskesmas²³ located at the district level are largely responsible for implementing HIV services to key populations. There are approximately 9,601 Puskesmas across Indonesia²⁴ providing HIV testing and counselling (HTC) condoms and lubricant, harm reduction services for PWID, HIV treatment and care and sexual and reproductive services, including family planning. ART is also provided through hospitals.

GFATM and the United States President's Emergency Plan for AIDS Relief (PEPFAR) have made substantial investments largely to the government, but also community-based organisations (CBO) and non-government organisations (NGO) to provide HIV services across the country. Over the years, testing has increased for key populations however resource constraints and linkages for referral, have limited access for newly diagnosed people to initiate treatment. Furthermore, the existing political and legal environment has had detrimental effects on the ability of HCPs and peer outreach workers to provide services to key populations. If the Government of Indonesia plans to achieve the fast track targets of 90, 90, 90, there must be greater investment in service availability, quality trans-competent HCPs and an enabling legal environment to facilitate better health and well-being outcomes for trans people in Indonesia.



Access to Indonesia's public health system is facilitated through Indonesia's Universal Health Insurance System (NHIS, or Jaminan Kesehatan Nasional), which had a population coverage of approximately 77% in 2018 and is the largest single payer system in the world.²⁶ HIV testing, counselling and treatment are included under the scheme. In theory, the government of Indonesia has promisingly recognised that all key populations should receive HIV Testing and Counselling (HTC) and ART irrespective of their CD4 count and regardless of whether they belong to the national health insurance scheme or not. Yet experiences reported by key populations has highlighted refusal of service due to stigma and discrimination.²⁷

²³ Puskesmas are government community health clinics located across Indonesia. They are overseen by the Indonesian Ministry of Health and provide health care for population on sub-district level.

²⁴ Mahendradhata Y, Trisnantoro L, Listyadewi S, Soewondo P, Marthias T. et al. (2017). The Republic of Indonesia Health System Review, Health Systems in Transition, Vol-7 No.1. WHO Regional Office for South-East Asia. <https://apps.who.int/iris/handle/10665/254716>

²⁵ APMG Health (2018) Indonesia key population service package assessment. Retrieved from: <https://hivpreventioncoalition.unaids.org/country-action/indonesia-key-population-service-package-assessment/>

²⁶ Agustina, Rina & Dartanto, Teguh & Sitompul, Ratna & Susiloretni, Kun & Suparmi, Suparmi & Achadi, Endang & Taher, Akmal & Wirawan, Fadila & Sungkar, Saleha & Sudarmono, Pratiwi & Shankar, Anuraj & Thabrany, Hasbullah & Susiloretni, Kun & Soewondo, Prastuti & Ahmad, Sitti & Kurniawan, Muhammad & Hidayat, Budi & Pardede, Donald & Mundiarno, & Khusun, Helda. (2018). Universal health coverage in Indonesia: concept, progress, and challenges. *The Lancet*. 393. 10.1016/S0140-6736(18)31647-7. Retrieved from: https://www.researchgate.net/publication/329790131_Universal_health_coverage_in_Indonesia_concept_progress_and_challenges/link/5c1e4ca8458515a4c7f285a8/download

²⁷ Global Fund (2019) Baseline Assessment -Indonesia Scaling up Programs to Reduce Human Rights-Related Barriers to HIV and TB Services. Retrieved from: https://www.theglobalfund.org/media/8721/crg_humanrightsbaselineassessmentindonesia_report_en.pdf?u=637165999520000000

National Insurance Scheme

Of the sample, 56.4% (n=141) reported having no health insurance, 24.4% (n=61) reported membership in the NHIS, 3.2% (n=8) reported having private health insurance and 2.8% (n=7) had health insurance through work. Insurance cards are provided based on the family unit and within their designated 'home area'. For many trans people, insurance then becomes inaccessible as many are rejected by and excluded from their family, or migrate to urban areas and even when they may have insurance cards, their physical appearance may not correspond to the name on the card. This lack of documentation and registration puts trans people in a position where they have limited or no access to a variety of state services and social protection schemes including health care. So, while trans people may access HIV specific services without insurance, health care services for their broader health needs remain inaccessible.

STI and HIV Service Availability

During the FGD, trans people in Greater Jakarta refer to a number of public, private and community-based health services and organisations providing trans-friendly STI, HIV and general health care services to the community. It is very encouraging to note that 98% (n=245) of the sample indicated they had never been turned away or refused treatment by a doctor or health care service provider because of their trans identity, however this does not necessarily mean they did not experience discrimination within the health facility. In the Transpuan and trans woman focus group, one person identified Puskesmas Pancoran as a trans-friendly service that encouraged and facilitated her use of the National Insurance scheme:

“At the hospital I was advised to use BPJS [Badan Penyelenggara Jaminan Sosial]²⁸, I was embraced, told to access drugs at the Puskesmas with BPJS so that they could be free ...”

FGD

Attending services without outreach workers has also facilitated greater access. Transpuan and trans woman focus group participants indicating they received better treatment when they attended with outreach workers. Government mobile testing and counselling units to outreach hot spots are administered through the HIV unit within the Puskesmas, and key populations are encouraged to test through peer-led CBOs. However, mobile testing is limited in scale and due to weak administrative systems, such as scheduling issues and lack of systemic documentation by the Puskesmas, cancellation and double bookings have hampered CBOs' efforts to increase testing efforts. During the FGD, Transpuan participants stated that they felt the service was safe and convenient, and preferred it to traditional facility-based services as staff physicians and counsellors were trans-friendly and competent.

Trans-led CBOs in Jakarta are also an important service option for trans people. Two of these that were referred to in the FGDs were ● **Yayasan Srikandi Sejati (YSS)** and ● **Sanggar Swara (SS)**. YSS is a CBO that is engaged in providing HIV/AIDS and Hepatitis health education as well as prevention mentoring to trans people and their partners. This includes, HIV testing and referral linkages to ART. Additionally, they support trans people to access gender based violence counselling and support, and have a strong partnership with the Community Legal Aid Institute in Jakarta to support access to justice for those who have experienced human rights violations. Sanggar Swara is a peer-led CBO by and for young trans people with a key focus on mental health and well-being, education, organisational development for new and emerging peer-led organisations and vocational training to improve skill-based employment.

²⁸ Badan Penyelenggara Jaminan Sosial (Social Insurance Administration Organisation)

Gender-Affirming Service Availability

In terms of the availability of gender-affirming health care services, the FGD revealed there are several private clinics providing gender transitioning-related services such as gender affirmation surgery, hormone therapy or gender transitioning related counselling in Indonesia. However, participants in the FGD stated these services do not explicitly declare that they provide gender-affirming services.

Service utilisation for trans men and Transpuan differ. For many Transpuan, gender transitioning services through the private sector are unaffordable. Some Transpuan stated while gender-affirming support services such as hormone medication and injections were available informally through some trans-friendly HCPs, services were not always consistent due to stigma and negative attitudes towards trans people. One trans woman from the FGD stated:

“... I have injected KB²⁹ several times with a midwife at the clinic, but when there was a doctor here, he said there should be no Transpuans here because they violated nature, KB was for women not for men”

FGD

Transpuan participants in the FGD stated that, for those who had gender transitioning surgery in Indonesia, silicone injections, implants in the breast and/or face were often performed through services who were not necessarily trained or registered to provide those procedures. These services are not vetted nor are there any measures to ensure quality or accountability when surgeries or procedures may go wrong.

Trans men are knowledgeable of doctors and clinics providing transition related services, and often have the financial means to do so. Respondents in the trans men FGD group stated they often have “doctor picnics” and trial visits to seek out trans-competent and knowledgeable doctors who are respectful and friendly. Trans men reported that doctors who offer transition related services often do so on an individual basis or on their personal behalf and may or may not disclose this to the medical clinic in which they work due to the current

hostile political climate. Many doctors fear the powerful religious lobby who may harass them if they are found to support trans people where as others were unwilling due to their religious beliefs.

“Oh sorry I can’t, it’s not in accordance with my beliefs ...”

FGD

With limited availability of hormones from medical clinics, most Transpuan and trans men purchase their hormones from pharmacies, online, and/or from their fellow trans peers. Hormones administered without knowledge about safety, short and long-term side effects and contraindications of other medication including ART can have long term physical and mental health consequences.³⁰ Medical guidance on hormone use and knowledgeable HCPs in Jakarta are extremely limited especially within the public health sector.

Mental Health Services

The availability of cost effective trans-competent mental health care services is also severely lacking. In 2016, the Indonesian Psychiatrists Association (PDSKJI) released a notice in referring to Law No. 18/2014 on Mental Health and Guidelines for the Classification of Mental Disorder Diagnosis (PPDGJ)-III, stating the same sex practices and being trans was a symptom of suffering from “psychiatric problems,” and a “mental disorder”. Statements such as these from national associations not only highlight the widespread discriminatory beliefs of mental health professionals but also limit the ability for trans-competent HCPs to support the trans community openly. These statements are out of line with international best practice standards which no longer describe gender nonconformity as a “mental disorder”. During the study, trans people have identified some CBOs providing mental health support and referral to trans-competent and friendly psychologists, however trans-competent guidance and information on mental health needs for trans people is lacking. Further research needs to be done in order to ensure trans people receive the mental health care they need.

²⁹ KB (Family Planning) is a contraceptive pill often used by Waria/transpuan community to facilitate transitioning.

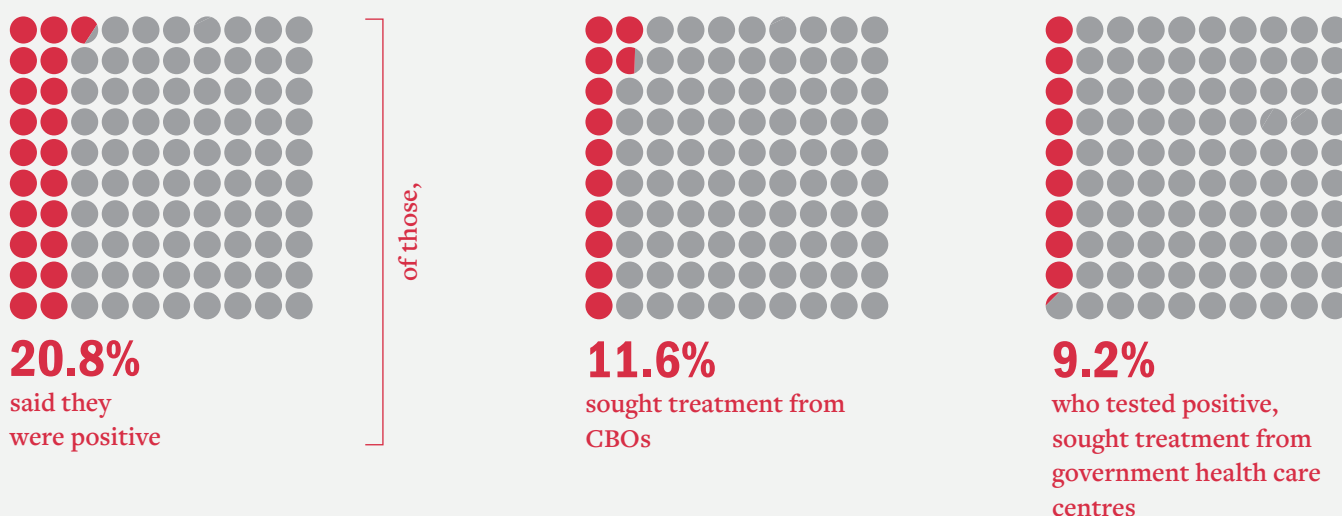
³⁰ Health Policy Project, Asia Pacific Transgender Network, United Nations Development Programme (2015). *Blueprint for the Provision of Comprehensive Care for Trans people and Trans communities*. Washington, DC: Futures Group, Health Policy Project. Retrieved from: <https://weareaptn.org/wp-content/uploads/2017/10/blueprint-comprehensive.pdf>

-02-

**What types of available
HIV and other health
care services *do trans
people access or not
access, and why?***

Trans people in Greater Jakarta utilise a wide range of health care services and can name trans-friendly Puskesmas, CBOs and private health clinics where they attend for services. These include largely HIV and STI prevention services, testing and treatment with some general physical health care services. Access is often limited and delayed due to experiences and anticipation of stigma and discrimination, a lack of quality trans-competent HCPs and services, lack of confidentiality, and invasive questions regarding their gender identity.

Of people who had been tested for STIs



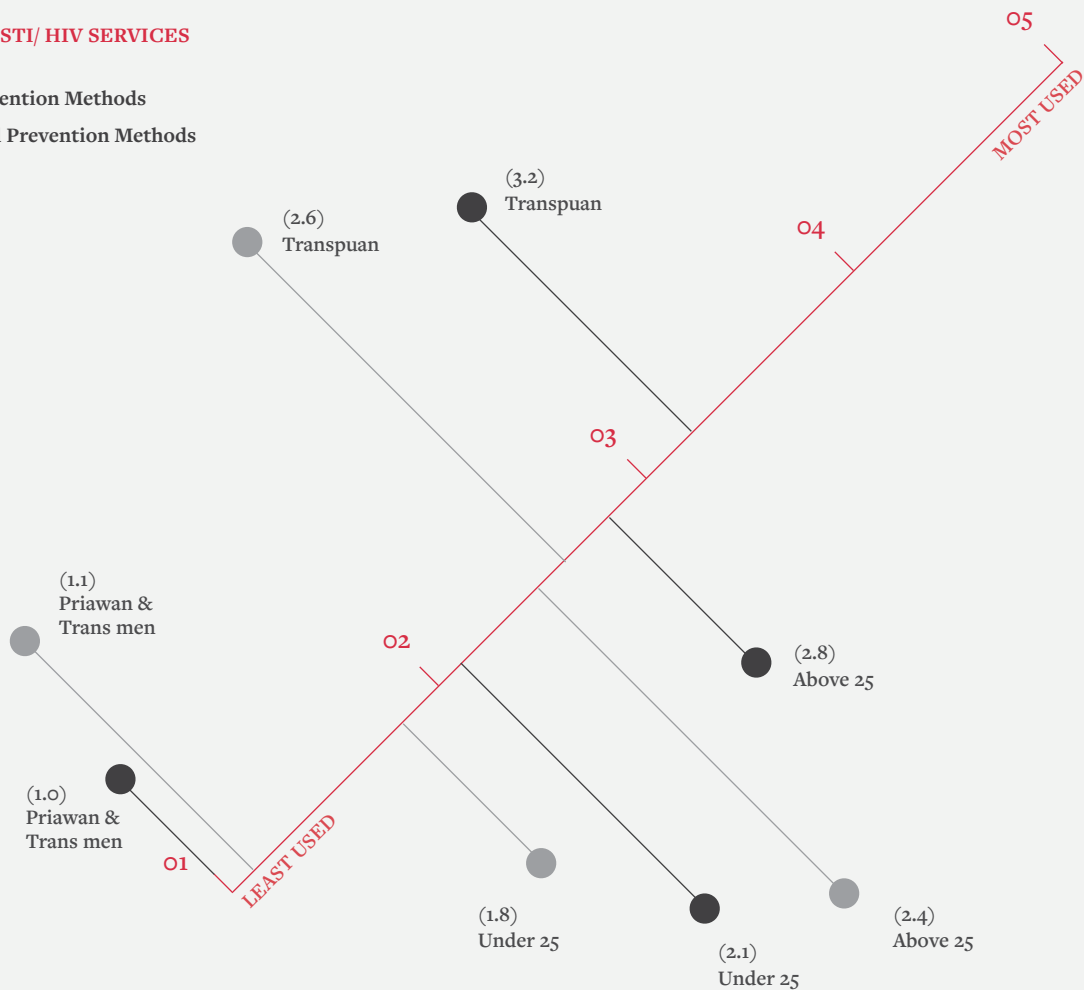
Utilisation of STI and HIV Services

Of the people who had been tested for STIs (n=173), 79.2% (n=137) said they had not tested positive, 11.6% (n=20) who tested positive, sought treatment from CBOs, and 9.2% (n=16) who tested positive sought treatment from government health centres. The majority of those who had been tested for STIs were Transpuan (97.4% or 189 people) compared to 9.3% (n=5) of trans men. Most sought treatment immediately (89.1%, n=57), with a smaller proportion seeking treatment within one week (6.3%, n=4) or more than 10 days (4.7%, n=3). Nearly half the sample (49.6%, n=124) were tested for STIs every three months, and all but one person was Transpuan. Sex workers were more likely to have been tested for STIs (97.9%, n=143) than non-sex workers (49.5%, n=51).

In terms of HIV, 25.5% of trans men (n=14) had been tested, and 96.9% of Transpuan (n=188). All those who tested positive for HIV (n=47) were Transpuan. While 78.7% (n=37) sought treatment straight away, the remaining 21.3% (n=10) said they did not, with one person saying it was because of the negative attitude of the HCP. At the time of the interview, 91.5% (n=43) of the HIV positive respondents were on ART, and all of these people reported taking it as prescribed. The most common reason for not having been tested for HIV was doubting possible exposure (26.8%, n=11), being unsure where to get tested (22%, n=9), being afraid to find out the results (9.8%, n=4), and being afraid of discrimination from HCPs (7.3%, n=3). Other reasons included not knowing where to go, waiting for a friend to take them, and feeling too lazy to go. The majority of sex workers were tested for HIV every three months (63%, n=92), compared to non-sex workers (23.1%, n=24).

UTILISATION OF STI/ HIV SERVICES

- Physical Prevention Methods
- Psychological Prevention Methods



The data shows a high utilisation rate of physical prevention measures and lacking psychological prevention measures such as counselling. When use of multiple methods was disaggregated by gender, the data revealed that Transpuan are more than three times (3.2) as likely to utilise multiple physical prevention methods than Priawan, and trans men (1.0) and more than twice as likely (2.6) to utilise psychological prevention methods than Priawan and trans men (1.1). Age also presents as a factor in utilisation of methods, with those over the age of 25 utilising more (2.8) physical prevention methods than those under 25 utilising (2.1) and where those above 25 utilising 2.4 psychological methods versus 1.8 for those under the age of 25. Highlighting a need for greater service access for young people, Priawan and trans men.

General Health Care Access

In terms of general health care, trans people generally do not access a regular HCP, in the sample, only 39.6% (n=99) have visited a doctor for a routine check-up in the last year, 20.4% (n=51) have been within two years and 7.6% (n=19) have been within five years or more. The data indicates that 31.6% (n=76) of respondents have never visited a doctor for a routine check-up. Routine check-ups were defined as medical interventions that included blood pressure, asthma, cholesterol levels, diabetes, depression and anxiety. Only 76.1% (n=93) of the sample reported taking medication for all or some of the aforementioned illnesses and 26.2% (n=34) indicated taking no medication despite their diagnosis. For those who did not take any medication, 79.9% (n=60) stated they did not feel it was necessary.

²⁶ Comprising of different combinations of sourcing from friends, pharmacies, and online sources

-03-

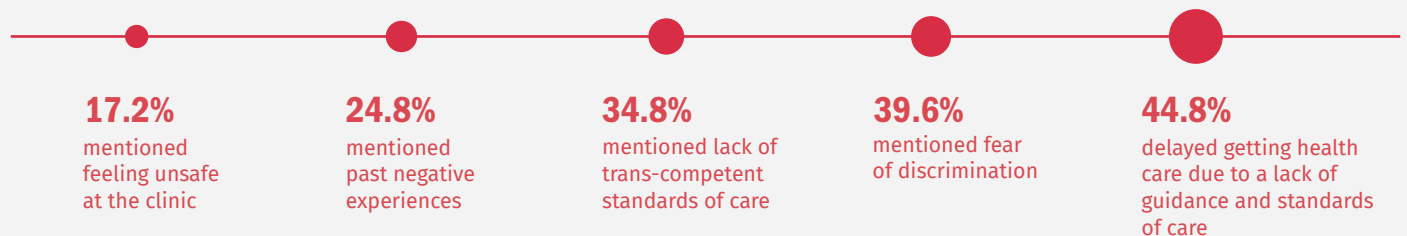
What are the barriers
in accessing HIV and
other health care services?

Trans people in Greater Jakarta experience multiple physical and gender-related barriers to accessing health care which often lead to delays in seeking care. Physical barriers relate to cost, timing and distance. Gender-related barriers include past and anticipated discrimination, lack of standardised and competent health care. In the last six months, respondents cited practical barriers such as cost 5.6% (n=14), distance 32% (n=80), transport 35.2% (n=88) and inconvenient clinic times 66.2% (n=129) in contributing to their delay in accessing health care. Delays in the last six months related to gender identity barriers included fear of discrimination 39.6% (n=99), past negative experiences including invasive and unnecessary questions concerning their gender identity 24.8% (n=62), a lack of trans-competent standards of care 34.8% (n= 87) and feeling unsafe at the clinic 17.2% (n=43). During the FGD, Transpuan respondents reported being patted down and sexually harassed by security guards at the clinic, which has increased their fear and reluctance in presenting to clinics.

Respondents indicated that 93.2% (n=233) of respondents avoided telling the HCP their current gender identity. When disaggregated by gender, 80.3% (n=187) were Transpuan and 19.7% (n=46) were Priawan and trans men. Additional disaggregation by sex work indicated that 60.1% (n=140) avoided disclosing their gender identity. Of the sample, a staggering 85.5% (n=141) of respondents reported that they did not reveal gender identity because of ‘fear of discrimination’. Moreover, 44.8% (n=87) indicated they delayed getting health care in the last six months due to a lack of guidance and standards of care at the clinic for trans people.

A key finding of the data on experiences of discrimination revealed, that those who had had been diagnosed with an STI (n=42) and had reported experiencing discrimination in the past (11.1%) were more likely to have delayed treatment by up to 10 days than those who had not (3.6%). However, those who had been asked invasive questions and experienced a lack of trans-competent standards were less likely to not delay seeking health care. While trans people also experience a lack of trans-competent standards of health care including being asked inappropriate and invasive questions, discrimination continues to greatly effect health-seeking behaviour. It is essential that, in order to address these issues, trans people have safe and trans-affirmative HCPs and services where they can seek and receive health care with dignity and respect for their gender identity.

When the data was correlated between health care access and health status, the findings revealed that practical barriers were associated with worse physical, mental, and gender-related health, and gender-related barriers were correlated with worse mental health.



-04-

**How can the empowerment
of the trans community and
organisations *reduce barriers to
HIV/STI and other health care
services?***

Peer-led organisations and CBOs provide critical support for improving the quality of lives for trans people, including HIV testing and prevention services, mental health and gender-affirming health services. Most respondents indicated that their association or membership with a community-led organisation has multiple benefits including, living and expressing themselves authentically, gaining skills in advocacy and community outreach work, awareness and information on trans health issues, solidarity and belonging, networking with other trans people and livelihood opportunities.

Greater financial and technical investments in peer-led organisations and CBOs need to be scaled up to meet fast track targets. Trans people overwhelmingly access peer-led organisations and CBO services for advice, support, information, testing and treatment. Increased testing over the years can be attributed to the extensive community outreach and referral implemented by these organisations. Throughout the FGD, Transpuan participants especially experienced better treatment and positive outcomes when attending facility-based clinics with outreach workers.

In Greater Jakarta, peer-led organisations and CBO services are an important source of information in terms of STI and HIV services and gender-related health needs. Trans people seek information on gender-affirming interventions such as hormone acquisition use and gender-related surgeries from their peers. These organisations have the potential to provide accurate information on safe hormone use and gender-related surgeries in local languages. This can mitigate some of the poor health outcomes that trans people experience in regard to their gender-related health.

Competency in and access to trans health care is still lacking, in order to increase access, availability and quality of services for trans people, peer-led organisations and CBOs have a role to play in mapping trans-friendly health services, building the capacity of HCPs in these services to ensure standardised care, and monitoring quality of services.

RECOMMENDATIONS

The data illustrates that STI and HIV services for trans people need to be scaled up in terms of access to information, testing and treatment particularly for Transpuan engaging in sex work. Fear of anticipated stigma, discrimination and criminalisation borne of past negative experiences is a consistent and pervasive barrier in accessing health care for many trans people. It must be addressed to reduce the HIV epidemic in Indonesia.

01 End All Forms of Discrimination and Criminalisation of Trans people in Health Care Settings

The trans community, peer-led organisations and CBOs currently exist and work within a religious and socio-political environment that discriminates and stigmatises their gender identity and sexual behaviour. Reports of violence, harassment and criminalisation of HCPs who are implementing STI, HIV and gender-related health services is limiting trans people's access to essential services. Trans communities, while resilient and adaptive in their fight against HIV and human rights violations, need a human rights response to live with dignity, safety, and with full protections under the law. The Government of Indonesia must commit to a rights-based response to fulfill their obligations to all of their citizens.

STAKEHOLDER GOVERNMENT OF INDONESIA
RECOMMENDATION End the criminalisation of trans identities to ensure trans people are recognised by the law as equal citizens, and as such they are equally entitled to legal recognition, and protection from discrimination and human rights violations and have access to justice and redressal mechanisms.

STAKEHOLDER GOVERNMENT OF INDONESIA
RECOMMENDATION Allow for the legal gender recognition of trans people based on a self-determination model, without requirements of gender affirmation surgery. Arbitrary approval from the judiciary should be abolished and instead a clear process defined through a civil registration system should be developed to accommodate the status of a trans person.

STAKEHOLDER GOVERNMENT OF INDONESIA
RECOMMENDATION End the criminalisation of sex work and related industries, and recognise the rights of sex workers.

02 Scale Up Services and Reduce Barriers to Accessing Trans-competent Health Care

The study reveals that, while trans people do utilise STI and HIV services, there are multiple barriers that enable them to do so regularly. These include practical barriers such as distance, transport and security issues at clinics, and the low coverage of health insurance which impacts on the affordability of services. Strikingly, yet unsurprisingly, experiences of discrimination continue to affect service uptake and delays health-seeking behaviour. Additionally, given the importance of hormone therapy for the trans community, the integration of information and support for gender affirmation interventions has the potential to increase uptake in services.

STAKEHOLDER	MINISTRY OF HEALTH (GOVERNMENT OF INDONESIA)
RECOMMENDATION	Ministry of Health officials should recognise trans people as a distinct key population within the National HIV Strategy, and should include trans-specific population data in population estimates, develop policy and operational guidelines that ensure their specific needs are considered across all STI and HIV programming across the country.
STAKEHOLDER	NATIONAL TRANS ORGANISATIONS AND HEALTH CARE PROVIDERS
RECOMMENDATION	Increase health literacy of trans people in terms of access to information on physical, mental and gender-related health needs. Provide targetted programmes for trans men, Priawan, Transpuan, and trans sex workers.
STAKEHOLDER	MINISTRY OF HEALTH, GOVERNMENT OF INDONESIA, EXTERNAL DONORS AND NATIONAL TRANS ORGANISATIONS
RECOMMENDATION	Integrate gender-affirming health care under primary HCPs to increase access and eliminate physical barriers to HIV and gender-affirming health care.
STAKEHOLDER	MINISTRY OF HEALTH, GOVERNMENT OF INDONESIA
RECOMMENDATION	Scale up and strengthen the operational and administrative framework to increase community-preferred mobile services by Puskesmas to provide outreach services to key populations. Ensure the integration of gender-affirming interventions to increase uptake.
STAKEHOLDER	MINISTRY OF HEALTH, GOVERNMENT OF INDONESIA, AND NATIONAL TRANS ORGANISATIONS
RECOMMENDATION	Develop and establish operational guidance at health facility level to provide a gender-affirming environment such as trans-friendly administration forms, and access to gender-sensitive bathrooms.

03 Increase *the Availability and Quality of HIV and Health Services for Trans People*

While there are some Puskesmas that are trans-friendly, respondents overwhelmingly continue to prefer CBOs when seeking health care. Trans men and Priawan are the least likely to engage with HCPs. Increasing support and health literacy information to these populations has the potential to improve service uptake.

STAKEHOLDER **MINISTRY OF HEALTH, EXTERNAL DONORS AND NATIONAL TRANS ORGANISATIONS**

RECOMMENDATION Continue to invest in peer-led and community based trans organisations to provide health services and pathways beyond testing to increase access to treatment initiation, retention and case management and gender-affirming health care.

STAKEHOLDER **PRIVATE, PUBLIC AND PEER AND COMMUNITY-BASED HEALTH SERVICES**

RECOMMENDATION Pilot trans facilities and outreach clinics in partnership with friendly Puskesmas and trans organisations located in spaces where trans people feel safe and respected to increase reach.

STAKEHOLDER **PRIVATE, PUBLIC AND PEER AND COMMUNITY-BASED HEALTH SERVICES**

RECOMMENDATION Increase the integration of gender-affirming health care and services such as blood level checks for hormones and hormone therapy into HIV prevention and treatment services to increase uptake, especially for trans men and Priawan populations.

STAKEHOLDER **MINISTRY OF HEALTH (GOVERNMENT OF INDONESIA) PRIVATE, PUBLIC AND PEER AND COMMUNITY-BASED HEALTH SERVICES**

RECOMMENDATION All STI and HIV-related health services (government and private) should be required to undertake trans-competent care and sensitivity training. This training should be provided to HCPs and also extended to auxiliary staff including, administration staff, in-take staff, receptionists, security guards and cleaners to ensure that, throughout the service delivery cycle, trans people feel safe and are treated with dignity.

04 Increase the Number of Trans-competent HCPs Across the Country

Our research clearly demonstrates that trans people do not reveal their identity to health providers due to fear of discrimination and delay while seeking health care due to a lack of trans-competent standards and guidelines, and invasive questions. The lack of trans-competent health care provision especially within government services is a leading factor in restricting the availability and quality of access to health services for trans people. Improved technical knowledge and understanding of trans people's mental and physical health needs can lead to positive health outcomes and reduced stigma and discrimination and barriers to health care.

STAKEHOLDER MINISTRY OF HEALTH, GOVERNMENT OF INDONESIA, NATIONAL TRANS ORGANISATIONS, REGIONAL TRANS ORGANISATIONS

RECOMMENDATION Create linkages with regional and international technical experts on trans health such as World Professional Association for Transgender Health and the Tangerine Clinic, Institute of HIV Research and Innovation (IHRI), Thailand to provide an opportunity for the Indonesian Government to develop national trans-competency standards of care and a framework of action to increase their capacity on trans health issues.

STAKEHOLDER MINISTRY OF HEALTH, GOVERNMENT OF INDONESIA, NATIONAL TRANS ORGANISATIONS, REGIONAL TRANS ORGANISATIONS

RECOMMENDATION Develop trans-specific curriculum modules across medical education institutions including medicine, nursing, emergency and psychiatry to increase knowledge and competency of HCPs.

05 Strengthen Community and Peer-led Organisations to Ensure Quality, Transparency and Accountability of Government and NGO-led Health Services

The data highlights that trans people prefer to utilise services by CBOs, and that CBOs play an essential function in linking trans people to government health services. This is largely due to a lack of sensitivity and competency of government service providers on trans health. Given that GFATM and PEPFAR funds are overwhelmingly distributed to the Government of Indonesia, there needs to be a greater distribution of funds to CBOs to be able to deliver services and provide additional service delivery and monitoring mechanisms for trans people while government services are scaling up and sensitising to this population. Given that poverty is a driver for HIV risk and low treatment adherence, programmes must go beyond HIV to improve access to education and employment opportunities for the trans community.

In addition, community monitoring and accountability of HCPs is essential to ensure that HCPs are offering quality, non-discriminatory and accessible HIV and health services to the trans community. Accountability mechanisms such as community monitoring are powerful tools in identifying persistent gaps, finding solutions and improving knowledge, attitudes and quality of service delivery, all of which can contribute to uptake in services and increase long term health benefits.

STAKEHOLDER	GLOBAL FUND, PEPFAR, NATIONAL TRANS ORGANISATIONS
RECOMMENDATION	At least 30% of total external HIV donor investments (PEPFAR, GFTAM) with matching funds from government should be directed to funding key population groups including trans organisations to implement tangible prevention, health and non-health services including literacy and employment pathway programmes over the life of the grant.
STAKEHOLDER	NATIONAL TRANS ORGANISATIONS, REGIONAL TRANS ORGANISATIONS
RECOMMENDATION	Establish a formal partnership with the Ministry of Health and key population groups to develop a community monitoring framework to define and measure benchmarks of quality of care, access to testing, results and treatment. CBOs should be contracted and financed in the implementation of such programmes.
STAKEHOLDER	NATIONAL TRANS ORGANISATIONS, REGIONAL TRANS ORGANISATIONS
RECOMMENDATION	Undertake a national trans-competent and friendly mapping of services including government, private sector and CBOs to increase access and knowledge for trans people to gain quality and stigma-free services.
STAKEHOLDER	NATIONAL TRANS ORGANISATIONS, REGIONAL TRANS ORGANISATIONS
RECOMMENDATION	Increase access to literacy, employment and vocational programmes to equip trans people with in-demand skills and clear pathways to employment.

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This publication is funded by The Global Fund to Fight AIDS, Tuberculosis,
and Malaria under the scope of Key Populations Research and Advocacy
Project, managed by APTN as Sub-Recipient and Save the Children, Nepal
as the Principal Recipient.



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