Pride Guide | Indonesia



The Australian Volunteers Program strives to provide a safe, supportive and equitable environment for LGBTIQ+ volunteers, approved accompanying dependents, partner organisations and all program staff. The Australian Volunteers Program has supported volunteers with diverse sexual orientation, gender identity, gender expression and sex characteristics (SOGIESC) in all program countries and has ongoing connections with community organisations in almost every country we work in.

Diverse SOGIESC program participants must be aware of the country context before undertaking an assignment. This guide is designed to introduce some key issues related to people with diverse SOGISEC and their participation in the program.

If you are a volunteer with diverse SOGIESC, you will need to:

- Do your own research. You will be required to follow the local laws, even if you disagree with them.
- Understand what the local law says you can and can't do when in-country;
- Be aware of what the legal protections are for LGBTIQ+ people in your destinations;
- Consider whether or not you are comfortable living and working in a place where you may be discriminated against and unable to live as openly as you can in some parts of Australia.

Language

Terminology may differ across urban and rural contexts, and across provinces or ethnic and cultural groups. Information sourced online can be outdated or inaccurate. For current and accurate information, please confirm with an appropriate diverse SOGIESC Civil Society Organisation (CSO) or ask your in-country team.

Legal and policy context

Same-sex sexual acts have never been criminalised in Indonesian law, but some provinces, cities and districts do criminalise consensual same-sex sexual acts between adults. Provinces that criminalise or punish same-sex sexual acts include Aceh and South Sumatra, districts include Banjar (West Java), and cities include Padang Panjang (West Sumatra), Pariaman (West Sumatra) and Tasikmalava (West Java). Jakarta has also seen police raids, criminalisation and sentencing as recently as 2020.

"Obscene acts" in public have been deemed to be criminal offences, and the Indonesian Ulama Council released a fatwa (Islamic ruling) to condemn the promotion of "LGBTIQ+ activities". Psychiatrists in Indonesia have categorised "homosexuality", "bisexuality" and "transsexualism" as curable mental disorders.

Discrimination

No legal protections exist for people with diverse SOGIESC in Indonesia. This includes a lack of constitutional and national laws and laws that protect against hate crimes, incitement to hatred, violence or discrimination against SOGIESC diverse people. A large number of companies explicitly ban LGBTIQ+ individuals from applying for roles at their organisations. In 2017, diverse SOGIESC populations were unemployed at a rate of 17% compared to the national rate of 5.33%.¹ Cultural and societal attitudes

Religion is used as a means of justifying discriminatory and violent behaviour toward diverse SOGIESC communities in Indonesia.

"...Since we were young, before we embrace our LGBTIQ identity, we were taught with religious interpretations about how terrible LGBTIQ people are and that they will go to hell. Many of the LGBTIQ individuals have a hard time dealing with this religious interpretation. They have to go through phases of denial, anger, bargaining and depression. If they are lucky, they would finally reach the self-acceptance, or 'coming in'."

1 Yasmin Purba, Laporan penelitian, pendokumentasian, dan pemantauan: situasi HAM dan akses keadilan kelompok LGBTI di Indonesia (Jakarta: Arus Pelangi, 2017).

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In a 2017 survey, 95.4% of Indonesians believed that homosexuality was "always wrong".² In recent decades, the majority of documented acts of violence against people with diverse SOGIESC are perpetrated by religious fundamentalist groups who target gatherings of LGBTIQ+ people and activists. Historically, these groups have not attacked individuals on the basis of real or perceived diverse SOGIESC.

Familial acceptance of relatives with diverse SOGIESC varies. Some families enforce rukyah, or Islamic conversion therapy, stop paying their children's school tuitions or force their children to leave home. Experiences of bullying in schools is high amongst diverse SOGIESC children and youth.

Health and wellbeing

Indonesians with a national identification card and health insurance can access basic health services. Diverse SOGIESC youth who were forced to leave home before turning 17 may not hold their own identification card and can therefore struggle to access services. Even those who do have the appropriate coverage and identification may face discrimination by healthcare staff. Lesbian, bisexual and queer women who are not married to a cisgender man can find it difficult to access pap smear or HIV/AIDS services. However, men who have sex with men (MSM) and transgender women are not seen as belonging to the LGBTIQ+ movement, and can therefore access HIV/AIDS services

Diverse SOGIESC communities may rely on CSOs to connect them to appropriate services, although these clinics are limited. Some health clinics provide hormone replacement therapy and gender reaffirming surgery, however these services are not advertised and are often not covered by health insurance. Mental health services are limited to CSOs connecting in with the appropriate private group. Sexual and reproductive health education is not compulsory in Indonesian schools, although it is taught in some urban private schools as an extra-curricular, non-compulsory unit.

Media

There are a growing number of online platforms that portray SOGIESC diversity as normal and highlight the human rights abuses experienced by LGBTIQ+ people. LGBTIQ+ CSOs use their social media channels and converse with mainstream online media organisations for their advocacy work. CSOs advocate and connect with their communities using Facebook, Twitter, Instagram and YouTube and communicate internally through WhatsApp or Signal.



2 M.V. Lee Badgett et al., LGBT Exclusion in Indonesia and Its Economic Effects (Los Angeles: The Williams Institute, 2017), 7.

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