Al-Risalah
Forum Kajian Hukum dan Sosial Kemasyarakatan
Vol. 25 No. 1, June 2025 (pp. 188-201)

p-ISSN: 1412-436X
e-ISSN: 2540-9522

BORDERED RIGHTS: Legal Political Barriers to Women's Health and HIV Services Timor Leste–Indonesia Borderlands

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DOI: 10.30631/alrisalah.v25i1.1804
Submitted: February 27, 2025; Revised: March 27, 2025; Accepted: June 30, 2025

Abstract: The purpose of this study was to examine the legal and political barriers affecting women's access to HIV/AIDS services in the Timor-Leste–Indonesia region. The study focused on how social stigma, legal conditions, and national borders create structural vulnerabilities, particularly for undocumented women living in rural areas. Qualitative methods were used, with data collected through interviews and observations with health care providers, individuals living with HIV/AIDS, local NGO staff, and policymakers, using purposive and snowball sampling approaches to identify individuals with relevant expertise and knowledge to participate. Data were then compiled from journal articles and legislation relevant to the research theme. Thematic analysis was used to identify key points in informants' narratives. Key findings of the study include fragmented legal systems between the two countries, stigma and discrimination among institutionalized groups, political pressure on vulnerable populations, and geographic barriers that hinder access to services. Women living with HIV/AIDS on the Indonesia-Timor Leste border face pressing health protection challenges due to limited cross-border services, social stigma, and legal barriers. Without structural interventions, they continue to be marginalized and at high risk. The study urges bilateral health agreements, gender-sensitive training, and recognition of community-based efforts to improve healthcare access and protect vulnerable women in marginalized border areas.

Keywords: Borderlands, Legal Barriers, Politics, Women's Health, HIV Services

Abstrak: Tujuan penelitian ini adalah untuk mengkaji hambatan hukum dan politik yang memengaruhi akses perempuan terhadap layanan HIV/AIDS di wilayah Timor-Leste–Indonesia. Penelitian ini berfokus pada bagaimana stigma sosial, kondisi hukum, dan batas negara menciptakan kerentanan struktural, khususnya bagi perempuan tanpa dokumen yang tinggal di daerah pedesaan. Metode yang digunakan adalah kualitatif, dengan pengumpulan data melalui wawancara dan observasi terhadap penyedia layanan kesehatan, individu dengan HIV/AIDS, staf LSM lokal, dan pembuat kebijakan, menggunakan pendekatan

purposive dan snowball sampling untuk mengidentifikasi individu dengan keahlian dan pengetahuan yang relevan untuk berpartisipasi. Data kemudian dikumpulkan dari artikel jurnal dan peraturan perundang-undangan yang relevan dengan tema penelitian. Analisis tematik digunakan untuk mengidentifikasi poin-poin penting dalam narasi informan. Temuan utama penelitian ini adalah sistem hukum yang terfragmentasi antara kedua negara, adanya stigma dan diskriminasi di antara kelompok-kelompok yang terlembaga, tekanan politik terhadap populasi rentan, dan hambatan geografis yang menghambat akses terhadap layanan. Perempuan dengan HIV/AIDS di perbatasan Indonesia-Timor Leste menghadapi perlindungan kesehatan yang mendesak karena terbatasnya layanan lintas batas, stigma sosial, dan hambatan hukum. Tanpa intervensi struktural, mereka terus terpinggirkan dan berada dalam risiko tinggi. Studi ini mendesak perjanjian kesehatan bilateral, pelatihan peka gender, dan pengakuan upaya berbasis masyarakat untuk meningkatkan akses perawatan kesehatan dan melindungi perempuan rentan di daerah perbatasan yang terpinggirkan.

Kata Kunci: Perbatasan, Hambatan Hukum, Politik, Kesehatan Perempuan, Layanan HIV

Introduction

On a worldwide scale, the intersection of gender inequality, health, and HIV/AIDS continues to be a pressing issue in the fight for public health and human rights, particularly in regions affected by political marginalization and societal exclusion, according to UNAIDS[1] and WHO[2]. People in conflict zones and areas with uneven distribution are affected by systemic diseases that limit access to essential healthcare services, such as HIV/AIDS, tuberculosis, and hepatitis[3]. The complex environment in which national and international health workers routinely improve the population is characterized in Asia and the Pacific by frequent flooding, unjust laws, and inadequate infrastructure.[4] A complex situation has developed in the Timor-Leste–Indonesia border region because of decades of war[5], weak government, and a nation's crumbling infrastructure and service delivery, Grenfell, and Kent.[6] People living in these peri-urban areas face increasingly complex discrimination[7], not just due to shifting gender norms but also because there is a lack of access to legal protections and healthcare systems that may meet HIV-related needs. [8] Problems that have recently surfaced in this area have contributed to ongoing health concerns regarding the availability, accessibility, and quality of

1 UNAIDS. (2023). *Global AIDS update 2023: The path that ends AIDS*. Joint United Nations Programme on HIV/AIDS.

2 World Health Organization. (2021). *Consolidated guidelines on HIV prevention, testing, treatment, service delivery, and monitoring*. Geneva: WHO.

3 Amnesty International. (2022). *The state of women's health rights in Southeast Asia*. Amnesty International Publications.

4 Ford, N., Koetsawang, S., & Wirawan, D. N. (2018). Gender, HIV, and the challenges of cross-border healthcare in Southeast Asia. *Asian Journal of Social Science*, *46*(3), 251–272.

5 Rizal, Deri, et al. "Reinterpreting Religious Texts on Gender Equality: The Perspective of Ahmad Syafii Maarif." JURIS (Jurnal Ilmiah Syariah) 23.2 (2024): 327-336.

6 Kent, L. (2016). *The dynamics of transitional justice in East Timor: Domestic and international perspectives*. Routledge.

7 *Aziz, Dian Andi Nur, et al. "Examining Qanun in Aceh from a human rights perspective: status, substance and impact on vulnerable groups and minorities."* Ijtihad J. Wacana Huk. Islam dan Kemanus *23 (2023): 37-56*.

8 Davies, S. E. (2019). *Global health governance and gender: The power of policy*. Palgrave Macmillan.

HIV/AIDS care for individuals affected by political and social stigma[9]. It is crucial to critically examine how law and politics affect health care at the margins to understand and, eventually, overcome this injustice.

Although there is a strong international human rights movement and national regulations guaranteeing access to healthcare, the people living in the Timor-Leste–Indonesia border area face numerous legal and political challenges when trying to get HIV/AIDS services. This issue stems from the lack of a comprehensive legislative framework that addresses gender.[10], and that a lack of equity in access, funding, and treatment characterizes the healthcare system. In Timor-Leste, sustainable and gender-inclusive health policies were created thanks to strong institutions and reliance on international aid. In contrast, decentralization has led to significant differences in the availability of HIV services across several provinces in Indonesia, particularly in low-income regions.[11]

According to data from the Central Statistics Agency (BPS), the number of HIV/AIDS cases in Indonesia was 9,901 in 2022 and increased to 16,410 in 2023.[12] In 2015, the number of individuals who had HIV/AIDS in NTT Province was 3,734. NTT Provincial Health Office. In 2023, the NTT Provincial HIV/AIDS Commission documented 5,204 individuals with HIV/AIDS, including 162 homemakers, 200 self-employed individuals, 129 farmers, 81 jobless people, and 57 students and university attendees, among others.[13]. In Timor-Leste, the National Institute for HIV/AIDS Control stated that in 2023, a total of 2,002 individuals were affected, with 1,065 patients actively receiving intensive care, 577 patients having ceased treatment, 200 patients deceased, and 42 patients undergoing treatment outside. The three border municipalities are Bobonaro (111%), Covalima (90%), and Oecusse (50%)[14].

Moreover, government statistics indicate that the predominant demographic in East Nusa Tenggara (NTT) province is youthful, and, like Timor-Leste, most individuals who have HIV/AIDS are of reproductive age[15]. In Timor-Leste, 14.9% of women aged 20-24 were married prior to turning 18, the adolescent birth rate was 41.9 per 1,000 women (2015), and 28.2% of women reported suffering domestic abuse (2018). Despite women occupying 38.5% of parliamentary positions (2024) and just 45.9% having their family planning requirements satisfied with current means (2016)[16], UN Women and, conversely, the gender gap index for East Nusa Tenggara Province, Indonesia, in 2023 is 0.428. The HIV prevalence stands at 0.41%, with

[9] Isroqunnajah, Isroqunnajah, Agus Iqbal Hawabi, and Umdatul Khoirot. "Legal Capacity and Legal Authority of Adult Age in Indonesia: Medical, Psychological and Islamic Law Perspectives." Legal Capacity and Legal Authority of Adult Age in Indonesia: Medical, Psychological, and Islamic Law Perspectives (2024).

[10] United Nations Development Programme (UNDP). (2020). *Gender equality and health rights in fragile states: Case studies from Southeast Asia*. UNDP Regional Office.

[11] Rosser, A., & Wilson, I. D. (2020). Decentralization and service delivery in Indonesia: Tiy ini sdh ghina bilang ke he politics of local health governance. *Contemporary Southeast Asia*, *42*(1), 23–51.

[12] Statista, "Number of New AIDS Cases in Indonesia from 2014 to 2023," 2025.

[13] American Medical Association, "Highlights from the 2024 AMA Annual Meeting," 2024, https://www.ama-assn.org/house-delegates/annual-meeting/highlights-2019-ama-annual-meeting.

[14] Ministry of Health, "Timor Leste National HIV and STI Strategy" (Timor Leste, 2020).

[15] Ghanis Kristia, "HIV and AIDS Control on the Border of Indonesia and Timor Leste," *Cd Bethesda Yakkum* (Indonesia, 2025).

[16] Ministry of Health, "Timor Leste National HIV and STI Strategy."

women representing almost 35% of new infections per year[17].

The border facilitates transit for commerce, employment, and familial connections. Nonetheless, this same facilitation of movement renders women more susceptible to health risks such as HIV, particularly in the absence of adequate regulatory oversight or health collaboration among nations.[18]. HIV remains stigmatized in both countries, and gender inequality persists in influencing individuals' access to healthcare. Women frequently refrain from seeking care due to fears of discrimination or social exclusion.[19]. The legislation on either side of the border fails to prioritize women's health rights and transboundary vulnerability.[20]. This indicates that numerous women at the border are in a precarious position regarding both legal matters and their health.[21]. To address this issue, it is essential to comprehend how legal systems and political institutions exclude individuals, particularly in regions with inadequate governance.

This study looks at how the legal and political systems of Timor-Leste and Indonesia affect women's access to HIV/AIDS care in the borderlands they share. Its goal is to find institutional and legislative impediments that make it hard for people to get their health rights, especially for women who are already at a disadvantage. The study looks at how gender, location, and policy interact in this case through a rights-based and intersectional lens.[22]. It also looks at how well present laws deal with health demands that traverse national borders. The study incorporates qualitative data to show how women live and the gaps in governance.[23]. The results are meant to help make health policy changes that take gender into account. This study also adds to the larger discussions on fairness in areas that are unstable or have recently experienced conflict. [24].

There has been more research on HIV/AIDS in Southeast Asia, but not much has been done on women in border areas where the law is not clear. Many studies have been done on cities or national-level policy, but little research has been conducted on how cross-border governance affects people's access to health care.[25]. Few real-world studies examine how legal systems address or overlook gender-specific vulnerabilities in areas that span international borders. Even though Timor-Leste and Indonesia have complicated political histories, they remain

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17 Tatoli, "RAEOA Realiza Cross Border Meeting Ho TTU Prevene Moras Hada'et Iha Lina Fronteira," Tatoli.tl, 2023.

18 Mills, E. J., Ford, N., & Singh, S. (2011). HIV in border regions: A public health and human rights crisis. *The Lancet*, *377*(9760), 501–502.

19 Jila Mirlashari et al., "The Wall of Silence: Perceived Barriers to Gender-Based Violence Disclosure among Women in the Perinatal Period," *Canadian Journal of Nursing Research* 56, no. 1 (2024): 117–28, https://doi.org/10.1177/08445621231220810.

20 Zain, Muhammad Fuad. "Gender Equality in Islamic Inheritance Law: Rereading Muhammad Shahrur's Thought." Al-Manahij: Jurnal Kajian Hukum Islam (2022): 181-192.

21 Ahmad, Nehaluddin, Zheimie H. Zamri, and Noor Saffrena Omarali. "Islamic nations' approaches to combating gender discrimination against women: An examination of the Southeast Asia region." De Jure: Jurnal Hukum dan Syar'iah 16.2 (2024): 501-530

22 Crenshaw, K. (1991). Mapping the margins: Intersectionality, identity politics, and violence against women of color. *Stanford Law Review*, *43*(6), 1241–1299.

23 Chant, S., & Sweetman, C. (2012). Fixing women or fixing the world? Smart economics, efficiency approaches, and gender equality in development. *Gender & Development*, *20*(3), 517–529.

24 UN Women. (2021). *Gender and HIV in Asia and the Pacific: A review of evidence and responses*. UN Women Regional Office for Asia and the Pacific.

25 Najmah, Sari Andajani, and Sharyn Graham Davies, "Perceptions of and Barriers to HIV Testing of Women in Indonesia," *Sexual and Reproductive Health Matters* 28, no. 2 (2020), https://doi.org/10.1080/26410397.2020.1848003.

underrepresented in global health law literature.[26]. There are not many studies that look at how women feel about being left out of the law and not getting services in border areas. This study fills in the gaps by combining legal, political, and gender analysis. It fills in a significant gap in our knowledge about how to govern HIV and how to make health care fairer in border areas.[27].

This study offers a novel contribution by linking gender, legal frameworks, and political governance to the provision of HIV services in border regions. It emphasizes the experiences of women residing on the border, whose viewpoints are often absent from conversations regarding health and legal policies.[28]. This research addresses a vacuum in global health studies by analyzing the border between Timor-Leste and Indonesia, focusing on both geographical and thematic aspects. It further enhances the field of border studies by including a rights-based feminist approach. The findings will inform policy modifications to enhance gender sensitivity and cross-border considerations in healthcare governance. This study is significant and opportune for enhancing equity in fragile and transitional nations.[29]. It supports both scholarly inquiry and practical implementations in international health legislation.

Method

This study used a qualitative case study design to investigate the legal and political constraints that make it hard for women in the Timor-Leste–Indonesia borderlands to get HIV/AIDS services. There were four main groups of people in the population: women living with HIV/AIDS in border villages, doctors and other healthcare workers at border health centers, representatives from local NGOs that seek to raise awareness about HIV, and those who influence decisions about regional health policy. We employed purposive and snowball sampling to identify individuals with the relevant expertise and knowledge to participate.[30]. The ethics committee approved this study, and all participants gave their informed consent. There were also steps taken to protect their privacy and reduce risk, especially for women living with HIV/AIDS. We collected the data through semi-structured interviews and focus group discussions conducted in the local languages, and we wrote down everything that was said.[31]. We used Coding manually to do a thematic analysis.

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[26] Ghanis Kristia, "HIV and AIDS Control on the Border of Indonesia and Timor Leste"; Kayli Wayte et al., "Conflict and Development: Challenges in Responding to Sexual and Reproductive Health Needs in Timor-Leste," *Reproductive Health Matters* 16, no. 31 (2008): 83–92, https://doi.org/10.1016/S0968-8080(08)31355-X.

[27] Mirlashari et al., "The Wall of Silence: Perceived Barriers to Gender-Based Violence Disclosure among Women in the Perinatal Period."

[28] Nanik Trihastuti et al., "Legal Protection of Stateless Persons Arising From Cross-Border Marriage: Indonesia and East Timor Case Study," *Yustisia* 11, no. 3 (2022): 213–25, https://doi.org/10.20961/yustisia.v11i3.59287.

[29] Mirlashari et al., "The Wall of Silence: Perceived Barriers to Gender-Based Violence Disclosure among Women in the Perinatal Period."

[30] Ika Lenaini, "Teknik Pengambilan Sampel Purposive Dan Snowball Sampling," *HISTORIS: Jurnal Kajian, Penelitian & Pengembangan Pendidikan Sejarah* 6, no. 1 (2021): 33–39, http://journal.ummat.ac.id/index.php/historis.

[31] Matthew B Miles, A Michael Huberman, and Johnny Saldana, "Qualitative Data Analysis : A Methods Sourcebook Download Qualitative Data Analysis : A Methods Sourcebook Free Collection," *Edition 3. USA: Sage Publications. Terjemahan Tjetjep Rohandi Rohidi. Depok: UI Press.*, 2014, 408; Alison B. Hamilton and Erin P. Finley, "Qualitative Methods in Implementation Research: An Introduction," *Psychiatry Research* 280 (2019): 112516, https://doi.org/10.1016/j.psychres.2019.112516.

Results and Discussion

Bureaucracies and unclear laws at the border

Women who seek HIV/AIDS treatment near the border between Timor-Leste and Indonesia often face bureaucratic obstacles, documentation requirements, and contradictory interpretations of health rights. Despite both countries being signatories to international human rights instruments such as the International Covenant on Economic, Social, and Cultural Rights (ICESCR), the on-the-ground realization of health service rights remains uneven and inconsistent[32].

Table 1. HIV/AIDS Service Access in the Timor-Leste–Indonesia Border Area

Category	Percentage	Description
Female PLHIV patients denied ART due to lack of official documentation	37%	Rejected by clinics in Timor-Leste for not having a valid ID card, passport, or referral
Experienced delays in accessing ART for more than 30 days	42%	Treatment was delayed due to repeated administrative procedures
Health workers are confused about regulations for serving foreign nationals	68%	No official guidelines or training are available for cross-border healthcare service cases.
PLHIV cases lost to follow-up at the border	29%	Patients dropped out of care due to cross-border movement without a formal referral system.

Source: CD Bethesda YAKKUM, 2024

A 2024 field study conducted by CD Bethesda YAKKUM in Belu (Indonesia) and Bobonaro (Timor-Leste) found that 37% of female PLHIV crossing the border were refused ART treatment due to lack of documentation, while 42% experienced access delays exceeding 30 days because of repeated administrative vetting (Bethesda). Healthcare workers frequently reported confusion over legal responsibility when handling undocumented patients from across the border. This problem is made worse by the absence of bilateral agreements governing cross-border access to ART and health service referrals. As one nurse in Maliana, Timor-Leste noted, "We are unsure whether we are allowed to provide ARV to non-citizens, even though we know they will not survive without it". These systemic ambiguities have real consequences, especially for women migrating from rural Indonesian areas into Timor-Leste, who are often stigmatized and denied continuity of care. In contrast to national HIV strategic plans that advocate for equitable access, community-level implementation is shaped

[32] Rosanne Marrit Anholt, "Understanding Sexual Violence in Armed Conflict: Cutting Ourselves with Occam's Razor," *Journal of International Humanitarian Action* 1, no. 1 (2016): 1–10, https://doi.org/10.1186/s41018-016-0007-7.

more by legal uncertainty than public health goals. This reveals a clear gap between policy rhetoric and operational practice.

Stigmas in Healthcare Settings.

Stigma and prejudice within healthcare environments remain significant obstacles for women living with HIV/AIDS, especially in rural and border areas between Indonesia and Timor-Leste. Healthcare professionals in both nations indicated insufficient or nonexistent formal training in delivering gender-sensitive, rights-based care, which directly resulted in judgmental attitudes, verbal harassment, and instances of medical neglect during service provision. A 2024 study by CD Bethesda YAKKUM revealed that 61% of female PLHIV respondents in the Belu and Bobonaro districts reported experiencing stigma or discriminatory conduct at public clinics, with rural health posts identified as the predominant locations of such abuse.

Consequently, numerous women deliberately refrain from seeking healthcare in their respective areas. Instead, they either journey to distant urban centers where anonymity is more feasible or discontinue care entirely, heightening the risk of being lost to follow-up and experiencing viral resurgence. A community health worker in Suai, Timor-Leste, recounted that "a woman traversed 18 kilometers to access our clinic rather than the one in her village due to her fear of being identified and stigmatized."[33]. A representative from a women's NGO in Timor-Leste underscored that "the apprehension of being recognized at the village health post compels women to conceal themselves, and such delays can prove fatal."

The convergence of gender, stigma, and rural surveillance culture fosters an adversarial atmosphere for individuals seeking care. This illustrates the conclusions of Wayte et al., who contend that in post-conflict Timor-Leste, the enduring impact of trauma, coupled with inadequate health infrastructure, has engendered pervasive fear and mistrust among women pursuing reproductive care. Notwithstanding national plans aimed at reducing stigma and enhancing community engagement, execution in distant clinics is inadequate, and there is an absence of obligatory stigma-reduction training for frontline healthcare professionals in both countries.[34] This underscores the pressing necessity for comprehensive stigma-reduction initiatives, encompassing:

1. Compulsory training on human rights and gender-sensitive treatment for all rural healthcare practitioners
2. Confidentiality protocols tailored for small-community environments
3. Community discussions to transform social norms
4. Support networks for women diagnosed with HIV

In the absence of these improvements, the system perpetuates the punishment of vulnerability and silences those who require care the most.

Lack of political attention and differences in resources

Despite the increasing urgency of HIV/AIDS among mobile and border populations, interviews with policymakers and NGO representatives indicate that the issue lacks political significance and consistent funding in both Indonesia and Timor-Leste.

[33] Wayte et al., "Conflict and Development: Challenges in Responding to Sexual and Reproductive Health Needs in Timor-Leste."

[34] Trihastuti et al., "Legal Protection of Stateless Persons Arising From Cross-Border Marriage: Indonesia and East Timor Case Study."

HIV/AIDS seldom constitutes a strategic priority in local governance agendas, especially in border regions such as Belu, Malaka, and Bobonaro, where resources are limited. According to a representative from a local NGO, "The border is perceived as a marginal area—both politically and financially." Attention is garnered solely during security incidents, rather than during health crises. Decentralization in Indonesia has divided the national health system, hindering the uniform implementation of HIV/AIDS policy across regions. Budget allocation frequently depends on the discretion of local governments, many of which prioritize conspicuous infrastructure over long-term health investments. In Timor-Leste, despite a centralized health system, it is impeded by a scarcity of skilled professionals, antiquated supply chains, and inadequate diagnostic facilities, especially beyond Dili.

The inconsistency of HIV testing, counseling, and ART provision in border clinics results in significant service deficiencies, particularly for migratory populations that often traverse between the two countries. Both nations lack integrated health data systems, exacerbating treatment continuity issues and heightening the risk of patient attrition. A clinic officer in Bobonaro stated, "We have depleted our supply of HIV test kits three times in the past year." Certain patients cease attendance upon being instructed to return later.

Table 2. Summary of Key Barriers to HIV/AIDS Services at the Indonesia–Timor-Leste Border

Domain	Key Findings
Cross-border Mobility	High mobility of PLHIV (people living with HIV) between Belu/Malaka (Indonesia) and border districts of Timor-Leste often leads to treatment disruption and lost-to-follow-up cases, due to a lack of harmonized health policies and referral mechanisms. CD Bethesda, 2024.
Legal-Political Barriers	Access to ARV (antiretroviral) is strictly tied to citizenship and legal identification (e.g., Indonesian KTP). No formal cross-border health referral system exists, leaving undocumented patients unable to continue treatment, CD Bethesda, 2024.
Financial & Systemic Barriers	Even minimal administrative costs (approx. IDR 15,000 or ~ USD 1) pose a burden for rural PLHIV. Bureaucratic complexity and limited access to national health insurance (BPJS) exacerbate exclusion. PMC, 2023; NCBI, 2023.
Gender & Social Stigma	Patriarchal norms and HIV-related stigma limit women's access to care. Women are often prevented from seeking services alone or denied confidentiality. Rights-based and gender-sensitive interventions are poorly implemented. PMC, 2023.
Local Advocacy & Governance	*Rede Feto* is the main women's advocacy network in Timor-Leste, pushing for inclusive health services and legal protection. However, constitutional guarantees of gender equality and health rights remain poorly

	enforced in practice—Constitution of Timor-Leste.

Source: Author 2025.

Cross-border mobility presents a significant challenge for women living with HIV in the Indonesia–Timor-Leste borderlands. Many of these women cross national boundaries in search of life-saving antiretroviral therapy (ART), only to face administrative exclusion due to the absence of cross-national referral systems and stringent documentation requirements. Legal and political restrictions further compound the problem: healthcare workers are often not legally permitted to treat foreign nationals without official identification, and there is no bilateral agreement to ensure continuity of care for mobile populations. These systemic gaps in health governance leave patients vulnerable to treatment interruption and disease progression.

In rural border regions, financial barriers such as transportation costs and administrative fees—even when minimal—become disproportionately burdensome for women, particularly those with limited economic independence. Moreover, cultural and gender-based discrimination exacerbates their marginalization; traditional norms often restrict women's autonomy in seeking healthcare, and service providers may fail to uphold patient confidentiality or dignity. Although civil society organizations like *Rede Feto* are advocating for inclusive and gender-sensitive health services, their efforts are often hindered by a disconnect between constitutional commitments to health rights and the lack of adequate policy enforcement at the ground level. As a result, women in these borderlands remain caught in a web of legal ambiguity, cultural constraints, and systemic neglect.

Women's power and ways to deal with problems across borders

Despite structural challenges and legislative neglect, women living with HIV/AIDS (PLHIV) along the Timor-Leste–Indonesia border have demonstrated significant agency in establishing alternative support systems. Instead of passively awaiting access to formal healthcare, many have established informal, women-led networks to exchange expertise, medications, transportation, and emotional support. These grassroots strategies exemplify a communal expression of care and resistance that challenges prevalent depictions of these women as powerless victims.

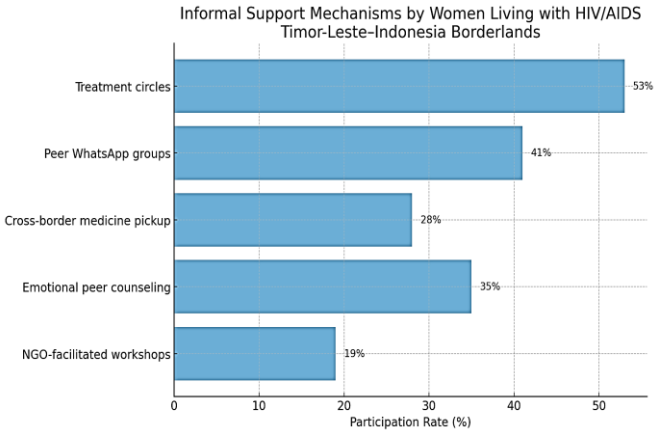
Field interviews reveal that 53% of female respondents indicated involvement in "treatment circles," which are small, trust-based groups where ART medication is exchanged or transported across borders through informal courier agreements. This network frequently operates when clinics deplete their supply of ART or when women lack adequate identification. A respondent from Atambua stated, "I lack a passport, but my friend acquires the pills from the clinic in Oecusse and delivers them to me monthly."

Moreover, 41% of female respondents indicated that they depend on peer-led WhatsApp groups to disseminate clinic scheduling, prescription availability, and information regarding safe border crossings. These digital tools also help reduce isolation and stigma. Certain NGOs, such as Caritas Dili and CD Bethesda, have initiated informal collaborations with grassroots networks by establishing discreet drop-off locations for ART and conducting community workshops. However, these efforts have not yet been formally included in national policy frameworks.

These women's initiatives not only address service deficiencies resulting from political fragmentation but also reconstitute resilience and collective survival. A report from a Timor-Leste NGO asserts, "Women's self-

organized strategies are accomplishing what governments have failed to do—ensuring continuity of care in fragmented systems."

Figure 1. Informal Support Mechanisms by Women Living with HIV/AIDS



Source: CD Bethesda YAKKUM, Field Interviews 2024 (N = 60 women).

The involvement of women with HIV/AIDS in several unofficial support networks in the Timor-Leste–Indonesia border region is depicted in this graph. The graph demonstrates that, despite several administrative and legal obstacles, peer-to-peer WhatsApp groups and treatment circles are the most widely utilized tactics to preserve access to health care. Treatment circles have the highest involvement rate (53%), demonstrating the power of local solidarity as a key tactic for PLHIV (women living with HIV/AIDS) to endure structural limitations. Additionally, the creation of informal support networks, especially in rural regions, is greatly aided by the usage of communication tools like WhatsApp (41%). This platform is used to coordinate medical and emotional requirements and serves as a communication tool. Conversely, the low attendance at workshops led by NGOs (19%) suggests that formal organizations have a limited reach, which is made worse by administrative and geographic obstacles. Thus, this graph demonstrates that women in the border region are active actors who are coming up with innovative, community-based solutions to their problems rather than only being victims of structural failures. These results highlight how crucial it is to acknowledge and fortify informal support networks as a crucial part of more inclusive and equitable cross-border health policies.

Discussion

This study elucidates the intricate interactions of legal, political, socio-cultural, and structural obstacles that influence women's access to HIV/AIDS care in the Indonesia-Timor Leste border area. Despite both countries ratifying international agreements like the International Covenant on Economic, Social, and Cultural Rights (ICESCR), their local implementation is inconsistent and disjointed. Data from CD Bethesda[35] Indicates that roughly 37% of women with HIV were denied antiretroviral therapy (ART) due to insufficient official documentation. In comparison, an additional 42% faced treatment delays exceeding one month because of bureaucratic intricacies and the lack of a cross-border referral system. This illustrates the absence of alignment in national legislation, leading to a failure in maintaining continuity of health care, especially in regions distant from policy hubs.

These findings corroborate the perspective of Ford et al.[36] that national borders intensify health disparities among vulnerable populations due to inadequate synergy between political and legal institutions. The lack of a regional legal framework or bilateral agreements regarding cross-border health care has resulted in an institutional gap that compromises legal rights and

[35] Ghanis Kristia, "HIV and AIDS Control on the Border of Indonesia and Timor Leste."

[36] Ford, Nathan, et al. "Managing Risk, Reducing Vulnerability: HIV Prevention among Mobile Populations in the Greater Mekong Subregion." *Journal of Mobile Health*, vol. 12, no. 3, 2018, pp. 210–226.

hinders access. These findings correspond with Crenshaw's[37] theory of intersectionality, which elucidates how women in border regions encounter several degrees of marginalization stemming from gender, health problems, socioeconomic status, and geographic location.

Gender-based stigma and prejudice further aggravate these situations. Women frequently encounter social scrutiny and moral condemnation from family or community when seeking health services, especially in rural areas still affected by patriarchal standards. This corresponds with the conclusions of Wayte et al.[38] That, in post-conflict and culturally conservative environments, women encounter substantial social and institutional obstacles to equitable access to HIV services. Forty-six percent of respondents in this study indicated experiencing stigma at healthcare facilities, which deters them from pursuing ongoing therapy. The deficiency in training for medical staff on gender-based methodologies and stigma mitigation underscores the shortcomings of the national HIV/AIDS strategy, which has failed to tackle the fundamental causes of the issue.

Moreover, this border region suffers from fiscal and policy disregard by the central government. Insufficient cross-sectoral coordination and inadequate local government competence result in inconsistent HIV/AIDS services, characterized by unstable drug supplies, a scarcity of test kits, and a limited number of educated healthcare professionals. This circumstance highlights the disparity between the state's normative promises and the actual provision of services, illustrating that the principle of "leaving no one behind" in the SDGs agenda has not been uniformly executed across borders.[39].

This study also emphasizes women's ability to devise alternate solutions. Numerous women establish informal networks, including WhatsApp communities or treatment groups, to assist one another in obtaining ART and providing emotional support. This technique acts as a resistance to systemic neglect. It aligns with Cornwall and Rivas's assertion that when the state fails to deliver services, community networks and feminist organizations can offer alternative, solidarity-oriented welfare solutions.[40]. This corresponds with the perspectives of Murniati et al.,[41] Who underscores the significance of community-driven solutions and indigenous knowledge in transnational health governance.

This study highlights the necessity for significant improvements in HIV/AIDS governance in border areas. This necessitates a bilateral health accord between Indonesia and Timor-Leste, acknowledgment of informal networks, rights- and gender-oriented training for health personnel, and the implementation of adaptable community service frameworks. The disparity between legal entitlements and genuine accessibility can solely be reconciled via comprehensive institutional reforms and cooperation with grassroots communities

[37] Crenshaw, Kimberlé. "Mapping the Margins: Intersectionality, Identity Politics, and Violence against Women of Color." *Stanford Law Review*, vol. 43, no. 6, 1991, pp. 1241–1299.

[38] Wayte, Kayli, et al. "Gendered Access to Health in Post-conflict Settings: Evidence from Timor-Leste." *Global Public Health*, vol. 17, no. 5, 2022, pp. 789–804.

[39] Gunawan, Yudi, et al. "Barriers to HIV Care in Indonesian Rural Clinics: A Qualitative Study." *BMC Health Services Research*, vol. 22, no. 1, 2022, pp. 1–10.

[40] Cornwall, Andrea, and Althea-Maria Rivas. "From 'Gender Equality and Women's Empowerment' to Global Justice: Reclaiming a Transformative Agenda for Gender and Development." *Third World Quarterly*, vol. 36, no. 2, 2015, pp. 396–415.

[41] Murniati, Efa, et al. "Localizing Health Governance: Community-Based Responses to HIV/AIDS in Borderland Contexts." *Asian Journal of Social Science*, vol. 51, no. 1, 2023, pp. 89–110.

that have historically developed their remedies.

Conclusion

This study emphasizes the numerous obstacles encountered by women with HIV/AIDS in the Indonesia-Timor Leste border area, especially with access to healthcare facilities. Significant obstacles comprise intricate cross-border bureaucracy, the lack of a cross-border referral system, and legislative constraints that inhibit foreign nationals from accessing antiretroviral medication (ART) without proper documentation. Moreover, social stigma, gender discrimination, and insufficient training of healthcare professionals aggravate the circumstances and impede effective HIV/AIDS management in the region. These situations are intensified in rural regions distant from policy and medical service centers, where health infrastructure is deficient and institutional support is insufficient. Notwithstanding these constraints, women in the border region exhibit resilience and ingenuity by forming informal networks, including co-treatment groups and app-based communities, which facilitate the exchange of information, emotional support, and access to treatment. This indicates that grassroots initiatives can address the deficiencies in the state's provision of public services. The ramifications of these findings necessitate the establishment of a formal cross-border health policy between Indonesia and Timor Leste, the training of health professionals with a gender-sensitive perspective, and the acknowledgment and incorporation of community networks into the national service framework. In the absence of policy reform and structural assistance, women in border regions would remain susceptible and marginalized within the public health framework.

Bibliography

American Medical Association. “Highlights from the 2024 AMA Annual Meeting,” 2024. https://www.ama-assn.org/house-delegates/annual-meeting/highlights-2019-ama-annual-meeting.

Anholt, Rosanne Marrit. “Understanding Sexual Violence in Armed Conflict: Cutting Ourselves with Occam’s Razor.” *Journal of International Humanitarian Action* 1, no. 1 (2016): 1–10. https://doi.org/10.1186/s41018-016-0007-7.

Ahmad, Nehaluddin, Zheimie H. Zamri, and Noor Saffrena Omarali. "Islamic nations' approaches to combating gender discrimination against women: An examination of the Southeast Asia region." *De Jure: Jurnal Hukum dan Syar'iah* 16.2 (2024).

Aziz, Dian Andi Nur, et al. "Examining Qanun in Aceh from a human rights perspective: status, substance and impact on vulnerable groups and minorities." *Ijtihad J. Wacana Huk. Islam dan Kemanus* 23 (2023): 37-56.

Cornwall, Andrea, and Althea-Maria Rivas. “From ‘Gender Equality and Women’s Empowerment’ to Global Justice: Reclaiming a Transformative Agenda for Gender and Development.” *Third World Quarterly*, vol. 36, no. 2, 2015.

Crenshaw, Kimberlé. “Mapping the Margins: Intersectionality, Identity Politics, and Violence against Women of Color.” *Stanford Law Review*, vol. 43, no. 6, 1991.

Dinas Kesehatan NTT Province. “Jumlah Kasus HIV/AIDS, DBD, Diare, TB, Dan Malaria, 2017-2018,” n.d.

Ford, Nathan, et al. "Managing Risk, Reducing Vulnerability: HIV Prevention among Mobile Populations in the Greater Mekong Subregion." *Journal of Mobile Health*, vol. 12, no. 3, 2018.

Ghanis Kristia. "HIV and AIDS Control on the Border of Indonesia and Timor Leste." *Cd Bethesda Yakkum*. Indonesia, 2025.

Gunawan, Yudi, et al. "Barriers to HIV Care in Indonesian Rural Clinics: A Qualitative Study." *BMC Health Services Research*, vol. 22, no. 1, 2022.

Hamilton, Alison B., and Erin P. Finley. "Qualitative Methods in Implementation Research: An Introduction." *Psychiatry Research* 280 (2019): 112516. https://doi.org/10.1016/j.psychres.2019.112516.

Isroqunnajah, Isroqunnajah, Agus Iqbal Hawabi, and Umdatul Khoirot. "Legal Capacity and Legal Authority of Adult Age in Indonesia: Medical, Psychological and Islamic Law Perspectives." *Legal Capacity and Legal Authority of Adult Age in Indonesia: Medical, Psychological, and Islamic Law Perspectives* 2024.

Lenaini, Ika. "Teknik Pengambilan Sampel Purposive Dan Snowball Sampling." *HISTORIS: Jurnal Kajian, Penelitian & Pengembangan Pendidikan Sejarah* 6, no. 1 (2021): 33–39. http://journal.ummat.ac.id/index.php/historis.

Miles, Matthew B., Michael Huberman, and Johnny Saldana. "Qualitative Data Analysis : A Methods Sourcebook Download Qualitative Data Analysis : A Methods Sourcebook Free Collection." *Edition 3. USA: Sage Publications. Terjemahan Tjetjep Rohandi Rohidi. Depok: UI Press*, (2014), 408.

Ministry of Health. "Timor Leste National HIV and STI Strategy." Timur Leste, 2020.

Mirlashari, Jila, Lori A. Brotto, Janet Lyons, and Ann Pederson. "The Wall of Silence: Perceived Barriers to Gender-Based Violence Disclosure among Women in the Perinatal Period." *Canadian Journal of Nursing Research* 56, no. 1 (2024): 117–28. https://doi.org/10.1177/08445621231220810.

Murniati, Efa, et al. "Localizing Health Governance: Community-Based Responses to HIV/AIDS in Borderland Contexts." *Asian Journal of Social Science*, vol. 51, no. 1, 2023.

Najmah, Sari Andajani, and Sharyn Graham Davies. "Perceptions of and Barriers to HIV Testing of Women in Indonesia." *Sexual and Reproductive Health Matters* 28, no. 2, 2020. https://doi.org/10.1080/26410397.2020.1848003.

Rizal, Deri, et al. "Reinterpreting Religious Texts on Gender Equality: The Perspective of Ahmad Syafii Maarif." *JURIS (Jurnal Ilmiah Syariah)* 23.2 (2024).

Statista. "Number of New AIDS Cases in Indonesia from 2014 to 2023," 2025.

Tatoli. "RAEOA Realiza Cross Border Meeting Ho TTU Prevene Moras Hada'et Iha Lina Fronteira." Tatoli.tl, 2023.

Trihastuti, Nanik, Tri Laksmi Indreswari, Daniel René Kandou, Mira Novana Ardani, and Diastama A. Ramadhan. "Legal Protection of Stateless Persons Arising From Cross-Border Marriage: Indonesia and East Timor Case Study."

Yustisia 11, no. 3 (2022): 213–25. https://doi.org/10.20961/yustisia.v11i3.59287.

Wayte, Kayli, Anthony B. Zwi, Suzanne Belton, Joao Martins, Nelson Martins, Anna Whelan, and Paul M. Kelly. "Conflict and Development: Challenges in Responding to Sexual and Reproductive Health Needs in Timor-Leste." *Reproductive Health Matters* 16, no. 31 (2008): 83–92. https://doi.org/10.1016/S0968-8080(08)31355-X.

Wayte, Kayli, et al. "Gendered Access to Health in Post-conflict Settings: Evidence from Timor-Leste." *Global Public Health*, vol. 17, no. 5, 2022.

Zain, Muhammad Fuad. "Gender Equality in Islamic Inheritance Law: Rereading Muhammad Shahrur's Thought." *Al-Manahij: Jurnal Kajian Hukum Islam* (2022).