



# SRIKANDI: "MAYBE IT'S AN INDO THING" TRANSNATIONAL HEALTH EXPERIENCES OF INDONESIAN WOMEN LIVING IN AUSTRALIA

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## THE SRIKANDI PROJECT

Utilising a participatory action research (PAR) methodology, the *Srikandi* project was established in 2018. A mixed-method health promotion study, this project aims to increase HIV testing among Indonesian women living in Western Australia in response to emerging trends in HIV epidemiology.

Consistent with a PAR methodology, this project combines research and social action and involves six community researchers (women from Indonesia). The study involved three phases with multiple action research reflection cycles in each phase. The below are results from Phase One. For more details on the *Srikandi* project, see our poster: *A co-designed conceptual model for a community-led action group: The Srikandi Women's Action Network*.

## METHODS

Through focus groups (n = 5) with Indonesian women living in Perth, WA (n = 21), we explored factors that may influence uptake of HIV testing. Early discussions with community researchers highlighted the critical role that transnationalism played in influencing health decisions.

Community researchers were instrumental in developing the focus group guide, participant recruitment and co-facilitation of focus groups. The active involvement of community researchers ensured that focus groups were culturally appropriate and supported participants to use English or Bahasa Indonesian.

## TRANSNATIONAL HEALTH

Participants represented diverse backgrounds with different migration histories. Acknowledging these differences, we present categories emerging from women's experiences of transnational health.

Women described practices of transnational health – actions taken in both countries where they sought or utilised health resources (such as information or practices, social support, or health services). Women engaged in transnational health either to circumvent barriers to access, as an opportunity (i.e., perceived better quality care, more trustworthy information) or as an expression of preferences or familiarity with health resources.

## A PLURALITY OF HEALTHCARE

Women accessed multiple different resources in different countries, often concurrently. As a result, women created a plurality of healthcare, combining diverse healthcare, health practices, knowledge, and support from both countries.

To date, few public health interventions appear to employ the potential strengths and benefits of transnationalism. In our study, women suggested that migration to Australia supported access to sexual health information and facilitated access to sexual health services, which benefited women remaining in Indonesia while providing a sense of connection and belonging for women in Australia.

## SO WHAT?

This study adds to the modest body of literature on transnationalism and health and presents everyday health-seeking experiences shared by Indonesian women living in Australia.

Findings suggest that the demand for affective and appropriate health resources drives health-seeking behaviour of Indonesian-based health information, practices and services whilst living in Australia; through transnational social support between countries; and through the return to Indonesia for transnational healthcare. This is driven by women's health beliefs, cultural practices, familiarity and perceived credibility of resources, health literacy, and expectations of healthcare.

Public health policies and interventions could benefit from further considering the influence of transnationalism and hybridity of health resources on health-seeking and health outcomes. Transnationalism may present opportunities to improve health and social outcomes through peer-based or community-based interventions. Such examples may include peer-based education and support services, or community-based coalitions to address health inequities.

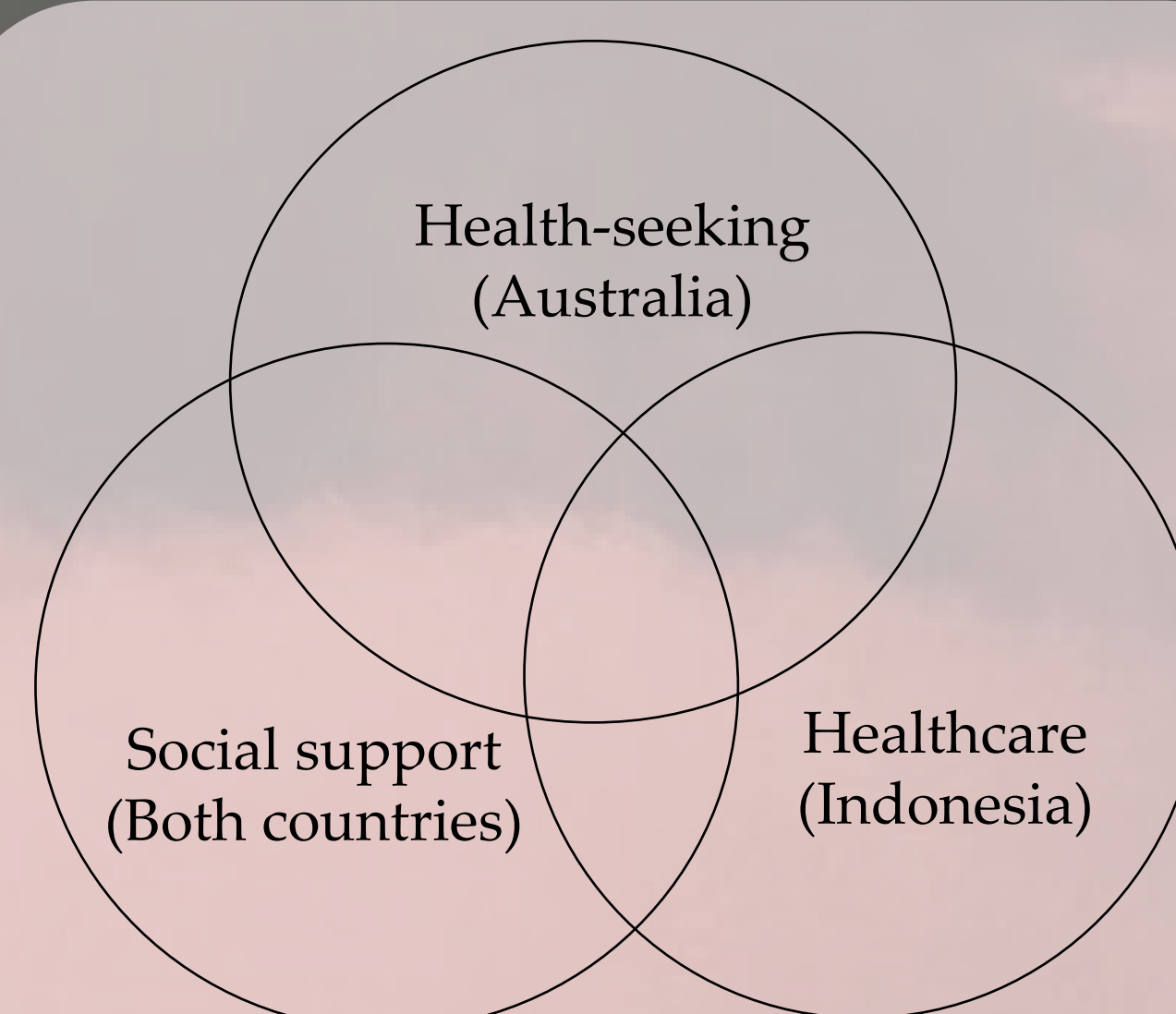


Figure from Gray, C. et al. (2023). "Maybe it's an Indo thing": Transnational health experiences of Indonesian women living in Australia. *Health & Place*.

**Health-seeking in Australia:** Health preferences and impact on health practices and information-seeking.

**Social support in both countries:** The role of borderless social support and therapy networks

**Healthcare in Indonesia:** Continued access to healthcare in Indonesia.

