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LGBT Exclusion in Indonesia and Its Economic Effects

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Executive Summary

Global concern about human rights violations against sexual and gender minorities, often referred to by the acronym LGBT (lesbian, gay, bisexual, and transgender), has expanded to include concern about connections between human rights, social exclusion, and economic development. This study analyzes the treatment of LGBT people in Indonesia and shows how that treatment may be detrimental to the Indonesian economy. The report finds evidence from a wide range of research-based sources, including published academic studies of many datasets and studies by NGOs, that document the forms of exclusion that harm LGBT Indonesians' well-being and that would reduce their ability to contribute to the Indonesian economy.

Context: Indonesians use many different terms to describe sexual orientations and gender identities, and the term LGBT is also commonly used in Indonesia to refer to sexual and gender minorities. Indonesian national laws are largely silent with respect to LGBT people, neither explicitly criminalizing them, nor intentionally protecting them. However, at the local level, there are provinces, cities, and regencies that explicitly criminalize LGBT people. Public opinion studies show that acceptance of LGBT people is very low and has changed little over the last decade, and that media coverage is generally negative.

Education: Education is an important source of “human capital” for individuals, enhancing the skills and knowledge of workers and expanding their productivity. Young LGBT Indonesians who seek to continue their education face barriers in accessing the educational system, such as the ability to use family resources, access to needed documents from their families, and access to identity cards that reflect their gender identity. In educational settings, harassment, bullying, and discrimination are common against those who violate gender norms, such as waria (an Indonesian term for some transgender women), effeminate boys and men, or masculine girls and women, and others who are perceived as LGBT. These barriers are likely to result in LGBT people accumulating less education and skills than they are capable of and reducing Indonesia's human capital.

Employment: Evidence shows that Indonesian LGBT people face discrimination in required job qualifications and hiring, and they experience workplace harassment and other forms of discrimination. LGBT people rarely disclose their sexual orientation or gender identity at work for fear of discrimination and harassment. Employment discrimination on account of being LGBT would reduce economic productivity for several reasons: people with skills are not hired at all; people end up in jobs that do not fully use their skills and knowledge; and harassment and discrimination in the workplace are likely to reduce people's output.

Violence: Indonesian LGBT people face physical, psychological, sexual, economic and cultural violence. Rates of such experiences are high in Indonesian surveys. In addition, people who are perceived as LGBT also face such violence. The psychological and physical

harms from violence will reduce LGBT Indonesians' ability to participate in society and the economy.

Health: Health is a form of human capital. People in good physical and mental health are not only better off individually, but they can generate more economic output at home and in the workplace. Studies in Indonesia (and elsewhere) show that stigma related to being LGBT reduces access to condoms, testing, and treatment of HIV. Studies also show high rates of HIV prevalence, suicidal ideation, and risky health practices for LGBT people, which are linked to stigma and minority stress. Barriers to accessing health care include difficulties with ID cards, fear of having their sexual orientation or gender identity disclosed, fear of harassment by health care providers, and lack of funding for LGBT-related care. These health challenges mean that LGBT Indonesians may not be able to contribute their full potential productivity to the workforce.

Projected estimate: In order to estimate economic cost of LGBT exclusion in Indonesia, we would need high quality, reliable data from representative samples of the Indonesian population on the health, education, and employment of LGBT people and non-LGBT people. However, we know of no data such data for Indonesia. One way to get a more quantitative sense of the potential cost of LGBT exclusion in Indonesia is to draw on results from an estimate in India, where the cost of LGBT exclusion ranged from 0.1% to 1.4% of Gross Domestic Product (GDP). Understanding that there are differences in the size and experiences of LGBT people in India and Indonesia, as well as larger relevant differences in workforce participation and the provision of health care and education, applying those percentages to the Indonesian GDP implies that the loss would range from almost \$900 million to \$12 billion.

All of these links between LGBT exclusion and the economy create barriers to the Indonesian economy's achieving its full potential. Promoting LGBT inclusion rather than condoning or enforcing exclusion is likely to improve economic output shared by all Indonesians, as well as realize the economic well-being and human rights of LGBT Indonesians.

1. Introduction

Global interest and concern about the human rights of sexual and gender minorities, such as lesbian, gay, bisexual, and transgender (LGBT) people, continues to grow. In addition to concern about the impact of human rights violations on LGBT individuals, awareness about the connections between human rights, social inclusion, and the economy has also expanded. In particular, international and national development agencies have begun to ask how the inclusion of LGBT people might enhance economic development. As the new Sustainable Development Goals make a pledge to leave no one behind in their focus on inclusive development, development plans will increasingly need to include concerns about the treatment of LGBT people. This study focuses on the situation in Indonesia and shows how the current exclusion of LGBT people in many social settings may hold back the development of the Indonesian economy.

Our focus on Indonesia is motivated first by recent events. International concern is growing about recent anti-LGBT statements by high-level Indonesian government officials, politicians, and religious leaders. These statements have suggested that LGBT student organizations should be banned, that being LGBT is a mental illness, and that LGBT people need forced rehabilitation and criminalization (Human Rights Watch, 2016).

Second, this report builds on research that shows that Indonesia lags in important human rights for LGBT people, even when compared to other low-income countries (Badgett et al., 2014). Indonesia was the only one of 39 low-income countries in that study to have eliminated some legal rights related to being LGBT in recent decades. That loss of rights potentially reduced the Indonesian economy's output, since the research showed that more rights were associated with higher GDP per capita.

The connection between the treatment of LGBT people and economic output is rooted in the same models used to assess the costs of excluding women and other minorities. The exclusion of LGBT people from full participation in important spheres of life diminishes their education, health, and employment. As a result, LGBT people cannot fully develop their abilities, skills, and knowledge—their human capital—and cannot contribute the full value of their human capital to the economy.

This study analyzes information about the situation of LGBT people in Indonesia to document the main forms of exclusion that will reduce the capacity of the economy. In the next section, we briefly describe the context for this study, including how Indonesians classify people by sexual orientation and gender identity and how many people might consider themselves to have an identity that is aligned with being LGBT. We also outline

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the legal rights of LGBT people and the degree of stigma found in Indonesians' public opinions and media coverage of LGBT people. In the third through sixth sections, we present research on the challenges and barriers faced by LGBT Indonesians in the areas of education, violence, health, and employment. Finally, in section seven we present some estimates about the possible impact of exclusion on the economy as a whole. The appendix describes our methods for locating our source material.

2. The Current Situation of LGBT People in Indonesia

Before we begin our economically-oriented analysis, it is important to have a basic understanding of how Indonesians think about sexual and gender identities. We discuss why we use the term "LGBT" to describe sexual and gender minorities, as well as some estimates of the size of that group. Then we review information about the degree of exclusion or inclusion of LGBT people in the law, in public opinion, and in the news media.

Sexual Orientation, Gender Identity and Gender Expression (SOGIE) Terminology

Sexual orientation is generally measured on three axes: identity (i.e. how one identifies one's sexual orientation), attraction (i.e. the gender or genders that a person is sexually attracted to) and behavior (i.e. the gender or genders that a person engages in sexual activity with) (Park, 2016). It has been suggested that gender identity and expression can also be measured on three axes: identity (i.e. whether one identifies their gender to conform or not with their sex assigned at birth), expression (i.e. whether one's outward gender expression conforms or not with their sex assigned at birth) and conformity (whether one's outward gender expression aligns with societal expectations of maleness or femaleness or something that is neither or both) (ibid., pp. 8-9). These identities can all overlap and shift based on individual and societal context. Therefore, it is important to recognize that measures of sexual orientation and gender identity and expression that are used in one country or region may not apply to the social understandings of sexual and gender minorities in another area.

While the all-encompassing term "LGBT" is commonly used among organizations and academics in Indonesia, the focus of most local advocacy and research is on people we might consider to be gay men and transgender women. Lesbian women, bisexuals, and transgender individuals who were assigned female at birth are often ignored and invisible in discussions of LGBT people, even though they may also experience as much discrimination as gay men and transgender people assigned male at birth.

Waria is the third gender term used in Indonesia to describe transgender women, or people assigned male at birth whose gender identity and/or expression are female. The term comes from a portmanteau, or blending of *wanita* (female) and *pria* (male). Waria appear to be the most prevalent and the most visible nonbinary gender group in Indonesia. However, some cultures in Indonesia have their own terms for gender. For example, the Bugis people of South Sulawesi recognize five genders: *makkunrai*, *oroané*, *bissu*, *calabai*, and *calalai* (Graham, 2001).

Gay men and waria are the most commonly visible and recognized communities amongst Indonesians. Most people's knowledge of out and visible gay men and waria come from those who occupy prominent positions of high society, the creative arts, and

entertainment. Waria are also traditionally a part of some dances and rituals, such as *gandrung*, a type of social dance most popular in Banyuwangi, East Java, in which the main dancer is usually waria (Sunardi, 2015). In addition, Indonesia had, perhaps, the only Muslim boarding school (*pesantren*) catering to transgender people: Al-Fatah. Unfortunately, it was forced to shut down in early 2016 due to pressure from conservative Islamist groups (Knight, 2016).

Lack of knowledge about SOGIE terms reflects misunderstandings of the difference between sexual orientation and gender identity and expression, even among experts and academics. Amongst the general population in Indonesia, this can be easily seen through the (mostly derogatory) slang words used to refer to both gay men and waria. The terms *bencong*, *banci*, and *bences* are usually used to refer to waria, but can also be used to refer to gay men, who may or may not be effeminate (Boellstorff, 2004). Meanwhile, amongst academics and officials, there is often a conflation of intersexuality and transgenderism, as well as confusion in differentiating between waria and effeminate gay men (Komnas HAM, 2016; Laazulva, 2013; Ariyanto and Triawan, 2008).

Despite the many different terms that Indonesians use to describe sexual orientations and gender identities, we will primarily use the term LGBT throughout this document. This is a term that we use to refer to all sexual and gender minorities, and though most of the research available focuses on those assigned male at birth, we include wherever possible research on all sexual and gender minorities and sub-analyses on groups assigned female at birth. Where appropriate, we may use the terms used by specific studies to refer to smaller subgroups of interest (e.g. MSM, or men who have sex with men,¹ and waria, or transgender women).

Demographics

Estimates of the number of LGBT people in Indonesia are very limited and do not come from random population samples intended to make nationwide demographic assessments. In 2012, the Ministry of Health evaluated the numbers of key populations affected by HIV/AIDS and estimated that there are a total of 38,000 waria and 1.1 million MSM in Indonesia (Kementerian Kesehatan, 2014).² These correspond to 0.06% and 1.64% of the total population, respectively. However, the accuracy of these figures is unknown, given that they are based on surveys of targeted health risk populations, rather than the entire population of Indonesia as a whole. These percentages are lower than the average estimates of 2.0-5.0% MSM in Asian countries (Kementerian Kesehatan, 2014). In addition, the coordinator of the National Secretariat of Jaringan Gaya Warna Lentera (GWL-INA), an

¹ The term MSM does not always refer to self-identified gay men. Some MSM have both male and female partners, and some are married to women with whom they have children. The term is used specifically to describe actions and not identity, and is usually used in the context of public health or medical studies. The term includes any men who have sex with other men, including those who engage in selling sex to other men as a primary or additional source of income (Morineau et al., 2011).

² No data is available for lesbian and bisexual women, and transgender people assigned female at birth. These estimates only covered waria and MSM, because of their importance as some of the key at-risk population for HIV/AIDS.

STI and HIV/AIDS health advocacy organization, estimates that there are between 800 thousand to 3 million MSM in Indonesia (Candra, 2011). But of course these figures do not cover lesbians, bisexual women, or transgender men, so in total, there are no well-sourced estimates of the number of LGBT people in Indonesia.

Legal Status

Statutes that protect or criminalize LGBT people based on their identity or sexual behavior both reflect and shape the overall degree of exclusion of LGBT people in a given jurisdiction. Indonesia does not have a national law prohibiting homosexuality or same-sex sexual behavior, nor does it have a national law prohibiting transgenderism or cross-dressing. In fact, the Indonesian Constitution strongly upholds the human rights of all people, including in accessing education and employment. Article 28C of Chapter XA of the Indonesian Constitution states, "Every person shall have the right to develop him/herself through...the right to get education," and article 28D of the same chapter states, "Every person shall have the right to work and to receive fair and proper remuneration and treatment in employment." The constitution even broadly prohibits discrimination in article 28I: "Every person shall have the right to be free from discriminative treatment based upon any grounds whatsoever and shall have the right to protection from such discriminative treatment" (UUD NRI Tahun 1945 Bab XA Pasal 28C, 28D, dan 28I). Further, the national Manpower Act prohibits discrimination in hiring and employment on any basis other than a person's ability to accomplish the work required of the job (International Labour Office, 2016; UU No. 13 Tahun 2003 Pasal 5-6). Indonesia also ratified the International Covenant on Economic, Social and Cultural Rights in 2005, which prohibits "discrimination of any kind as to race, colour, sex...or other status" (UU No. 11 Tahun 2005). In 2009, the United Nations Economic and Social Council clarified that "other status" includes sexual orientation, and "gender identity is recognized as among the prohibited grounds of discrimination" (United Nations Economic and Social Council, 2009). Thus the Indonesian Constitution appears to create a basis for LGBT inclusion.

Nevertheless, national laws in Indonesia still provide many barriers to equality for LGBT people. First, the Manpower Act provides protections against discrimination based on gender, ethnicity, race, religion, skin color, and political affiliation, but it does not explicitly identify sexual orientation or gender identity as protected classes (UU No. 13 Tahun 2003 Pasal 5-6). In the family law field, marriage is limited to different-sex couples (UU No. 1 Tahun 1974 Pasal 1), and same-sex couples are explicitly prohibited from adopting children (PP No. 54 Tahun 2007 Pasal 13 Huruf (f)). Identity card gender categories are limited to male and female (UU No. 23 Tahun 2006 Pasal 60 dan 64),³ and the law requires gender confirming surgery for a person to change their gender marker on their ID card (PP No. 37 Tahun 2007). In fact, for those who have managed to change their gender markers without surgery (usually in order to get married to someone who was assigned the same sex at birth), there have been cases of people being prosecuted and convicted of falsification of identity (UNDP, 2014). LGBT people may also face barriers in accessing government benefits, which are often structured around marital families and ID cards that may not reflect the family structures and identities of many LGBT people (Ibid.).

³ There was an attempt by some legislators to add a third gender option to ID cards, but it was unsuccessful.

The national law prohibiting pornography defines deviant sexual intercourse to include any same-sex sexual activity, along with necrophilia and bestiality (UU No. 44 Tahun 2008 Pasal 4 Ayat 1 Huruf (a)). And the Ministry of Social Affairs defined lesbians, gay men and transgender individuals as having a social functioning disorder⁴ in their 2012 Guidelines for the Collection and Management of Data Regarding People with Social Welfare Problems and Social Welfare Potential and Sources (International Labour Office, 2016).

Additionally, some local provinces and cities have criminalized homosexuality. For example, the city of Padang Panjang in the province of West Sumatra criminalizes same-sex sexual activity and punishes it with up to three months of imprisonment or up to a ten million rupiah (approximately 750 USD) fine (Perda Kota Padang Panjang No. 9 Tahun 2010 Pasal 5 dan Pasal 18 Ayat 1). The province of South Sumatra criminalizes homosexuality, lesbianism, sodomy and prostitution (Perda Provinsi Sumatera Selatan No. 13 Tahun 2002 Pasal 2 Ayat 2). Other localities criminalize sex work, including the cities of Palembang (Perda Kota Palembang No. 2 Tahun 2004 Pasal 8 Ayat 2), Tasikmalaya (Perda Kota Tasikmalaya No. 12 Tahun 2009 Pasal 5) and Jakarta (Perda Provinsi DKI Jakarta No. 8 Tahun 2007 Pasal 42 Ayat 1 dan Pasal 43), and the regencies of Padang Pariaman (Perda Kabupaten Padang Pariaman No. 2 Tahun 2004 Pasal 1 Huruf (m)) and Banjar (Perda Kabupaten Banjar No. 10 Tahun 2007 Pasal 1 Ayat 16). Criminalization of sex work can have a disproportionate impact on LGBT people, especially waria, who are forced into survival sex work at a high rate because of educational and employment discrimination.

The province of Aceh is a very conservative Muslim area, and it has a unique history of tension with Jakarta, as was demonstrated through its separatist movement, known as the Free Aceh Movement. In 2001, as a type of peace offering between the regions, the Special Autonomy Law for Aceh was passed, which allowed the province to pass local ordinances or bylaws based on Islamic (Sharia) law. In 2009, the legislature of Aceh passed a law that, among other things, criminalized homosexuality and made it punishable by caning. A new version of the law passed in 2014 and went into effect in October 2015 (BBC News, 2015). Given the legal and cultural environment, LGBT people in Aceh are subject to a greater volume and more extreme version of discrimination in this province (UNDP, 2014).

Laws can not only reflect societal standards, but also shape them. In Indonesia, national laws are largely silent with respect to LGBT people, neither explicitly criminalizing them, nor intentionally protecting them. However, at the local level, there are provinces and cities that explicitly criminalize LGBT people, creating statewide sanctioning of harassment and discrimination against sexual and gender minorities.

Public Opinion

Three global studies of public opinion provide insights into the degree of stigma faced by LGBT people in many countries, including Indonesia. Here we present findings from Indonesians at the national level, summarized in Table 1.

These surveys demonstrate two features of attitudes about homosexuality in Indonesia. First, acceptance is very low and has changed little over the last decade. When

⁴ It is unclear whether this inclusion in the definition of "social functioning disorder" was intended to increase access to health benefits for LGBT people (particularly waria), or whether it was simply an exclusionary statement.

asked whether homosexuality is morally acceptable or socially acceptable, the vast majority of Indonesians say no. In 2013, the most recent year of data from Indonesia, 93% said homosexuality was morally unacceptable and only 3% said it was morally acceptable. In the same survey, only 3% of Indonesians believed that “Homosexuality should be accepted by society.” That figure was identical in the 2007 version of the same survey.

To provide a sense of context in terms of social acceptance, Indonesia is slightly more accepting than Pakistan and Tunisia (2%) and Nigeria (1%). In 2013, when compared to their Asian region neighbors, Indonesians displayed much less moral and social acceptance; Malaysia (9%), China (21%), Korea (39%), Japan (54%), and The Philippines (73%) all demonstrated more acceptance (Smith, Son and Kim, 2014).

A second feature of the attitude data is that many Indonesians—although not a majority—show more acceptance of homosexuals in day-to-day life than in an abstract moral sense. The World Values Survey asks whether respondents would not want a homosexual neighbor (along with a list of other stigmatized minority groups). In 2006, the most recent year available, two-thirds of Indonesians reported they would not want a homosexual neighbor. While that figure suggests somewhat less stigma than the 93% agreement about moral unacceptability, Indonesians’ acceptance of homosexual neighbors has declined since 2001, when 55% said they would not want a homosexual neighbor. Also, one analysis of greater apparent tolerance in everyday matters suggests that tolerance is rooted in the belief that being LGBT is a disease, so LGBT people should be cured (Komnas HAM, 2016).

Unfortunately we do not have survey data about attitudes toward bisexuals or transgender people in Indonesia.

Table 1: Public Opinion Survey Data on Indonesian Attitudes Towards Homosexuality

Study question	Year	Response	Sample size	
<i>(1) Percent who believe that "Homosexuality should be accepted by society."</i>	2007	3%	1,000	
	2011	5%		
	2013	3%		
<i>(2) Percent who would not want a homosexual as neighbor</i>	2001	55%	1,004	
	2006	67%	1,985	
<i>(3) Is homosexuality ever justified?</i>	2008	Always wrong	95.4%	2,000
		Almost always wrong	3.7%	
		Wrong only sometimes	0.4%	
		Not wrong at all	0.1%	
		Don't know	0.4%	
<i>(4) Do you personally believe that homosexuality is ...</i>	2013	Morally unacceptable	93%	1,000
		Morally acceptable	3%	
		Not a moral issue	2%	

Sources:

- (1) Pew Global Attitudes Surveys
- (2) World Values Survey
- (3) International Social Survey Program
- (4) Pew Global Attitudes Survey, 2013

(1)-(3) From tabulations in (Smith, Son and Kim, 2014); (4) From "Global Views on Morality" (Pew Research Center, 2013)

Media

Another measure of the degree of exclusion and stigma against sexual and gender minorities is to assess how the news media treat LGBT people and issues in their coverage. Several studies have assessed the media treatment of specific events and more general coverage about LGBT people. They have found that much coverage projects negative sentiments about LGBT people, including beliefs that homosexuality is immoral and inconsistent with Islamic norms. The degree of harshness and disdain varies and appears to reflect a news agency's religious perspective or other ideological positions (Listiorini and Pramesti, 2015; Nirwanto, 2016; Satrio, 2013; Andajani, Lubis, and Graham-Davies, 2015).

This news media treatment contradicts laws on journalism and the Indonesian Journalistic Code of Ethics, which states that reporting should not be done to harm, judge, or discriminate against others (UU No. 40 Tahun 1999; Persatuan Wartawan Indonesia, 2006). In particular, in February 2016, the Indonesia Broadcasting Commission (KPI) released a leaflet explicitly prohibiting broadcasts of effeminate men and a press release stating their prohibition on television broadcasts that “campaign” for LGBT people, citing the need to protect children and teenagers from deviant influences and to respect and uphold cultural and religious norms in this multicultural nation (Komisi Penyiaran Indonesia, 2016a, 2016b). In March 2016, the Indonesian Coalition for Diversity in Broadcasting (Koalisi KPI) pushed KPI to withdraw the statement, (Kompas, 2016) but it has not been officially withdrawn to our knowledge.

To summarize this section, many people who identify as some form of sexual or gender minority live in Indonesia, including people who call themselves lesbian, gay, bisexual, and transgender or those who use local terms such as waria and others. The context for LGBT people presents many challenges, including negative attitudes toward LGBT people that are expressed both in public opinion surveys and by the media. There is no explicit legal protection against human rights abuses based on sexual orientation or gender identity. LGBT people are legally excluded from some forms of social and legal relationships, either because of their relationships with same-sex partners or because their gender identity does not conform with the gender listed on their identification documents.

3. Education

Education serves many functions for individuals and societies, and in the economic context, education is an important source of “human capital” for individuals. Human capital includes the base of skills and knowledge that increase what individuals can contribute to the output of goods and services in the economy. In other words, education and other forms of human capital increase the productivity of individuals in workplaces. Social inclusion is likely to increase the quantity and quality of education received by individuals, and, therefore, is likely to enhance the economy. Social exclusion would decrease the quantity and quality of education obtained by excluded individuals and, thus, diminish their economic capacity and output.

Social inclusion in educational settings has been a priority for many economic development strategies, including in Indonesia (Indonesia-Investments, n.d.; Tabor, 2015). For instance, the United Nation's Sustainable Development Goal 4.5 includes eliminating gender disparities in education by the year 2030 (United Nations, 2015). In Indonesia, this has been carried out in different ways throughout the country. For example, in Yogyakarta Province, one school district piloted a “gender mainstreaming in schools” program with training for school administrators, teachers, and counselors (ACDP Indonesia, 2013).

In sharp contrast, exclusion of certain groups, such as LGBT people, restricts their access to education. Evidence of such exclusion is presented in this section. Harassment and discrimination is likely to diminish the quality of education that LGBT people receive. Some forms of severe harassment, violence, and discrimination will force out or discourage LGBT people from entering education programs, reducing their quantity of education. Both

effects will reduce the amount of human capital below what is possible in Indonesian society.

Evidence from Indonesia documents that educational limitations and discrimination against LGBT people may start at young ages and even begin at home. Gender norms are very strictly enforced throughout Indonesian society, both in private and public spheres. Many LGBT youth, and in particular, young waria, are rejected by their families because of their sexual orientation, gender identity, and/or gender expression (Zaman and Frances, 2009; UNDP, 2014; Laazulva, 2013). Young LGBT people who are kicked out of their family homes may be forced to drop out of school and go to work to support themselves, cutting their educational opportunities short (UNDP, 2014).

Even those young LGBT people who seek to continue their education independently face barriers in accessing the educational system. In order to obtain identity cards,

An out Indonesian gay man recounted a personal experience in teachers college in which he was called to the front of his class and forced to vow that he would no longer be gay or act feminine. When he refused, the teacher made him pronounce the statement of faith three times and then told the class, "If he is still feminine, let's beat him up until he becomes sane."

individuals must present their birth certificates and family registration certificates, which they may not have access to if they were rejected by their families (UNDP, 2014, International Labour Office, 2016). Without identity cards, LGBT people face barriers in accessing education as well as social services, health care, and employment in the formal sector (International Labour Office, 2016). This problem is even more challenging for

transgender people who seek identity cards that reflect their gender identity (Yuliani, 2012). For those LGBT people who still remain connected to their families, some parents will no longer financially support their children's education when they learn of their sexual orientation or gender identity (Komnas HAM, 2016). Without financial and family support, many LGBT people are unable to attain educational opportunities that might otherwise be available to them.

For those LGBT students who are able to remain in the educational system, harassment, bullying, and discrimination are common against those who violate gender norms, such as waria, effeminate boys and men, or masculine girls and women, and others who are perceived as LGBT. Bullying usually takes the form of verbal abuse. Derogatory terms to refer to waria or effeminate men such as *bencong*, *banci*, and *bences* are commonly used to harass and tear down young boys and men who are gender nonconforming (Boellstorff, 2004). An out gay man at a national dialogue on LGBT issues in Indonesia recounted a personal experience in teachers college in which he was called to the front of his class and forced to vow that he would no longer be gay or act feminine. When he refused, the teacher made him pronounce the statement of faith three times and then told the class, "If he is still feminine, let's beat him up until he becomes sane" (UNDP, 2014). A qualitative study of 14 female-to-male transgender Indonesians found that nearly all had experienced bullying in school, resulting in their either choosing to go back in the closet or to drop out (Gordon and Pratama, 2016). These experiences distract students from

focusing on their schoolwork and learning, and often result in students choosing to drop out of school rather than continue to endure such treatment (UNDP, 2014; Laazulva, 2013; Komnas HAM, 2016). For students who are able to stay in the closet, many do so to prevent harassment and discrimination, even in university settings (Rokhmah et al., 2012).

There is a need for further research on the educational achievement of LGBT people in Indonesia. Most of the educational statistics, listed in Table 2, come from health studies that were designed to measure health behaviors or outcomes, not the educational achievement of LGBT people. One study anecdotally estimated that among the East Jakarta waria community, perhaps less than 1% had completed high school or had begun any college or other post-high school education (Zaman and Frances, 2009). In larger samples, estimated educational levels were higher, but ranged widely. Among studies measuring waria educational achievement, below high school education levels ranged from 5% to 59%; for MSM the range was from less than 10% to 35%. Only one study measured the educational outcomes of lesbians and bisexual people and found relatively high levels of education among both groups. There were no studies that measured the educational outcomes of transgender men.

When comparing to 2010 Indonesian Census data, the educational attainment of LGBT people appears similar to the educational levels of urban Indonesians 25 and older throughout the country: 5% had no formal education, 34% completed primary school, 17% completed middle or junior high school, 28% completed high school, and 16% had some education beyond high school (Badan Pusat Statistik, 2010).⁵ Without population-based random sampling that measures sexual and gender minorities, it is difficult to know whether education levels among LGBT people in small surveys reflect the population as a whole, and without more detailed measures, educational differences related to exclusion may still be overlooked. For example, the discrimination and harassment that LGBT people face across educational settings may reduce educational levels among those individuals. On the other hand, some LGBT people may perceive the potential for future discrimination in employment and seek to buffer themselves from such workplace issues by increasing their educational levels beyond their peers. Additionally, for lesbian and bisexual women who anticipate not marrying men, they may seek out more education and better employment opportunities out of a perceived need to achieve economic self-sufficiency.

It is very hard to draw solid conclusions from Table 2, since the studies were all based on small sample sizes and mostly used convenience sampling (that is, nonrandom sampling) in large cities. Given that limitation, it appeared in most studies that looked at both MSM and waria populations that MSM were more likely than waria to have an education beyond high school. This finding may have been due to sampling bias, or it may have reflected an actual difference in the two groups. The strict enforcement of gender norms in academic settings is consistent with that finding. MSM may have an easier time hiding their sexual orientation and conforming with gendered expectations, while waria

⁵ We use urban numbers in the text as a comparison, since most of the LGBT estimates were based on urban populations. The overall urban and rural numbers combined were as follows: 10% no formal education, 45% completed primary school, 16% completed middle or junior high school, 19% completed high school, and 10% had some education beyond high school.

may have a harder time staying in the closet and hiding their gender nonconformity, especially as they get older.

Overall, the evidence about exclusion in families and educational systems suggests that LGBT people's access to education is diminished in Indonesia. If LGBT young people are more likely to drop out of school or to be expelled because of their sexual orientation or gender identity, then LGBT people will not achieve the level of education that they are capable of. Fewer years of education translate into less human capital for that individual and less for Indonesia as a whole. Even if LGBT people are able to stay in school long enough to obtain a full education, harassment against them in school could diminish the quality of the education they receive, again reducing their development of skills and knowledge to use in the labor market. In either case, with less education or a poorer education, LGBT people will not have the ability to be as productive as they might have been if they experienced full inclusion.

The resulting potential loss to an individual's wages and to the economy is clear from research on the financial returns to education in the form of higher wages. For example, one study estimates that the return to a year of schooling is 6.8% to 10.6% higher wages in Indonesia (Duflo, 2001). LGBT people with less education will not be qualified for jobs that contribute more to the overall economy, and in some cases might not find work in the formal sector. The Indonesian economy will suffer as a result, with the actual level of economic activity and output falling below what would be possible in a world without exclusion of LGBT people.

Table 2. Educational Achievement of Sexual and Gender Minorities in Indonesia, as Measured in Small Study Samples

Study	Population(s) Studied	Waria					MSM				
		No School	Primary	Mid/Junior	High	Post-High	No School	Primary	Mid/Junior	High	Post-High
Ministry of Health (2011)	Two stage proportionate probability sampling of 250 waria and snowball sampling of 250 MSM	2%	22%	35%	38%	3%	0%	1%	21%	64%	14%
Pisani, et al. (2004)	Targeted sampling of 241 waria sex workers and 279 MSM in Jakarta	>33%			<67%		<10%			>90%	
Prasetyo, et al. (2014)	Respondent-driven sampling of 77 MSM and 21 waria in hotels, parks and restaurants where MSM and waria meet one another in Surakarta	5%	0%	0%	90%	5%	4%	0%	13%	35%	48%
Morineau, et al. (2011)	Time location sampling of 750 MSM in Jakarta, Surabaya, and Medan and respondent driven sampling of 700 MSM in Batam, Bandung, and Malang						18%			58%	24%
Prabawanti, et al. (2015)	Cluster sampling of 209 waria from five districts in Jakarta	23%		28%	42%	5%					
Laazulva (2013)	Purposive sampling and snowball sampling of 72 gay respondents and 119 waria respondents from Jakarta, Yogyakarta, and Makassar	0%	4%	3%	50%	43%	0%	4%	28%	53%	15%
Study	Population(s) Studied	Lesbian					Bisexual				
		No School	Primary	Mid/Junior	High	Post-High	No School	Primary	Mid/Junior	High	Post-High
Laazulva (2013)	Purposive sampling and snowball sampling of 94 lesbian respondents and 50 bisexual respondents from Jakarta, Yogyakarta, and Makassar	1%	2%	7%	64%	26%	0%	3%	14%	57%	25%
Study	Population(s) Studied	Waria & MSM									
		Less Than High School			High School or Beyond						
Safika, et al. (2014)	188 MSM recruited from entertainment places and massage parlors and 114 transgender women recruited who congregated and/or sought sexual partners on streets/parks	35%			65%						

4. Employment

People who are healthy and who do not bear the burden of stigma enter their jobs or own businesses ready to use their full productive capacity. Being treated unfairly—that is, with discrimination on account of being LGBT—is bad for economic productivity for several reasons: people with skills are not hired at all; people end up in jobs that do not fully use their skills and knowledge; and harassment and discrimination in the workplace are likely to reduce people's productivity. For example, well-qualified transgender people whose official identity documents list their sex at birth might not be able to get a job in the gender they live in. LGBT-related stigma often leads people to hide their sexual orientation or gender identity, which can also reduce productivity. Several studies of LGBT people in Indonesia find that this kind of treatment is common.

Many studies focusing on the needs of LGBT people in Indonesia report a link between lower educational achievement and a lack of career opportunities. It appears to be common for LGBT people, especially those who are gender nonconforming, to work in informal employment such as sex work, begging, salons, creative arts and entertainment, or to be self-employed because of a lack of opportunities in other spheres (Zaman and Frances, 2009; Yuliani, 2006; International Labour Office, 2016; Laazulva, 2013).

Sex work, which is risky to one's health and safety and is low-paid, is especially common among those with few options. The Integrated Biological Behavior Survey on HIV and risk behaviors, a national survey that included 250 waria and 250 MSM, concluded, "The main source of income for Waria was selling sex and working in a salon." Eighty-one percent of waria and 49% of MSM surveyed reported selling sex in the previous year (Ministry of Health, 2011). An earlier survey of 209 waria in Jakarta found that approximately 60% reported engaging in commercial sex (Prabawanti, 2015).

Barriers to employment in the formal sector are linked to lack of educational achievement, and particularly for waria, a lack of proper identity documents. For all LGBT youth, if they leave home because of family rejection, they will face barriers to obtaining ID cards because they will need their birth certificates and family registration certificates, which they may not have access to, in order to obtain ID cards (International Labour Office, 2016). However, waria face the additional challenge of trying to obtain ID cards that match their gender expression in the hope that they will face less discrimination when applying for jobs (Yuliani, 2006). Changing gender markers on ID cards requires gender-affirming surgery, which is very expensive (PP No. 54 Tahun 2007), and may not be desired by all waria. Of course, if a person is unable to obtain high paying employment in part due to a lack of an accurate ID card, it will be very difficult for them to earn enough money to pay for gender-affirming surgery in order to change that card. Some members of parliament voted to add a third gender to ID cards in 2006, but they were outvoted (UNDP, 2014).

Furthermore, while Indonesia does have a law that prohibits employment discrimination on any basis other than one's ability to do the job, the law does not explicitly provide protections for people based on sexual orientation, gender identity, or gender nonconformity (Komnas HAM, 2016). Additionally, most workplaces do not have internal policies that protect LGBT people. One study found that only 5% of respondents reported that their employers had a policy related to LGBT people in the workplace (International Labour Office, 2016). Therefore, while the law could be interpreted to protect LGBT people under general employment protections, in practice, it is treated as though it does not.

Some common employer practices show how easily discrimination against LGBT workers can take place. When employers put out postings for available jobs, it is standard practice to state that they are seeking a "healthy male or female" (International Labour Office, 2016). This may deter transgender applicants who do not see themselves as male or female or who may see themselves as one gender, but understand that they will not be perceived in that way when they go in for an interview. Such language also discriminates against people with disabilities, including chronic diseases, who may still be able to effectively do the job being advertised. This statement is not simply a generic statement with no real applicability. It is not uncommon for Indonesian job applicants to be asked to go to a company doctor for a medical screening before they are formally accepted to take the position (Cahyadi et al., 2016). While this may not be a very detailed medical review, it certainly has the potential to out otherwise closeted transgender job seekers. Additionally, if the doctor finds a medical history of HIV or tests an applicant for HIV and gets a positive result, this is often associated with being gay, whether or not the person actually is gay, and could be used as an excuse to not hire an applicant – simply based on perceived sexual orientation (UNDP, 2014).

Discrimination occurs most commonly in the latter stages of job application processes, which typically involve three phases: (1) the written application, (2) the skills test, and (3) the interview. In the first phase, the applicant sends a written application and a resume to indicate interest in the job. Once the most qualified applicants from the pool are selected, they are invited in to take a skills test to assess their abilities in the job requirements. This can be a written test or, for example, a sewing test in a clothing manufacturing factory. Once the applicant has passed the first two screeners, they are invited for the in-person interview with the company. For many LGBT people, this is the point at which they are discriminated against and rejected (International Labour Office, 2016).

Even if they try to hide their sexual orientation or gender identity, if an interviewer perceives an applicant as gender nonconforming, they will often reject them, whether the perception that the worker is LGBT is accurate or not. Employers fear that hiring an LGBT person will reflect badly on the company, and many believe that LGBT people, especially waria, are gender or sexual deviants who cannot do work as well as non-LGBT people (Yuliani, 2006; Gordon and Pratama, 2016; Komnas HAM, 2016). Other employers automatically assume that gay men and waria are HIV-positive and refuse to hire them on that basis (UNDP, 2014). Additionally, some transgender men reported that employers would not hire them because of concerns that they would have to take a substantial amount of time off of

work for surgeries (Gordon and Pratama, 2016). This poses a major hurdle to employment for LGBT people and forces most LGBT people to keep their identity as secret as possible in the workplace.

If an LGBT person passes the initial hurdle and gets hired, workplace harassment is common for LGBT people. Many experience teasing and harassment from coworkers based on gender nonconformity. A survey of over 400 Indonesian labor union members found evidence of pervasive stigma among those members. More than 65% of respondents reported being uncomfortable with the idea of having an LGBT supervisor or coworker, 77% felt that same-sex sexual relations were wrong, and 61% disagreed that homosexuality is a natural sexual expression (International Labour Office, 2016).

Hiding one's sexuality or gender identity does not fully protect Indonesian LGBT people at work. Marriage and family are considered essential to being a part of Indonesian society. If a person reaches "marriage age" and remains single, coworkers and others may suspect that the person is gay and begin to tease or harass the person about getting married. In the interest of keeping or advancing in their jobs, many LGBT people go more deeply into the closet and get married to people of the opposite sex to prevent suspicions and to quiet the concerns of coworkers, friends and family. Even after getting married, if a man is still perceived as effeminate or a woman as masculine, coworkers may still tease and harass them (International Labour Office, 2016).

Despite this treatment, LGBT people often fail to bring complaints against coworkers or supervisors who harass them based on gender expression for fear of being outed in the process of complaining (Komnas HAM, 2016). If an employer learns definitively that a person is LGBT or suspects it, they are likely to fire the person. Even after being fired because of their sexual orientation or gender identity, many people will choose not to report it or fight it for fear that it might out their identity to more people in the company or outside the company, including their families (UNDP, 2014). This is especially problematic for gay men and lesbians who are married to people of the opposite sex with children.

Because of pressure in the different aspects of employment, LGBT people may be highly closeted at work if they are able to get employment in a good job. . The survey of over 400 labor union members found that over 70% of respondents did not know any openly LGBT people, and 63% did not know any closeted LGBT people (International Labour Office, 2016). Closeted workers have discussed the burden of being secretive at work, as well as the fears of being discovered (UNDP, 2014). In fact, some have been blackmailed by people who knew their identity, since disclosure could result in job loss or family rejection (International Labour Office, 2016). Beyond the personal level, these daily stressors are likely to affect workplace performance and productivity of closeted workers throughout society (UNDP, 2014).

Even in top-level positions, many LGBT people are closeted for fear of losing their jobs (Krisanty, 2007). This fear is not unfounded: a 2006 newspaper report documented the firing of a top gay executive in Indonesia (Mulia, 2006). A study of five gay executives in Indonesia found that they simply wanted to be acknowledged for their professional work and efforts without the shadow of their sexual

orientation chasing them (Krisanty, 2007). However, those who worked in multinational/western companies reported feeling safer to be open because they felt more secure in those spaces (Krisanty, 2007). Despite these findings, experiences of discrimination against LGBT people is often, if not always, related to intersectional identities including class, race, and gender, generally leaving those with multiple minority statuses more vulnerable than those with fewer.

Discrimination and harassment in recruitment, hiring, promotion and firing appear to make being out in the workplace very difficult in Indonesia. LGBT people who choose to be out tend to be forced to the margins of informal economies, and

LGBT people who choose to be out tend to be forced to the margins of informal economies, and those who stay closeted face daily stress and fear and reduced productivity.

those who stay closeted face daily stress and fear and reduced productivity. The marginalization of LGBT people results in barriers to achieving

full productive capacity, which overall hurts the economic development and productivity of the country as a whole.

5. Violence

Perhaps the most extreme and damaging form of exclusion of LGBT people is physical, psychological, and sexual violence. The impacts of violence on the economy are partly mediated through their effects on physical and mental health, discussed further below. Health is another form of human capital, or the capacity to contribute to economic output. Violence can have additional economic effects, though, and has become a more prominent concern in the field of economic development. For example, studies find lower earnings and lost days of work for women who experience intimate partner violence in several countries, outcomes that reduce GDP (Duvvury, et al., 2013; Vyas, 2013). In this section we present evidence that similar forms of violence are part of the everyday experiences of LGBT people in Indonesia.

In Indonesia, being a sexual or gender minority increases the risk of being abused and tortured. Even though human rights protections exist in Indonesia's Constitution that protect all kinds of minorities, such laws are frequently ignored in favor of individual values and beliefs against LGBT people.

In Indonesia, being a sexual or gender minority increases the risk of being abused and tortured (Zaman and Frances, 2009). Even though human rights protections exist in Indonesia's constitution that protect all kinds of minorities

(UUD NRI Tahun 1945 Bab XA), such laws are frequently ignored in favor of individual values and beliefs, often based on conservative religious doctrines and steeped in patriarchy, that are against LGBT people (Ariyanto and Triawan, 2008). This is exacerbated by an absence of state efforts to protect the LGBT community, as well as discriminatory ordinances enacted by the state, which cement the idea in Indonesian society that LGBT people are to be criminalized and punished (Ariyanto and Triawan, 2008; Muthmainnah, 2015). Lastly, the two discriminatory forces may combine with each other, exemplified in numerous cases of militant Islamist groups cooperating with authorities to attack gatherings of LGBT people (Ariyanto and Triawan, 2008; Human Rights Watch, 2016). Thus it comes as no surprise that surveys of LGBT Indonesians reveal that a majority of them experience violence, and show distrust of professionals, religious figures, and the government (Laazulva, 2013; Komnas Perempuan, 2015, 2016; Arivia and Gina, 2016; Wahyuni, 2012).

Even though some LGBT Indonesians are lucky never to have experienced violence throughout their lives, being LGBT is akin to treading on thin ice, as just by being in the wrong place at the right time runs the risk of abuse from law enforcement officers, raids from religious organizations, or even violence from strangers (Ariyanto and Triawan, 2008; Yuliani, 2006; UNDP, 2014; International Labour Office, 2016; Human Rights Watch, 2016; Laazulva, 2013; Komnas Perempuan, 2015, 2016). At home, or in supposedly safe spaces among friends and close acquaintances, LGBT Indonesians are also not safe from violence. Family rejection, sexual abuse, domestic violence, and bullying are but a small fraction of violence experienced by LGBT Indonesians in intimate settings (Zaman and Frances, 2006; Komnas Perempuan, 2015, 2016; Ariyanto and Triawan, 2008; Laazulva, 2013). Such violence usually comes after the person's LGBT status becomes known to others, marking them as a target. The increasing visibility of sexual and gender minorities has also increased the frequency of attacks against LGBT community members (International Labour Office, 2016).

Arus Pelangi, the national LGBT advocacy organization, classifies violence into five types: psychological, physical, economic, cultural, and sexual (Laazulva, 2013). Komnas Perempuan, the National Commission on Violence Against Women, in their report on LBT violence, breaks it down to four categories: psychological, physical, sexual, and discrimination (Komnas Perempuan, 2015, 2016). Arivia and Gina, in their survey, also break down violence into four categories: psychological, physical, economic, and sexual (Arivia and Gina, 2016). For the sake of completeness, we will be focusing on Arus Pelangi's categorization of violence, since it more eloquently captures the different forms of violence experienced by LGBT Indonesians.

A seminal 2013 study by Arus Pelangi of 335 LGBT Indonesians across four metropolitan cities found that 89.3% of respondents reported having experienced violence in the past three years (Laazulva, 2013). A smaller, but more recent study by Arivia and Gina of 60 respondents also revealed similar data: 63% of respondents reported suffering violence due to their SOGIE (Arivia and Gina,

2016).⁶ Meanwhile, the National Commission on Violence Against Women releases annual reports of violence against women and LBT, and for 2014 and 2015, they received 37 and 20 reports of violence against LBT, respectively (Komnas Perempuan, 2015, 2016). These numbers may appear small in the context of the high prevalence rates from surveys, but may also reflect a general aversion to reporting SOGIE-based violence for fear of publically outing oneself. A small minority of respondents in the Arus Pelangi study reported no violence (10.7%); this minority may have been LGBT Indonesians who are financially independent (Laazulva, 2013). Regardless, the violence experienced by LGBT people is quite evenly distributed across LGBT subgroups: 94.4% of gay men, 89.4% of lesbian women, 87.4% of transgender/waria, and 86.0% of bisexuals reported violence in the past three years (Laazulva, 2013).

Psychological violence includes verbal abuse, blackmailing, threats, intimidation, stalking, and property damage (Laazulva, 2013; Komnas HAM, 2016). Psychological violence, experienced by 79.1% of Arus Pelangi respondents and 89.7% of respondents in the Arivia and Gina study, is the most common form of violence experienced by LGBT Indonesians. Such violence has similar psychological harms as physical violence, but may have longer-term effects on the victims, such as mental trauma, especially if the violence comes from people close to the victim (Laazulva, 2013; Arivia and Gina, 2016). Broken down to subgroups, 83.2% of waria, 81.9% of gay men, 75.5% of lesbian women, and 72.0% of bisexuals reported experiencing psychological violence in the past three years. Overall, in the Arus Pelangi study, the top three sources of psychological violence were strangers, family members, and friends. Gay men and waria experienced more violence from strangers than other groups, as they are usually more likely to be together in groups in public areas and, thus, are more visible and at risk of violence from strangers (Laazulva, 2013).⁷

Psychological abuse usually starts early in life in the form of bullying at schools by classmates and/or teachers. This kind of treatment particularly affects gender non-conforming LGBT people, such as waria, effeminate gay men, or masculine women. Bullying usually takes the form of verbal abuse, where disparaging slurs are directed at the victim. Words such as *bencong*, *banci*, and *bences* are used to refer to waria or effeminate men in an offensive way (Boellstorff, 2004). Verbal abuse may make LGBT students uncomfortable, even causing some to drop out. Families can also be a source of verbal and psychological abuse: stories of family rejection and mental abuse against LGBT children or relatives are common. Bullying continues throughout an LGBT person's life, potentially continuing through

⁶ Variations in percent of respondents reporting different experiences of violence may be due to different sample sizes, geographical locations, as well as non-random sampling.

⁷ Interestingly, some waria attributed the violence as their own fault, as they sometimes flirt or tease other people (*norak*)—a “problem” that the waria community themselves recognized and took measures to minimize in order to prevent violence from strangers.

their time in universities and in the workplace (Zaman and Frances, 2009; Laazulva, 2013).

Many fewer LGBT Indonesians experience physical violence than psychological violence, with only 46.3% of Arus Pelangi respondents and 14.2% of respondents in Arivia & Gina study reporting such experiences (Laazulva, 2013; Arivia and Gina, 2016). However, when broken down to each LGBT subgroup, there is considerable disparity between physical violence experienced by waria compared to others in the Arus Pelangi study. Approximately three in five waria reported experiencing physical violence (61.3%), while other groups reported half that. Regarding the source of violence, it is evenly distributed between strangers, the victim's significant other/sex partner, and fellow LGBT friends (Laazulva, 2013). There are also reports of police violence, such as when police raid "hotspots" for gay men and waria or disperse an LGBT event. LGBT people, especially waria, are very afraid of getting caught by the police because of stories and experiences of very harsh treatment and/or torture once in police custody, or even possibly murder (Ariyanto and Triawan, 2008; Yuliani, 2006; Komnas HAM, 2016).

Fewer LGBT Indonesians experienced economic abuse, which is defined as interfering with one's ability to acquire and utilize economic resources, a more inclusive concept than just employment discrimination discussed earlier. Examples include controlling, impairing, reducing, and/or preventing access to and/or use of one's assets as well as seizing and/or exploiting one's assets (Adams et al., 2008; Laazulva, 2013). Economic abuse also includes acts that hinder one's employment status.⁸ Overall, one in four (26.3%) Arus Pelangi respondents reported experiencing economic abuse, and fewer reported such experiences (14.2%) in the Arivia & Gina study (Laazulva, 2013; Arivia and Gina, 2016). However, there is again a disparity between the groups, with waria (38.7%) and gay men (30.6%) experiencing more economic abuse than lesbian women (16.0%) and bisexuals (10.0%) (Laazulva, 2013). Waria respondents may experience such abuse due to their educational background, sex worker status, and/or general stigma. It has been previously discussed that waria may have a lower educational background compared to others, and thus have to resort to informal jobs or face tougher barriers to the formal workplace. Most economic abuse comes from families (21.6%), perpetrated in forms such as restricting funds for education to their LGBT children or reducing allowances (Laazulva, 2013; Komnas HAM, 2016). Nearly one fifth of economic abuse (19.3%) came from employers through reducing salaries or refusing to hire LGBT people, which is employment discrimination. Other economic abuse was perpetrated by strangers in the form of theft (Laazulva, 2013).

Sexual violence also affects the LGBT community. It includes rape, attempted rape, sexual harassment, and other non-consensual sexual acts. Overall, 45.1% of LGBT respondents experienced sexual violence/harassment in the Arus Pelangi study, while only 18.3% experienced it in Arivia & Gina study (Laazulva, 2013; Arivia and Gina, 2016). The majority of gay men (63.9%) and waria (62.2%) have experienced sexual violence, while conversely the majority of lesbian women

⁸ For more information about employment discrimination, see Section IV, *supra*.

(81.9%) and bisexuals (72.0%) have not. Major sources of sexual violence are strangers, friends, and guests (Laazulva, 2013).

For waria, the source of sexual violence was mostly strangers and guests, due to the nature of sex work (Laazulva, 2013). Sex worker waria have an especially hard time, considering their status at the bottom of society and the overwhelming need for their clients to be discreet (Yuliani, 2006; Wahyuni, 2012). Such an environment breeds the idea that one can do anything with waria sex workers and, thus, increases the risk of sexual violence. For gay men, sexual violence was mostly perpetrated by friends (both LGBT and non-LGBT). Usually, these experiences took the form of forced sexual intercourse under threats and/or rape, such as from their partners or fellow classmates (Laazulva, 2013).

Among cisgender lesbian and bisexual women and transgender men, sexual violence, when it occurs, is often perpetrated by family and authority figures. For example, in one case, police demanded that a transman strip naked, and when he refused the police officer threatened to rape him. Families can incite sexual violence too, such as in one case where a lesbian was forced into a hotel room only to find a man hired by her parents to rape her so that she would become straight again. Another person reported being sent into a religious boarding school, only to be sexually violated by her male classmates and religious leaders so she would be "cured" of her lesbianism. Ironically, such treatment is often motivated by the belief that one becomes LBT due to a traumatic experience, especially, but not limited to, trauma due to sexual violence from men; therefore, outsiders attempt to "cure" cisgender lesbian and bisexual women and transgender men of their identities by attempting to force them to experience sexual pleasure from men again. Sexual violence is highly traumatizing to the victims, particularly if it happens at an early age. Similar to psychological violence, it causes long-term trauma that can affect the survivor's outlook of the future (Yolandasari, 2015).

The last category of violence is cultural violence, defined as indirect violence that happens symbolically, i.e. via religion, ideologies, language, knowledge, and art that could be used as a means to justify or legitimize structural violence (Galtung, 1990). Cultural violence can motivate other types of violence, such as psychological, physical, and economic abuse. In Indonesia, such violence against the LGBT community usually stems from ideals based on religious texts and doctrine, as well as deeply rooted patriarchy and heteronormativity within Indonesian society (Ariyanto and Triawan, 2008; Komnas HAM, 2016; Yuliani, 2006; Laazulva, 2013). In those views, sexual and gender minorities are seen as abnormalities or deviancies that should be "cured" (Laazulva, 2013). LGBT Indonesians experience cultural violence as "indirect" or subtle psychological violence. For example, LGBT people may feel forced to like things they do not want, may be viewed as inferior by their parents and peers, or may be forced into arranged marriages (Laazulva, 2013; Yolandasari, 2015). The majority of Arus Pelangi respondents (63.3%) reported having experienced cultural violence, with a pretty even distribution throughout the population, with a slight bias towards lesbian women (72.3%) and gay men (69.4%). The most common sources of cultural violence are family members (76.4%), friends (26.9%), and landlords (11.8%) (Laazulva, 2013). The recent onslaught of anti-LGBT sentiments in 2016, however, may arguably be the biggest

form of cultural violence experienced by LGBT Indonesians, and may result in an uptick of other forms of anti-LGBT violence as LGBT issues came into mainstream consciousness.

While violence against LGBT people usually affects those who are out, somewhat disturbingly, one only has to be perceived as LGBT to experience SOGIE-based violence. This can have effects on non-LGBT people as well as closeted LGBT people. For example, two women walking on the streets of Banda Aceh were arrested because the local Sharia police, *Wilayatul Hisbah*, suspected that they were a lesbian couple. They

Two women were arrested because the local police suspected that they were a lesbian couple. They were forced to admit that they were a lesbian couple and to divulge the locations of other LGBT people in the city. Upon their refusal to do so, the two were forced to clean the police station, and were not permitted visitations by their relatives.

They were then sent to state-run religious rehabilitation...a family member threatened to kill them both for bringing shame to their families.

were forced to admit that they were a lesbian couple and to divulge the locations of other LGBT people in the city. Upon their refusal to do so, the two were forced to clean the police station, and were not permitted visitations by their relatives. They were then sent to state-run religious rehabilitation, and these ordeals made others perceive them as guilty, to the point that a family member threatened to kill them both for bringing shame to their families (Komnas Perempuan, 2016). In another case, a lesbian couple successfully applied for a marriage license in Batam by posing as a husband and wife. However, when the local community noticed that the "husband" rarely spent time with other men in the community, they suspected that they might be a lesbian couple. Upon this suspicion alone, people raided the couple's home just to confirm whether they were a lesbian couple (Wieringa, 2013).

The high prevalence of violence has led some LGBT people to seek help. The majority of the Arus Pelangi respondents surveyed reported seeking help after experiencing violence (70.2%), mostly by reaching out to their friends (65.2%). Respondents were much less likely to seek help from their families (18.7%) and even less so from professionals such as psychologists and psychiatrists (5.0% and 2.0%, respectively), religious figures (7.0%), or lawyers (2.7%) (Laazulva, 2013).

Some others prevented the violence from happening in the first place by avoiding known hotspots for waria or gay men, being careful with their partners when in public, or carrying a weapon with them (Wahyuni, 2012). Even so, skirmishes with law enforcement or religious organizations are often unavoidable, and many resorted to drastic measures in order to not get caught and possibly experience abuse and torture. Some went as far as jumping into a river and risking their lives (Yuliani, 2006).

What we know about violence may be just the tip of the iceberg, as most of the studies only cover LGBT people living in large cities, and not those who live in more rural areas of Indonesia. Even then, underreporting is an issue.

What we know about violence may be just the tip of the iceberg, as most of the studies only cover LGBT people living in large cities, and not those who live in more rural areas of Indonesia. Even then, underreporting is an issue, as people are reluctant to report their plight to law enforcement authorities, for fear of mistreatment, or being brushed off. Some are also reluctant to disclose family issues to other parties. A vast majority, however, may not report for fear of being outed,

or simply ashamed to admit their experiences to others.

This evidence of violence further documents the barriers LGBT people face to participating fully in the economy. Violence by families might prevent LGBT people from freely leaving home to work, shop, or attend school. Experiencing and fearing violence in public places could also limit LGBT participation in the economy: They might be less willing or able to take public transportation to a job. They might be bullied in the workplace, pushing them out of productive positions. Their health might suffer as an effect of violence, causing them to miss work and reducing their productivity. All of these potential effects of different forms of violence will reduce LGBT participation in the economy and will hold back the Indonesian economy from its full potential.

6. Health

In addition to violence, exclusion can have other effects on health that reduce an economy's capacity. Health is a form of human capital. People in good physical and mental health are not only better off individually, but they can contribute more to economic output at home and in the workplace. Exclusion takes its toll on health in many ways, particularly through barriers to health care and minority stress. People in poorer health will contribute less to the economy. And exclusion generates a source of demand for health care that could be avoided, so health care resources are not being used efficiently when groups face exclusion.⁹

Discrimination, violence, and stigma against LGBT people may impact both their physical and mental health. Globally, evidence exists that stigma and social exclusion are barriers to preventing and treating HIV (Beyrer et al., 2011). One study in this large body of evidence included participants from Indonesia in their sample. That study showed that homophobia is associated with less access to

⁹ This argument is not to say that people with disabilities do not contribute to the economy—many are involved in the production of goods and services or care work in the economy, and they contribute to their families or society in other ways.

condoms, testing, and treatment (Arreola et al., 2012). Worldwide, both MSM and transgender women are disproportionately affected by HIV (Beyrer et al., 2012; Baral et al., 2013; Reisner et al., 2016). It has also been shown that MSM and transgender women in low-to-middle income countries in the Americas, Asia, and Africa have a greater risk of being infected with HIV compared to the general population (Baral et al., 2007; Baral et al., 2013). Additionally, a review of studies on HIV and pre-exposure prophylaxis (PrEP) access in 145 countries showed that homophobia and violence against MSM are associated with lower chances of having easy access to condoms, lubricants, and HIV testing and treatment. The authors concluded that homophobia against MSM served as a barrier to accessing HIV services (Ayala et al., 2013; Institute of Medicine (U.S.), 2011).

Both waria and MSM¹⁰ in Indonesia have a higher than average HIV prevalence rate at 24% and 7.4%, respectively. This is much higher than the overall HIV prevalence rate even among key at-risk populations¹¹, which is estimated to be 3.5% (National AIDS Commission, 2015). Some estimates go as high as 80% in the waria population, with some dubbing the virus a “common affliction” within the waria community (Zaman and Frances, 2009). Similarly high prevalence rates for other sexually transmitted infections (STIs) such as syphilis, gonorrhea and chlamydia are also reported (Ministry of Health, 2011). An estimate by the Ministry of Health predicted that MSM will overtake other key populations, mainly heterosexual sex workers and low-risk men/women, to become the population group with the highest number of people living with HIV (PLWH) and new HIV cases between 2014 and 2016, while the other groups will stay relatively stable (Kementerian Kesehatan, 2013).

Mental health among LGBT people is also affected by stigma and the social treatment of LGBT people. While there are no global reviews comparing the mental health of LGBT people to the general population, it has at least been shown in other countries that mental health issues disproportionately affect those who self-identify as non-heterosexual, and that discriminatory treatment due to sexual orientation is associated with increased occurrence of depression and neurosis (Frost, Lehavot and Meyer, 2013; Chakraborty et al., 2011). Such higher rates of mental health issues among sexual and gender minority populations due to stigma are consistent with the minority stress theory (Meyer, 1995, 2003).¹²

Studies in Indonesia find evidence linking exclusion with mental health issues. While the majority of LGBT Indonesians surveyed by Arus Pelangi did not appear to have suicidal tendencies and or drug use problems, a sizable minority did: three out of ten respondents reported having suicidal ideation (33.7%) and/or

¹⁰ Out of the whole LGBT spectrum, the Ministry of Health only considers MSM and waria as key populations for STI/STDs, particularly for HIV/AIDS.

¹¹ Other key at-risk populations include: injection drug users (IDU), sex workers and their clients, and clients of waria sex workers.

¹² Minority stress theory states that members of less privileged social groups, in this case LGBT people, are exposed to more stressors than those belonging in more privileged social groups. As a result, they have more disorders due to the disproportionate amount of stress they receive.

attempting suicide (30.1%) at least once. In addition, the majority of respondents also reported fearing loneliness when they get old (59.1%), and having thought at least once that their current sexual orientation and gender identity is sinful (68.3%) (Laazulva, 2013). A separate study of 104 men by Ollyn et al. revealed a disparity in self-esteem between heterosexual and homosexual men, in which 92.3% of heterosexual men reported high self-esteem, while only 38.5% of homosexual men did so (Ollyn, Rusli, and Yulianto, 2013). Inadequate mental health care for LGBT Indonesians is driven by reluctance to seek help from professionals, higher risk of being rejected by the professionals themselves, lack of awareness of LGBT issues among professionals, the harsh stigma surrounding mental health issues and LGBT people in Indonesia, as well as a tendency to institutionalize sufferers of mental health issues (Laazulva, 2013; Gordon and Pratama, 2016; Sharma, 2016). The mental health situation may be exacerbated by a statement made by the Indonesian Psychiatric Association (Perhimpunan Dokter Spesialis Kedokteran Jiwa Indonesia [PDSKJI]) in February 2016 classifying homosexuals and bisexuals as people with a psychiatric problem and transsexuals as people with a mental disorder (PDSKJI, 2016).¹³

There are also barriers inside the health system that prevent LGBT people from accessing proper healthcare to treat their illnesses. Waria are particularly affected, as they often lack proper citizenship documents such as ID cards, which prevents them from accessing social services and healthcare (Komnas HAM, 2016; International Labour Office, 2016). Still, many are reluctant to get an ID card out of fear of harassment from government officials over their gender identity, or at best, confusion due to lack of training on handling waria cases, as they also often lack family registration documents due to lack of contact with family members (Yuliani and Dermatoto, 2006; Komnas HAM, 2016; International Labour Office, 2016). The Waria Communication Forum (Forum Komunikasi Waria, FKW) estimated that almost 70% of waria living in Jakarta do not possess any legal citizenship documents (Zaman and Frances, 2009).¹⁴

Even for those who can access healthcare, there is also the issue of ill treatment of LGBT patients, or worse, exploitation from the healthcare professionals themselves. For example, a gay man seeking STI testing may fear being outed by providers, or have to endure disparaging remarks (International Labour Office, 2016; UNDP, 2014). LGBT people living with HIV (PLWH) may avoid using government-based health insurance programs for fear of being outed and/or fired because of their status, either as LGBT or HIV-positive (International Labour Office, 2016). Such populations also fear the mandatory health tests that are conducted by

¹³ The language used in Indonesian to describe a mental disorder ("*gangguan jiwa*"), which is only attributed to transgender people, is more severe than the language used to describe psychiatric or mental problems ("*masalah kejiwaan*"), which is attributed to gay and bisexual people.

¹⁴ While waria may lack ID cards, it is unclear whether they lack one from their hometown because of their gender identity, or a local one because they have moved to the city. The recent release of *e-KTP* (electronic/digital-based national ID) may mitigate this issue somewhat, although the barrier of obtaining one may still exist.

companies before one can begin employment, presumably for the same reason (Cahyadi et al., 2016).

These issues are different for LGBT people who work in the informal sector, since they do not have access to those government health insurance programs (International Labour Office, 2016). As a result, many are reluctant to go to formal healthcare providers, opting instead to use uncertified back alley clinics to get their STI medication and testing – a better alternative than going to formal healthcare providers and risking discrimination or getting an incompetent provider and a misdiagnosis. Unfortunately, unofficial providers tend to be financially exploitative (Gordon and Pratama, 2016).

Lack of knowledge and low education among the LGBT population can lead to risky health practices. In a study of 143 MSM, waria, and male sex workers (MSW) in Surakarta, Central Java, only 39.9% of respondents knew about HIV transmission routes and prevention (Prasetyo et al., 2014). In 2011, 28% of waria admitted to continuously taking hormones unsupervised by health workers, while 31% injected silicone; meanwhile only 47% of waria reported knowing the risks of hormone and silicone injection (Ministry of Health, 2011). There is also a lack of medical follow-up to these injections.

Reports of patterns in condom use among waria and MSM are conflicting. The Ministry of Health reported that condom use has decreased (Indonesian National AIDS Commission, 2010). Prasetyo et al. reported that the majority of participants who engaged in anal sex (73.5%) did not use condoms, and the study by Prabawanti et al. found a high rate rate of non-use (35.9%). In contrast, participants in the Safika et al. study of MSM and waria sex workers reported high condom use (79%). Some of these differences could relate to different sampling methods or locations. Regardless, HIV prevalence is still high in these populations, suggesting that the respondents in some surveys may be over-reporting condom use due to social desirability bias: respondents report low condom use for the last month, but they overwhelmingly report condom use for their latest client (Safika et al., 2014; Prabawanti et al., 2011).

Interestingly, studies have found that education level is correlated with both increased condom use and decreased condom use (Safika et al., 2014; Prasetyo et al., 2014). The former can be explained by the notion that the more education one receives the greater chance one would be exposed to safe sex practices. The latter can indicate that Indonesian formal education does not include adequate sex education in its curriculum. Lastly, higher reports of depressive symptoms are associated with lower condom use among MSM and waria, as well as history of child abuse (Safika et al., 2014). These correlations suggest that some forms of exclusion may reinforce or create other forms of exclusion.

All these health challenges are exacerbated by the lack of funding for health of sexual minorities. For example, HIV funding for MSM is much lower than for other key populations such as injection drug users and female sex workers, which may have contributed to the low number of MSM (8%) who were covered by HIV prevention programs, compared to other key populations (except for sexual partners of key populations). Meanwhile, it has been shown that well-run and presumably well-funded prevention programs have been shown to increase the

number of people making use of VCT (voluntary counseling and testing) services (Indonesian National AIDS Commission, 2010).

Stigma, homophobia, and ignorance perpetuate barriers to healthcare access for LGBT people, which, in turn, likely result in health disparities. This connection has been clearly demonstrated through studies of MSM and waria in Indonesia.

The overall health of a community will have a direct impact on its ability to contribute economically to society, and exclusion will detract from health and human capital.

However, stigma against and erasure of lesbian and bisexual women and transgender men has meant that there are almost no public health studies of these populations, making it very difficult to show evidence of disparities for these groups.

More inclusive environments would be expected to improve community engagement, promote comfort and openness with health care providers, and improve access, quality of services and health outcomes for LGBT people (Ayala et al., 2013). In turn, better health and better health care would reduce workplace absenteeism for LGBT people, increase their productivity on the job, and remove barriers to full participation in the labor market. To summarize, the overall health (or lack thereof) of a community is expected to have a direct impact on its ability to contribute economically to society, and exclusion will detract from health and human capital.

7. Projected Estimate of the Impact of LGBT Exclusion on the Economy

Findings from existing studies point to clear barriers to full participation in Indonesian social and economic life. The exclusion of LGBT people from equal opportunities in education, employment, and health create a situation where LGBT people cannot fully develop their human capital, nor can they fully use their existing skills, and knowledge in the economy. Both of those outcomes will reduce economic activity in Indonesia.

In order to take this exercise a step further to estimate the monetary value of the economic impact on Indonesia, we would need high quality, reliable data from representative samples of the Indonesian population on the health, education, and employment of LGBT people and non-LGBT people. We could then estimate the disadvantages in economically related outcomes and opportunities for LGBT people. There are commonly accepted techniques for estimating the effects of such disadvantages to the larger economy by measuring the loss of labor available to work because of health disparities or the loss of productivity related to violence or discrimination in education or the labor market. However, we know of no data from Indonesia that includes questions about education, health, or income along with questions on sexual orientation and gender identity. We recommend that Indonesian scholars and statistical agencies consider the inclusion of questions on

sexual orientation and gender identity on surveys such as the Indonesian Labor Force Survey or the Demographic & Health Survey. But for now, we do not have the kind of data and body of research that would allow for precise estimates of the economic cost of exclusion of LGBT people in Indonesia.

Another way to get some idea of the potential cost of exclusion at the national level in Indonesia is to draw on results from a World Bank study of the cost of LGBT exclusion in India (Badgett, 2014a). That study developed a model to estimate the cost of labor market discrimination and health disparities (and, at least potentially, educational disparities) (Badgett, 2014a). A subsequent calculation of that model for India used values for the different variables in that model to arrive at an estimate of the total cost of LGBT exclusion (Badgett, 2014b).

The loss of productivity from discrimination can be estimated using the results of studies of wage differences that can be attributed to being LGBT. Taking the average wage gap for LGBT people and multiplying it by the total earnings of LGBT people (that is, the number of LGBT people times their average earnings) provides an estimate of the total lost wages from exclusion—and, therefore, lost productivity—that stems from discrimination or other forms of exclusion. Several studies found evidence of employment discrimination against LGBT people in India, but none were able to estimate a wage difference. Therefore, the calculation borrows a value for the wage gap from a study of several high-income countries that showed that gay and bisexual men earn about 11% less than heterosexual men (Klawitter, 2014). For women, the same research shows that lesbian and bisexual women earn about 9% more than heterosexual women, mainly because they appear to be freer from gender constraints since their partners are female. The flipside is that lesbians without the ability to choose a female partner will earn 9% less than they might have otherwise. So for LGBT men and women, greater freedom from constraints on their labor force options, whether from discrimination or gender norms related to the sex of a partner, would increase wages overall by about 10% on average. Economists generally see wages as providing an approximation of productivity, so that 10% boost in LGBT wages would also reflect a 10% boost in productivity.

The impact of health disparities can also be estimated in a straightforward way by looking at the difference in the rates of having a particular health condition for LGBT and non-LGBT people, such as depression, and asking how many fewer people would have the condition if LGBT people had the same lower rate as non-LGBT people. To put an economic cost on the additional people who have that condition, we use two other measures. Public health researchers have a measure of “disability adjusted life years” that estimates how many years of life someone with a condition loses from an early death or from poorer quality of life. We can take that measure of years and multiply that times the lost economic contribution those people would have made, measured by average output for a person in India, or gross domestic product (GDP) per capita. In India, data existed to estimate the impact of higher rates of HIV, depression, and suicide attempts among LGBT people.

Finally, the estimates for output lost because of discrimination and labor market exclusion were added to the estimates for the health disparities, then that total was divided by India’s GDP. The final estimates of the total cost of exclusion for

those pieces ranged from 0.1% to 1.4% of GDP in India, depending mainly on the assumptions made about the size of the LGBT population. Other costs of exclusion could not be estimated for India, such as the loss from exclusion in education or from other health conditions, so we would say that this particular estimate is a conservative one that is on the low side.

If we applied the 0.1% to 1.4% range to the Indonesian GDP in 2015, the loss resulting from LGBT exclusion would be in the range of \$862 million to \$12 billion.

If we thought that the degree of LGBT exclusion in Indonesia was similar to that in India, we could apply that range to Indonesia's GDP to get an estimate for Indonesia. In 2015, Indonesia's GDP was \$862 billion. If we applied the 0.1% to 1.4% range to the Indonesian GDP in 2015, the loss resulting from LGBT exclusion would be in the range of \$862 million to \$12 billion.

Of course, we do not know if the degree of exclusion is the same in Indonesia as it is in India, since it is impossible to compare the type of evidence we have for the two countries. However, we can compare the public attitudes toward homosexuality from the World Values Survey (mentioned in Section 2), since both countries took part in that project. In 2006, 41% of Indians said they would not want a homosexual neighbor, far fewer than the 67% of Indonesians who would not want a homosexual neighbor. In the same survey, 64% of Indians said that homosexuality is never justified, while 95% of Indonesians had the same opinion. In other words, attitudes toward homosexuality are much more negative among Indonesians than among Indians. Therefore, if exclusion of LGBT people is also worse in Indonesia than India, then the amount of lost GDP might be considerably higher than the estimate of \$900 million to \$12 billion.

Another way to think about this calculation is that it shows that even a relatively small percentage loss could have a large effect on economic activity in Indonesia. The potential loss to Indonesia's economy could be even larger or, less likely, smaller, but a more precise estimate will require better data.

Finally, we note that using the official measures of economic activity as we do here is not intended to imply that individuals have no value if they do unpaid labor in the home, if they cannot work because of a disability, or if they work in sectors that are not easily measured in GDP. This way of thinking about economic cost necessarily leaves out some contributions that aren't directly countable. In that sense, this exercise is underestimating the full impact of LGBT exclusion, since LGBT individuals in those settings might also face harmful effects of stigma, violence, and discrimination.

8. Conclusion

Evidence from a wide range of research-based sources documents that LGBT people in Indonesia face forms of exclusion that harm their well-being and reduce

their ability to contribute to the Indonesian economy. Violence and discrimination, rooted in stigma against LGBT Indonesians, make getting an education more difficult, reduce access to health care, increase the chances of health disparities, and reduce workplace productivity. The resulting loss of potential human capital and the inefficient use of existing human capital mean that the Indonesian economy is not operating at its full capacity. The losses are likely to range from the hundreds of millions in US dollars to billions.

The total economic cost of exclusion could be much greater, however, since we cannot create an economic measure of the cost of exclusion to all LGBT people, and we do not have enough research or data on LGBT people's full range of experiences in Indonesia. Furthermore, exclusion can have much broader indirect effects, as well. For example, poor treatment of LGBT people might reduce the desirability of Indonesia as a tourist destination, both for LGBT tourists and those non-LGBT people seeking places to visit that respect diversity and human rights. Also, multinational companies seeking to invest in new facilities might prefer to locate in places where their LGBT employees are assured of their human rights, so Indonesia's current policy and political environment are likely to deter such investments. Unfortunately, it is difficult to estimate tourism and investment effects in a quantitative way, but those pathways show that the economic effects outlined in this study make for a conservative, low-end estimate of the cost of exclusion.

All of these different economic links between exclusion and the economy create barriers to the Indonesian economy's ability to operate at its full potential. Promoting LGBT inclusion rather than allowing persistent patterns of exclusion is likely to improve economic output shared by all Indonesians, as well as contributing to realizing the economic well-being and human rights of LGBT Indonesians.

Indonesia's country motto of *Bhinneka Tunggal Ika*, widely translated as "Unity in Diversity", acknowledges and celebrates the cultural diversity contained in the archipelago, reflecting many different ethnicities, races, dialects, religions, and beliefs that each have their own unique characteristics, but ultimately are still Indonesian (Pursika, 2009).¹⁵ The national ideology of Pancasila (literally: "five principles") also conveys a uniting philosophy—belief in God, humanitarianism, national unity, democracy and social justice—under which Indonesia should be based upon in order to build a nation based on secularist values of tolerance (Coppel, 2010). Both carry "a sense of active pluralism", which as an attitude promotes the dialogue and understanding within and between different ideologies, in hopes for a more tolerant society (Carnegie, 2010; Gibbons, 2015). LGBT people are a part of the diversity in human beings, and thus LGBT Indonesians should be acknowledged and understood as part of the diversity contained in Indonesia.

¹⁵ Note, however, that in many discussions and writings of the motto, gender and sex are not included in "diversity." This seems to reflect the general notion of the meaning of diversity conveyed in the motto as "cultural" diversity.

Appendix on Methodology

Online searches were primarily used to find research sources for this report. The authors used Google, Google Scholar and Pubmed to search for evidence of discrimination and disparities in education, employment, and health for LGBT people in Indonesia. Key words included: LGBT, lesbian, gay, bisexual, transgender, transsexual, waria, priawan, discrimination, workplace, employment, education, school, academic, health, HIV, well-being and depression. American experts on Indonesian LGBT people were contacted for access to any other potential sources that may not have been found. Researchers also cross-checked available research by reviewing the cited sources within the reports they found.

One researcher (WEL) is Indonesian and was therefore able to focus on Indonesian language resources. In addition to the standard search tools already mentioned, the researcher drew upon reports from LGBT advocacy and research organizations in Indonesia that were primarily only published in Indonesian, as well as using OneSearch.id to search for undergraduate and graduate thesis work. He also directly contacted researchers and advocates on the ground who potentially had access to other information. When the non-Indonesian speaking researchers found citations that appeared to be helpful, but were written in Indonesian, the sources were sent to the Indonesian researcher to extract and review for information.

As the review began to develop, researchers noted strong themes on violence against Indonesian LGBT people and family rejection and began separate searches and records of reports and research documenting these phenomena. The researchers reviewed all collected sources and drew out pertinent information into a shared analysis document that was then used to compose the evidence of discrimination and disparities in this report.

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