



ASIA PACIFIC
TRANSGENDER
NETWORK

"There was no bencong in our ancestors,
bencong is the devil"

CONVERSION THERAPY PRACTICES IN

Indonesia

COUNTRY SNAPSHOT

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About This Snapshot

The Asia Pacific Transgender Network (APTN), together with its country partners, embarked on an ambitious yet much-needed research project earlier this year to study the various forms of conversion therapy practices being implemented against trans and gender diverse people in India, Indonesia, Malaysia and Sri Lanka. At the outset, this evidence-generating project aimed to explore how, through the documentation of their personal narratives and lived experiences, trans and gender diverse people in these countries have been subjected to conversion therapy practices. Further, it sought to investigate how the existing national legal, policy, and programmatic frameworks create an enabling environment for these harmful practices to thrive. The study also aimed to explore how religion and socio-cultural values fuel or promote interventions aimed at changing an individual's gender identity and expression, or sexual orientation, and how these interventions manifest in familial or communal spaces. The evidence presented in this research initiative is informed by data and insights collected through key informant interviews with members of trans communities, health professionals, legal and policy experts, academic and religious scholars, and LGBTIQ human rights defenders. Details about the research methodologies are available in the regional report.

This snapshot features a summary of key findings of the research and offers a preliminary reflection on the driving factors and actors behind conversion therapy practices in each of the four countries. It also presents recommendations for relevant legal, policy and programmatic change to address conversion therapy practices and provide protection to trans

and gender diverse individuals against these harmful interventions. A more detailed analysis of our research findings and information about research methods are presented in the regional report. This snapshot aims to inform the discussions taking place at the national stakeholder meetings being held between December 2020 and January 2021 in each of the four countries. We expect additional recommendations and insights to come forward from these meetings and they will be incorporated in the regional report, due to be released in the second quarter of 2021.

Terminologies

This snapshot uses conversion therapy practices (CTP) as an umbrella term to describe any active interventions of by any person(s) to change gender identities, behaviours or gender expressions or to eliminate or reduce sexual or romantic attractions or feelings that are considered non-conforming, driven by the belief that a person's sexual orientation or gender identity can and should be changed if perceived to be "deviant".

This snapshot uses the term transgender and trans interchangeably. Similarly, the terms transgender woman and trans woman and the terms transgender man and trans man are used interchangeably. The universal definition of transgender has been used in this research, which is persons who identify themselves in a different gender than the sex 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.¹

¹ Health Policy Project, Asia Pacific Transgender Network, United Nations Development Programme, Blueprint for the Provision of Comprehensive Care for Trans People and Trans Communities (Washington, DC: Futures Group, Health Policy Project, 2015).

Country Context

Indonesia is an archipelago country that consists of more than 17,000 islands on the equator. It covers a vast territory geographically and has a huge population. Indonesia is currently the 4th most populated country in the world² and the most populated Muslim majority country.³ Religion plays a big role in the everyday lives of most Indonesians. While the exact date is unknown, it was through trade that Islam came to Sumatra in the 9th century and spread to the rest of the archipelago. Islam and its practices blended with cultural influences and practices of Hinduism and Buddhism that had arrived on the country earlier⁴ and with the traditional belief in spirits that was prevalent in the culture through the practice of animism.⁵

The rise of conservatism, however, which can be observed in the country since the reformation era in May 1998, has been a matter of concern for rights groups. The lack of political commitment to protect the rights of sexual and gender minorities can be

attributed to the fear of losing the support and thereby the vote of the Muslim majority population. Although as of November 2020, there is no law in Indonesia that criminalizes consensual same-sex relations, it is well known that the discriminatory and systematically oppressive attitudes toward sexual and gender minorities is worsening rapidly. A notable example of the efforts being made to marginalize sexual and gender minorities is the proposed bill for Family Resilience (widely known as RUU Ketahanan Keluarga), that was proposed by members of Indonesia's House of Representative earlier this year and called for family members of a trans or gender diverse person to report them to the local community leader so they can be made to undergo rehabilitation to be "cured" of what the draft identifies as "social sickness"⁶. While the bill was rejected by the House⁷, it did receive significant political support from the conservative groups and is a reflection of the state of political discourses around SOGIESC rights in the country.

2 "U.S. Current Population," United States Census Bureau, accessed November 2020, <https://www.census.gov/popclock/print.php?component=counter>.

3 Jeff Diamant, "The countries with the 10 largest Christian populations and the 10 largest Muslim populations," Pew Research Center, April 1, 2019, <https://www.pewresearch.org/fact-tank/2019/04/01/the-countries-with-the-10-largest-christian-populations-and-the-10-largest-muslim-populations/>.

4 Paul Smith, "Lessons from the world's largest Muslim nation," British Council, February 2018, <https://www.britishcouncil.org/research-policy-insight/insight-articles/lessons-from-the-world>.

5 "Apa Perbedaan Kepercayaan Animisme dengan Dinamisme?" Sejarah, accessed November 2020, <https://www.sejarah.id/2017/08/perbedaan-animisme-dan-dinamisme.html>.

6 Indonesia Bill on Family Targets Surrogacy, 'Sexual Deviations'." Reuters, 19 February 2020. <https://www.reuters.com/article/us-indonesia-rights-idUSKBN20DoZZ>.

7 The House Drops a Bill That Will Require Indonesians to Turn In Gay Family Members". The Jakarta Globe, 24 November 2020. <https://jakartaglobe.id/news/the-house-drops-a-bill-that-will-require-indonesians-to-turn-in-gay-family-members>.

Role of the Law and — Regulations, Healthcare Providers, and the Media

Currently, there is no clear law that specifically mandates conversion therapy for LGBTI people, apart from the proposed draft bill. The Ministry of Social Affairs, however, has a programme called “Bina Karakter” or “Character Building” that often targets LGBTI people. The decentralisation of Indonesia in January 1st, 2001 (Usman, S., 2001) gave each province the authority to permit a law/legislation that reflects what it believes to be its social value. This has contributed to cases where statements by government officials have been used to justify the persecution of people based on their gender identity and sexual orientation, at the provincial level.

The Directorate of Social Rehabilitation for Social Problems and Victims of Human Trafficking (Korban Perdagangan Orang) is responsible for implementing the social rehabilitation program under the Ministry of Social Affairs. The program intends to restore and develop the ability of a person experiencing what it deems to be “social dysfunction”, so that they can carry out their “social function properly”.⁸ It categorises trans women as “People with Social Welfare Problems”⁹, which enables the Ministry, through its civil service police, to conduct raids (commonly called *razia* in Indonesia) to arrest them. The raids are usually conducted at night since the programme largely targets trans women who work mostly at night (sex workers, for instance). Upon arrest, the trans women are given food, daily necessities, and access to healthcare, along with, what the Ministry claims, psychosocial mental, and “spiritual guidance”. This social rehabilitation program also includes education and training aimed at making the trans women financially independent and preventing them from falling back into what

⁸ Ministry of Social Affairs, “Rehabilitasi sosial tuna sosial dan korban perdagangan orang,” Law No.11 of 2009 Article 7 paragraph 1, <https://intelresos.kemsos.go.id/new/?module=Program+Tunas&view=inpanti>.

⁹ “Pengaduan perempuan transgender ke Komnas Perempuan: ‘Tinggal di kos sendiri pun diusir’,” BBC NEWS, November 24, 2018, <https://www.bbc.com/indonesia/indonesia-46320045>.

the Ministry deems to be an “immoral lifestyle”. While this has been seen as well-intentioned at the societal level, several components of the programme, especially the psychological, mental, and spiritual guidance to “return them to the right path”, can certainly be interpreted as a conversion effort by the government agency.

Discriminatory attitudes toward sexual orientations and gender identities that are perceived to be non-conforming can also be seen within the medical and healthcare sectors. While internationally, there is a growing acknowledgement and awareness of trans rights and an effort to recognize the pathologisation of trans and gender diverse identities as a violation of human rights¹⁰, a stance that has been backed by the World Health Organization (WHO)^{11,12}, the Indonesian Psychiatric Association has attempted to reclassify LGBTI people as people suffering from mental disorders.¹³ Regarding trans people, specifically, the Association claims the following:

“The term “transgender” is not specifically known. However, what does exist is the term “transsexualism”, which is defined as a gender identity disorder characterized by a desire to be accepted as a group of the opposite sex and discomfort with the anatomical structure of their genitals, accompanied by a tendency to receive hormonal therapy and surgery to change to the sex they want.”¹⁴

This mindset can also be seen in the mainstream media. In 2008, Indonesian television got its first reality show with trans women as the main characters. The show was primed to convey to the Indonesian audience that trans women needed to “go back” to being men and align with cisnormative and essentialist ideas about gender. Called *Be A Man*, each season featured 10 participants that included trans women and effeminate gay men (all of whom were framed by the show as “effeminate men”) being trained by the Indonesian military so they could become more conventionally masculine by the end of the show. Much like the social rehabilitation program, the reality show was seen by the general public as a well-intentioned and valid effort to rectify what they perceived to be the “damaged masculinities” of trans women. Both in government institutions and the media, so far, there seems to have been no intervention or portrayal specifically aimed at trans men.

Apart from government agencies and mainstream media, religious laws can also be used to target the LGBTI community. For instance, trans women were declared as haram in a fatwa back in 1997, which mandated that there must be a reinforced effort to “put them back”.¹⁵

10 Maria Castro-Peraza et al., “Gender Identity: The Human Right of Depathologization,” *International Journal of Environmental Research and Public Health* 16, no. 6 (2019): 978, doi: 10.3390/ijerph16060978.

11 BBC 2019.

12 <https://icd.who.int/en>

13 Reja Irfa Widodo, “Klasifikasi Pedoman Gangguan Kejiwaan Sedang Dalam Proses Revisi,” *Republika*, March 24, 2016, <https://nasional.republika.co.id/berita/04if9k368/klasifikasi-pedoman-gangguan-kejiwaan-sedang-dalam-proses-revisi>.

14 Mi’raj News Agency “Perhimpunan Dokter PDSKJI: LGBT Penyakit Jiwa” Mi’raj News Agency, 16 December 2018. <https://minanews.net/perhimpunan-dokter-pdskji-lgbt-penyakit-jiwa/>

15 Majelis Ulama Indonesia, “Kedudukan Waria,” Majelis Ulama Indonesia, October 11, 1997, <https://mui.or.id/wp-content/uploads/files/fatwa/21.-Kedudukan-Waria.pdf>.

Conversion Therapy Practices in Indonesia

Conversion therapy practices in Indonesia do not necessarily denote the same set of practices that it denotes in the western world. Historically, Indonesia has not had a set of practices that were developed for the specific purpose of “curing” LGBTI people of what is deemed to be deviant behaviour. Although in this report, religious practices like ruqyah (for Muslims) and pastoral counselling (for Christians)¹⁶ that were forced on LGBTI people for their sexual and gender identities could be considered forms of conversion therapy, culturally, these practices target a wide variety of issues. For instance, ruqyah is also used to get rid of the effects of magic or “jinn (genie) disorders” and for curing mental disorders or even common illness.¹⁷ Pastoral counselling, too, is administered in several different situations. When LGBTI people are subjected to ruqyah and pastoral counselling, the assumption is that they need to and can be converted back to “the right path”. Indeed, many practitioners of Islam and Christianity believe that human beings need to walk on the path of God, which, in this case, are heterosexual and cisgender norms. Conversion therapy practices were also sought from mental health experts such as psychologists and psychiatrists, usually by the parents of the respondents. One trans woman respondent was made to undergo conversion therapy when they were as young as twelve, while the oldest age at which someone experienced conversion therapy among the respondents

of key informant interviews (KII) for this research was twenty-eight. Religion-based conversion therapy practice was usually the first kind of intervention that was sought.

Professional psychologists or medical intervention was sought when religious therapy and counselling failed. Although it is not clear if the therapy aims to change sexual orientation or gender identity, it is clear from the experiences of the respondents that this therapy is being provided when trans and gender diverse people exhibit observable behaviour that does not adhere to cisnormative gender norms. This suggests that shame culture is the main driver behind the need to force trans and gender diverse people into undergoing therapy.

“I did not know that being brought in by a shaman or a shaman was conversion therapy, I used to understand it was only when it is done by a psychologist, now I know that going to a cleric and a shaman is also conversion therapy”¹⁸

Economic factors might play an important role here as well. As informed by one of the KII respondents, once their first therapy session with a spiritual teacher failed, the parents brought him to a professional psychologist. However, the respondent received counselling only twice as he was able to convince his parents that

16 A ruqyah is a ceremony where a ustadz or dukun purports to summon spirits. Water often plays a central role in these ceremonies; it is first used in the rituals and then offered to the subject for whom the ruqyah is being performed. Pastoral counselling, on the other hand, typically purports to cleanse the soul of the subject through prayers to defeat what is believed to be the whisper of the devil, which tempted people to commit sins.

17 Fajria Anindya Utami, “Jangan Salah Kaprah! Ini Pengertian Ruqyah dalam Islam,” Umma, January 7, 2020, <https://umma.id/post/jangan-salah-kaprah-ini-pengertian-ruqyah-dalam-islam-658112?lang=id>.

18 Interview with Participant 1, a trans man.

they were wasting money on something that was not effective. Information received from the respondents also showed that trans and gender diverse people that were financially dependent on others were at a much greater risk of being forced to undergo conversion therapy. Financially independent trans and gender diverse people are possibly less likely to be forced to go to conversion therapy.

Two of the respondents (a trans woman and a trans man) sought out therapy of their own accord, having succumbed to social pressures and internalised the widespread belief that they were on the “wrong path”. Seven of the respondents revealed that they were forced to undergo therapy by their family. Two of respondents who had participated in the aforementioned reality show, *Be a Man*, admitted that they had volunteered to do so. One respondent had been arrested in a raid conducted by the civil service police and one had participated in the government-sponsored programme because it was suggested by the mami (senior trans woman).

“At first, it was the kyai-kyai (ustadz), right, they told me to drink the water that was already being used in the ceremony. Then they asked me to take a bath using the water with flowers; I didn’t feel anything change.”¹⁹

¹⁹ Interview with Participant 3, a trans man.

“(during the raid)...the person in the village guaranteed me to leave, but we were given a lecture first by the ustadz. He—Pak Untung—summoned the ustadz to the police station. He was told to lecture us. [In his lecture] he said there was no bencong in this world, there are no waria. There was no bencong in our ancestors, bencong is the devil, these are all, like that.”²⁰

The notion that one’s gender and sexual identity can and should be made to conform to cisgendered and heteronormative conventions is also propagated through mainstream media. A prime example of how trans people, especially trans women, are constantly pushed to identify with the gender assigned to them at birth is also evident from the reality TV show, *Be A Man*. As mentioned before, *Be a Man* featured trans women and effeminate gay men being trained by the Indonesian military to become “real men” who embody a cisgendered and heteronormative masculine ideal. It featured the slogan “turning cans into steel”, a play on the derogatory slang for trans women, “bencong kaleng”, which directly translates to “sissy cans” in English, highlighting the sexist, homophobic, and transphobic attitudes that form the basis of such beliefs and practices. It is not just the mainstream media in Indonesia that is propagating the need for conversion therapy. As mentioned before, the Bina Karakter programmes conducted by provincial government social service units subject trans women to practices that effectively amount to conversion therapy.

²⁰ Interview with Participant 13, a trans woman.

Purportedly meant to rehabilitate “people with social problems” (which include sex workers, homeless people, and beggars, along with trans women), the goal here is to set these people on a socially sanctioned way of living. Since these programmes also provide trans women with financial support by providing a fund for economic empowerment, they may seem appealing to many. Indeed, the programme has largely been seen as a positive and necessary effort by the government. This can be attributed to the resurgence of nationalism in the country, which has played a key role in the reinforcement and propagation of traditional gender norms. However, even though one of the participants admitted that, while the programme did not lead them to change their gender identity, the discipline it installed in them was somewhat beneficial, all the other participants surveyed were left traumatized by the entire experience.

“No one stood up for me at that time. There was no one to support me, there was no... there was no...really, even my grandparents didn’t agree to have a grandchild who was trans. Well, when I was little, my grandmother said, “I would rather have dead grandchildren than have trans grandchildren.”²¹

Impact of Conversion Therapy Practices on Trans and Gender Diverse Individuals

Most trans and gender diverse people do not find any support when being forced to endure conversion therapy. Indeed, as mentioned earlier, the programme is largely seen as beneficial and necessary by general public in Indonesia and therefore has a significant amount of public support. Several of our trans women participants said they turned to religion and praying to help them cope with the harmful effects of conversion therapy. The support coming from community-based organisations was the main source of comfort for the survivors of therapy surveyed by this research initiative. The information we gathered from the respondents shows that the survivors felt safest sharing their experiences of conversion therapy with other survivors of the same. The respondents also expressed hope that more such research is conducted to highlight this issue that the Indonesian society has thus far not considered or dared to discuss.

²¹ Interview with Participant 07, a trans woman.

Protection and Empowerment for Transgender People

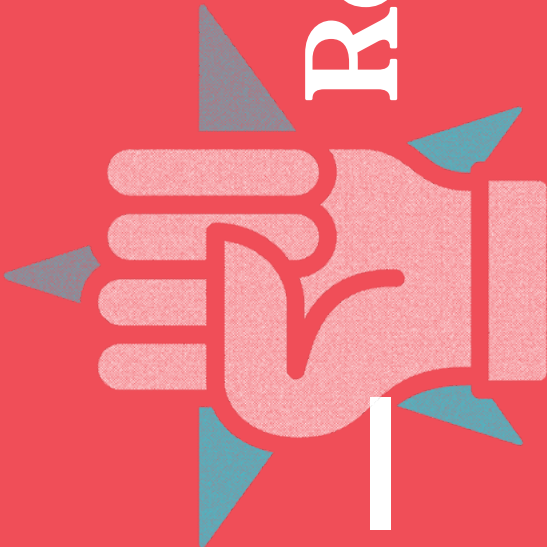
As there is no specific law to protect trans and gender diverse people, there is also no clearly stated course of action to protect trans and gender diverse people from conversion therapy. Although Indonesian law has a policy that addresses discrimination, however it is limited to the discrimination based on racial and ethnicity (Universitas Gajah Mada, 2008). Therefore, trans and gender diverse people are currently devoid of any legal protection from conversion therapy. However, other legal mechanisms, like protection from torture, protection from shamanism, protection from coercion, protection from physical abuse, and anti-fraud laws could be used to help trans people resist these practices. These laws, however, can only be used as protection mechanisms if the LGBTI community and allies have awareness of these laws and use them to report cases of conversion therapy under these laws, with relevant evidence. Lack of legal knowledge about these legal protections could make it difficult for LGBTI people and communities to seek out these channels.

Respondents also expressed the importance of involving various stakeholders, for example, medical/healthcare providers, religious and spiritual leaders, etc., who can help fight against conversion therapy practices in Indonesia. While medical organisations might not have an official stance on supporting LGBTI rights (or trans rights, specifically), support might still be solicited from doctors and healthcare workers who understand the lasting damage caused by these practices and feel strongly about eradicating them. Legal aid organisations, as discussed earlier, are also important stakeholders that need to be involved in this effort. The law in Indonesia can often be difficult to interpret, and therefore, the support of organisations and people with legal expertise is essential for the empowerment of the community. Another way to legally protect trans and gender diverse people is to ensure they have basic rights and the only way to do so is by ascertaining the legal recognition of trans and gender diverse people.

At the moment, many trans individuals and organisations are struggling to gain legal recognition. The recognition of trans and gender diverse identities is of utmost importance to protect the community from different kinds of discriminatory practices. Legal stakeholders are therefore essential to fight the battle on this front.

Given that many of our respondents were brought to these various religious centres and psychiatrists by their parents or family members, it is important to acknowledge that sensitisation of the family members can be the key to reducing the possibility for trans and gender diverse children being forced into conversion therapy. It is also crucial to secure the right to decent work for trans and gender diverse people. Indeed, this is perhaps one of the most important things that can help reduce the risk of conversion therapy (and general discrimination).

However, any good job in Indonesia (and everywhere else) requires qualifications (mostly, academic qualification). Lack of recognition in the education system for trans and gender diverse people often leave them out of the system altogether. Thus, ensuring trans and gender diverse people have access to quality and safe education, and subsequently, financial independence, is key to reducing the risk of conversion therapy. Finally, while campaigns targeting external stakeholders are important, awareness raising and sensitisation on the conversion therapy practices issue is also urgent for the trans community and its allies.



Recommendations

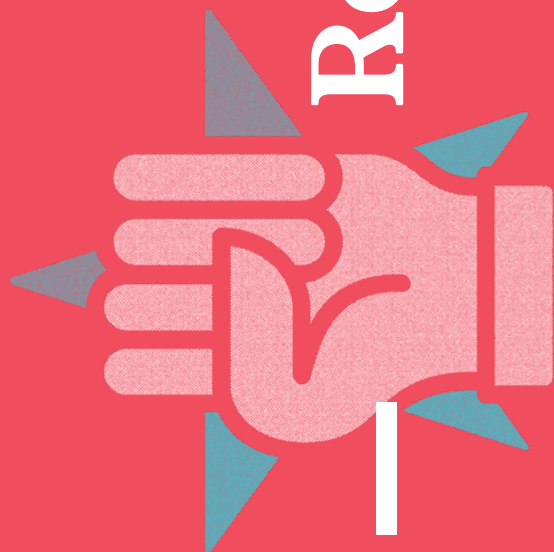
FOR THE GOVERNMENT OF INDONESIA

1. Give legal recognition to trans and gender diverse people in a manner that does not pathologise them or infringe upon their dignity.
2. Repeal any existing laws and permanently abolish any proposed laws that enable the idea that trans and gender diverse people need to undergo conversion therapy, like the proposed Family Resilience bill, that perpetuates hate and unethical rehabilitation programmes against people with diverse sexual orientations and gender identities.
3. Ensure that there is no discrimination taking place at the national and provincial levels by expanding the protection of the anti-discrimination bill to include sexual orientation and gender identity.
4. Investigate and document instances of the violation of the rights of trans and gender diverse people as currently there is no data on the treatment meted out to trans and gender diverse people since much of the government and other institutions' practices aimed at the community go undocumented.
5. Re-evaluate the economic empowerment programme for trans and gender diverse people, removing the condition that calls for people from the community to be "cured" through the Bina Karakter venture, and adopt a more gender-sensitive approach.
6. Support inclusive education for trans and gender diverse students in all formal and informal education environments.

SPECIFICALLY FOR THE MINISTRY OF SOCIAL AFFAIRS

7. Revisit the social rehabilitation programme so that it can be gender-sensitive and treat trans and gender diverse people with dignity and be cognizant of their rights.
8. Build a stronger partnership with the trans community to obtain updated knowledge and information, and

Recommendations



therefore be better equipped to re-evaluate the rehabilitation programme and eradicate parts of it that are harmful to trans and gender diverse people.

9. Sensitise families to accept their trans and gender diverse relatives; stop promoting the idea that trans and gender diverse people are portraying deviant behaviour that needs to be corrected through the rehabilitation programmes being run by various government agencies.

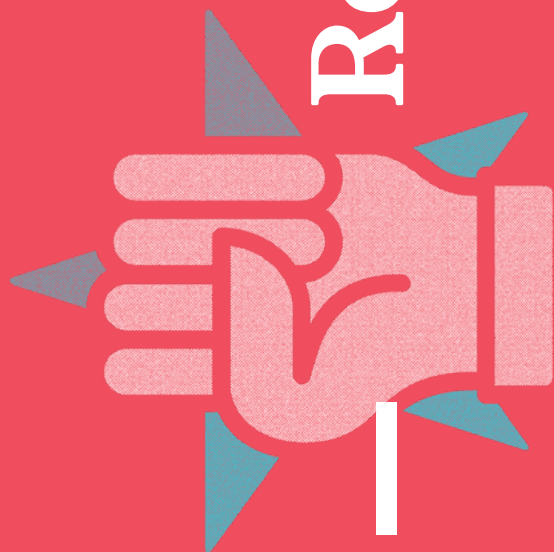
FOR THE NATIONAL HUMAN RIGHTS INSTITUTIONS (KOMNAS HAM AND KOMNAS PEREMPUAN)

10. Acknowledge trans and gender diverse people, promote the inclusion of the community in different spheres of public life, and understand the gravity of the problem of conversion therapy by monitoring and researching the issue.

FOR PSYCHIATRIC AND PSYCHOLOGICAL ASSOCIATIONS

11. Avoid judgemental and prejudiced bias towards trans and gender diverse people and ensure medical practices offered to them are following updated guidelines and procedures put down by internationally accredited organisations, such as the WHO's ICD 11.
12. Work on a comprehensive classification of the different kinds of trans and gender diverse communities in the country (taking into account intersectional variables such as economic factors) without religious bias and in a manner that does not pathologize them.
13. Open the door for dialogue with the trans community and re-evaluate ways of treating trans and gender diverse people by adopting a trans-positive and non-pathological approach.
14. Make a provision to prevent conversion therapy from being inflicted on trans and gender diverse people.

Recommendations



15. Establish a warning or sanctions mechanism for mental health professionals who promote or engage in the harmful practice of conversion therapy.

FOR NON-GOVERNMENT ORGANISATIONS

16. Engage more with the conversion therapy issue to raise awareness within the LGBTI community and its allies about the harmful effect it has on survivors.
17. Collect more data and information about conversion therapy in Indonesia to obtain a comprehensive understanding of the challenges and needs of trans and gender diverse people.
18. Provide support groups for trans and gender diverse people who experience conversion therapy.
19. Support group programmes for parents of trans and gender diverse children to help promote acceptance within families.

FOR THE TRANS COMMUNITY AND ITS ALLIES

20. Increase understanding of conversion therapy through capacity building and awareness programmes.
21. Design and implement more programmes that address trans-specific issues, especially the recognition of the rights and the identity of trans people; spread awareness about how that recognition can help eradicate conversion therapy.
22. Engage more allies to gather more support to prevent conversion therapy by addressing its root causes.
23. Engage allies from the legal community who can help form a legal framework that can be used to protect trans and gender diverse people from conversion efforts and compensate survivors.

Bibliography

1. BBC NEWS. "Transgender no longer recognised as 'disorder' by WHO". 29 May 2019. <https://www.bbc.com/news/health-48448804>
2. BBC NEWS. "Pengaduan perempuan transgender ke Komnas Perempuan: 'Tinggal di kos sendiri pun diusir'." November 24, 2018. <https://www.bbc.com/indonesia/indonesia-46320045>.
3. Castro-Peraza, Maria., Jesús Manuel García-Acosta, Naira Delgado, Ana María Perdomo-Hernández, Maria Inmaculada Sosa-Alvarez, Rosa Llabrés-Solé, and Nieves Doria Lorenzo-Rocha. "Gender Identity: The Human Right of Depathologization." *International Journal of Environmental Research and Public Health* 16, no. 6 (2019): 978. doi: 10.3390/ijerph16060978.
4. Diamant, Jeff. "The countries with the 10 largest Christian populations and the 10 largest Muslim populations." Pew Research Center, April 1, 2019. <https://www.pewresearch.org/fact-tank/2019/04/01/the-countries-with-the-10-largest-christian-populations-and-the-10-largest-muslim-populations/>.
5. Health Policy Project, Asia Pacific Transgender Network, United Nations Development Programme. *Blueprint for the Provision of Comprehensive Care for Trans People and Trans Communities*. Washington, DC: Futures Group, Health Policy Project, 2015.
6. Majelis Ulama Indonesia. "Kedudukan Waria." Majelis Ulama Indonesia, October 11, 1997. <https://mui.or.id/wp-content/uploads/files/fatwa/21.-Kedudukan-Waria.pdf>.
7. Ministry of Social Affairs. "Rehabilitasi sosial tuna sosial dan korban perdagangan orang." Law No.11 of 2009 Article 7 paragraph 1. <https://intelresos.kemsos.go.id/new/?module=Program+Tunas&view=inpanti>.
8. Mi'raj News Agency (2018) "Perhimpunan Dokter PDSKJI: LGBT Penyakit Jiwa" Mi'raj News Agency, 16 December 2018. <https://minanews.net/perhimpunan-dokter-pdskji-lgbt-penyakit-jiwa/> (Accessed: November, 2020)
9. Sejarah. "Apa Perbedaan Kepercayaan Animisme dengan Dinamisme?" Accessed November 2020. <https://www.sejarah.id/2017/08/perbedaan-animisme-dan-dinamisme.html>.
10. Smith, Paul. "Lessons from the world's largest Muslim nation." British Council, February 2018. <https://www.britishcouncil.org/research-policy-insight/insight-articles/lessons-from-the-world>.
11. United States Census Bureau. "U.S. Current Population." Accessed November 2020. <https://www.census.gov/popclock/print.php?component=counter>.
12. Universitas Gajah Mada (2008) "UNDANG-UNDANG REPUBLIK INDONESIA NOMOR 40 TAHUN 2008 TENTANG PENGHAPUSAN DISKRIMINASI RAS DAN ETNIS". Universitas Gajah Mada. 10 November 2008. <http://luk.staff.ugm.ac.id/atur/UU40-2008PenghapusanDiskriminasi.pdf>
13. Usman, S. "Indonesia's Decentralization Policy: Initial Experiences and Emerging Problems" Smeru Research Institute, September 2001. <http://www.smeru.or.id/en/content/indonesias-decentralization-policy-initial-experiences-and-emerging-problems#:~:text=After%20over%2030%20years%20under,effective%20on%20January%201st%2C%202001>.
14. Utami, Fajria Anindya. "Jangan Salah Kaprah! Ini Pengertian Ruqyah dalam Islam." *Umma*, January 7, 2020. <https://umma.id/post/jangan-salah-kaprah-ini-pengertian-ruqyah-dalam-islam-658112?lang=id>.
15. Widodo, Reja Irfa. "Klasifikasi Pedoman Gangguan Kejiwaan Sedang Dalam Proses Revisi." *Republika*, March 24, 2016. <https://nasional.republika.co.id/berita/04if9k368/klasifikasi-pedoman-gangguan-kejiwaan-sedang-dalam-proses-revisi>.

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The Asia Pacific Transgender Network (APTN) is a regional trans-led network that is working towards the advancement of trans rights in the Asia Pacific region through research and evidence generation, legal, policy and programmatic advocacy, and public campaigning.

APTN engages with a range of partners across Asia and the Pacific to support, organise, and advocate for fundamental human rights including gender identity; access to justice and legal protections; and comprehensive gender-affirming healthcare and policies. For a decade, APTN has grown to become a credible platform and voice for transgender people in Asia and the Pacific, working to ensure that their needs and rights are represented politically, socially, culturally and economically. The network serves as a platform for transgender people to advocate for access to health, legal gender recognition, legislative reform, social justice and human rights, and to exchange information and strategies with each other.

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