One transgender community's experience of the COVID-19 pandemic: A report from Indonesia

Translator's introduction

Indonesia has been severely affected by the COVID-19 pandemic. As of December 28, 2020, the nation had registered over 719,219 confirmed cases and 21,542 deaths, with new cases reaching approximately 5800 per day (World Health Organization 2020). And, as in other contexts, the economic and social unrest resulting from the COVID-19 pandemic and the steps taken to address it are projected to be severe. It is possible that between 1.3 million and 8.5 million more Indonesians will be pushed into poverty by the end of 2020 (Suryahadi, Izzati, and Suryadarma 2020). Although coordinated by the national government, regional and local governments are responsible for COVID-19 responses. Since April 2020, the large capital city of Jakarta has periodically been placed under varying levels of restrictions, ranging from widespread lockdowns to enhanced social distancing measures. The region of Yogyakarta, the focus of this report, was not officially placed under wholesale lockdown but was subject to localized restrictions on movement and access. On December 31, 2020, the Indonesian borders closed for a two week period to all but citizens and resident foreigners. As was the case in many parts of the world, efforts to address in Indonesia have frequently been derived from security rather than healthcare concerns (see Laksmana and Taufika 2020). Despite these attempts to contain the virus, the piecemeal and ad hoc nature of Indonesia's response to COVID-19 means that Indonesia faces a worrying trend of increasing rates of infections and deaths.

Among those affected by and responding to the COVID-19 pandemic are Indonesia's transgender community. Since the beginning of the pandemic, they have mobilized existing community networks and leveraged their reputation for social action to provide support throughout the public health emergency. This was the case for those known as *waria*, a widely used Indonesian term that combines the words for “woman” (*wanita*) and “man” (*pria*).^[1] Although *waria* do face distinct forms of discrimination, they occupy a respected position within Indonesian society, achieved in part through their relationship to work in salons, performance and creative industries (Boellstorff 2007; Davies 2010; Hegarty 2017a; 2018). Nevertheless, many *waria* live in conditions of economic precarity, often working in criminalized forms of sex work and other occupations which render them vulnerable to harm (Praptoraharjo, Navendorff, and Irwanto 2015). Transgender and gender nonconforming people have faced additional persecution since 2016 due to politically motivated forms of “anti-LGBT” media and activism in Indonesia (see Wijaya 2020). Nevertheless, an increasing number of programs targeting those identified as “transgender” have enabled *waria* to access to international funding and alternative possibilities for recognition. Many of these were established in response to the HIV epidemic, which offer access to lifesaving if fragile forms of healthcare (Hegarty 2017b). The networks, institutions and skills developed during approximately twenty-five years of Indonesia's HIV response — an epidemic which disproportionately impacts *waria* — have been vital during the COVID-19 pandemic.^[2] Indonesian and non-Indonesian doctors, researchers and others from networks established in response to HIV have been a source of critical support to the *waria* community.

Despite powerful forms of activism and community mobilization, *waria* are a marginalized group whose social recognition is tenuous. As Ferdiansyah Thajib (2018) writes based on research undertaken in Indonesia's western-most province of Aceh, *waria*'s acceptance is in

many respects conditional, resting on their ability to fit in with the demands of those around them. Waria face challenges translating these forms of social recognition into citizenship observed, for example, in the struggles that they face accessing state-issued national identity documents (see Nanwani and Siagian 2017). Few waria are registered as residents of the cities in which they live and many do not have access to official forms of identification. This renders them either ineligible for or vulnerable to exclusion from available forms of state support. The fragility of waria's recognition was exposed at the onset of the COVID-19 pandemic and associated lockdowns, as existing forms of exclusion from and discrimination by the state hampered access to official sources of economic and social support. Given waria's marginalization by the state, it was community organizations and networks which played a crucial role in furnishing access to support during the initial stages of the COVID-19 pandemic in February 2020.

This essay is a collaborative effort but is based primarily on an account provided by Rully Mallay, a waria community leader and activist at the Kebaya Foundation, a shelter for people living with HIV in Yogyakarta. It describes the impact of restrictions imposed to reduce the spread of COVID-19 and community mobilization in response to it took place between February and September 2020 in the province of Yogyakarta. Yogyakarta is home to a large city in the central part of the island of Java, Indonesia's most populous island. Waria played a pivotal role in mobilizing a community response in that city, providing support not only to their own community but also to other marginal groups impacted in similar ways. Benjamin Hegarty, an anthropologist at the University of Melbourne and formerly a volunteer at the Kebaya Foundation (2014–15), wrote the introduction in collaboration with Rully on the basis of telephone conversation held on October 1, 2020. Benjamin translated and edited Rully's account. Sandeep Nanwani, a physician and anthropologist based in Jakarta, and

Ignatius Praptoraharjo based in Yogyakarta, an epidemiologist and activist, both of whom work closely with the Kebaya Foundation provided comments and contributions.

A Waria Response to the Pandemic

From February 2020 onwards, we have responded to the COVID-19 pandemic and the imposition of various kinds of lockdowns and other measures. In February, the first severe lockdowns were enacted in the city. These were extreme responses, about which we received no information in advance. People living in certain areas were instructed to stay in their houses. We were unable to travel, even for urgent forms of caregiving, and checkpoints manned by local authorities were erected at entryways to neighborhoods (for an illustration of localized responses to COVID-19 in Jakarta, see Kuno 2020). We were unable to admit new patients into the HIV shelter that we run, in spite of urgent need for our services. The government did not provide support, such as access to meals or money. Many waria, along with migrants to the city, people living with HIV, and the elderly, struggled to survive. At that time, we were more afraid of starving to death than we were of the COVID-19 virus. Fortunately, community-based organizations — including our own — were able to quickly mobilize resources, providing support to those most in need.

The emergency response to COVID-19 in Yogyakarta was coordinated by three community-based organizations serving the waria community: the Kebaya Foundation, the Al Fatah Islamic boarding school, and IWAYO, a coordinating network for waria in the city. We found great solidarity and support for waria from our community of volunteers both in the city, in other cities in Indonesia, and internationally.

Our existing programs, and the expertise that they facilitated, helped us to develop our response. We initially conducted a mapping exercise of the transgender community to address emergency situations of immediate need. Apart from those included within Kebaya's existing programs, we also identified a number of waria who had previously been able to shift their professions from sex work and busking.^[3] These waria were able to continue their efforts to make a living through other means during the COVID-19 pandemic, when these sources of income were unavailable. Our mapping exercise led to further support provided to sixteen waria in the form of seed funding to support economic activities, ranging from small restaurants to salons.

Community Kitchens and Mask Production

To the waria registered for our existing programs, we received funding to provide small emergency rations kits consisting of rice, noodles, eggs, oil and other supplies. We mobilized our networks to support eight community kitchens, which we undertook on a monthly basis, which also served as central locations and community centers from which to distribute food and other essential support. However, we became aware quickly that in bringing together waria for support and community, we might be inadvertently providing a means for the COVID-19 virus to spread. Reflecting a broader dilemma in responding to a virus that thrives on social contact — something which community values in times of crisis — we struggled to make a decision as to whether to continue these activities.

Acknowledging the warnings of government and medical experts, we made it a priority to heighten adhere to public health protocols; washing our hands often, keeping our distance from one another and wearing a mask. At our community kitchens, we made implementing

these protocols a priority. We also started to distribute masks and hand sanitizer along with our ration kits. In response to the rising price of disposable masks available at drug stores, we had our own skilled waria tailors produce their own fabric masks, with sewing machines purchased for us by supporters of our community. We are now producing approximately 1000 masks a month in this way.

We quickly realized the need for further programs. Access to these resources from July onwards enabled us to develop our capacity further. We undertook a variety of virtual activities, including a series of workshops in business skills, hand-sanitizer production, and handicrafts, all unfilled needs in our community. We also held a photography and videography workshop to document the challenges we face. We sought to strengthen our advocacy efforts to two groups who face the fiercest discrimination in our community: people living with HIV and sex workers. To address the needs of these groups, we held a series of workshops, which included local representatives of the police, the regional Department of Social Affairs, the regional Commission for the Prevention of AIDS, and networks of people living with HIV.

Addressing Locked Down Communities

We remained very concerned by the impact of lockdown measures on waria and the broader community. As a result, we conducted a workshop to develop adequate health protocols specifically for communities of sex workers. We mobilized our networks to bring together a wide range of people, including doctors, local healthcare clinics, legal organizations and hospitals. Crucially, we were able to support a number of our most vulnerable community members, people living with HIV, to receive access to medication and other healthcare

support not otherwise covered by the national insurance program. The distribution of ration kits, mask and hand sanitizers continued to be an important component of our COVID-19 response program, and we were able to extend access to this program to an even wider portion of our community with additional support.

In the meantime, we extended our programs to one area in the province particularly impacted by severe restrictions. The seaside region of Parangkusumo, the site of important Javanese spiritual rituals throughout the year, is usually a destination for sex workers. However, localized lockdowns meant that those who had come from areas for this purpose then found themselves unable to leave. One owner of a Karaoke bar who had also opened a small restaurant went out of business, and she was forced to sell all of her possessions in order to continue to eat on a daily basis. Others were stuck there for a number of months, unable to travel home for the traditional holiday taken in Indonesia at the end of the Muslim fasting month of Ramadan. Our community kitchen program was enough to have a positive impact on affected waria. Dorys, a senior waria who usually works as a make-up assistant in a salon, was unable to work at all so much so she found it difficult just to find enough money to eat and pay her rental accommodation. She said, “I’m fortunate the Kebaya program comes to our area, bringing us ration kits, masks and hand sanitizers each month. I’m also receiving support to pay my rental accommodation, even if I struggle to fulfill all my needs at the moment.”

Conclusion

Dorys’s comments bring attention to the severe effects of government policies in Indonesia, which appear guided by security concerns rather than those of public health. Lockdowns have

been inconsistently applied and focused in particular areas, in part because the national government did not explicitly adopt or condone such policies on a widespread basis. Waria — alongside many members of Indonesia’s urban poor economically disadvantaged residents — frequently lived in neighborhoods which were subject to arbitrary lockdown policies. For many waria who “seek a living for today to eat for today” such tactics were both impractical and difficult to navigate. The form that such policies took — indiscriminately imposed and rarely evaluated for efficacy — exposed waria and other marginalized communities to severe forms of economic vulnerability.

Thankfully, no waria have contracted COVID-19 in Yogyakarta to date. Nevertheless, we remain concerned about the impacts of the pandemic and associated lockdown policies. For example, waria and others living with HIV have sometimes struggled to access their medication throughout the pandemic, with some clinics in the province reporting stock shortages. Some government-run clinics have periodically closed or had their hours reduced. In the period between April and December 2020, three waria in our community passed away due to existing treatable health conditions. We are also concerned about the risk faced by our waria community outreach and support workers for people living with HIV, whose work places them at increased risk of contracting COVID-19.

Despite these challenges, we continue to hope that the Indonesian government will hear us and recognize our need for assistance. We clearly need better access to work and other economic opportunities, in which we face stigma and discrimination. We hope that this emergency can be a clarion call for the government to support the desires of waria to improve themselves. During this public health emergency, we have shown that we have skills that are

useful to Indonesian society. We have demonstrated our solidarity with broader society, and from them seek acceptance in return.

References

- Boellstorff, Tom. 2007. "Waria, National Transvestites." In *A Coincidence of Desires: Anthropology, Queer Studies, Indonesia*, 78–113. Durham: Duke University Press.
- Butar Butar, Edison, and Nova Christina. "The Impact of the COVID-19 Pandemic on Transgender Communities in Indonesia (2020 Survey)." Jakarta: Jaringan Transgender Indonesia (Indonesian Transgender Network), 2020.
- Davies, Sharyn Graham. 2010. *Gender Diversity in Indonesia: Sexuality, Islam and Queer Selves*. London; New York: Routledge.
- Halim, Kevin. 2019. *Penerimaan: Kumpulan Cerita Penerimaan Orang Tua Dengan Anak Trans Puan (Acceptance: A Collection of Stories of Acceptance by Parents of Transpuan Children)*. Jakarta: Gaya Warna Lentera Indonesia (GWL-INA).
- Handayani, Amalia Puri, Benjamin Hegarty, Sandeep Nanwani, and Ignatius Praptoraharjo. 2020. "Community Responses to HIV during the Covid-19 Pandemic." *Indonesia at Melbourne* (blog), September 21.
<http://indonesiaatmelbourne.unimelb.edu.au/community-responses-to-hiv-during-the-covid-19-pandemic/>.
- Hegarty, Benjamin. 2016. "Seeking a 'Zone of Safety.'" *New Mandala* (blog), April 18.
<https://www.newmandala.org/seeking-a-zone-of-safety/>.
- . 2017a. "The Value of Transgender: Waria Affective Labor for Transnational Media Markets in Indonesia." *TSQ: Transgender Studies Quarterly* 4 (1): 78–95.
<https://doi.org/10.1215/23289252-3711553>.

- . 2017b. “‘When I Was Transgender’: Visibility, Subjectivity, and Queer Aging in Indonesia.” *Medicine Anthropology Theory* 4 (2): 70–80.
<https://doi.org/10.17157/mat.4.2.399>.
- . 2018. “Under the Lights, Onto the Stage.” *TSQ: Transgender Studies Quarterly* 5 (3): 355–77. <https://doi.org/10.1215/23289252-6900738>.
- Hegarty, Benjamin, Sandeep Nanwani, and Ignatius Praptoraharjo. “Understanding the Challenges Faced in Community-Based Outreach Programs Aimed at Men Who Have Sex with Men in Urban Indonesia.” *Sexual Health* 17 (4): 352–58.
<https://doi.org/10.1071/SH20065>.
- HIV AIDS Asia Pacific Research Statistical Data Information Resources. 2019. “Indonesia Country Slides 2019.” *HIV and AIDS Data Hub for Asia Pacific* (website), December.
<https://www.aidsdatahub.org/resource/indonesia-country-slides>.
- Kuno, Genta. 2020. “Neighborhood Lockdown as the New Normal? Jakarta’s COVID-19 Experience.” *Kyoto Centre for Southeast Asian Studies Newsletter* 78 (June).
<https://covid-19chronicles.cseas.kyoto-u.ac.jp/post-037-html/>.
- Laksmana, Evan, and Rage Taufika. 2020. “How ‘Militarized’ Is Indonesia’s COVID-19 Management? Preliminary Assessment and Findings.” Jakarta: Centre for Strategic and International Studies. <https://csis.or.id/publications/how-militarized-is-indonesias-covid-19-management-preliminary-assessment-and-findings>.
- Nanwani, Sandeep, and Clara Siagian. 2017. “Falling through the Cracks.” *Inside Indonesia* 127 (March). <https://www.insideindonesia.org/falling-through-the-cracks>.
- Praptoraharjo, Ignatius, Laura Navendorff, and Irwanto. 2015. *Survei Kualitas Hidup Waria di Indonesia (Quality of Life Survey Among Waria)*. Jakarta: Center for HIV Research, Unika Atma Jaya.

- Suryahadi, Asep, Ridho Al Izzati, and Daniel Suryadarma. 2020. "The Impact of COVID-19 Outbreak on Poverty: An Estimation for Indonesia." SMERU Working Paper. Jakarta: The SMERU Research Institute. <http://www.smeru.or.id/en/content/impact-covid-19-outbreak-poverty-estimation-indonesia>.
- Thajib, Ferdiansyah. 2018. "The Making and Breaking of Indonesian Muslim Queer Safe Spaces." *Borderlands* 17 (1): 1–24.
- Wijaya, Hendri Yulius. 2020. *Intimate Assemblages: The Politics of Queer Identities and Sexualities in Indonesia*. London: Palgrave Macmillan.
- World Health Organization. 2020. "Indonesia: WHO Coronavirus Disease (COVID-19) Dashboard." *WHO Health Emergency Dashboard* (website). December 28. <https://covid19.who.int/region/searo/country/id>.

Acknowledgements

We express our gratitude to the two donors who supported the emergency response to COVID-19 for waria in Yogyakarta, ViiV Healthcare and Bread for the World. We also thank Nadya, Anna Marsiana, Dr Yanri Subronto, Dédé Oetomo, Bob Ostertop (USA), Lutfhi Pelangi (USA), Wisnu (the Netherlands), Dyah Astuti, Henri, Lita, Ustadz Arif and Masturiah of the Al Fatah Islamic boarding school, the Legal Aid Institute of Yogyakarta, Women's Network, the Erat Foundation, the Alliance of Independent Journalists in Yogyakarta, Milas Restaurant, the Planned Parenthood Foundation Program Peduli, Biara Roh Suci SSPS Magowoharjo, GWL-INA, friends at Sanggar Suara and the crisis mechanism in Jakarta and all of our LGBTIQ networks in the United States of America, Europe. We also thank the Provincial Government of Yogyakarta for the support that they provide through the Department of Social Affairs.

Notes

^[1] The term waria dates from approximately 1978 (see Boellstorff 2007). Since the mid-2010s, waria has come to be used in conjunction with *transpuan*, a term created by transgender activists by combining “transgender” and the Indonesian word for “woman” (*perempuan*) (see Halim 2019). The Indonesian Transgender Network (*Jaringan Transgender Indonesia*) has published a valuable report which has recorded the impacts of and responses to the COVID-19 pandemic among a broader group of transgender-identified and identifying individuals in several parts of Indonesia (Butar Butar and Christina 2020).

^[2] As of 2015, 24.5% of waria were estimated to have contracted HIV nationally (HIV AIDS Asia Pacific Research Statistical Data Information Resources 2019). The impact of COVID-19 on Indonesia’s HIV response is cause for concern, given reports of impacts in many aspects of program implementation and delivery. These range from the reports in disruption to the production and distribution of life-saving antiretroviral treatments, to the availability of testing (see Handayani et al. 2020 for a description of the impact of the pandemic on outreach programs for men who have sex with men in Jakarta). Outreach workers, a proportion of whom are waria, play a key role in helping members of their own community to access HIV testing, treatment and care (see for example Hegarty et al. 2020).

^[3] Busking is a common form of work for waria and other members of the urban poor in Indonesia, although those who do so have faced criminalization through the introduction of city and regional laws that prohibit it (see Hegarty 2016).

Minerva Access is the Institutional Repository of The University of Melbourne

Author/s:

Mallay, R;Hegarty, B;Nanwani, S;Praptoraharjo, I

Title:

One Transgender Community's Experience of the COVID-19 Pandemic A Report from Indonesia

Date:

2021-08-01

Citation:

Mallay, R., Hegarty, B., Nanwani, S. & Praptoraharjo, I. (2021). One Transgender Community's Experience of the COVID-19 Pandemic A Report from Indonesia. TSQ-TRANSGENDER STUDIES QUARTERLY, 8 (3), pp.386-393. <https://doi.org/10.1215/23289252-9009003>.

Persistent Link:

<http://hdl.handle.net/11343/283504>