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HIV and men who have sex with men

I. RESPONSE HIGHLIGHTS

- The National AIDS Commission has in recent years promoted the participation of men who have sex with men (MSM) at various stages of programme development. Its most recent national strategic plan states the intention to develop a comprehensive programme of services to MSM.⁹
- Jakarta, East Java, North Sumatra, and Riau Islands host several sexual health services targeted to the specific needs of MSM, *waria*, and other transgender people as well as mechanisms that link venues frequented by MSM with health and social support services.¹³

II. PRIORITIES FOR “GETTING TO ZERO”

- Scale up programmes for young MSM given the increasing risk of HIV among this group.
- Strengthen the partnership between civil society, stakeholders, and the National AIDS Commission and involve a wider range of actors.
- Consolidate community-based organizations (CBOs) where appropriate to strengthen advocacy efforts.
- Scale up HIV prevention activities in prisons and focus on inmates who are part of key affected populations (KAPs) such as MSM, *waria*, and drug users.

III. THE CURRENT SITUATION

Indonesia's HIV epidemic is understood to be among the fastest growing in the region. The epidemic is concentrated among men who have sex with men, male and female sex workers, and people who inject drugs (PWID). Among these four risk groups, MSM are found to have the lowest HIV prevalence (8.5 percent) and PWID the highest (52.2 percent).⁵ There is concern of rising HIV risk among MSM given that the incidence of sexually transmitted infections (STIs) continues to grow amidst continuously low consistent condom use and a high proportion who have multiple male and female sex partners. Of the three key populations at higher risk of HIV exposure, MSM is the only one in which the rate of new HIV infections has grown since 2007.⁵

Beginning with the National HIV and AIDS Action Plan for 2007 to 2009, the Ministry of Health has indicated heightened awareness of HIV risk among key affected populations and has vowed to refocus HIV prevention efforts in these groups. This renewed attention is matched with the National AIDS Commission's strong leadership role in the national HIV response to meet coverage targets. Despite increased availability of health services targeted to KAPs, many MSM and other KAPs fail to engage with health care providers, perpetuating a crucial service gap.

Given that an estimated 0.7 percent of total international and domestic HIV prevention resources were targeted to MSM in 2010, there is a clear need for mobilizing and

DATA SUMMARY

Indicator	Estimate	Year
Epidemiology		
Estimated no. of MSM ²	1,095,970	'12
% of all cases that are among MSM ^{*1}	4.9%	'10
HIV prevalence among MSM (capital city) ^{*3,5}	8.5%	'11
No. of times higher than among general ^{†3,5}	28.3	'11
HIV prevalence among youth MSM ^{*1,3}	6.1%	'11
No. of HIV-positive MSM needing ART ^{†6}	65,210	'12
Syphilis prevalence among MSM ¹	13.0%	'11
Behavioural data		
Condom use during last encounter, MSM ^{*5}	59.8%	'11
'Ever had an HIV test', MSM ¹	39.3%	'11
Prevention knowledge ^{*7}	44.0%	'09
Reported vaginal sex in past month, MSM ⁸	64.3%	'07
Programmatic situation		
Prevention spending on MSM, US\$ ^{*5}	149,713	'10
Spending as % of total prevention spending ^{*5}	0.7%	'10
Cost for full service coverage, US\$ ^{†6}	28,495,220	'10
Reporting on UNGASS indicators ^{*5}	4 of 4	'12
HIV prevention coverage, MSM ¹	23.4%	'11
Existence of national network of MSM ⁵	Yes	'12
MSM-specific programme line in NSP ⁹	Yes	'12
Specific MSM and HIV strategy ⁹	No	'12
Inclusion in ongoing HIV surveillance ⁵	Yes	'12
Legal environment		
Male-male sex is legal ¹⁰	Not illegal	'12
Sex work in private ¹¹	Not illegal	'12
Soliciting for sex ¹¹	Not illegal	'12
Laws that pose obstacles for MSM ¹²	Yes	'12

* This figure is the latest figure reported via UNGASS/Global AIDS Progress Reports.

† This figure is calculated by multiplying the estimated number of MSM in the country by the low-range estimate of HIV prevalence and then multiplying this number by 0.7, assuming that approximately 70 percent of HIV-positive MSM are clinically eligible to receive anti-retroviral therapy.

‡ This figure is calculated by multiplying the estimated cost of full coverage of HIV prevention interventions per MSM by the estimated number of MSM. See corresponding reference for costing information.

LOCAL INTERPRETATIONS OF GENDER & SEXUALITY

Biological males with same-sex sexual attractions are broadly categorized as MSM (including those who sell sex) and *waria* (also including those who sell sex).¹ The term 'gay' is increasingly being used in Indonesian society in the absence of an indigenous term other than *waria* (which most often refer to someone who is transgender).^{3,4} In sociological surveys, both *waria* and gay men were found to assume a more feminine role whereby 'normal' men are preferred as regular or casual sex partners.^{3,4} Like in any sociological observation, especially those concerning human sexuality, such phenomena are varied and dynamic, making generalizations difficult to make.

allocating greater resources to fund priority interventions.⁵ The Ministry of Health's stated goal of reaching 80 percent of MSM and other KAPs remains considerably distant from the most recent coverage estimate of 23.7 percent.⁵

Few resources have been spent on sensitization programmes or otherwise reducing homophobic stigma, a phenomenon recognised as a key driver in the national epidemic.¹⁴ It is unlikely that Indonesia will be able to stem the growth of HIV among MSM unless it invests more heavily in programmes that promote acceptance of MSM in the general public and among health workers who regularly interact with MSM.

IV. ADDITIONAL EPIDEMIOLOGIC INFORMATION

- The 2011 Integrated Biological and Behavioural Surveillance (IBBS) found that 21 percent of the 1,816 MSM surveyed had gonorrhoea and 21 percent had chlamydia. In both measures, MSM were the most affected after *waria*.¹

V. ADDITIONAL BEHAVIOURAL INFORMATION

- The 2011 IBBS found that 49 percent of the 1,816 MSM surveyed sold sex to men or women. Among this 49 percent, 79 percent sold sex to only men, 4 percent sold sex to only women, and 17 percent sold sex to both men and women.¹
- Of the 1,816 MSM surveyed in the 2011 IBBS, 19 percent had bought sex from either a male or female within the last year.¹
- Surveillance reports indicate that injecting drug use is higher among MSM than any other key affected population. Less than 2 percent of MSM engaged in injecting drug use according to the 2011 IBBS.¹
- Peer networks are a crucial means to promote HIV education. The 2011 IBBS found that 53 percent of MSM were informed about HIV through their peers.¹
- Water-based lubricants were found to be used in the last anal sex 11.6 percent of the time for MSM surveyed in Batam and 21.8 percent in Malang.¹⁴
- In 2007, 65 percent of 1,450 MSM surveyed in six cities had multiple male sexual partners and 27 percent had unprotected sex with multiple male partners. Condom use among MSM in the last month was 32-26 percent with male partners and 12-20 percent with female partners.¹⁵

- One research proposal alludes to high HIV risk associated with sex between homeless male adolescents in Indonesia. Homeless adolescents are also described as being exceptionally vulnerable to sexual violence, selling and buying sex, and low condom use, and injecting drug use.¹⁶

VI. ADDITIONAL PROGRAMMATIC INFORMATION

Community-based responses

- MSM 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 people living with HIV (PLHIV); voluntary counselling and testing (VCT) services; and STI clinic and VCT referral.¹⁷
- Community organizing among MSM and *waria* was recently described as being "strong" in Indonesia.¹⁸

National MSM networks

- There are three national networks that work for and involve MSM and transgender people: *Aliansi Satu Visi*, a network made up of several CBOs and non-governmental organizations (NGOs) that work on sexual and human rights issues, including increasing access to crisis centres for gender-based violence victims; Indonesia LGBTIQ forum, a network of CBOs and NGOs that work on human rights issues that concern MSM and transgender people; and *Gay-Waria-MSM* (GWL-INA), a network of CBOs and NGOs that work on HIV and human rights issues that concern MSM and transgender people.¹⁹
- GWL-INA was heavily involved in drafting the National HIV and AIDS Strategy and Action Plan for 2010 to 2014.⁹

International support

- International NGOs and multi-laterals play a supportive role in Indonesia by conducting and supporting MSM programmes, research, and services.
- Indonesia has received funding from the Global Fund to Fight AIDS, Tuberculosis and Malaria. In Rounds 8 and 9, there was a focus on MSM and *waria*, 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*-oriented CBOs. The proposal aims to reach 13 percent of MSM and 28 percent of *waria*.^{20,21}
- Indonesia, together with Malaysia, the Philippines and Timor Leste, submitted a multi-country proposal to the Global Fund in Round 10 to fund the ISEAN-Hivos Project, whereby GWL-INA represents Indonesia. The ISEAN-Hivos Project emphasizes capacity building for MSM- and *waria*-oriented CBOs.¹⁹
- Key bilateral aid includes: a USAID-funded programme that provides support to MSM- and *waria*-oriented CBOs in Jakarta, East Java, North Sumatra and Riau Islands; and an AusAID-funded programme that provides support for MSM- and *waria*-oriented CBOs through the Health Cooperation Partnership for Indonesia (HCPI) in Bali.¹⁹
- UNDP and UNAIDS provide both funding and technical support for national and city level advocacy initiatives.

National health system

- There are nine community service organizations with referral services for VCT or treatment; 256 public clinics that provide VCT and 157 public hospitals that provide medical services to all vulnerable and most at risk populations.¹⁸
- Twenty-four *puskesmas* (public health centers) and private clinics are trained in providing specialized ‘MSM-friendly’ health services. Three of the most frequented ‘MSM-friendly’ clinics are: Angsamerah in Jakarta; Ruang Carlo, St. Carolus Hospital in Jakarta; and Balimedika in Kuta, Bali.¹⁹
- Most CBOs included in the GWL-INA network provide referral services for VCT, HIV treatment, and STI screening. Several also offer support groups for people living with HIV within their organization.¹⁹
- There is no information on the existence of specialized government clinics for MSM or the sensitivity of the above health facilities to the issues and needs of the MSM community.¹⁸

VII. ADDITIONAL LEGAL INFORMATION

- Sex between males is legal, except for MSM and *waria* who live in provinces or districts that have Sharia-based ordinances.^{22,23} Homosexual acts are only officially criminalized in the Province of South Sumatera (including the Municipality of Palembang). An anti-homosexuality ordinance in Aceh was never enacted though it is believed that the present governor is more religiously conservative.²⁴
- The legality of sex work is difficult to determine since crimes against decency or morality are sometimes applied to sex workers.^{22,23} Provinces or districts with Sharia-based ordinances generally have laws that forbid sex work.²²
- There are no laws that explicitly aim to protect MSM, *waria*, or people living with HIV.^{22,23} However, the Indonesian Constitution does describe every citizen’s “right to a life of well-being in body and mind, to a place to dwell, to enjoy a good and healthy environment, and to receive medical care.”²⁵
- The Department of Social Affairs classifies *waria* as mentally handicapped, a designation that is suspected to restrict employment opportunities, though evidence for this is limited.^{22,26}
- The law allows post-operative *waria* and intersex people to change gender on official documents and records, though *waria* often do not have legal documentation. In Jakarta, 70 percent of *waria* were found not to have any kind of identification card.²²
- MSM, *waria*, and HIV outreach workers have reported difficulties with law enforcement authorities. These include police violence and interpretation of some laws to arrest MSM and *waria*.²⁷
- There is no legal protection against sexual assault or rape for men.²²
- The legal system has been classified as “neutral” for MSM/TG in two UN reviews.^{22,28}

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View all MSM Country Snapshots at: www.aidsdatahub.org, www.apcom.org, and <http://asia-pacific.undp.org/practices/hiv aids/>

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