

# Young men and access to HIV care in Jakarta, Indonesia

Benjamin Hegarty  
McKenzie Postdoctoral Fellow, Anthropology  
The University of Melbourne  
Indonesian Study Group, 4 December 2019

# Thanks to

Research fund CIs: Dr Yanri Subronto, Dr Sandeep Nanwani, Dr Benjamin Hegarty

Research funded by: UNAIDS Jakarta, ANU Indonesia Project  
ANU Indonesia Study Group

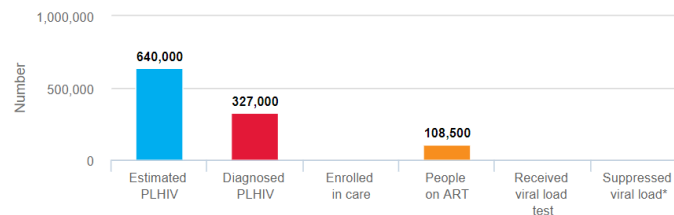
Participants in study and local NGOs for data collection and field assistance

## Fast-Track Targets

<p>by 2020</p> <p><b>90-90-90</b></p> <p>HIV Treatment</p> <p><b>75% reduction</b> in new HIV infections compared with 2010</p> <p><b>ZERO</b> Discrimination</p>	<p>by 2030</p> <p><b>95-95-95</b></p> <p>HIV Treatment</p> <p><b>90% reduction</b> in new HIV infections compared with 2010</p> <p><b>ZERO</b> Discrimination</p>
---	---

### Treatment

Cumulative cross-sectional cascade for HIV treatment and care, Indonesia, 2018



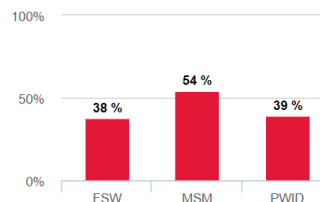
\* Number of people on ART who received a viral load test in the past year and have VL of <1000 copies/ml

### eMTCT (2018)

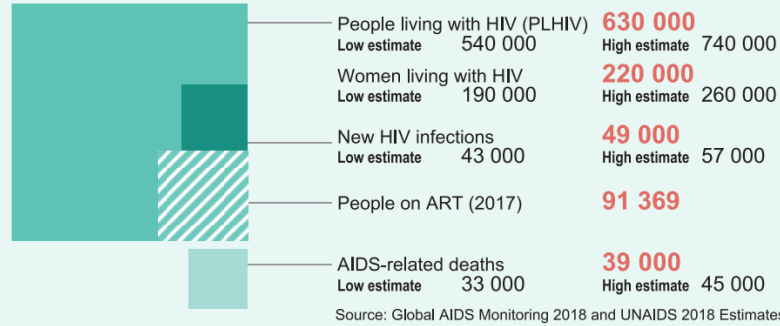
**12000** pregnant women living with HIV  
(10000 - 14000)

**15%** of HIV-positive pregnant women received WHO-recommended regimen for prevention of parent-to-child transmission  
(13% - 18%)

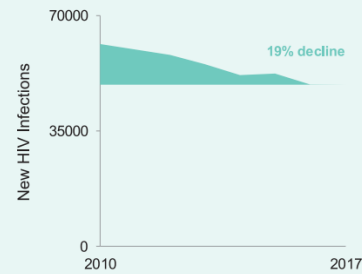
### HIV testing coverage among key populations



# EPIDEMIC SNAPSHOT 2018 | INDONESIA

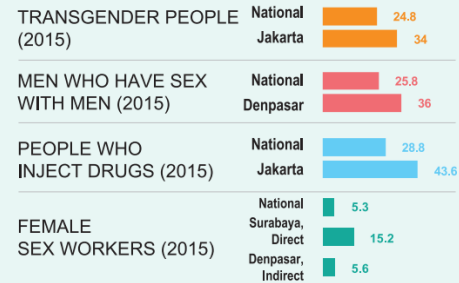


## NEW HIV INFECTIONS TREND



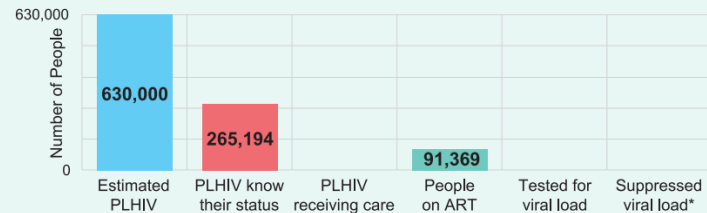
Source: UNAIDS 2018 HIV Estimates

## HIV PREVALENCE (%)



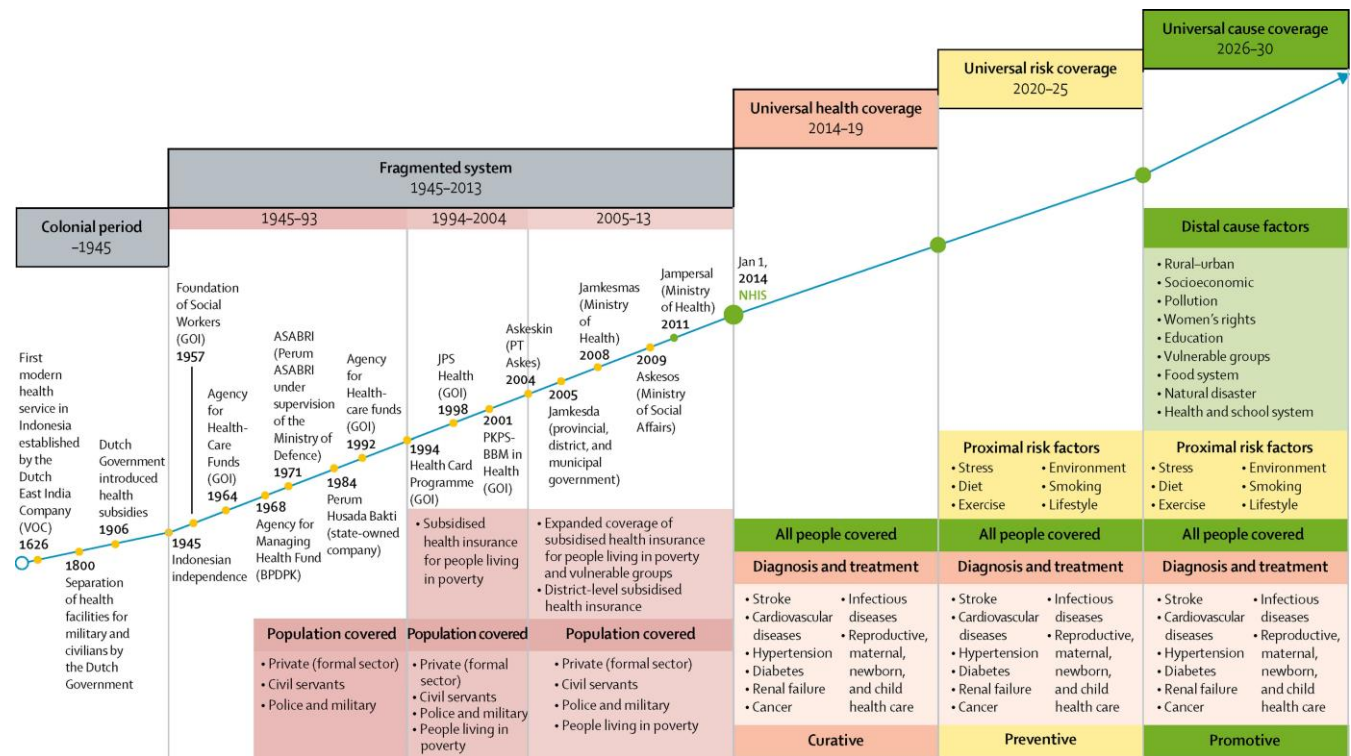
Source: Serological surveys and Global AIDS Response Progress Reporting

## TREATMENT CASCADE, 2017



\* Number of people on ART who received a viral load test in the past year and have viral load of <1000 copies/ml

Source: Global AIDS Monitoring 2018 and UNAIDS 2018 Estimates



The Lancet 2019 393, 75-102DOI: (10.1016/S0140-6736(18)31647-7)

# Key terms

**HIV** refers to the human immune deficiency virus, which affects the body's immune system i.e. ability to defend itself from diseases

**MSM** refers to men who have sex with men, which is defined in different ways but for the purposes of this presentation I use as an epidemiological category

MSM is as **key population**, one of a number (for example, drug users, sex workers and so on), a term that the UN designates as individuals especially affected by the epidemic

# Human rights

Human Rights Watch report identified the following pattern of stigma and discrimination in Indonesia directed at “LGBT”:

- vigilantism
- vague and discriminatory law and violation of privacy
- venues considered safe and private

Leading to poor outcomes for PLHIV and MSM communities in particular.

<https://www.hrw.org/news/2018/07/01/indonesia-anti-lgbt-crackdown-fuels-health-crisis>

Harsono, Andreas, and Kyle Knight. 2018. *‘Scared in Public and Now No Privacy’: Human Rights and Public Health Impacts of Indonesia’s Anti-LGBT Moral Panic.*

[https://www.hrw.org/report/2018/07/01/scared-public-and-now-no-privacy/human-rights-and-public-health-impacts-indonesias.](https://www.hrw.org/report/2018/07/01/scared-public-and-now-no-privacy/human-rights-and-public-health-impacts-indonesias)

## Increasing HIV treatment access, uptake and use among men who have sex with men in urban Indonesia: evidence from a qualitative study in three cities

Elan Lazuardi<sup>1,2</sup>, Christy E Newman<sup>3</sup>, Irma Anintya<sup>4</sup>, Emily Rowe<sup>5</sup>,  
Dewa N. Wirawan<sup>5,6</sup>, Rudi Wisaksana<sup>4,7</sup>, Yanri W Subronto<sup>2,8</sup>,  
Nur Aini Kusmayanti<sup>2</sup>, Shelly Iskandar<sup>4</sup>, John Kaldor<sup>1</sup> and  
Stephen Bell<sup>1,3,\*</sup>

<sup>1</sup>The Kirby Institute, UNSW Sydney, Sydney, NSW 2052, Australia, <sup>2</sup>Centre for Tropical Medicine, Faculty of Medicine, Public Health, and Nursing, Universitas Gadjah Mada, Jl. Medika, Kabupaten Sleman, Daerah Istimewa Yogyakarta 55281, Indonesia, <sup>3</sup>Centre for Social Research in Health, UNSW Sydney, Sydney, NSW 2052, Australia, <sup>4</sup>Clinical Infectious Disease Research Center, Faculty of Medicine, Universitas Padjajaran, Jl. Eijkman No. 38, Kota Bandung, West Java 40161, Indonesia, <sup>5</sup>Kerti Praja Foundation, Jl. Raya Sesetan No. 270, Kota Denpasar, Bali 80223, Indonesia, <sup>6</sup>Department of Public Health and Preventive Medicine, Faculty of Medicine, Universitas Udayana, Jl. P.B. Sudirman, Kota Denpasar, Bali 80232, Indonesia, <sup>7</sup>Department of Internal Medicine, Hasan Sadikin Hospital, Bandung, Jl. Pasteur No. 38, Kota Bandung, West Java 40161, Indonesia and <sup>8</sup>Department of Internal Medicine, Faculty of Medicine, Public Health, and Nursing, Universitas Gadjah Mada, Jl. Farmako, Kabupaten Sleman, Daerah Istimewa Yogyakarta 55281, Indonesia

\*Corresponding author. The Kirby Institute, UNSW Sydney, Sydney, NSW 2052, Australia. E-mail: sbell@kirby.unsw.edu.au

Accepted on 14 September 2019

### Abstract

Men who have sex with men make up one of four key populations identified as critical to a successful HIV response in Indonesia. Despite international policies supporting HIV treatment in low- and middle-income countries, Indonesia is one of the few countries experiencing low coverage of HIV treatment and little decrease in HIV incidence. There is poor retention in care and low viral suppression rates among key populations such as men who have sex with men. The national government has committed to increasing treatment access and uptake for people with HIV but little is known about how these men themselves view, use and experience these medications. Drawing on qualitative data collected in 2015–16 from 24 HIV-positive men who have sex with men living in three Indonesian cities, we observed multiple intersecting social and contextual factors that can influ-

Lazuardi, Elan, Christy E. Newman, Irma Anintya, Emily Rowe, Dewa N. Wirawan, Rudi Wisaksana, Yanri W. Subronto, et al. n.d. 'Increasing HIV Treatment Access, Uptake and Use among Men Who Have Sex with Men in Urban Indonesia: Evidence from a Qualitative Study in Three Cities'. *Health Policy and Planning*. Accessed 4 November 2019. <https://doi.org/10.1093/heapol/czz128>.



## The cascade of HIV care among key populations in Indonesia: a prospective cohort study

Pande Putu Januraga, Joanne Reekie, Tri Mulyani, Bony Wiem Lestari, Shelly Iskandar, Rudi Wisaksana, Nur Aini Kusmayanti, Yanri Wijayanti Subronto, Desak Nyoman Widyantini, Dewa Nyoman Wirawan, Lydia Verina Wongso, Anindita Gabriella Sudewo, Evi Sukmaningrum, Tiara Nisa, Bagus Rahmat Prabowo, Matthew Law, David A Cooper\*, John M Kaldor

### Summary

2018; 5: e560–68

Published Online  
August 21, 2018

[doi.org/10.1016/j.lancet.hiv.2018.08.006](https://doi.org/10.1016/j.lancet.hiv.2018.08.006)

3018(18)30148–6

Comment page e539

Centre for Public Health

Evolution, Faculty of

Medicine, Monash

University,

Melbourne, Victoria

30046, Australia

(J Reekie PhD,

Prof M Law PhD,

of D A Cooper DSc,

or PhD); Faculty of

Medicine, Padjajaran

**Background** Indonesia has had low uptake of HIV testing and treatment. We did a study to estimate the cascade of HIV care in key populations and identify predictors of outcomes at key cascade steps.

**Methods** We used an observational cohort study design to recruit and follow up men who have sex with men (MSM), female sex workers, transgender women (known as waria in Indonesia), and people who inject drugs (PWID) diagnosed with HIV in four locations in Indonesia: Bali, Bandung, Jakarta, and Yogyakarta. Recruitment, baseline, and follow-up visits were done at collaborating clinical services, including both primary care sites and hospitals. Inclusion criteria for participants included identifying as a member of a key population, age 16 years or older, not previously tested positive for HIV, and HIV positivity at baseline. All participants were offered treatment as per national guidelines, with the addition of viral load testing and completion of study-specific forms. Estimates were calculated of proportions of participants linked to care, commencing treatment, adherent to treatment, and who achieved virological suppression. We used logistic regression to investigate characteristics associated with antiretroviral therapy (ART) initiation and viral suppression and Cox regression to identify factors associated with loss to follow-up. This study is registered with ClinicalTrials.gov, NCT03429842.

Januraga, Pande Putu, Joanne Reekie, Tri Mulyani, Bony Wiem Lestari, Shelly Iskandar, Rudi Wisaksana, Nur Aini Kusmayanti, et al. 2018. 'The Cascade of HIV Care among Key Populations in Indonesia: A Prospective Cohort Study'. *The Lancet HIV* 0 (0). [https://doi.org/10.1016/S2352-3018\(18\)30148-6](https://doi.org/10.1016/S2352-3018(18)30148-6).



# Research overview

## Study A with key populations

Research method and recruitment	Number of interviews	Age range of participants	Type of participants
Semi-structured interviews	35	18-27	Young migrant men in Jakarta who have engaged in transactional sex in past 6 months
Purposive sampling Time location sampling	Interview participants compensated 100,000 rp		Already subject to outreach by NGOs

## Study B with outreach workers and healthcare workers

Research type and recruitment	Number of participants	Profile of participants
Focus group discussion – structured activities	30	15 healthcare workers from local health clinics in Jakarta
Participants by invitation		15 outreach workers

# Question for today

Why then are young men (one of a number of key populations), in the form of MSM, and particularly MSM in urban settings, not accessing treatment and care in a timely manner?

Why are they in the words of outreach workers, lost to follow up – that is, that test (positive) but then disappear or do not return to the clinic for ongoing care and treatment?

# Key point

‘Stigma’ is social rather than individual – and outreach workers, healthcare workers and MSM themselves all have tactics to mitigate the social aspects of stigma

The social aspects of stigma surface in terms of visibility – how a person is visible and where – an outer presentation of inner self

This has an impact on peoples’ experiences of clinic and understanding of HIV – widely shared assumption that must be a good person and present as such (rapi) to navigate clinical setting

# Snapshot of findings

- There is a real desire for good healthcare and treatment among MSM
- Outreach workers (and healthcare workers) play an instrumental role in linking young men to healthcare
- Knowing HIV status among MSM (and most likely more broadly) is not enough
- Migrants to the city struggle with work and overall precarity

Capacity Building

“Coordinating HIV funding and Health policy to achieve better outcomes for young men’s access to care in Jakarta”

Villa Samira, Bogor, 17-18 Agustus 2019



Australian National University

Supported by  
The Australian National University Indonesian project



Keprosesnas



**Capacity Building "Coordinating HIV funding and Health policy to achieve better outcomes for young men's access to care in Jakarta"**  
Villa Samira, Bogor, 17 - 18 Agustus 2019

Australian  
National  
University

Sup...  
Indonesian project



ona Jakarta



# Focus group discussion

- 15 healthcare workers from various local health clinics in Jakarta
- 15 outreach workers who work with MSM
- Invited to work together on problem solving activities
- Session 1 – have them identify key problems preventing access to care; for healthcare and outreach workers
- Session 2 – split into groups; each takes problems identified by other group and offers solutions and how they would measure success
- Session 3 – come together and introduce one another to each other's solutions to other groups problem



# Healthcare workers

- Participant: Yes ... it means we need to educate them if they don't come that way.
- Participant: If they wear shorts, I will reprimand them. This is a health centre, please dress neatly. I scold them directly. I just reprimand them.
- Participant: Is it conspicuous [you can ask]?
- Participant: I'll just do it like this. I will tell everyone to look at him. Do you feel weird? If you feel weird, don't be angry? Because you made this problem, yourself.
- Participant: If there is a window at the clinic.
- Participant: Yes, in a place that is very visible through large windows.
- Participant: Yes, that's how it is. So we counsel individuals regularly.
- Participant: Sometimes their behavior is ngondek outside that, which leads to their own stigma, right? They should try to be normal. Your orientation may be different from the others, but your behavior should still be normal. It should be like that. Because our society is thick with culture, religion and that ultimately makes them stigmatized because of their own behavior. Its enough that we have an idea about your sexual orientation. But your behavior should be normal on the outside.

# Outreach workers

- Participant: This problem happens when I want to accompany someone. So I communicate with him. 'Bu, mak. Is your hair tied? The problem is that you are with me. The problem is then about how I see it;. 'Oo ok already'. Finally, he ties his hair and wears a pink skirt. He wants to. Because usually when he goes to the mall with his appearance like that. Finally, with communication like that finally he became not too flashy. He came to VCT and exited the clinic. And the visit is over. So the people there don't look too much. Unlike her friends - all MSM – who say, yesterday she was not waria, but today she is dressed in a pink shirt. He was quite conspicuous in the registration room. The security guard whistled!
- Participant: I have the experience to accompanying someone to get tested. The patient was actually MSM but he was more comfortable making himself up. But the makeup doesn't use hair. Just he's dressed up leaning on women. Then I ask. Are you actually a TG or MSM?
- I'm MSM Sis. He said so.
- So, dik. That's no problem. I am just letting you know before you enter the clinic. It is to avoid stigma. Other [MSM community] have to come here as well. If possible, I suggest that you don't wear clothes like that.
- I'm comfortable like this sis.
- Well, if that day you happen to be like that, that's it. But then he reconsidered [his gender presentation]. Because he thinks that I've instructed him. The next day he removed everything [feminine clothing]. Removed all: he cut his long hair short. That's it. Well that's one experience that I had in the field. Because I asked: Are you a transsexual or an MSM?
- I'm an MSM but I am comfortable like that.
- Participant: Sometimes I offer a solution like this. There are Puskesmas areas that are rarely entered. For example, for Senen, I am used to it. So I say, what if we go to Monday without us having to have an audience like that? Although it is far away, because there is stigmatization elsewhere, there are many transgenders. That is also a possible solution.

# Profile of participant

Name (Pseudonym): Andi

Age: 19 yrs old

Hometown: West Java

City: Jakarta

Main income sources: SPG (part time) and transactional sex

Total monthly income: 1,000,000Rp (approx. 100AUD)

Living arrangement: With friends

# Ini Wilayah yang Terbanyak Dihuni Kaum LGBT se Indonesia, Tercatat Ada 18.000 Orang

Minggu, 24 Februari 2019 14:26



Wakil Gubernur Sumbar Nasrul Abit (Humas Pemprov Sumbar)

Wakil Gubernur Sumatera Barat (Sumbar), Nasrul Abit mengatakan jumlah lesbian gay biseksual dan transgender (LGBT) di Sumbar, terbanyak se Indonesia.

Berdasarkan data hasil tim konselor penelitian perkembangan penyakit Human Immunodeficiency Virus (HIV) dan [Acquired Immuno Deficiency Syndrome \(AIDS\)](#), angka LGBT di Sumbar tercatat sebanyak 18.000 orang.

**This is the region with the most resident LGBT people in Indonesia, 18,000 are recorded (24 Feb 2019)**

# Kini Warga Jakarta Wajib Tes HIV Sebelum Menikah

Januari 17, 2019



Sepasang suami-istri Muslim berdoa di sebuah masjid di Jakarta. Pasangan yang menikah diwajibkan memeriksa kesehatan berdasarkan peraturan DKI Jakarta. (Foto: Adek Berry/AFP).

[Tweeet](#) [Like 1.2K](#) [Share](#)

[T Larger](#) | [Smaller](#)

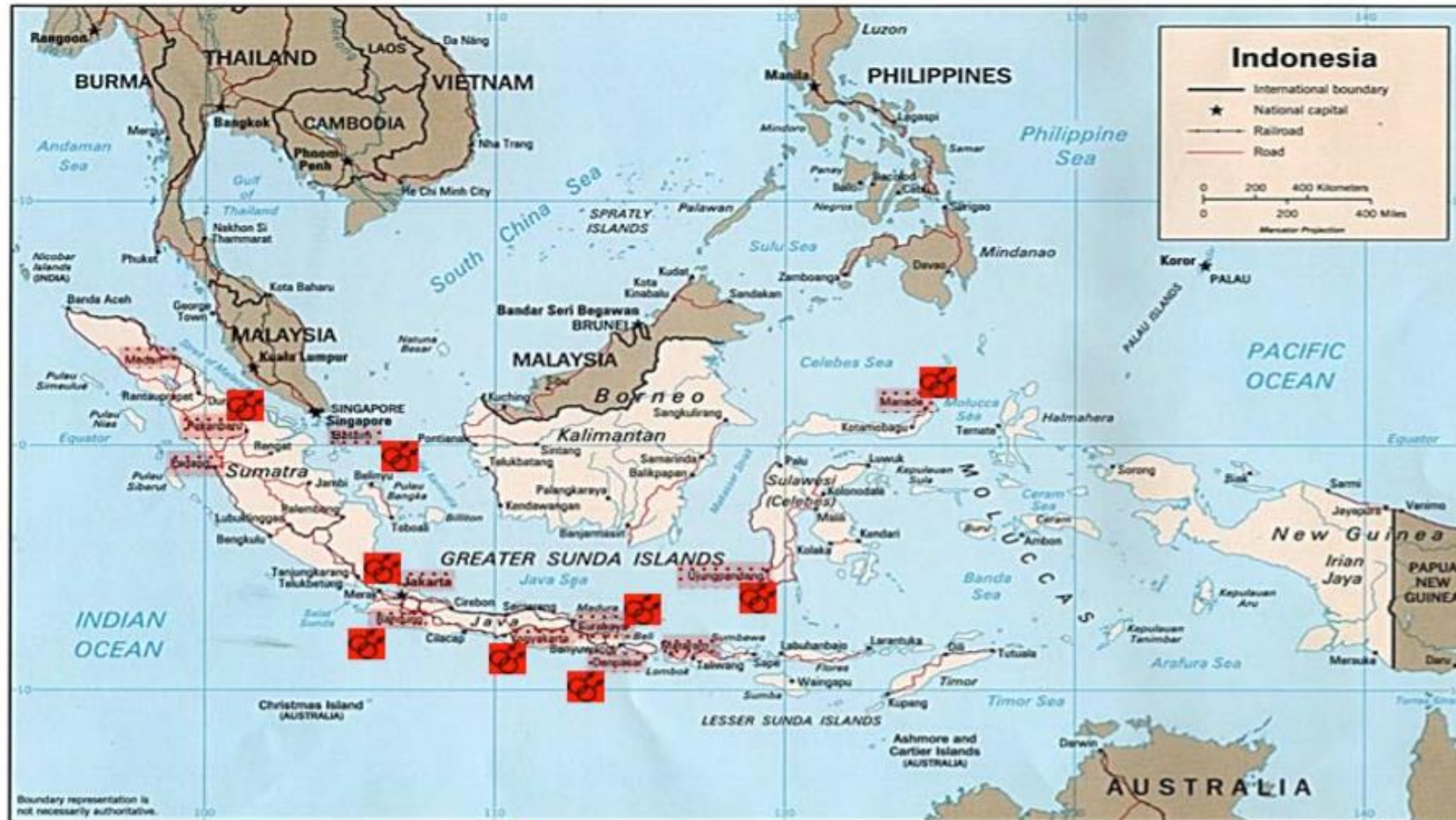
Pemerintah DKI Jakarta telah memperkenalkan sebuah peraturan yang mewajibkan calon pengantin yang akan menikah melakukan tes kesehatan termasuk HIV dalam rangka untuk mendapatkan sertifikat nikah.

Regulasi itu dikeluarkan tahun 2017 oleh Gubernur Anies Rasyd Baswedan sebagai bagian dari upaya mengatasi jumlah kasus HIV yang meningkat di ibukota negara tersebut, yang merupakan

**Now residents of Jakarta must undertake an HIV test before they marry (17 Jan 2019)**

# MSM PROGRAMS IN INDONESIA

1-379



Site visited

Organization serving Men Who Have Sex With Men



*Menuju Indonesia yang sehat*

Burnett Institute, 2005

