

Co-locating art and health: engaging civil society to create an enabling environment to respond to HIV in Indonesia

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Abstract. *Background:* This paper will report on the successful co-location of a community-based arts and sexual health project that aimed to engage, educate and create testing, treatment and care pathways at a co-located mobile sexual health clinic and community-controlled art gallery in Yogyakarta, Indonesia. *Methods:* Mixed methods were used to evaluate the project, including a visitor ($n = 1181$) and artist ($n = 85$) log book, a convenience audience survey ($n = 231$), and qualitative semi-structured interviews ($n = 13$) with artists and audience to explore the effect of arts-based activities on access to sexual health information and services, and stigma and discrimination. *Results:* In total, 85 artists curated five separate exhibitions that were attended by 1181 people, of which 62% were aged ≤ 24 years. Gallery attendance improved awareness and participatory and interactive engagement with sexual health information through a medium described as interesting, fun, cool, and unique. The co-located clinic facilitated informal pathways to sexual health services, including HIV/AIDS testing, treatment, and care. Importantly, the project created shared understandings and empathy that challenged stereotypes and myths, reducing stigmatising beliefs and practices. *Conclusions:* Arts-based programs are transformative and can be effectively implemented, replicated and scaled up in low-resource settings to create awareness and initiate for HIV prevention, testing, treatment, and care. Art-based health programs engages people in their communities, mobilises civil society, builds enabling environments to reduce stigma and discrimination and improves access to testing and prevention; essential features needed to end AIDS in Indonesia (and the Southeast Asia region) while improving the lives of those most vulnerable to infection.

Keywords: arts-based research, participation, communication, community interventions, health promotion, HIV/AIDS, stigma, Southeast Asia.

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Introduction

The arts have long been used throughout history to document events, provide commentary on global and local issues, share knowledge and information and evoke emotional responses such as empathy, fear and even anger; societal and personal stories are told and re-told by the artists and those who view them. Our history books are filled with visual, literacy and musical representations of sex and sexuality, and disease and plagues such as mental illness, black death, syphilis, tuberculosis, and importantly HIV and AIDS. The arts have been and continue to be an important cultural artefact in global and community responses to HIV. But beyond that of commentary and documentation, the arts are increasingly

being used to promote health and wellbeing of people living with HIV (PLHIV), and as we detail in this paper, the structural environments that disempower the vulnerable and marginalised.

In 2014, the Lancet Commission on Culture and Health argued that ‘the single biggest barrier to the advancement of health worldwide is the neglect of culture in health’.¹ As a cultural artefact, conveying meaning both as an aesthetic material object intended to be enjoyed and contemplated,² and through communication that embodies cultural values and meaning,³ the arts are increasingly used to promote health, particularly the social role of art spaces.⁴ Using art for health promotion has been reported across several sectors, including mental health,⁵ dementia,⁶ cancer,⁷ community

development;⁸ health in disadvantaged communities;⁹ and HIV/AIDS.¹⁰

Within this growing evidence base, art and art spaces are identified as positively affecting health and wellbeing^{11,12} by communicating sensitively to local cultural traditions and challenges;^{13,14} particularly when trying to build trust around sensitive health topics.¹⁵ Although there is no consensus that any specific art type or genre is the most effective, successful programs occur when individuals and communities are actively involved in the creation of the art,¹⁶ particularly where community or bespoke arts venues can be used to provide a 'different arena of learning'.¹⁷ Notwithstanding the positive use of art in public health communications, there are instances where its use has not attended to issues of stigma and stereotypes¹⁸ and where the framing of the message has been instrumentalised in behaviour communication campaigns that perpetuate negative stereotypes and unethical practices of allocating culpability and blame.^{19,20}

The arts are effective in reaching groups who are not typically engaged in health care and/or experience more barriers to doing so,¹¹ can improve knowledge translation and production,^{21,22} facilitate empowerment^{23,24} and create shared understandings and group identity.^{25,26} Through socially inclusive practices,^{4,27,28} the arts can build social capital²⁹ and can act as a catalyst for change,³⁰ particularly in and re-examining behaviour, attitudes and beliefs³¹ and reducing socially excluding practices across communities.^{27,32} The arts also have significant potential for cultural activism.^{33,34}

The setting: Indonesia

An archipelago in Southeast Asia, the Republic of Indonesia accounted for 18% of new HIV infections in the Asia-Pacific region in 2018, with an estimated 640 000 PLHIV.³⁵ In the region, nearly one-in-four AIDS-related deaths occur in Indonesia.³⁶ Although the country has a low general population epidemic of 0.5%, the rates of HIV infection among key populations and their sexual partners are substantially higher, such as 39% in people who inject drugs, 12.8% in men who have sex with men (MSM), 7.4% in *waria* (derived from the Indonesian words *wanita* (woman) and *pria* (man) representing a transfeminine or transgendered identified person, see for example Hegarty 2017³⁷), and 7.2% in sex workers.³⁵ These high rates of HIV infection are compounded by poor rates of treatment retention and viral suppression,^{38,39} shortages of HIV treatment,⁴⁰ and access to biomedical prevention with the use of antiretroviral therapy as pre-exposure prophylaxis (PrEP).⁴¹

In addition to health system, policy and funding constraints,^{42–44} deeply engrained socio-cultural issues play an important role in the national response to HIV in Indonesia, including conflicting forces of traditional Indonesian values; Westernisation; rise of fundamentalist Islam,⁴⁵ monitoring and policing of sexual activity by family and community;^{46,47} and limited comprehensive sex education in schools.⁴⁸ This is made worse by increasing, particularly since 2016,^{49,50} the negative social, cultural and political sentiment and widespread discrimination against

people with diverse gender and sexual identities, and a recent and controversially proposed amendment to the criminal code that will criminalise same-sex relationships and extramarital sex.⁵¹ The promotion and policing of heterosexual marriage and reproduction as a singular moral code^{52,53} promotes sexual abstinence among unmarried people, as well as sex for non-reproductive purposes, and constructs same-sex-attracted sexual activity as deviant. These prohibitive cultural practices increase people's vulnerability to HIV in Indonesia,^{54–56} as they directly influence people's willingness to access counselling, testing and care⁵⁷ because of fear of stigma and discrimination.

If Indonesia is to meet the Joint United Nations Programme on HIV/AIDS (UNAIDS) goal of Ending AIDS by achieving the 95–95–95 targets,⁵⁸ new and novel strategies for HIV are required. To do so, Indonesia also needs to develop strategies that acknowledge culture in health. One such transformative approach is the arts: a medium with increasing evidence documenting the power of imagery, stories, dance, music and performance as central to health and wellbeing, particularly where these arts occur in community-controlled spaces: spaces where critical examination of the culture surrounding sexual health can occur.⁵⁹

The Gallery Project

The setting: Yogyakarta

Yogyakarta is unique. It is ruled as a sultanate and governed by a liberal leader, where progressive politics, local custom and tradition intersect.⁶⁰ It has a rich cultural heritage, from 9th century Buddhist temples to more recent contemporary art festivals, such as ArtJog and the Biennale. Yogyakarta is a 'student city' with a young population⁶¹ and, as such, a population who is more educated than across Indonesia generally.⁶² Yogyakarta has a strong history of activism,⁶³ art activism,^{64,65} and sexual and reproductive health activism,⁶⁶ and has also been more embracing towards gender and sexuality minorities than other parts of Indonesia.⁶⁷

To date, most of the literature on arts-based health programs have been restricted to a single issue, a single art genre, a research-based project or related to a one-off event. In order to bridge this gap and co-locate art and health together in Yogyakarta, the capital of arts and culture in Indonesia, the Gallery Project was designed by, with and for the community using a community cultural development (CCD) framework to improve health and wellbeing of those participating in art activities, affects that are indirectly experienced by those who visit or live close to art and cultural activities.⁶⁸ The project opened in January 2019 and ran for 14 months, closing in March 2020 on the premises of a sexual and reproductive non-government organisation (NGO) in Yogyakarta: an NGO widely acknowledged for its work with key populations, including young people, sex workers, and *waria*.

The project was developed to attend to some of the weakness inherent in traditional, biomedical health promotion that focuses on risk and instead foster and promote a community-based model that was underpinned by resilience.⁶⁹ In this resilience-based model, the project sought to destigmatise and normalise conversations around sexual

health by building and managing an inclusive, accessible and collaborative gallery space. A space where support was given to local communities to create sexual health-themed exhibitions to showcase to the wider community, and to co-locate and provide mobile HIV testing, counselling and a treatment referral pathway for HIV and other sexually transmissible infections (STIs). And finally, the project sought to evaluate the effectiveness of the arts-based programming and the co-location of the gallery and mobile clinic.

Curating and exhibiting community art

Five separate exhibitions were curated across diverse art concepts and genres, including: (1) sexual health stigma and discrimination (visual and installation street art); (2) sexual violence (mixed performance, installation, photo and video); (3) sexuality is not taboo (mixed visual, video, installation and music); (4) intersections of climate change, environment, disasters and sexual health (photography and installation); and (5) genders at the margin (dance, installation, video, photography, and vignettes).

Each exhibition began by identifying an artist/s who showed interest in curating a sexual health-themed exhibition in the gallery. Meetings between artists and the project team were held to explain the project and develop the concept, a theme then developed further and refined by the artists. Exhibitions were promoted on the NGO website, social media (Twitter, Facebook, Instagram), WhatsApp, flyers, art festival catalogue and by word-of-mouth. All exhibitions included a formal opening event with a panel-based public discussion and a mobile clinic providing laboratory-based HIV and other STI testing, counselling, and treatment referrals. Excluding the final exhibition, which closed early in March 2020 when COVID-19 was formally acknowledged by the national/provincial government, all exhibitions were open to the public for 4 weeks.

Using the Gallery Project as a case example of co-locating art and health, in this paper we explore the effects and benefits of the arts in addressing HIV, gender diversity and sexual health among key populations and the wider community in Yogyakarta and, conversely, we explore the effects and benefits of the co-location with respect to the effects that health had on art.

Methods

Data generation and analysis

A fusion of mixed methods was used to evaluate the Gallery Project. Three discreet data generation tools were used, including a visitor and artist logbook, which was placed at the entry to the gallery for people to record age, gender, and email/WhatsApp if they agreed to participate in future study data-generation activities. In total, 1181 unique visitor and 85 artist logs were recorded.

A paper-based survey was distributed at opening events by NGO volunteers and was available alongside the visitor logbook and returned to either a volunteer or the survey box when completed. Questions were structured to answer the research questions with responses on a five-point Likert

scale, Yes/No responses and open-ended qualitative boxes for respondents to provide further detail. In total, 231 unique individuals completed and returned the survey and were included in the analysis for this paper (see Supplementary Table S1 for survey respondent demographics).

Purposive sampling was used to recruit 13 participants of various ages, gender, and artist and audience cohorts to participate in semi-structured interviews. Participants were identified and then recruited by having indicated their willingness to participate in the gallery visitor and artist log and being subsequently contacted by the research team. All interviews were digitally recorded, conducted in Bahasa Indonesia, transcribed verbatim and translated to English. Translations were validated by Indonesian-born English-language teachers (see Supplementary Table S2 for interview participant demographics).

Convergent parallel mixed methods were used, where quantitative and qualitative data were collected to explore the same research questions, analysed separately and then merged and analysed for convergence, divergence and understanding.⁷⁰ Quantitative data were analysed with the assistance of SPSS V26 quantitative data analysis software (IBM) to explore frequency and distributions of responses. Qualitative data were analysed with the assistance of NVivo V12 qualitative data analysis software (QSR International) using deductive and inductive analysis.⁷¹

Ethics approval

The project received ethical clearance from Universitas Sarjanawiyata Tamansiswa, Yogyakarta, Indonesia. Participant information sheets in Bahasa Indonesia were provided with the anonymous surveys and no written consent obtained. For qualitative interviews, written informed consent was obtained from all consenting participants. All data have been de-identified, and pseudonyms allocated to protect the privacy of individuals.

Results

Artist and visitor demographics

From January 2019 to March 2020, 85 artists curated five separate art exhibitions that were visited by 1181 unique people. Of these visitors, 62% were aged ≤ 24 years, 52% were women, 41% men, and 6% waria (Table 1). Almost one in two (47%) visitors to the gallery reported that it was the first time that they had visited the premises of the NGO, with more people aged 15–19 years and 20–24 years reporting first time visitation. Of the 85 artists, 44% were women, 53% men and 3% waria (Table 2).

The demographic profile of the audience reflected the gender and age profile of the exhibiting artists, which was influenced by the promotion of the different exhibitions. Visitors reported becoming aware of exhibitions through word-of-mouth (58%) and social media (22%), with first-time visitors reporting higher word-of-mouth (68%) and lower social media (17%); lower numbers reported NGO staff, art catalogue and emails for awareness.

Table 1. Visitor demographics by age cohort, gender and exhibition
Source: Gallery Visitor Log. Data are presented as *n*; blank cells, no data/zero responses

Age cohort (years)	Stigma and Discrimination			Sexual Violence			Sexuality is not Taboo			Environment			Gender at the Margins			Total	Cumulative%
	Female	Male	Waria	Female	Male	Waria	Female	Male	Waria	Female	Male	Waria	Female	Male	Waria		
<9							1						1			2	0
10–14		3	2					3					1	2		11	1
15–19	20	12		5		3	92	73		26	12		2	3	3	251	22
20–24	70	41		40	22	1	113	88	1	38	42		10	4	2	472	62
25–29	15	22		23	16	3	31	21		7	4		4	3	3	149	75
30–34	15	7		6	5		12	8		0	2	1	2	1	1	60	80
35–39	5	4		3	3	2	5	3		1	0	1	1		3	31	83
40–44	4	2	1	2		2	1	2		0	0	1			4	19	84
45–49	4	3		6	2		1	5		2	2	2	2		2	31	84
50–54	4	5	2	3		2		2		2	0	1			5	26	89
55–59	2	2	2	2	1	1	1	3		0	1	2			5	22	91
60–64				2				1		1	2	2			2	10	92
65–69	2	2		0	2					1	1					8	92
70 +											2					2	93
Missing	13	12	1	4	8	1	11	8		0	1	4	11	7	6	87	100
Total	154	115	8	96	59	15	268	217	1	78	69	14	26	23	38	1181	

Table 2. Artist demographic by age cohort, gender and exhibition theme
Source: Gallery Artist Log. Data are presented as *n*; blank cells, no data/zero responses

Age cohort (years)	Stigma and Discrimination			Sexual Violence			Sexuality is not Taboo			Environment			Gender at the Margins			Total	Cumulative%
	Female	Male	Waria	Female	Male	Waria	Female	Male	Waria	Female	Male	Waria	Female	Male	Waria		
15–19				2			3	6								9	11
20–24		1		2	2		4	4		17	7		1			38	45
25–29	1	3		1	1			1		5	11					23	72
30–34		4								1	1					6	79
35–39		2									1					3	82
40–44		1														1	84
45–49															1	1	85
50–54																0	97
55–59															2	2	100
Total	1	11	0	5	3	0	7	11	0	23	20	0	1	0	3	85	

Art spaces for learning and awareness

Almost three-quarters (71.9%) of survey respondents reported the gallery's use of art as an effective medium to increase access to sexual health information. The words survey respondents use to describe the gallery and their experience are weighted by their recurrence and represented in a word cloud (Fig. 1).

Across each of the five exhibitions, the co-location of health and art was described by gallery visitors as being a medium and space for education and information, was more fun, engaging, informal, and trusted. Learning was also described as participatory and interactive (Table 3).

Exhibited art (see Figs 2–5) was described as 'dynamic', 'influential' and makes people more 'open minded' and able to 'connect' with sexual health, including HIV, in Indonesia:

'I ask why there is a possibility of impacting us? For example, when we see this, oh evidently HIV is dangerous [but] we can avoid HIV by wearing a condom... With that picture. The exhibit, it has an impact, why does it have an impact? It is influencing us. Why does it influence us? Because of this because



Fig. 1. Sex education.

there are people who understand the picture. They connect. Connection.' (Ayu, Female, 25 years, Sex Worker, Interview)

Art was described as both political and democratic, a form of communication that could bring attention to the

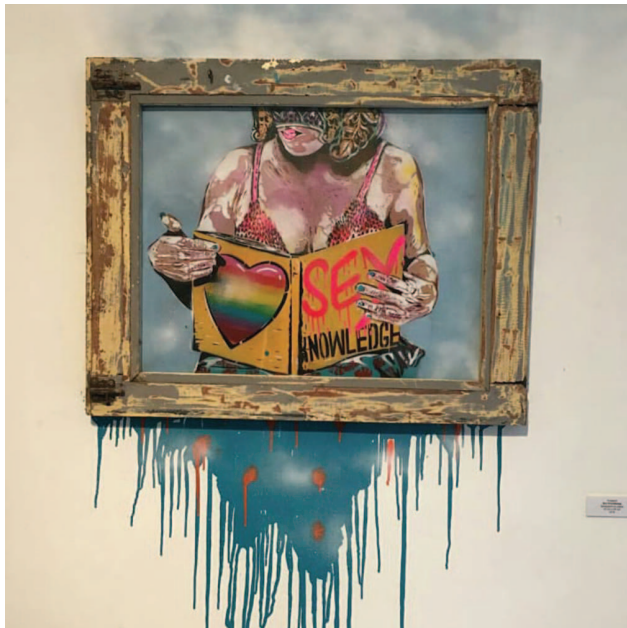


Fig. 2. Participant experiences with art and the gallery.

intersections of sexual health and wider society and be complementary due to shared goals:

'The contemporary world of art is at the crossroads between politics, economics, culture, nature, spirituality. Art [is] at the intersection . . . The work is just language [to] support the delivery of ideas . . . Art must be democratic.' (Edi, Male, 42 years, Artist, Interview)

'Art is something that [we] can embrace . . . delivered in a theatrical form we can laugh . . . Indirectly we respond to issues brought in art . . . [To] use as a wrapper will be more easily accepted.' (Huda, Male, 20 years, University Student, Interview)

'Art with a health issue can be collaborated why not? The meaning is this. When someone works on health issues whether they want to be at HIV/AIDS, they want it in public health or something. Now they bring art as a tool for the entry. Yes right? . . . [It] can be an entry tool for people through art when there is such a drama or song as the lyrics [as the] script for health . . . According to me, they are holding hands together to realise one and the same goals.' (Rita, Waria, 52 years, Transactivist, Interview)

Co-location effect on service access

The co-location of the mobile clinic and the gallery was described as 'unique' and 'interesting', one where the gallery creates 'curiosity', introduces services and the co-location makes access to a sexual health service easier (Table 3). The co-location was also reported to reframe sexual health engagement as a preventative approach to sexual health issues, rather than as responsive to an issue once it had arisen:

'Yes. People only come to the clinic if it is problematic. But people can come to clinic anytime. So, the gallery

here could help spread the message to all walks of life, not only for those with problems.' (Anita, Female, age and occupation unknown, Survey)

Attendance at the gallery was described as the motivating factor for accessing the clinic and HIV testing, access that was directly influenced by ease of accessibility:

'Yes, [I] access [Ed. the clinic] by using because it provides facilities for STI testing to know HIV, cervical cancer, like that . . . I think it's effective and efficient. Because after my parents went to the gallery, I was motivated. Oh, it turns out it's like this, wow I want to get a test and that doesn't need to be far away. And the location is also more affordable and can be directly in one area, one place, one location.' (Elly, Female, 21 years, University Student, Interview)

Stigma and discrimination

More than two out of three (69%) survey respondents believed that the co-location of the gallery and clinic is an effective way to reduce sexual health stigma and discrimination (Fig. 3). For most, the effect of co-location was discussed with respect to the gallery's ability to create awareness about stigma and discrimination:

'A way of socialisation, but this is also creative to make a gallery like that. It's creative, it's a way of enlivening . . . Maybe some people would say this is taboo, because there are people who say that reproductive health is a problem, STIs, like that. The stigma is already extraordinary. But with this, art is actually a way to ward off that stigma; just understanding it.' (Ayu, Female, 25 years, Sex Worker, Interview)

The gallery was identified as normalising matters of sexual health by creating safe spaces for discussions typically shrouded in secrecy and silenced (Table 3) and provided the opportunity for people to engage and interact with community members who they may not have otherwise been connected with or been exposed to. The art works, particularly a graffiti art wall with condom installation (Figs 4, 5), was reported to initiate previously silenced discussions about condoms and HIV.

'In Indonesia, usually discussion of [sexual] health is a problem because it's still a little taboo . . . We see pictures like these, then diseases become something just discussed, right . . . We talk about the problems of sex, and someone laughs, like that.' (Ayu, Female, 25 years, Sex Worker, Interview)

'Condom use is very taboo. It does not enter the school curriculum, do not enter debriefing from parents, from the environment too, from the community, there are many [but] we are [now] talking about HIV.' (Hadi, Male, 31 years, Communications, Interview)

'I was with a few of my friends. I just have a simple chat, for example 'oh this is a condom today' like this. You know, it's free [to take from the artwork] . . . It's not challenging . . . It's just holding condoms. There's

Table 3. Thematic responses from visitor survey responses

Source: Audience Survey. F, female; M, male

Thematic areas	Examples of visitor responses	Exhibition, gender, age (years)
Education and information	<i>'Educating is not necessarily formal, but also informal.'</i> <i>'I think when such things are introduced through art, it will be easier for people to see. If it is formal it is not easy.'</i> <i>'Engaging [in] a more fun and exciting way.'</i>	Sexuality is not Taboo, F, 32 Sexual Violence, F, not reported Stigma and Discrimination, F, not reported Sexuality is not Taboo, M, 18 Environment, F, 16 Gender at the Margins, F, 21 Sexual Violence, F, not reported Sexuality is not Taboo, F, 20
Participatory and interactive	<i>'People are more interested in visual information.'</i> <i>'Because it is directly related or can get it directly from a trusted source.'</i> <i>'Adds [to] science and knowledge.'</i> <i>'Attractive presentation [that] makes us want to participate.'</i> <i>'People who come to the gallery to enjoy the exhibition can find out more and ask more questions.'</i> <i>'From there we get more information and it can attract interest to know more about yourself and sexual and reproductive health.'</i>	Sexuality is not Taboo, F, 23 Sexuality is not Taboo, F, 23 Gender at the Margins, F, 27 Sexuality is not Taboo, F, 22 Environment, F, 46
Creates space for discussion	<i>'People will get used to it and judgment will decrease.'</i> <i>'People can talk more about this topic.'</i> <i>'Normalising taboo topics.'</i> <i>'A place to brainstorm with friends as well as the sexual and reproductive health service.'</i>	Sexuality is not Taboo, F, 23 Gender at the Margins, F, 27 Sexuality is not Taboo, F, 22 Environment, F, 46
Co-location creates curiosity in clinic	<i>'Sense of curiosity that the visitors want to get after looking at the gallery.'</i> <i>'Opens access to health clinic services because it introduces it to the community.'</i> <i>'Complement each other, perfect facilities.'</i> <i>'If you just [have a] stand-alone clinic, people will be reluctant to come. Having a gallery makes people more interested.'</i>	Stigma and Discrimination, F, not reported Environment, F, 21 Environment, F, 19 Sexual Violence, F, not reported
Challenging cultural norms and developing shared understanding	<i>'The gallery is useful for shared understanding. This gallery could explain about stigma and discrimination at this time.'</i> <i>'Health [which] is also about culture, expression, feeling.'</i> <i>'Therapy that happens to me. A bit of opening up to what others are feeling.'</i> <i>'Capable of bringing sympathy and empathy.'</i> <i>'It builds awareness and understanding of society and can change the mindset of society.'</i>	Stigma and Discrimination, F, not reported Sexuality is not Taboo, F, 29 Environment, F, 19 Environment, F, 21 Gender at the Margins, F, 17
Reduce shame, embarrassment and stigma	<i>'Reducing the stigma of a boring and scary clinic.'</i> <i>'For some, this co-location of course, sometimes we are ashamed to ask. Well, with this clinic it helps.'</i> <i>'The information [from the gallery] has become more interesting. People sometimes [especially in Indonesia] as far as I know, rarely pay attention to sexual health [or] come to the clinic because of taboo.'</i> <i>'Because those who were previously discriminated may feel uncomfortable.'</i> <i>'The clinic will motivate and socialise the community so as not to stigmatise and discriminate, the community must be motivated to live properly in the surrounding community without undifferentiated treatment.'</i> <i>'With the gallery, the public is educated in advance about sex education. Then they will realise and talk about it is no longer taboo and maybe will consult a clinic.'</i>	Stigma and Discrimination, F, not reported Stigma and Discrimination, F, not reported Sexual Violence, F, not reported Environment, M, not reported Environment, F, 50 Sexuality is not Taboo, M, 20

nothing wrong . . . Condom democracy is really a sin, yes, just holding a condom is said to be a sin . . . At least [from the artwork] they are just told what it's called, what's it called to protect yourself like that. So, their reaction is quite positive with these works.' (Lia, Female, 23 years, University Student, Interview)

The gallery was also reported to create shared understandings and challenge prohibitive cultural norms that can lead to a reduction in stigma and discrimination:

'The reaction is what they don't know. So, they can increase their knowledge about HIV, sexual violence, about LGBT. It turned out, well, it turns out I asked [the young people], they were more empathetic.' (Hadi, Male, 31 years, Communications, Interview)

The colocation was reported to reduce self-stigma, shame, and reluctance to attend sexual health clinics in Indonesia and, for at least one participant, a visit to the clinic provided an opportunity to have misinformation corrected and to



Fig. 3. Stigma and discrimination.



Fig. 4. HIV graffiti wall with interactive condom distribution cup.



Fig. 5. HIV hunter stencil.

transform their own prejudicial behaviour that discriminated against people with HIV:

'[I went to the clinic. It was a] good experience . . . I used to think that it was a deadly disease, but it turned out that it wasn't just a virus, that's what I know, giving me an understanding, that people don't really need to be further away [physically distanced], they are just like us.' (Siti, Female, 21 years, University Student, Interview)

Discussion

As evidenced in the evaluation of our gallery pilot project, arts-based programming is an effective and novel way to generate interest in the wider community about matters of sexual health, including HIV. The arts are an engaging tool for health communication, one where health messages are communicated through visual mediums that create interest and awareness, fostering critical engagement, thinking, feeling, and acting: not just being told. Importantly, curiosity in new and unique pathways to increase access to and uptake of HIV testing, treatment and care is essential to achieve the UNAIDS targets of 95–95–95 and progress towards our common goal of ending AIDS.⁵⁸

In total, 1266 people (1811 visitors and 85 artists) attended the gallery over a 14-month period. One in two people (47%) had no previous engagement with the sexual health NGO and most were aged ≤ 24 years. That almost half of the attendees had no previous engagement with the NGO and were young people highlights just how engaging the gallery was to key populations who may not be engaged in health care and/or experience significant barriers to engaging;¹¹ an issue of particular relevance in Indonesia where young people may not be married and therefore not perceived as entitled to access such information or services. The research data could not discern differences in affect between the different art genres, or difference in responses by people who attended different thematic exhibitions; responses across exhibitions were similar and positive. However, what can be taken from the results is that the arts provide a promising approach for sexual health communication and service engagement in this local setting in Indonesia, and possibly elsewhere in Asia and the Pacific where the tradition of art is long and the needs of young people are immense.

Most arts-based research focuses on the experiences of living with an illness or people's awareness and knowledge of a specific health issue.²² In contrast, this project encompassed a range of sexual health issues and concerns. The art concepts highlighted specific features of the artists and their community's embodied experience and which were pertinent to the community from which the art was generated and which may otherwise be overlooked or ignored in traditional health communication designed by 'experts'.⁷² The project prioritised culture as a key component in health promotion;¹ a prioritisation that located ownership of the gallery in the community and acknowledges the important role that community have in outreach and mobilisation of community members who are at risk of HIV,⁷³ particularly in environments where formal resources are limited or absent.

Artists and community critically engaged in and reflected on the art and the messages the exhibitions conveyed. The acceptance of, and connection to, the exhibitions and the various art forms presented was critical to creating an enabling environment to deliver specific health communication, including HIV-related messages, to those not reached by traditional health promotion models. The skills and talents of the artists to speak to their audience and communities about sexual health matters in culturally nuanced ways^{13,14} and through a delivery using humour,⁷⁴ metaphor, symbolism, and imagination⁷⁵ is key to enabling this engagement. This delivery was reported to facilitate awareness, connection, and space for the normalisation of discussion about topics that are culturally taboo and silenced. Described as participatory, interactive and promoting knowledge production,^{21,22} the gallery was reported to instigate the beginning of a sexual health awareness journey for some, whereas for others, it offered a time to solidify and continue a journey that was already unfolding; both are equally important.

The co-location of the gallery and mobile clinic was innovative and offered something entirely different to other arts-based programs where art is typically brought to clinical settings, including hospitals, specialist rooms and doctors

surgeries.^{4,76–78} In the gallery project, the opposite occurred where the clinic was brought to the art. Co-locating a mobile clinic alongside the gallery supported ease of access to and created unique pathways for increased HIV testing, treatment, and care. People accessed the clinic because the gallery had provided information and curiosity about the service; the clinic was 'close' and 'interconnected' to the gallery; and was not 'scary', or 'boring'. People were tested for HIV and supported through the testing and care process in a place that they were willing to access, and with engagement and supports that are critical to responding to Indonesia's HIV epidemic.

The gallery and clinic co-location was able to address issues of self-stigma, shame and reluctance to attend sexual health clinics in Yogyakarta, as well as challenge long-held misconceptions about HIV transmission; actions that can directly contribute to reductions in socially excluding practices against PLHIV in their communities.^{4,27} And more importantly, this co-location was effective in creating shared understandings and generating empathy; outcomes that can challenge prohibitive cultural practices and beliefs²² and mobilise responses that ameliorate the perpetuation of stigma and discrimination. The arts were also able to convey anti-stigma and discrimination messages that people engaged with, messages that were reported to directly influence people's willingness to engage with and access sexual health services.

A detailed and comprehensive visual analysis of the art curated is beyond the scope of this paper; however, evidence of the positioning of the clinic alongside the gallery and within the grounds of a sexual health NGO, and health-affecting art was evident. Broad themes emerging from the art included: safety and sex practice communicated through humour; bodies communicated through fine art; gender relations and freedom and inclusion communicated through symbolism and metaphor; and violence communicated through respect and ridicule. Themes that were produced from the initial encounter in a sexual health space (the NGO) when developing the exhibition concept and the positioning of health and the clinic in a co-located space.

Although there were overwhelming positive effects from the gallery project, important challenges need to be acknowledged, including the inability to correct any misinformation or misinterpretation of art, an issue not unique to art, but common across health promotion approaches. The possibility of creating moral panic and receiving threats and violence from conservative community members was real,^{79–81} affecting wider marketing of the gallery and exhibitions. Ethical dilemmas of artists wanting to take photos of people with HIV to be objects of art were also experienced, although overcome through discussions about privacy and disclosure in meetings with the project team. Permit delays resulted in the limited operating hours and the tests and treatment services that could be performed at the mobile clinic and the age demographic on the audience survey, which was removed for the first two exhibitions, limiting survey analysis by age in the results.

The project also highlights an important question – who is the audience in arts-based projects? Typically, the audience include healthcare practitioners as experts, patients or people

with lived experience as the artist and (sometimes) the general public as the audience.²² In this project, these roles were different, with artists participating as artist, audience and expert; a role not initially acknowledged or targeted in this project's design. Significant learning and discussion occurred with artists during the process of concept development, curation, and production, as well as in the interaction with artist and audience during the exhibition and public discussion. Although artists participated in study interviews, these interviews did not explore the process of interpreting, creating and producing art works in any depth or their role as expert in the communication process and audience member during exhibitions, which is important to understand how health impacts art in greater detail.

So why did this co-located art and health project work? Consultation with local community surrounding the gallery/clinic before project implementation and targeted and limited promotion of exhibitions reduced negative attention from the wider community from the outset. As a region characterised by culture, a history of activism and many young people, Yogyakarta was an ideal place to pilot this co-location project. But, importantly, the project worked by creating a different kind of space, a democratised, collaborative space in which artist engaged with sexual health workers to develop art (health impacts art) as an alternative form of sexual health expression and communication using humour, metaphor and emotion. The space was interesting and new, but also a safe space to attend, consume, contemplate, and discuss sexual health with facilitated pathway access to a mobile clinic (art impacts health). As a tool for public health communication, art was transformative for the artists, the audience, and the NGO.

Art can make lasting impressions⁷⁵ and locally developed and delivered arts-based programs can be effective and implemented in low-resource settings. Moreover, art-based health programs are people-centred approaches that engage people in their communities as agents for change.³⁰ The similarity in artist and audience profiles also provides a strategic mechanism for exhibition development and curation through its ability to target specific key population groups through artist engagement. This gallery project could be easily replicated in other diverse settings, or indeed scaled up.

The gallery pilot project has highlighted how the arts can be a powerful mechanism to mobilise civil society for awareness and engagement with HIV information and service access for testings, treatment and care, while simultaneously building an enabling environment to reduce stigma and discrimination, essential features needed for Indonesia to meet its 95–95–95 targets and to end AIDS in Indonesia and the wider Asia–Pacific region while improving the lives of those most vulnerable to infection and caring for those already living with HIV.

Conflicts of interest

JN was research specialist with the Australian Aid Australian Volunteers Program where the gallery was located, and DL and MNP were employed at the NGO full-time. AK-H is a

guest editor of *Sexual Health* but was blinded from the peer-review process for this paper.

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