

Educational Development and Sexual Networking and HIV/AIDS Prevention in Male Sex Couples (MSM) in Denpasar City

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Abstract. Background: Cases of HIV/AIDS in MSM (Men who have sex with men) in Indonesia from year to year has increased significantly. Bali is the province that has a high number of the HIV/AIDS cases, and among many areas therein, Denpasar is the city having the highest cases. Sexual networking and prevention of HIV/AIDS in MSM in Denpasar have not been reported in depth, so the present researcher examines in depth the prevention of the disease in MSM in the city. Objective: This study aims to explore sexual networking and HIV/AIDS prevention among MSM couples in Denpasar City. Method: This study uses a qualitative research design with a phenomenological approach to explore more deeply the sexual networking and HIV/AIDS prevention in MSM in Denpasar City. Determination of informants in this study is carried out using purposive sampling technique. In-depth interviews are conducted to 10 MSM couples who are productive and communicative in the area. After the data from the field is collected, the analysis is conducted thematically. Results: Health education with the peer education method is very effective in increasing knowledge and attitudes, there are differences in knowledge and attitudes in the group that is given health education and the group that is not given health education. Most of the respondents found a network of sexual partners through social media and some of them had sexual intercourse with their partners in groups to feel the sensation. These sex offenders always wear condoms during having sex with both permanent and non-permanent partners. In addition, they routinely take HIV tests at health care centers and apply the PrEP method in an effort to avoid HIV/AIDS. Conclusion: Increased education and assistance for MSM needs to be organized so that high-risk behaviors during sexual intercourse are reduced.

Keywords: Denpasar, HIV/AIDS, MSM, prevention

1 Introduction

Indonesia is the fifth developing country in Asia that has a high risk of HIV/AIDS (Human Immunodeficiency Virus)/ (Acquired Immune Deficiency Syndrome). (1) HIV is a virus that causes AIDS being capable of causing death. The virus attacks the human immune system and weakens the body's ability to fight all kinds of diseases that attack it. (2) The HIV epidemic has

been a serious problem and challenge to public health in the world, both in developed and developing countries.

MSM or men having sex with men is one of the groups at high risk of being infected with HIV/AIDS. The prevalence of MSM in different countries varies widely. In 2008 there were 25.6% in Mexico, 31.8% in Jamaica, and in 2005 there were 28.3% in Bangkok. (3) (4) In Indonesia, since 2011, MSM cases have increased significantly, from 5% to 8%. (5) Based on the mathematical modeling of the HIV epidemic in Indonesia during 2010-2025 using demographic data, behavioral and epidemiological data on the main population by the National AIDS Commission is projected that there will be a significant increase in HIV cases in all MSM groups. (6)

MSM's sexual behavior is classified as risky when, for instance, performing anal sex without condoms and lubricants. (7) Epidemics in most industrialized countries have focused on MSM, and studies conducted in sub-Saharan Africa have found evidence of a high HIV epidemic among MSM. However, the existence of the MSM group is like an iceberg phenomenon, only a small part of which is successfully reached, while the others remain hidden and are unwilling to reveal that they are MSM or disincline to declare themselves as MSM. (8)

Bali is a province that ranks fifth with the highest number of HIV and AIDS cases in Indonesia. As of October 2013, the proportion of AIDS cases among homosexuals in the province reached 336 cases. (9) Meanwhile, the estimated number of People with HIV AIDS (PLWHA) of MSM was 949. The estimated number of MSM in Bali province in 2014 was 14,098. The highest MSM estimate was in Denpasar City, which was 5,910. (1) The purpose of this study is to reveal sexual behaviors and HIV/AIDS prevention in MSM in Denpasar City.

2 Research Methods

This research used the exploratory sequential mixed design (Cresswell & Clark, 2018). With this method, both qualitative and quantitative approaches of data collections were applied while considering the richness of the site. In the first phase, in order to find the lessons taught in the subject of public speaking, the data were gathered from documents of syllabus, books and the power point presentations used in the classrooms. Secondly, observations to the class were conducted to find out the classroom activities.

Lastly, to gather information on how the respondents conceive their learning experience, a survey in which questions were generated from the documents and observations was distributed. Creswell (2012, 2014) suggests surveys to elicit opinions, attitudes, emotions, beliefs, perception, and behaviour from the respondents. However, since surveys may suffer from potential self-reporting issues, the analysis is complemented with open-ended questions which were part of the survey. Those questions were analyzed using Thematic Analysis (Braun & Clarke, 2006).

This study uses a qualitative design with a phenomenological approach to explore more indepth the sexual networks and HIV/AIDS prevention in MSM in Denpasar City. In this study, determination of informants was carried out using a purposive sampling technique. The participants in this study were MSM in Denpasar City. Participants selected in this study had several inclusion criteria, such as productive age between 18-45 years old, willing to be an informant, able to communicate well and willing to provide information needed by researchers.

The sample size in qualitative research is taken according to the needs of the researcher, namely 10 informants at a maximum. The selection of informants was carried out through snowballing, in that, the selection of samples was carried out in stages, starting from the

informants proceeded to all MSM who became sex partners and then proceeded to the next level of sex partners, according to the sexual network having been built. Primary data were collected through in-depth interviews with the aim of exploring deeper into risky sexual behavior and HIV/AIDS prevention in MSM using thematic analysis.

3 Results and Discussion

3.1 Educational Development

The results showed that there was an influence of intervention (peer educator), so it was necessary to develop and socialize the peer educator method more broadly for preventive and promotive efforts in preventing STIs and HIV/AIDS in the MSM group. This effort requires a readiness in human resources, especially the staff of health workers in charge of the area of resocialization. In addition to the readiness of resources at the government level, continuous guidance is also needed in the socialization of the use of peer education methods among NGOs, and a mentoring system for PE in carrying out their functions as role models so that goals can be achieved better, especially in the prevention of STIs and HIV/AIDS.

Health education with the peer education method is very effective in increasing knowledge and attitudes, there are differences in knowledge and attitudes in the group that is given health education and the group that is not given health education.

“The development of education through peer activities is very useful for the prevention of STIs and HIV/AIDS for the MSM group.” (AG, 29 years old)

3.2 Sexual Intercourse Behavior

Most of the respondents searched for networks of sexual partners through social media. Sexual intercourse behavior carried out by MSM in Denpasar is through anal sex, kissing or licking all parts of their partner’s body, deep kissing, and rectal licking. The following are statements from the respondents on it.

“We got to know each other from social media, like Facebook.”

“I prefer anal, kissing and licking my partner’s body to his rectum. I also enjoy deep kissing.”

(AA, 35 years old)

During sexual intercourse, MSM prioritizes variety and sensation to get sexual satisfaction, such as having sex in a group, using arousal drugs and performing violent acts on their partner’s body during sexual intercourse. The following are statements from respondents about it.

“During sexual intercourse in a group, I used to have drugs. We consisted of up to 40 people. Then, we set up a session to have sex. But now, I never do it again.” (DD, 31 years old)

“After having taken the arousal drug, I can achieve multiple orgasms. It’s Poopers. The price ranges from 350-400 thousand rupiah. It’s small in size but expensive. Hence, people rarely buy it. The drug is taken by inhaling it. After inhaling it, my sex drive immediately increases.”

(FN, 28 years old)

“During sexual intercourse, I often do violent actions on my partner’s body, especially when I’m on top. I enjoy strangling my partner’s neck. It is very enjoyable, and he also really enjoys.”

(JR, 30 years old)

The high-risk sexual behavior experienced depends on the consistency of condom use, the number of sexual partners and the respondent’s gender role during sexual intercourse. The results of in-depth interviews show that in having sex with the same gender, the MSM group prioritized variety and sensation to get sexual satisfaction. Respondents often resort to violence

or get physical violence to get a different sexual sensation from the sexual intercourse they are having. Respondents admitted that the sexual violence committed or obtained was in the form of physical violence such as being beaten, or parts of their bodies tied with ropes. Respondents also obtained sexual satisfaction if they experienced multiple orgasms, for this reason respondents took arousal-enhancing drugs. The use of arousal drugs was also carried out when they had sex parties with more than 10 participants. Anal sex is a sexual activity carried out by MSM to achieve sexual satisfaction, but it is very dangerous because the anus contains a lot of disease-causing bacteria. The assertive partner will perform rimming (oral-anal) and fisting (inserting a finger or fist into the anus), which then causes injury and inflammation of the infection in the anus, to satisfy the receptive partner. (10)

3.3 Number of Sexual Partners

Some respondents only have 1 regular sexual partner. However, there are still MSM who have more than 1 sexual partner and receive payment for sexual intercourse. The following is a statement from the respondent on it.

“I have sex only with partner. He is a foreigner, from dari Melbourne. Actually, we had arranged to get married but because of COVID-19 we had to postpone it.”

(JK, 33 years old)

“I have sex only with current partner. We have become loyal to each other. He’s a sugar dady.”

(AG, 29 years old)

“Apart from my wife, I also have sex with other people. Sometimes, I still want to have sex with the same gender with mine. I’ve even been paid for having sex with someone much older than me. He was 50 years old. We knew each other through social media. I wanted to do it because I got money. It was 500.000 rupiah.”

(FN, 28 years old)

For respondents who are married, the tendency to have sexual intercourse with their same sex is caused by variations in having more active sex. The following is a statement from the respondents regarding it.

“Sometimes when bored with my wife, I look for an MSM partner to have sex with. They are my old friends. However, we only do oral activities and kissing, I think when having sex, male partners are more aggressive than female.”

(KM, 30 years old)

In this study, some respondents only had one permanent sexual partner, although there were still MSM who had more than one sexual partner and received payment for sexual intercourse. The greater the number of sexual partners, the more likely it is that random sex acts will increase and lead to infection with diseases such as STIs and HIV. (11) The large number of sexual partners is also influenced by the pattern of internet media access to find sexual partners. The existence of a permanent partner allows the possibility for MSM to have other sex partners. An MSM on average had several sexual partners and a relatively less than one year courtship. Because their relationship contains intimacy, they refer to their partners as boyfriends. The MSM group also found the influence of more than one sexual partner on HIV infection. (12)

3.4 Consistency in the Use of Condoms during Sexual Intercourse

Most of the respondents always use condoms when having sex with permanent or non-permanent partners. Their knowledge of the function of condoms is also very good. The following is the respondent’s statement on it.

"I always have condoms on, both when having sex permanent partner or with my affair. It's for preventing infectious diseases, right? Having a condom on also keeps the genitals clean because during anal, feces usually stick to the genitals."

(FN, 28 years old)

"I do have condoms on during having sex to avoid HIV."

(DD, 31 years old)

There are still a small number of respondents who only use condoms during sexual intercourse. It is because respondents feel lazy to buy condoms or condoms are unavailable. Where available, MSM partners always use condoms during sexual intercourse. Respondents relied on condoms from their partners only. The following is the respondent's statement about this.

"I sometimes don't wear condoms. I feel lazy to buy it. Especially because of Covid-19, I don't have much money. But when my boyfriend brings condoms, we use them. It's actually important to avoid diseases."

(JR, 30 years old)

Most of the respondents always wear condoms when having sex with permanent or non-permanent partners. Their knowledge of the function of condoms is also quite good. However, there are still a small number of respondents who only occasionally wear condoms during sexual intercourse. This is because they are lazy to buy condoms or condoms are unavailable. Men who have sex with men are a population at high risk for HIV and AIDS. (14) Therefore, it is necessary to be consistent in the use of condoms during sexual intercourse. One of the factors of unprotected anal sex is MSM which prioritizes pleasure in sexual intercourse. In addition, MSM who pay for sex services often pay more if they do not use condoms. (15)

3.5 HIV Test

Most respondents take routine HIV tests at health service centers, namely at Puskesmas 2 Kuta or at Klinik Bali Medika. They do it 1 to 2 times a year. The following is the respondent's statement on it.

"I take HIV tests regularly. It's every 6 months at Puskesmas 2 Kuta."

(KM, 30 years old)

"I always take an HIV test. It's once or twice a year at Klinik Bali Medika."

(JK, 33 years old)

Prevention of HIV and AIDS infection can be done through HIV status checks at Voluntary Counseling and Testing (VCT) and Provider Initiated Testing and Counseling (PITC) services. Until 2011, there were 46 HIV test services in Bali Province, spreading across public and private hospitals as well as community health centers. (16) In this study, most of the respondents took routine HIV tests at health service centers, namely at Puskesmas 2 Kuta or at Klinik Bali Medika. They took the test 1 to 2 times a year. Factors having a statistically significant relationship to HIV testing behavior are type of residence and history of STIs. History of STIs is the most influential matter on HIV testing behavior in MSM in Bali Province. Respondents with a history of STIs classified as high risk tend to be 3 to 4 times more likely to take an HIV test compared to respondents with a history of STIs classified as low risk.

3.6 Efforts Made to Avoid HIV/AIDS

Most respondents use condoms during sexual intercourse in an effort to avoid HIV/AIDS. There are some respondents who apply the PrEP or Pre-Exposure Prophylaxis method, namely by taking ARVs regularly before contracting the HIV virus. The following is the respondent's statement regarding this matter.

”One way to avoid HIV is to use a condom.”

(AA, 35 years old)

” I apply the PrEP method. I take ARVs before I will contract HIV. It’s in pill form. I consume it every day.”

(JR, 30 years old)

Most respondents use condoms during sexual intercourse in an effort to avoid HIV/AIDS. There are some respondents who apply the PrEP or Pre-Exposure Prophylaxis method, namely by taking ARVs regularly before contracting the HIV virus. PrEP is a combination of 2 ARTs (tenovir and emtricitabine). It serves to help prevent the transmission of HIV in people who have a high risk of contracting HIV. With the high number of new cases in Indonesia that continues to increase, PrEP can be a prevention strategy that can help reduce the number of new cases of HIV transmission in Indonesia. (17) Although PrEP has not been officially implemented in Indonesia, there are already some who have implemented it. The implementation of PrEP in developing countries such as Indonesia requires careful preparation. Large budgets are required to cover the high costs of providing PrEP. In addition, the readiness of health services and the availability of adequate and trained human resources are required for the successful implementation of the PrEP.

4 Conclusion

In sexual behavior, most MSM in Denpasar City prioritize variety and sensation during sexual intercourse and do sexual intercourse in group to get sexual satisfaction. In an effort to prevent HIV/AIDS, the sexual intercourse offenders routinely take HIV tests at health care centers. Most respondents wear on condoms and apply the PrEP method during sexual intercourse in an effort to avoid HIV/AIDS. Increased education for MSM to carry and use condoms whenever and wherever during sexual intercourse needs to be organized. MSM needs to be educated so that high-risk behavior during sexual intercourse can be reduced, in addition to providing guidance for them.

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References

- [1] Kementerian Kesehatan RI. 2014. Statistik Kasus HIV/AIDS di Indonesia s/d September 2014. Jakarta.
- [2] Kemenkes RI. 2010. Profil Kesehatan Indonesia. Depkes RI. Jakarta.
- [3] Harahap, S.W. 2011. Laki-laki Suka (Seks) Laki-laki (LSL) dalam Epidemi AIDS di Indonesia. Tersedia dalam: <http://www.aidsindonesia.com>. diakses pada tanggal 3 Oktober 2018.
- [4] Men Sex Men Report World Bank [Internet]. 2011. p. <http://siteresources.worldbank.org/INTHIVAIDS/Reso>. Available from: <http://siteresources.worldbank.org/INTHIVAIDS/Resources/3757981103037153392/MSMReport.pdf>.
- [5] Kementerian Kesehatan RI. 2011. STBP Surveilans Terpadu Biologis dan Perilaku 2011. Jakarta.
- [6] Komisi Penanggulangan AIDS Nasional. 2010. Data Kasus HIV dan AIDS Asia, Jakarta.
- [7] Departemen Kesehatan Republik Indonesia. 2009. Surveilans Terpadu-Biologis Perilaku Pada Kelompok Berisiko Tinggi LSL di Indonesia. Jakarta : Depkes RI.

- [8] Mumtaz, G. 2011. Are HIV epidemics among men who have sex with men emerging in the Middle East and North Africa?: a systematic review and data synthesis. *PLoS Medicine* Vol 8.
- [9] Dinas Kesehatan Provinsi Bali. 2013. Indonesia Response to HIV, Laporan Periode Bulan Oktober 2013. Denpasar: Dinkes Provinsi Bali.
- [10] Nafikadini I. Fenomena Kucing Pada Kelompok Laki-Laki Suka Seks dengan Laki-Laki (LSL) dan Pemaknaan Simboliknya di Kota Semarang. Universitas Diponegoro; 2009.
- [11] Muchimba, M., Haberstick, BC., Corley, RP., McQueen M. Frequency Of Alcohol Use In Adolescence as a Marker For Subsequent Sexual Risk Behavior In Adulthood. *J Adolesc Heal.* 2013;53(2):215–21.
- [12] Read, TR., Hocking, J., Sinnott, V., Hellard M. Risk Factors for Incident HIV Infection in Men Having Sex With Men: a case-control study. *Csiro publising Sex Heal.* 2007;4(1):35–9.
- [13] Kaye Wellings; Kirstin Mitchell; Mertine Collumbien. *Sexual Health: A Public Health Perspective.* 1st ed. United Kingdom: Open University Press; 2012. 91 p.
- [14] Pradnyawati et al. 2019. Sexual Behaviours for Contracting Sexually Transmitted Infections and HIV at Badung Traditional Market, Bali. *Jurnal Kesehatan Masyarakat KEMAS.* 14 (3) (2019) 340-346.
- [15] Gunadi P. Memahami Perilaku Homoseksual [Internet]. 2004. Available from: http://www.telaga.org/transkrip.perilaku_homoseksual.
- [16] Dinas Kesehatan Provinsi Bali. 2013. Indonesia Response to HIV, Laporan Periode Bulan Oktober 2013. Denpasar: Dinkes Provinsi Bali.
- [17] Ningrum et al. 2019. Profilaksis Prapajanan dan Pascapajanan HIV. *Medical Journal of Lampung University.* Volume 8, No 2 (2019).