I. THE CURRENT SITUATION

Epidemiology

- In 2009, the official national size estimate for the MSM population in Indonesia was 695,026, with a range of 423,729 to 1,135,527. This is smaller than an estimate from 2006, which held that there were approximately 766,400 MSM and 2,500 male sex workers. For TG population, the estimate was 32,065 (median), with a range of 21,589 to 51,235. This number is bigger than an estimate from 2006, which held that there were approximately 27,900 (range: 20,970 to 34,840). (References: 7, 27, 36)

- The country-wide HIV prevalence estimate for MSM and TG was 5.23% in 2009 and 5.2% in 2007, which increased from 3.5-4.5% in 2006 and 2.5% in 2003. (22, 24, 26)

- HIV prevalence has increased sharply in waria (TG) from 6% in 1997 to 32.4% in 2007. (9, 21, 27)

- In 2007, the HIV prevalence among MSM was higher in Jakarta, at 8%. (21)

- In the 2009 proposal to the Global Fund to Fight AIDS, Tuberculosis and Malaria, it was reported that MSM account for 5% of all HIV cases and waria account for 2%. (7, 35)

- The estimated HIV prevalence among MSM and TG was 23.7 times higher than the general population prevalence rate of 0.22% in 2010. (35)

- STIs are high among MSM and TG in Indonesia. It has been reported that 36% in Jakarta have ever had an STI, and one-third of MSM have ever had an ano-rectal STI. In 2007 in MSM, the prevalence of rectal gonorrhea or Chlamydia was 32% and approximately 25% had reported STI symptoms in the previous year. 36% of these MSM self-treated, and a further 20% went without treatment. (7, 13, 15, 21, 26)

Behaviour, Knowledge and Social Research relating to HIV

- In 2007, 65% of 1,450 MSM in six cities had multiple male sexual partners. (21)

- The proportion of MSM using condoms at the last occasion of anal sex with a male partner was reported as 39% in 2007, increasing to 57.52% in 2009. Another study in 2007 found this proportion to be 61.9%. (21, 22, 24, 35)

- The proportion of male sex workers who used condoms at the last occasion of anal sex was 79.12% in 2009. (35)

- A recent study reported that 27% had unprotected anal sex with multiple partners. (21)

- A study published in 2009 reported consistent condom use among MSM in the last month as 32-36% with male partners and 12-20% with female partners. (15, 21)

- In 2007, between 26% and 34% of MSM in six cities used lubricant consistently with male commercial and casual partners, while only 12% used lubricant consistently with waria partners. (21)

- In 2007, 27% of MSM in six cities had sex with a woman in the last month. 15% of MSM in this study were married, and another 5% had been married. Another study reports that most gay men get married and have families. (4, 21)

- In 2007, nearly 63% of MSM in six cities had ever bought or sold sex. (21)

- In 2007, the same study found that 10% of MSM had ever been forced into sex. (21)

- The 2010 UNGASS report stated that 33.7% of MSM had been tested for HIV in the previous 12 months and knew the result. In 2007, 31-40% of MSM had ever been tested for HIV. (21, 24, 35)

- From 2007 to 2009, 41%-43.85% of MSM could correctly identify ways of preventing sexual transmission of HIV and rejected major misconceptions. Also in 2007, over 80% of MSM in six cities knew the transmission routes for HIV. (24, 35)

- It has been found that street youth engage in homosexual behaviour in Indonesia. (28)
Legal Situation and Law Enforcement Authorities

- Sex between males is legal, except for MSM/TG who live in provinces or districts that have Sharia-based ordinances. (12,33)
- Sex work is legal, although crimes against decency/morality are sometimes applied to sex workers. (12)
- There are no laws protecting MSM/TG.
- The law allows post-operative TG and intersex people to change sex/gender on official documents and records. (33)
- However, the Department of Social Affairs classifies waria as mentally handicapped, which can restrict employment options. TG often do not have legal documentation. For example, 70% of waria in Jakarta do not have citizenship documents or an ID card. (33)
- There are no laws protecting people living with HIV from discrimination. (12)
- Difficulties with law enforcement authorities by MSM, waria and HIV workers have been documented. These include police violence and interpretation of some laws to arrest MSM and TG. (14,33)
- There is no legal protection against sexual assault or rape for men. (33)
- The legal system has been classified as “neutral” for MSM/TG in two UN reviews. (5,33)

MSM Community, other Social Research and Stigma/Discrimination

- There is very little published information about the MSM/TG community in Indonesia.

II. THE RESPONSE TO HIV

Government Response

- There is a specific program line for MSM in the national strategic plan (NSP 2007-2010). (14,23)
- There no specific budget line for MSM in the NSP 2007-2010. (14,23)
- The current NSP ends in 2010. (23)
- Indonesia has received funds from the Global Fund to Fight AIDS, Tuberculosis and Malaria. In Rounds 8 and 9 there is a focus on MSM/TG, with most outreach being conducted by peers. The Round 9 proposal states that 300 outlets for condoms will be opened and managed by MSM or waria NGOs/CBOs. The proposal aims to reach 13% of MSM and 28% of waria. (6,7)
- In 2008 and 2010, the Government of Indonesia reported on all 5 of the UNGASS indicators directly relevant to MSM. (1,35)
- In 2006, it was reported that Indonesia had local MSM-related leadership and spokespeople. (14)

Community-based Response

- MSM are formally and informally organised, with CBOs, outreach programs, and two national networks. (3,14)
- In 2006, there were 9 MSM/TG organisations. In 2007, these included: GAYa NUSANTARA, Arus Pelangi, the Indonesian Transvestites Communication Forum (FKWI), Abiasa Organization, HIVERS Support Group, IGAMA, Gaya Celebes, and Gaya Batam. (3,14)
- MSM/TG CBOs conduct a wide range of HIV-related activities and services, including: peer outreach and education, condom and lubricant distribution, social marketing, health counselling, community awareness events, health hotlines, advocacy, peer support for PLHIV, VCT services, and STI clinic and VCT referral. (3)

Support from multi-laterals and international NGOs

- International NGOs and multi-laterals play a supportive role in Indonesia by conducting and supporting MSM programs, research, and services. (10,12,24)

Strategic Information

- In 2006, it was reported that there is ongoing research on MSM/TG in Indonesia. (14)
- Indonesia has a surveillance system that monitors male-to-male transmission of HIV. (14)
In 2007, MSM and waria were included in the integrated biological-behavioral surveillance on most-at-risk groups. (9)

**Health System**

- In 2006, there were 2 MSM-specific clinics in all of Indonesia. (30)

**National and International Networks**

- Indonesia has two national networks: Indonesian LGBTIQ Forum; and the National Gay, TG and other MSM Network (GWL-INA). (33)
- Indonesia is involved in the newly formed Insular South East Asia Network, established in 2009.

### III. THE RESULTS

**Coverage of prevention**

- The 2010 UNGASS report stated that 43.99% of MSM had been reached by prevention activities. (35)

- Coverage of prevention activities to MSM appears to have increased dramatically. In 2005, it was reported that 1% of MSM had been reached. In 2006, it was reported that 10% of 308,727 MSM had been reached (i.e. 30,873 people). Also in 2006, it was reported that 25,904 MSM were reached. In 2007, it was reported that 40% of MSM had been reached. (6,12,14,22,24,29,32)

**Resource Estimation and Gaps**

- In 2006, it was estimated that USD $40 million would be needed to achieve 60% coverage with peer education, outreach, VCT, and condom/lubricant distribution. (18)

**Effectiveness of prevention efforts**

- No studies on the effectiveness of HIV interventions with MSM were identified since 2004. A 2004 study showed that an FHI-sponsored intervention had increased condom use. (30)
INDONESIA

MSM Country Snapshots – Country Specific Information on HIV, men who have sex with men (MSM) and transgender people (TG)

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VERSION 2

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Please send comments, suggestions and corrections to: msm-ap@unaids.org

IV. RECOMMENDED RESPONSES

List of recommended actions

• Remove laws impeding effective HIV prevention, including laws affecting sex workers.

• The to-be-developed 2010-2014 national strategic plan should include a costed comprehensive response for MSM and TG.

• Advocate for the inclusion of MSM in HIV strategies at the provincial level.

• More systematic and regular surveillance of HIV rates, risk behaviors and MSM communities.

• Fully fund prevention programs, including condom and lubricant provision, peer education and outreach, community development, mass media, and individual counseling.

• Develop the capacity of MSM community-based organizations to provide advocacy and peer-based programs.

• Scale up MSM-friendly VCT and sexual health screening centers.

• Expand care, treatment and support facilities for HIV-positive MSM and TG.

• Address stigma and discrimination toward PLHIV in MSM communities.

• Specific prevention activities should focus on transgender people.

V. REFERENCES

All references are available at:
www.apcom.org/snapshots2010.html

Contact details of UNAIDS office in Indonesia are available at: