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### Non-Disclosure of Sexual Orientation of Men Having Sex With Men (MSM): A Hidden Threat of HIV Transmission in Palembang, Indonesia

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

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**Messages**

Note	From
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**NON-DISCLOSURE OF SEXUAL ORIENTATION OF MEN HAVING SEX WITH MEN (MSM): A HIDDEN THREAT OF HIV TRANSMISSION IN PALEMBANG, INDONESIA**

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***ABSTRACT***

MSM (Men who have sex with men) are the key population, a high-risk group for HIV transmission. HIV cases among MSM in Indonesia were recorded at 17.9% in 2020. This qualitative research aimed to understand better factors affecting the motivation of MSMs to disclose their sexual orientation. This research was informed by a phenomenological approach to explore the status disclosure for MSM in Palembang City. In-depth interviews and observations were conducted with 11 purposively recruited MSM informants, and five MSM outreach workers to allow data triangulation. Documentation and observations of the participant were conducted during various activities at the Intan Maharani Foundation (YIM). MSM was very cautious in disclosing their sexual orientation and only chose to do so to their limited network, such as close friends, MSM, who are also at risk of HIV transmission. Challenges to disclosing their sexual orientation may also relate to the fact that only a few MSM had ever had their HIV test. MSMs, if they choose to, could share their status with their PL (*Penjangkau Lapangan* or Field Outreach) during routine health check-ups. Findings from this research call for a bigger research on barriers to reporting their sexual orientation among MSM that will take action and program system improve services, health literacy, and build

this research call for a bigger research on barriers to reporting their sexual orientation among MSM, that will help policy and program makers improve services, health literacy, and build confidence and trust among MSMs to access HIV services and even disclose their HIV status in a safe, respectful, and confidential manner.

**Keywords:** MSM (Men Who Have Sex with Men), Status Disclosure, Non-Disclosure Status.

#### ABSTRACT

LSL (Lelaki yang Berhubungan Seks dengan Lelaki) merupakan populasi kunci yang merupakan kelompok risiko tinggi penularan HIV. Kasus HIV pada LSL di Indonesia tercatat sebesar 17,9% pada tahun 2020. Penelitian kualitatif ini bertujuan untuk memberikan pemahaman yang lebih baik tentang faktor-faktor yang mempengaruhi motivasi LSL untuk mengungkapkan orientasi seksual mereka. Penelitian ini dilatarbelakangi oleh pendekatan fenomenologis untuk menggali pengungkapan status LSL di Kota Palembang. Wawancara mendalam dan observasi dilakukan dengan 11 informan LSL yang direkrut secara purposif, dan lima petugas penjangkau LSL sebagai triangulasi data. Dokumentasi dan observasi partisipan dilakukan pada berbagai kegiatan di Yayasan Intan Maharani (YIM). LSL sangat

berhati-hati dalam mengungkapkan orientasi seksualnya, dan hanya memilih untuk mengungkapkannya pada jaringan yang terbatas, seperti teman dekat, LSL, yang juga berisiko tertular HIV. Tantangan untuk mengungkapkan orientasi seksual mereka mungkin juga terkait dengan fakta bahwa hanya sedikit LSL yang pernah melakukan tes HIV. LSL, jika mereka mau, mereka dapat membagikan status mereka dengan PL (Penjangkauan Lapangan) mereka selama pemeriksaan kesehatan rutin. Temuan dari penelitian ini memerlukan penelitian yang lebih besar tentang hambatan untuk melaporkan orientasi seksual mereka di kalangan LSL, yang akan membantu pembuat kebijakan dan program untuk meningkatkan layanan, literasi kesehatan, dan membangun keyakinan dan kepercayaan di kalangan LSL untuk mengakses layanan HIV dan bahkan mengungkapkan status HIV mereka dengan cara yang aman, terhormat dan rahasia.

**Keywords:** LSL (Lelaki yang Berhubungan Seks dengan Lelaki), Pengungkapan Status, Tidak Mengungkapkan Status.

#### Introduction

The Human Immunodeficiency Virus (HIV) infection is a global public health concern (1-3). In the past decade, there has been a growing concern over identified epidemics of HIV infection among MSM globally, especially in Africa, Latin America, and Asia (South and South-East) (3,4). About a quarter, or 23%, of MSM people worldwide are infected with HIV (5). The UNAIDS Report (2019) noted three groups having the highest number of new HIV cases in the Asia Pacific: MSM (44%), clients of sex workers and sex partners of all key populations (21%), and Injecting Drug Users (IDUs) (17%) (3). In Indonesia, in 2020, there was an estimated 754,300 MSM population with 17.9% HIV prevalence. MSM aged between 25 and 49 years has the highest HIV prevalence of 66.4% (6-8).

In 2020 (January-March Period), there were recorded 27 new cases of MSM living with HIV/AIDS (PLWHA) in the South Sumatra province. Twenty-six of them alone lived in Palembang City (9). Palembang is the provincial capital of the South Sumatra province. It has the highest MSM population in the South Sumatra province of 4,332 people and 2,912 PLWHA (7).

MSM is 22 times more like to transmit HIV to their sexual partners (2,10). In Indonesia, there are several PLWHA homosexuals (27.2%) who are included in the MSM group (26.3%) and transgender (0,9%) (2,10). High-risk behavior in homosexuals contributes to HIV and AIDS significantly by ten times higher through anal sex than vaginal sex. Compared to the general population, homosexuals also have a 19 times greater risk of transmitting HIV (11).

The continuing increase of HIV and or other sexually transmitted infection in the MSM communities are attributed to various factors. That includes unprotected anal sex (having the highest

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The continuing increase of HIV and other sexually transmitted infection in the MSM communities are attributed to various factors. That includes unprotected anal sex (having the highest risk of transmission) and oral sex. Other associated interrelated factors include having multiple and concurrent sexual partners, alcohol and drug use, and co-infection with other STIs (12–16). At the same time, there has been a dramatic change in the modes and venues where MSM find their sexual partners. Including offline platforms, online internet or mobile application, gay bars, parks, and baths, where they do not know each other before, increasing the risk of HIV transmission in MSM (12,17). All of these lead to greater difficulties in reaching out to the MSM population and having them hidden and hard to reach key populations in HIV prevention (18). Lack of awareness about the transmission of HIV and STIs and low knowledge, poor attitudes, and risky sexual behaviors are continued to be ignored in HIV prevention efforts among MSM (19).

Between January and September 2021, a report from Palembang City's Minimum Service Standards of health services or *Standar Pelayanan Minimal* (SPM) noted that 1,489 MSM had attended HIV testing. Previously, in January – March 2020, compared to other municipalities and

regions in South Sumatra province, Palembang city had the highest number of HIV-positive MSM (9). An increase in MSM with deviant behavior is related to openness about their status. This raises a question for researchers to find out how the description of status disclosure for MSM in Palembang City. There is limited information about MSM in Palembang City, the capital city of South Sumatra. Therefore, there is population migration, and the number of public facilities where MSM gathers also raises researchers' awareness.

To address the research's limitations, in-depth interviews were conducted with a phenomenological approach and the involvement of MSM as an assistant. Once done, this research is expected to provide an understanding of the disclosure of sexual orientation in MSM. Furthermore, information on sexual behavior, marital status, and HIV testing for MSM in Palembang City follow the disclosure of MSM sexual orientation.

## Methods

Through a phenomenological lens, this research aimed to understand, observe and describe any specific phenomenon and the lived experiences of MSMS that may affect their motivation or choice to disclose or not disclose their sexual orientation.

### *Participants Recruitment*

MSM participants were purposively recruited from MSM who were registered as ever and had HIV tests in Palembang City. This registration list was obtained from the SIHA (HIV/AIDS Information System) in Palembang City.

A week after the introduction meeting, the researcher conducted in-depth interviews in 3 sessions with different MSM. The researcher tries to see patterns in the answers of each MSM so that in each meeting, the researcher begins to modify the questions he wants to focus on. It is possible that MSM is not immediately open to sharing experiences related to their openness.

A total of 11 people agreed to participate, aged between 19 to 24 years and above 25 years. Another characteristic criterion is those who have marital status and do not have marital status. In addition, education is divided into high (high school/equivalent and university) and low (elementary and junior high school). As for MSM's work status, some are working, and some are not.

#### *Recruiting a Research Assistant*

Before conducting the field research, a research assistant was recruited to help recruit participants. The research assistant [ZA] referred to the researches by Bakti and Indah as the core workers in Intan Maharani Foundation. He was an outreach worker with the Intan Maharani Foundation. The first author [NA] trained the research assistant about the planned data collection, ethics in research, and practice run on how to conduct in-depth interviews and participants' observations. A pilot run for the interview schedule was conducted by interviewing three HIV outreach workers who were also MSMs. Feedback from this piloting stage was used to simplify the language use and the timing of the interviews and to ensure that the choice of language was respectful, sensitive, and easy to understand.

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Participants aged 19 or above were purposively recruited from various MSM peer support groups (*Kelompok Dampingan*) and MSM outreach workers (*Penjanskau Lapangan/PL*) at YIM. Due to COVID-19 restrictions, invitations to research were distributed through social media. One of the core workers in Intan Maharani Foundation agreed to distribute the research invitation to their MSM peer supports registered within their networks. These *Kelompok Dampingan* were instructed by MSM outreach workers, who provided education and HIV testing in MSM communities.

Potential MSMs who agreed to participate in this research were then invited to meet with the researcher and the research assistant. In this introduction meeting, the researcher explained the aim of the research, the procedure and the researchers' expectation, and the research benefits to the participants, their foundation, and broader HIV policies and programs. This introduction meeting also discussed matters relating to participants' confidentiality, participants' rights, and what was expected from them. The potential participants who agreed to participate in the research were asked to sign the consent form.

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### Data Collection

The data collection included in-depth interviews with 11 MSM as the main informant and five outreach workers as the key informant. For the MSM, participants' observations were conducted during the initial visit to YIM as a joint meeting with Epidemiology college students. This visit shows the big picture of research and the introduction meeting after the participant recruitment. As for the research interview, the first author is invited to attend mobile VCT events as an effective way to meet with MSM peer support groups (*Kelompok Dampungan*). All of these stages are carried out from February to March. For the key informant, interview questions were given to confirm the data after in-depth interviews with the MSM as the primary informant. Researchers did not conduct FGDs because of time and workforce limitations.

### Data Analysis

The thematic analysis was used to analyze the data. The six-step thematic analysis of Braun and Clarke (2006) includes familiarising data, the initial coding step, generating categories, and initial themes. Reviewing and defining themes and sub-themes and writing the research report (20).

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The data analysis stage started by the first [NA] and second author [NU] separately read the interview transcripts and paid attention to frequently mentioned keywords related to experiences and challenges, barriers, and feelings relating to disclosing or not disclosing status as MSM and formed the initial coding. The data analysis process included reading and re-reading the transcripts to familiarize them with themes frequently captured in the transcripts. Those initial codings were then discussed with the rest of the research team for critical review. The first author also manually recorded and took notes of the coding process, outcomes, discussion themes, and comments from the research team. The final coding-end themes were systematically assigned to 'child and parent codes.

This research was approved by the Health Research Ethics Commission, Faculty of Public Health, Sriwijaya University, within Number: 015/UN9.FKM/TU.KKE/2022.

### Results

After collecting data from research informants, MSM's characteristics and risk behaviors were obtained, including the disclosure of their status.


Table 1. Participants' Demographic Characteristics and HIV related risk (11 MSMs)

HIV Status	Informant
HIV Positive	1
HIV Negative	10
Age	Informant
≥25 Years	7
15-24 Years	4
Marital Status	Informant
Single	8
Married (as bisexual)	3
Education	Informant
HIV Positive	1
HIV Negative	10
Age	Informant
≥25 Years	7
15-24 Years	4
Marital Status	Informant
Single	8
Married (as bisexual)	3
Education	Informant
High Education (graduated from high school/equivalent or college)	8
Low Education (Maximum graduate of junior high school or equivalent)	3
Employment	Informant
Working (Full Time)	10
Unemployed (Being a student)	1
<b>Total</b>	<b>11</b>

(Source: Primary Data In-depth Interviews of MSM Main Informants in 2022)

Table 2. Further Information's from MSM Key Informants

Informant (Pseudonym)	Further Informations
Tama	First sexual violence by a family member (age 28 years), Tama has not entered elementary school yet; second sexual violence by a teacher (age 30 years), Tama is still in school; an uncountable number of sexual partners; never had sex with women.
Doni	New to MSM; have had sex with women (vaginal route)
Reza	Just became MSM
Farel	Ten years divorced (living) with wife and returned to being active as MSM; has one son (not being MSM)

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Eko	Just became MSM
Heru	The number of sexual partners is uncountable; it used to be only MSM; now, being a transgender and paid; feminine
Andri	Married at the age of 21 years; has three children (2 daughters and one adopted son); is now transgender; an uncountable number of sexual partners; has a history of diabetes and high blood pressure before becoming a PL
Juan	At first, they were MSM, then they became TGs and got paid, now they are still TGs, although not often; feminine; countless pairs
Mulia	Married for nine years, has one child (7 years old); countless pairs; has a history of STIs in 1996 and is difficult to recover (titer* 1/8)
Verdy	Been married for ten years; has three children; attractiveness of 70% for women and 30% for men; uncountable male sexual partners; originally paid and now consensual

(Source: Primary Data In-depth Interviews of MSM Main Informants in 2022)

**Table 3. Number of Sexual Partners of Informants**

Number of Sexual Partners	Informants
Countless (Multiple and unable to recall)	7
Counted/Newly Become MSM	4
<b>Total</b>	<b>11</b>

(Source: Primary Data In-depth Interviews of MSM Main Informants in 2022)

**Table 4. Disclosure of Informant Status with Close People**

Disclosure Theme (MSM/Transgender/HIV positive) with Close People	Informants
Non-Disclosure Category	4
Pretty Open Category	4
<b>Total</b>	<b>8</b>

(Source: Primary Data In-depth Interviews of MSM Main Informants in 2022)

Table 1 shows that only one of the participants was HIV positive at the time of this research. Most are 25 years old, unmarried, in higher education, and working.

Regarding disclosing their status, table 4 shows that four participants had ever shared their gender identity or sexual preference with their closest family or friends. Including their fellow MSM friends, sexual partners (MSM), relatives, and cousins who usually lived far away from the participants. Four people were quite open about their status.

In contrast, two people were transgender before or after becoming MSM, and two other people only being MSM. Participants explained that they tended not to share their MSM status yet only their HIV status and being transgender. At first, they said they were gay. However, after being informed, they agreed to be called MSM, regardless of their sexual orientation as homosexual or bisexual.

Verdy was 22 years old and was single. He was the only participant who was HIV positive. He told his distant cousin that he was an MSM, yet he chose to tell his family about his HIV status and not about his being MSM.

*"...my cousin, he knows about me (as MSM), I already told him my problem about the same sex, but he is far away (his location). At another time, I told my sister about my status as HIV-positive because it was revealed that there was medicine in my closet, my family gathered us together, and I was told to talk about details. "What medicine is this?" I said it was ARV to prevent HIV. "How can you get infected?" I said yes, it could, I had sex with the (woman) prostitutes. And I do not talk when I am with the same sex (the MSM)" (Verdy)*

Married MSM, identified as bisexual MSM, had never shared with their wives about their sexual orientation. Heru was a 43-year-old bisexual who had a wife. He was an outreach worker and a transgender person. Heru explained that the demands of his work had made it hard to spend time with his wife and children. Heru was confident that his wife did not know about his sexual orientation and that he had sexual relations with men.

*For my wife, right before we married, I initially (already) worked outside a lot, so having separate life with her is normal. For my sexual orientation, maybe she does not know yet... I have three children (Heru)*

Farel (44 years old) had divorced his wife in the last ten years. Farel was secretive about his sexual orientation. He was conscious and concerned about his sexual orientation being exposed to



Farel (44 years old) had divorced his wife in the last ten years. Farel was secretive about his sexual orientation. He was conscious and concerned about his sexual orientation being exposed to other fellow MSMs when the research was conducted during Mobile VCT activities. Farel wanted to be seen as a 'normal heterosexual man' and not to disclose his homosexuality.

*Even though I am afraid to gather with the same kind of people like this (MSM who attended the HIV testing clinic), I see people with normal behavior (Farel)*

Fearful disclosure of one's sexual orientation and homosexuality makes the MSM group one of the most invisible and hard-to-reach populations amongst other key groups at risk of HIV transmission.

Indah, one of the program coordinators and key informant stakeholders, explained that while the transgenders are visible in the community because of some social importance, MSM is generally very much hidden.

*They [MSM] had been hidden all this time, especially they are not open. Transgender people are visible, while MSM is not. (Indah, Heterosexual Woman, YIM program coordinator specifically for MSM, key informants as data validity)*

During the COVID-19 interruption since 2020, there has been a reduction in HIV testing due to fears of going to the hospitals or accessing HIV services. A drop in mobile VCT activities has also reduced the detection of MSM as a risk group for HIV transmission.

*"HIV screening had decreased in the past three years. First, fears of going to the service, the hospital, or Puskesmas. Second, mobile VCT activities had also decreased because of the COVID-19 restriction" (Ica, Heterosexual Woman, HIV program manager, key informant as data validity)*

Bakti, the director of the Intan Maharani Foundation, noted that while it is impossible to change one's sexual orientation, it is essential to continue to reach out to them and provide relevant health literacy programs to raise awareness.

*"When we see that as humans, what we do is about behavior. It's not easy to change this kind of behavior. Therefore, the only thing that might be able to raise awareness gradually is the need to be healthy." (Bakti, YIM director, key informant as data validity)*

The outreach workers were approached as the key informants in this research. They are called Penjangkau Lapangan (PL) or field support outreach workers. They play an essential role in reaching out to the MSM communities. They distributed condoms and provided information about preventing HIV and other sexually transmitted infections. MSMs were more like to be more open in sharing their sexual orientation and sexual behaviors with the PLs.

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*"I didn't know the risks before, but there have been risks ever since now. After I joined here (YIM, initially met PL and was appointed being a PL), I already know that the risk is greater if sex does not use protection, what are the effects, Alhamdulillah. After being at YIM, I just realized that condoms are important. Previously, even though there was a condom, it was never used. The knowledge gained from YIM is beneficial" (Juan)*

Some of the participants admitted that not until they met a PL that they understood the use of condoms to prevent HIV and other sexually transmitted infections.

*"In the past, I didn't understand this [using condoms to prevent HIV and STIs]. I got to know PL in early 2019. But I started diligently using condoms in 2020. It's mandatory." (Eko)*

Apart from using condoms, since meeting PL, some MSM has routinely accessing HIV tests.

*"Even though I use condoms, I'm diligent about going to get the VCT because it's still a risk (as MSM)" (Eko)*

Mulia was bisexual and had a wife. However, he used not use condoms when having sexual intercourse. He learned about using condoms to prevent HIV since joining the Foundation and eventually was recruited as a field outreach worker.

*"Before at YIM, I never used a condom. My fate was fortunate because when I got to know YIM, it was still (HIV) negative. Now I use it. If I don't, I think about it. If something happens, what about my wife, don't let it happen. For now, if it's for that (sexual intercourse with men), I always thought about using a condom." (Mulia)*

Putri, the HIV data officer at the Foundation, also regularly participates in MSM activities. Putri believed that no one could stop a man from having sex with another man. However, they could learn how to practice safe sex and reduce the risk of transmission of HIV and STIs.

*"It's risky, men having sex with men. We also can't ban it, just provide education for them on how to have unsafe sex, to reduce the risk of contracting the disease" (Putri, Heterosexual Woman, HIV data officer, key informant as data validity)*

Through this, apart from the lack of openness on the part of MSM with their closest people, at least they can still be open with outreach groups (PL) at risk of HIV transmission.

## Discussion

The MSM communities are very much hidden in Indonesia due to stigmatization and discrimination against homosexuality in Indonesian societies. In the past ten years, it is estimated that social media has become a forum for people to learn more about homosexuality. The more that is known, homosexuality, especially in the MSM group, creates fear and even tends to hide their identity (MSM) from society (14).

The increasing number of HIV/AIDS cases in Indonesia is due to various factors, including poor sexual health literacy, cultural and social norms, and stigma against homosexuality and sex talk (10,21). The impact of disclosing HIV status can cause economic and social losses. Discrimination from the family environment and the local community is unavoidable, even for PLWHA, who always pay attention to their health. In addition, they also think that they are unable to help themselves or help others because they feel useless (22).

Only four participants chose to disclose their sexual orientation to their sexual partners, their PL, and fellow MSMs. Only one of the participants who were HIV positive shared his HIV status with

his family, but not his sexual orientation. MSM who were also married to a woman chose not to open their HIV status or sexual orientation to their wives. (14,23).

Having multiple sex partners was reported by many of the participants. One of the participants who were HIV positive reported having multiple sexual partners.

Marital status does not prevent MSM from engaging in risky behaviors that lead to HIV transmission. MSM as a husband does not rule out the possibility of transmitting sexually transmitted infections to his wife. As “good” wives, women cannot face the dangers that threaten them (21). Whether they have marital status or not, MSM has the same vulnerability. Those who are married prefer not to disclose their status to their wives, namely as the closest people to the fact that they have sex with men. Then MSM who are not yet married even choose not to disclose themselves to the closest people, including fellow MSM.

In line with research conducted by Lin et al. (2016), 20.6% or 7 of 34 informants did not disclose their sexual orientation but only their HIV status to their closest people, namely family/relatives/friends (24).

In Indonesia, homosexuality or being gay is considered abnormal and immoral, which further hinders the motivation of MSM to be open about their sexuality (25). MSM who still live at home with their families gets anxious about the effects of disclosing sexual orientation. They assume that this can cause stress to the family, especially their parents (24). This a double burden for MSM, as they reveal their HIV-positive status and orientation as homosexual. This can disappoint their parents, and they might be seen as a dishonor to their families, the bringer of ‘bad luck, and a shame to the

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The participants were all members of the Intan Maharani Foundation’s reach-out workers. They had adequate knowledge about HIV transmission and prevention. All of them had ever done an HIV test. However, they did not rule out the possibility of remaining private about their status as MSM to those closest to them. Key informants have known this phenomenon that MSM prefers to keep themselves closed regarding revealing their status as MSM, even to their fellow MSMs.

Reaching out to MSM was particularly difficult during the COVID-19 restriction. The obstacles faced by health workers in conducting counseling with clients. The Prevention of HIV/AIDS programs has been related to the trust issue. For example, patients may feel uncomfortable and fear discrimination and stigmatization (26). Disclosure of MSM status openly can make it easier to get information related to their health (27).

As PL looks for MSM to provide comfort, it is necessary to expand interventions in prevention education through the ABCDE program in all community sectors. Also, interventions through communication, information, and education media, including identifying MSM gathering

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places. Furthermore, the interventions that can be given are regarding the risk of infection and the search for the proper treatment with behavior change interventions (28,29). Therefore, it is necessary to provide adequate education so MSM can disclose their status to field observers, especially in Palembang City.

With openness with outreach workers, MSM, one of the at-risk groups, has the right to receive education about risky behavior and HIV testing (7). This study proves that as an NGO, YIM aims to prevent HIV and AIDS in vulnerable groups or communities. They have provided sufficient efforts to comfort MSM to disclose their status openly and participate in preventing HIV transmission through risky sexual behavior.

From the provision of educational media, including information and communication between outreach workers and openness from MSM, this study shows a change for the better in the routine of using condoms and VCT tests for MSM informants. Previously, the informant had not demonstrated knowledge about HIV, condom use, and the obligation to check their health as MSM. A good understanding of MSM can encourage them to consistently use condoms to prevent sexually transmitted diseases, including HIV. Awareness for MSM of the importance of using condoms is essential when they have received proper education (30). In the future, it is hoped that MSM will not be lazy or embarrassed to voluntarily carry out HIV testing, including actively preventing HIV transmission (29). In the end, MSM can reduce risky behavior during sexual intercourse and routinely participate in mentoring with field outreach workers (PL) at YIM.

Through this, there were some limitations during the research. First, a few informants are less open to sharing their experiences. However, this can be overcome because many MSM shares information honestly, even though this is the first meeting with researchers. Second, the atmosphere did not support researchers conducting in-depth interviews, especially recording information through voice recordings. This is because the research was conducted during working hours, more precisely incorporated in a VCT examination activity.

Lastly, there are obstacles to finding HIV-positive MSM to be open about their status. The MSM recruitment process is carried out with the help of a research assistant who is a member of the Intan Maharani Foundation and his assisted group. In this case, most MSM (as the assisted group) are at risk for HIV and are enthusiastic about participating in the in-depth interview process. Only a tiny percentage of MSM who are HIV+ agree to participate in the interview process and go through a face-to-face approach.

## **Conclusion**

Informants in the disclosure of status to have sexual relations with men in various ways can be not disclosed and disclosed to those closest to them. The secretive MSM does not tell his status to

his wife, fellow MSM who are not his sexual partners, and some of his family. MSM who are open only reveal their status to their closest MSM friends, sexual partners, and outreach workers at the Foundation. However, an informant can show their HIV-positive status even though they still hide the fact that they are MSM.

The existence of hidden MSM raises several problems, namely the increase in cases of HIV/AIDS and STIs. MSM is also often stigmatized and discriminated against by the public, including health workers. The need for MSM to get health services can be constrained because the status closure coincides with the social risks obtained from the local community.

It is recommended to avoid risky actions in transmitting sexually transmitted infections, such as changing sexual partners and not using condoms. The community is advised to check their reproductive health routinely and, as much as possible, reduce adverse treatment to key populations, including MSM. Regular HIV checks at least every six months are recommended for MSM when they feel at risk.

Disclosure of the required status of MSM involves outreach to the MSM community as stakeholders to provide security and comfort and communication media, information, and education about HIV and STIs. Especially for MSM who are HIV positive to express their status without any adverse treatment from the public and health workers. The MSM who are reached is regularly reminded to adopt a healthy life and have sexual behavior safely by using condoms. As well as, being given targeted and gradual education can create trust between MSM and the outreach so that in the future, they can be more open with others, especially those closest to them. Or in other words, they can be more aware of the risky actions they have done in the past and try to remind fellow MSM who

Disclosure of the required status of MSM involves outreach to the MSM community as stakeholders to provide security and comfort and communication media, information, and education about HIV and STIs. Especially for MSM who are HIV positive to express their status without any adverse treatment from the public and health workers. The MSM who are reached is regularly reminded to adopt a healthy life and have sexual behavior safely by using condoms. As well as, being given targeted and gradual education can create trust between MSM and the outreach so that in the future, they can be more open with others, especially those closest to them. Or in other words, they can be more aware of the risky actions they have done in the past and try to remind fellow MSM who have not been reached as an HIV risk group.

We need a movement to awaken the MSM group. For example, YIM, as a Non-Governmental Organization (NGO), through the involvement of PL, builds trust, actively guides MSM to live and behave healthily, and reduces the transmission of sexually transmitted diseases such as HIV.

The information obtained above shows it is essential for an outreach worker to actively look for the existence of MSM directly by providing simple and targeted education on HIV transmission. Apart from the sexual behavior of MSM, which is hard to change, the most important thing to do is to raise awareness that it is necessary to live a healthy life. So that later, an understanding will slowly form for every MSM to maintain their health status.

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#### Conflict of Interest

The authors declare that they have no ~~conflict~~ of interest.

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**NON-DISCLOSURE OF SEXUAL ORIENTATION OF MEN HAVING SEX WITH MEN (MSM): A HIDDEN THREAT OF HIV TRANSMISSION IN PALEMBANG, INDONESIA**

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***ABSTRACT***

MSM (Men who have sex with men) are the key population, a high-risk group for HIV transmission. HIV cases among MSM in Indonesia were recorded at 17.9% in 2020. This qualitative research aimed to understand better factors affecting the motivation of MSMs to disclose their sexual orientation. This research was informed by a phenomenological approach to explore the status disclosure for MSM in Palembang City. In-depth interviews and observations were conducted with 11 purposively recruited MSM informants, and five MSM outreach workers to allow data triangulation. Documentation and observations of the participant were conducted during various activities at the Intan Maharani Foundation (YIM).

## *ABSTRACT*

MSM (Men who have sex with men) are the key population, a high-risk group for HIV transmission. HIV cases among MSM in Indonesia were recorded at 17.9% in 2020. This qualitative research aimed to understand better factors affecting the motivation of MSMs to disclose their sexual orientation. This research was informed by a phenomenological approach to explore the status disclosure for MSM in Palembang City. In-depth interviews and observations were conducted with 11 purposively recruited MSM informants, and five MSM outreach workers to allow data triangulation. Documentation and observations of the participant were conducted during various activities at the Intan Maharani Foundation (YIM). MSM was very cautious in disclosing their sexual orientation and only chose to do so to their limited network, such as close friends, MSM, who are also at risk of HIV transmission. Challenges to disclosing their sexual orientation may also relate to the fact that only a few MSM had ever had their HIV test. MSMs, if they choose to, could share their status with their PL (*Penjangkau Lapangan* or Field Outreach) during routine health check-ups. Findings from this research call for a bigger research on barriers to reporting their sexual orientation among MSM, that will help policy and program makers improve services, health literacy, and build confidence and trust among MSMs to access HIV services and even disclose their HIV status in a safe, respectful, and confidential manner.

**Keywords:** MSM (Men Who Have Sex with Men), Status Disclosure, Non-Disclosure Status.

## *ABSTRACT*

LSL (*Lelaki yang Berhubungan Seks dengan Lelaki*) merupakan populasi kunci yang merupakan kelompok risiko tinggi penularan HIV. Kasus HIV pada LSL di Indonesia tercatat sebesar 17,9% pada tahun 2020. Penelitian kualitatif ini bertujuan untuk memberikan pemahaman yang lebih baik tentang faktor-faktor yang mempengaruhi motivasi LSL untuk mengungkapkan orientasi seksual mereka. Penelitian ini dilatarbelakangi oleh pendekatan

fenomenologis untuk menggali pengungkapan status LSL di Kota Palembang. Wawancara mendalam dan observasi dilakukan dengan 11 informan LSL yang direkrut secara purposif dan lima petugas penjangkau LSL sebagai triangulasi data. Dokumentasi dan observasi partisipan dilakukan pada berbagai kegiatan di Yayasan Intan Maharani (YIM). LSL sangat berhati-hatidalam mengungkapkan orientasi seksualnya, dan hanya memilih untuk mengungkapkannya pada jaringan yang terbatas, seperti teman dekat, LSL, yang juga berisiko tertular HIV. Tantangan untuk mengungkapkan orientasi seksual mereka mungkin juga terkait dengan fakta bahwa hanya sedikit LSL yang pernah melakukan tes HIV. LSL, jika mereka mau, mereka dapat membagikan status mereka dengan PL (*Penjangkauan Lapangan*) mereka selama pemeriksaan kesehatan rutin. Temuan dari penelitian ini memerlukan penelitian yang lebih besar tentang hambatan untuk melaporkan orientasi seksual mereka di kalangan LSL, yang akan membantu pembuat kebijakan dan program untuk meningkatkan layanan, literasi kesehatan, dan membangun keyakinan dan kepercayaan di kalangan LSL untuk mengakses layanan HIV dan bahkan mengungkapkan status HIV mereka. dengan cara yang aman, terhormat dan rahasia.

**Keywords:** LSL (*Lelaki yang Berhubungan Seks dengan Lelaki*), Pengungkapan Status, Tidak Mengungkapkan Status.

## Introduction

The Human Immunodeficiency Virus (HIV) infection is a global public health concern.<sup>1-3</sup>In the past decade, there has been a growing concern over identified epidemics of HIV infection among MSM globally, especially in Africa, Latin America, and Asia (South and South-East).<sup>3</sup>About a quarter, or 23%, of MSM people worldwide are infected with HIV.<sup>4</sup>The UNAIDS Report (2019) noted three groups having the highest number of new HIV cases in the Asia Pacific: MSM (44%), clients of sex workers and sex partners of all key populations (21%), and Injecting Drug Users (IDUs) (17%).<sup>3</sup>In Indonesia, in 2020, there was an estimated 754,300 MSM population with 17.9% HIV prevalence. MSM aged between 25 and 49 years has the highest HIV prevalence of 66.4%.<sup>5-7</sup>

In 2020 (January-March Period), there were recorded 27 new cases of MSM living with HIV/AIDS (PLWHA) in the South Sumatra province. Twenty-six of them alone lived in Palembang City.<sup>9</sup>Palembang is the provincial capital of the South Sumatra province. It has the highest MSM population in the South Sumatra province of 4,332 people and 2,912 PLWHA.<sup>6</sup>

MSM is 22 times more like to transmit HIV to their sexual partners.<sup>2,9</sup>In Indonesia, there are several PLWHA homosexuals (27.2%) who are included in the MSM group (26.3%) and transgender (0,9%).<sup>2,9</sup>High-risk behavior in homosexuals contributes to HIV and AIDS significantly by ten times higher through anal sex than vaginal sex. Compared to the general population, homosexuals also have a 19 times greater risk of transmitting HIV.<sup>10</sup>

The continuing increase of HIV and or other sexually transmitted infection in the MSM communities are attributed to various factors. That includes unprotected anal sex (having the highest risk of transmission) and oral sex. Other associated interrelated factors include having multiple and

The continuing increase of HIV and or other sexually transmitted infection in the MSM communities are attributed to various factors. That includes unprotected anal sex (having the highest risk of transmission) and oral sex. Other associated interrelated factors include having multiple and concurrent sexual partners, alcohol and drug use, and co-infection with other STIs.<sup>11-15</sup>At the same time, there has been a dramatic change in the modes and venues where MSM find their sexual partners. Including offline platforms, online internet or mobile application, gay bars, parks, and baths, where they do not know each other before, increasing the risk of HIV transmission in MSM.<sup>11,16</sup>All of these lead to greater difficulties in reaching out to the MSM population and having them hidden and hard to reach key populations in HIV prevention.<sup>17</sup>Lack of awareness about the transmission of HIV and STIs and low knowledge, poor attitudes, and risky sexual behaviors are continued to be ignored in HIV prevention efforts among MSM.<sup>18</sup>

Between January and September 2021, a report from Palembang City's Minimum Service Standards of health services or *Standar Pelayanan Minimal* (SPM) noted that 1,489 MSM had attended HIV testing. Previously, in January – March 2020, compared to other municipalities and regions in South Sumatra province, Palembang city had the highest number of HIV-positive MSM.<sup>8</sup>An increase in MSM with deviant behavior is related to openness about their status. This raises a question for researchers to find out how the description of status disclosure for MSM in Palembang City. There is

limited information about MSM in Palembang City, the capital city of South Sumatra. Therefore, there is population migration, and the number of public facilities where MSM gathers also raises researchers' awareness.

To address the research's limitations, in-depth interviews were conducted with a phenomenological approach and the involvement of MSM as an assistant. Once done, this research is expected to provide an understanding of the disclosure of sexual orientation in MSM. Furthermore, information on sexual behavior, marital status, and HIV testing for MSM in Palembang City follow the disclosure of MSM sexual orientation.

## **Methods**

Through a phenomenological lens, this research aimed to understand, observe and describe any specific phenomenon and the lived experiences of MSMs that may affect their motivation or choice to disclose or not disclose their sexual orientation.

### *Participants Recruitment*

MSM participants were purposively recruited from MSM who were registered as ever and had HIV tests in Palembang City. This registration list was obtained from the SIHA (HIV/AIDS Information System) in Palembang City.

Participants aged 19 or above were purposively recruited from various MSM peer support groups (*Kelompok Damngan*) and MSM outreach workers (*Penjangkau Lapangan/PL*) at Intan Maharani Foundation (YIM). Due to COVID-19 restrictions, invitations to research were distributed through social media. One of the core workers in Intan Maharani Foundation agreed to distribute the

Participants aged 19 or above were purposively recruited from various MSM peer support groups (*Kelompok Dampungan*) and MSM outreach workers (*Penjangkau Lapangan/PL*) at Intan Maharani Foundation (YIM). Due to COVID-19 restrictions, invitations to research were distributed through social media. One of the core workers in Intan Maharani Foundation agreed to distribute the research invitation to their MSM peer supports registered within their networks. These *Kelompok Dampungan* were instructed by MSM outreach workers, who provided education and HIV testing in MSM communities.

Potential MSMs who agreed to participate in this research were then invited to meet with the researcher and the research assistant. In this introduction meeting, the researcher explained the aim of the research, the procedure and the researchers' expectation, and the research benefits to the participants, their foundation, and broader HIV policies and programs. This introduction meeting also discussed matters relating to participants' confidentiality, participants' rights, and what was expected from them. The potential participants who agreed to participate in the research were asked to sign the consent form.

A week after the introduction meeting, the researcher conducted in-depth interviews in 3 sessions with different MSM. The researcher tries to see patterns in the answers of each MSM so that

in each meeting, the researcher begins to modify the questions he wants to focus on. It is possible that MSM is not immediately open to sharing experiences related to their openness.

A total of 11 people agreed to participate, aged between 19 to 24 years and above 25 years. Another characteristic criterion is those who have marital status and do not have marital status. In addition, education is divided into high (high school/equivalent and university) and low (elementary and junior high school). As for MSM's work status, some are working, and some are not.

#### *Recruiting a Research Assistant*

Before conducting the field research, a research assistant was recruited to help recruit participants. The research assistant [ZA] referred to the researches by Bakti and Indah as the core workers in Intan Maharani Foundation. He was an outreach worker with the Intan Maharani Foundation. The first author [NA] trained the research assistant about the planned data collection, ethics in research, and practice run on how to conduct in-depth interviews and participants' observations. A pilot run for the interview schedule was conducted by interviewing three HIV outreach workers who were also MSMs. Feedback from this piloting stage was used to simplify the language use and the timing of the interviews and to ensure that the choice of language was respectful, sensitive, and easy to understand.

#### *Data Collection*

The data collection included in-depth interviews with 11 MSM as the main informant and five outreach workers as the key informant. For the MSM, participants' observations were conducted during the initial visit to YIM as a joint meeting with Epidemiology college students. This visit shows the big picture of research and the introduction meeting after the participant recruitment. As for the research

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### *Data Analysis*

The thematic analysis was used to analyze the data. The six-step thematic analysis of Braun and Clarke includes familiarising data, the initial coding step, generating categories, and initial themes. Reviewing and defining themes and sub-themes and writing the research report.

The data analysis stage started by the first [NA] and second author [NU] separately read the interview transcripts and paid attention to frequently mentioned keywords related to experiences and challenges, barriers, and feelings relating to disclosing or not disclosing status as MSM and formed the initial coding. The data analysis process included reading and re-reading the transcripts to familiarize



them with themes frequently captured in the transcripts. Those initial codings were then discussed with the rest of the research team for critical review. The first author also manually recorded and took notes of the coding process, outcomes, discussion themes, and comments from the research team. The final coding-end themes were systematically assigned to 'child and parent codes. This research was approved by the Health Research Ethics Commission, Faculty of Public Health, Sriwijaya University, within Number: 015/UN9.FKM/TU.KKE/2022.

## Results

After collecting data from research informants, MSM's characteristics and risk behaviors were obtained, including the disclosure of their status.

**Table 1. Participants' Demographic Characteristics and HIV related risk (11 MSMs)**

HIV Status	Informant
HIV Positive	1
HIV Negative	10
<b>Age</b>	
≥25 Years	7
15-24 Years	4
<b>Marital Status</b>	
Single	8
Married (as bisexual)	3
<b>Education</b>	
High Education (graduated from high school/equivalent or college)	8
Low Education (Maximum graduate of junior high school or equivalent)	3
<b>Employment</b>	
Working (Full Time)	10
Unemployed (Being a student)	1
<b>Total</b>	<b>11</b>

Working (Full Time)	10
Unemployed (Being a student)	1
<b>Total</b>	<b>11</b>

(Source: Primary Data In-depth Interviews of MSM Main Informants in 2022)

**Table 2. Further Information's from MSM Key Informants**

Informant (Pseudonym)	Further Informations
Tama	First sexual violence by a family member (age 28 years), Tama has not entered elementary school yet; second sexual violence by a teacher (age 30 years), Tama is still in school; an uncountable number of sexual partners; never had sex with women.
Doni	New to MSM; have had sex with women (vaginal route)
Reza	Just became MSM
Farel	Ten years divorced (living) with wife and returned to being active as MSM; has one son (not being MSM)
Eko	Just became MSM
Heru	The number of sexual partners is uncountable; it used to be only MSM; now, being a transgender and paid; feminine
Andri	Married at the age of 21 years; has three children (2 daughters and one adopted son); is now transgender; an uncountable number of sexual partners; has a history of diabetes and high blood pressure before becoming a PL

Juan	At first, they were MSM, then they became TGs and got paid, now they are still TGs, although not often; feminine; countless pairs
Mulia	Married for nine years, has one child (7 years old); countless pairs; has a history of STIs in 1996 and is difficult to recover (titer* 1/8)
Verdy	Been married for ten years; has three children; attractiveness of 70% for women and 30% for men; uncountable male sexual partners; originally paid and now consensual

(Source: Primary Data In-depth Interviews of MSM Main Informants in 2022)

**Table 3. Number of Sexual Partners of Informants**

Number of Sexual Partners	Informants
Countless (Multiple and unable to recall)	7
Counted/Newly Become MSM	4
<b>Total</b>	<b>11</b>

(Source: Primary Data In-depth Interviews of MSM Main Informants in 2022)

**Table 4. Disclosure of Informant Status with Close People**

Disclosure Theme (MSM/Transgender/HIV positive) with Close People	Informants
Non-Disclosure Category	4
Pretty Open Category	4
<b>Total</b>	<b>8</b>

(Source: Primary Data In-depth Interviews of MSM Main Informants in 2022)

Table 1 shows that only one of the participants was HIV positive at the time of this research. Most are 25 years old, unmarried, in higher education, and working.

Regarding disclosing their status, table 4 shows that four participants had ever shared their gender identity or sexual preference with their closest family or friends. Including their fellow MSM friends, sexual partners (MSM), relatives, and cousins who usually lived far away from the participants. Four people were quite open about their status. Unfortunately, only 8 out of 11 MSM explained this because the flow of conversation between the researcher and the informant was not always focused on the interview guide.

In contrast, two people were transgender before or after becoming MSM, and two other people only being MSM. Participants explained that they tended not to share their MSM status yet only their HIV status and being transgender. At first, they said they were gay. However, after being informed, they agreed to be called MSM, regardless of their sexual orientation as homosexual or bisexual.

Verdy was 22 years old and was single. He was the only participant who was HIV positive. He told his distant cousin that he was an MSM, yet he chose to tell his family about his HIV status and not about his being MSM.

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*“...my cousin, he knows about me (as MSM), I already told him my problem about the same sex, but he is far away (his location). At another time, I told my sister about my status as HIV-positive because it was revealed that there was medicine in my closet, my family gathered us together, and I was told to talk about details. “What medicine is this?” I said it was ARV to prevent HIV. “How can you get infected?” I said yes, it could, I had sex with the (woman) prostitutes. And I do not talk when I am with the same sex (the MSM)” (Verdy)*

Married MSM, identified as bisexual MSM, had never shared with their wives about their sexual orientation. Heru was a 43-year-old bisexual who had a wife. He was an outreach worker and a transgender person. Heru explained that the demands of his work had made it hard to spend time with his wife and children. Heru was confident that his wife did not know about his sexual orientation and that he had sexual relations with men.

*For my wife, right before we married, I initially (already) worked outside a lot, so having separate life with her is normal. For my sexual orientation, maybe she does not know yet... I have three children (Heru)*

Farel (44 years old) had divorced his wife in the last ten years. Farel was secretive about his sexual orientation. He was conscious and concerned about his sexual orientation being exposed to other fellow MSMs when the research was conducted during Mobile VCT activities. Farel wanted to be seen as a ‘normal heterosexual man’ and not to disclose his homosexuality.

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*Even though I am afraid to gather with the same kind of people like this (MSM who attended the HIV testing clinic), I see people with normal behavior (Farel)*

Fearful disclosure of one's sexual orientation and homosexuality makes the MSM group one of the most invisible and hard-to-reach populations amongst other key groups at risk of HIV transmission.

Indah, one of the program coordinators and key informant stakeholders, explained that while the transgenders are visible in the community because of some social importance, MSM is generally very much hidden.

*They [MSM] had been hidden all this time, especially they are not open. Transgender people are visible, while MSM is not. (Indah, Heterosexual Woman, YIM program coordinator specifically for MSM, key informants as data validity)*

During the COVID-19 interruption since 2020, there has been a reduction in HIV testing due to fears of going to the hospitals or accessing HIV services. A drop in mobile VCT activities has also reduced the detection of MSM as a risk group for HIV transmission.

*"HIV screening had decreased in the past three years. First, fears of going to the service, the hospital, or Puskesmas. Second, mobile VCT activities had also decreased because of the COVID-19 restriction" (Ica, Heterosexual Woman, HIV program manager, key informant as data validity)*

Bakti, the director of the Intan Maharani Foundation, noted that while it is impossible to change one's sexual orientation, it is essential to continue to reach out to them and provide relevant health literacy programs to raise awareness.

*"When we see that as humans, what we do is about behavior. It's not easy to change this kind of behavior. Therefore, the only thing that might be able to raise awareness gradually is the need to be healthy." (Bakti, YIM director, key informant as data validity)*

The outreach workers were approached as the key informants in this research. They are called *Penjangkau Lapangan* (PL) or field support outreach workers. They play an essential role in reaching out to the MSM communities. They distributed condoms and provided information about preventing HIV and other sexually transmitted infections. MSMs were more like to be more open in sharing their sexual orientation and sexual behaviors with the PLs.

*"I didn't know the risks before, but there have been risks ever since now. After I joined here (YIM, initially met PL and was appointed being a PL), I already know that the risk is greater if sex does not use protection, what are the effects, Alhamdulillah. After being at YIM, I just realized that condoms are important.*

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Some of the participants admitted that not until they met a PL that they understood the use of condoms to prevent HIV and other sexually transmitted infections.

*"In the past, I didn't understand this [using condoms to prevent HIV and STIs]. I got to know PL in early 2019. But I started diligently using condoms in 2020. It's mandatory." (Eko)*

Apart from using condoms, since meeting PL, some MSM has routinely accessing HIV tests.

*"Even though I use condoms, I'm diligent about going to get the VCT because it's still a risk (as MSM)" (Eko)*

Mulia was bisexual and had a wife. However, he used not use condoms when having sexual intercourse. He learned about using condoms to prevent HIV since joining the Foundation and eventually was recruited as a field outreach worker.

*"Before at YIM, I never used a condom. My fate was fortunate because when I got to know YIM, it was still (HIV) negative. Now I use it. If I don't, I think about it. If something happens, what about my wife, don't let it happen. For now, if it's for that (sexual intercourse with men), I always thought about using a condom." (Mulia)*

Putri, the HIV data officer at the Foundation, also regularly participates in MSM activities. Putri believed that no one could stop a man from having sex with another man. However, they could learn how to practice safe sex and reduce the risk of transmission of HIV and STIs.

*"It's risky, men having sex with men. We also can't ban it, just provide education for them on how to have unsafe sex, to reduce the risk of contracting the disease" (Putri, Heterosexual Woman, HIV data officer, key informant as data validity)*

Through this, apart from the lack of openness on the part of MSM with their closest people, at least they can still be open with outreach groups (PL) at risk of HIV transmission.

## **Discussion**

The MSM communities are very much hidden in Indonesia due to stigmatization and discrimination against homosexuality in Indonesian societies. In the past ten years, it is estimated that social media has become a forum for people to learn more about homosexuality. The more that is known, homosexuality, especially in the MSM group, creates fear and even tends to hide their identity (MSM) from society.<sup>13</sup>

The increasing number of HIV/AIDS cases in Indonesia is due to various factors, including poor sexual health literacy, cultural and social norms, and stigma against homosexuality and sex talk.<sup>9,19</sup> The impact of disclosing HIV status can cause economic and social losses. Discrimination from the family environment and the local community is unavoidable, even for PLWHA, who always pay attention to their health. In addition, they also think that they are unable to help themselves or help others because they feel useless.<sup>20</sup>

Only four participants chose to disclose their sexual orientation to their sexual partners, their PL, and fellow MSMs. Only one of the participants who were HIV positive shared his HIV status with his family, but not his sexual orientation. MSM who were also married to a woman chose not to open their HIV status or sexual orientation to their wives.<sup>13,21</sup> Having multiple sex partners was reported by many of the participants. One of the participants who were HIV positive reported having multiple sexual partners.

Marital status does not prevent MSM from engaging in risky behaviors that lead to HIV transmission. MSM as a husband, does not rule out the possibility of transmitting sexually transmitted infections to his wife. As “good” wives, women cannot face the dangers that threaten them.<sup>19</sup>MSM has the same vulnerability whether they have marital status or not. Those who are married prefer not to disclose their status to their wives, namely as the closest people to the fact that they have sex with men. Then MSM who are not yet married even choose not to disclose themselves to the closest people, including fellow MSM. Research in China also explained that there is 20.6%, or in other words, 7 out of 34 informants, did not disclose their sexual orientation but only their HIV status to those closest to them, including family, relatives, or friends.<sup>22</sup>

In Indonesia, homosexuality or being gay is considered abnormal and immoral, which further hinders the motivation of MSM to be open about their sexuality.<sup>23</sup>MSM who still live at home with their families gets anxious about the effects of disclosing sexual orientation. They assume that this can cause stress to the family, especially their parents.<sup>22</sup>This is a double burden for MSM, as they reveal their HIV-positive status and orientation as homosexual. This can disappoint their parents, and they might be seen as a dishonor to their families, the bringer of ‘bad luck, and a shame to the family.<sup>22</sup>

The participants were all members of the Intan Maharani Foundation’s reach-out workers. They had adequate knowledge about HIV transmission and prevention. All of them had ever done an HIV test. However, they did not rule out the possibility of remaining private about their status as MSM to those closest to them. Key informants have known this phenomenon that MSM prefers to keep themselves closed regarding revealing their status as MSM, even to their fellow MSMs.

Reaching out to MSM was particularly difficult during the COVID-19 restriction. The obstacles faced by health workers in conducting counseling with clients. The Prevention of HIV/AIDS programs has been related to the trust issue. For example, patients may feel uncomfortable and fear discrimination and stigmatization.<sup>24</sup>Disclosure of MSM status openly can make it easier to get information related to their health.<sup>25</sup>

As outreach workers (PL) looks for MSM to provide comfort, it is necessary to expand interventions in prevention education through the ABCDE program in all community sectors. Also, interventions through communication, information, and education media, including identifying MSM gathering places. Furthermore, the interventions that can be given are regarding the risk of infection and the search for the proper treatment with behavior change interventions.<sup>26,27</sup>Therefore, it is necessary to provide adequate education so MSM can disclose their status to field observers, especially in Palembang City.

With openness with outreach workers, MSM, one of the at-risk groups, has the right to receive education about risky behavior and HIV testing.<sup>6</sup>This study proves that as an NGO, YIM aims to prevent HIV and AIDS in vulnerable groups or communities. They have provided sufficient efforts to comfort

MSM to disclose their status openly and participate in preventing HIV transmission through risky sexual behavior.

From the provision of educational media, including information and communication between outreach workers and openness from MSM, this study shows a change for the better in the routine of using condoms and VCT tests for MSM informants. Previously, the informant had not demonstrated knowledge about HIV, condom use, and the obligation to check their health as MSM. A good understanding of MSM can encourage them to consistently use condoms to prevent sexually transmitted diseases, including HIV. Awareness for MSM of the importance of using condoms is essential when they have received proper education.<sup>28</sup>In the future, it is hoped that MSM will not be lazy or embarrassed to voluntarily carry out HIV testing, including actively preventing HIV transmission.<sup>27</sup>In the end, MSM can reduce risky behavior during sexual intercourse and routinely participate in mentoring with field outreach workers (PL) at YIM.

Through this, there were some limitations during the research. First, a few informants are less open to sharing their experiences. However, this can be overcome because many MSM shares information honestly, even though this is the first meeting with researchers. Second, the atmosphere did not support researchers conducting in-depth interviews, especially recording information through voice recordings. This is because the research was conducted during working hours, more precisely incorporated in a VCT examination activity.

Lastly, there are obstacles to finding HIV-positive MSM to be open about their status. The MSM recruitment process is carried out with the help of a research assistant who is a member of the Intan Maharani Foundation and his assisted group. In this case, most MSM (as the assisted group) are



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Lastly, there are obstacles to finding HIV-positive MSM to be open about their status. The MSM recruitment process is carried out with the help of a research assistant who is a member of the Intan Maharani Foundation and his assisted group. In this case, most MSM (as the assisted group) are at risk for HIV and are enthusiastic about participating in the in-depth interview process. Only a tiny percentage of MSM who are HIV+ agree to participate in the interview process and go through a face-to-face approach.

## **Conclusion**

Informants in the disclosure of status to have sexual relations with men in various ways can be not disclosed and disclosed to those closest to them. The secretive MSM does not tell his status to his wife, fellow MSM who are not his sexual partners, and some of his family. MSM who are open only reveal their status to their closest MSM friends, sexual partners, and outreach workers at the Foundation. However, an informant can show their HIV-positive status even though they still hide the fact that they are MSM.

The existence of hidden MSM raises several problems, namely the increase in cases of HIV/AIDS and STIs. MSM is also often stigmatized and discriminated against by the public, including

health workers. The need for MSM to get health services can be constrained because the status closure coincides with the social risks obtained from the local community.

It is recommended to avoid risky actions in transmitting sexually transmitted infections, such as changing sexual partners and not using condoms. The community is advised to check their reproductive health routinely and, as much as possible, reduce adverse treatment to key populations, including MSM. Regular HIV checks at least every six months are recommended for MSM when they feel at risk.

Disclosure of the required status of MSM involves outreach to the MSM community as stakeholders to provide security and comfort and communication media, information, and education about HIV and STIs. Especially for MSM who are HIV positive to express their status without any adverse treatment from the public and health workers. The MSM who are reached is regularly reminded to adopt a healthy life and have sexual behavior safely by using condoms. As well as, being given targeted and gradual education can create trust between MSM and the outreach so that in the future, they can be more open with others, especially those closest to them. Or in other words, they can be more aware of the risky actions they have done in the past and try to remind fellow MSM who have not been reached as an HIV risk group.

Movement is needed to awaken the MSM group. For example, as a Non-Governmental Organization (NGO), YIM requires PL involvement to build trust. In addition, PL can also play an active role in guiding MSM to live and behave healthily and reduce the transmission of sexually transmitted diseases such as HIV.

TRANSMITTED DISEASES SUCH AS HIV .

The information obtained above shows it is essential for an outreach worker to actively look for the existence of MSM directly by providing simple and targeted education on HIV transmission. Apart from the sexual behavior of MSM, which is hard to change, the most important thing to do is to raise awareness that it is necessary to live a healthy life. So that later, an understanding will slowly form for every MSM to maintain their health status.

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## Conflict of Interest

The authors declare that they have no ~~conflict~~ of interest.

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NON-DISCLOSURE OF SEXUAL ORIENTATION OF MEN HAVING SEX WITH MEN (MSM): A HIDDEN THREAT OF HIV TRANSMISSION IN PALEMBANG, INDONESIA

ABSTRACT

MSM (Men who have sex with men) are the key population, a high-risk group for HIV transmission. HIV cases among MSM in Indonesia were recorded at 17.9% in 2020. This qualitative research aimed to understand better factors affecting the motivation of MSMs to disclose their sexual orientation. This research was informed by a phenomenological approach to explore the status disclosure for MSM in Palembang City. In-depth interviews and observations were conducted with 11 purposively recruited MSM informants, and five MSM outreach workers to allow data triangulation. Documentation and observations of the participant were conducted during various activities at the Intan Maharani Foundation (YIM). MSM was very cautious in disclosing their sexual orientation and only chose to do so to their limited network, such as close friends, MSM, who are also at risk of HIV transmission. Challenges to disclosing their sexual orientation may also relate to the fact that only a few MSM had ever had their HIV test. MSMs, if they choose to, could share their status with their PL (*Penjangkau Lapangan* or Field Outreach) during routine health check-ups. Findings from this research call for a bigger research on barriers to reporting their sexual orientation among MSM, that will help policy and program makers improve services, health literacy, and build confidence and trust among MSMs to access HIV services and even disclose their HIV status in a safe, respectful, and confidential manner.

**Keywords:** MSM (Men Who Have Sex with Men), Status Disclosure, Non-Disclosure Status.

**RU rico januar**  
Kata kunci dipakai salah satu aja, dan ditambah dengan kata kunci yang mewakili isi penelitian

ABSTRACT

LSL (Lelaki yang Berhubungan Seks dengan Lelaki) merupakan populasi kunci yang merupakan kelompok risiko tinggi penularan HIV. Kasus HIV pada LSL di Indonesia tercatat sebesar 17,9% pada tahun 2020. Penelitian kualitatif ini bertujuan untuk memberikan pemahaman yang lebih baik tentang faktor-faktor yang mempengaruhi motivasi LSL untuk mengungkapkan orientasi seksual mereka. Penelitian ini dilatarbelakangi oleh pendekatan fenomenologis untuk menggali pengungkapan status LSL di Kota Palembang. Wawancara mendalam dan observasi dilakukan dengan 11 informan LSL yang direkrut secara *purposif*, dan lima petugas penjangkau LSL

**RU rico januar**  
Redaksi kalimat diperbaiki... Misalaya... LSL salah satu populasi kunci..... yang merupakan

ABSTRACT

LSL (Lelaki yang Berhubungan Seks dengan Lelaki) merupakan populasi kunci yang merupakan kelompok risiko tinggi penularan HIV. Kasus HIV pada LSL di Indonesia tercatat sebesar 17,9% pada tahun 2020. Penelitian kualitatif ini bertujuan untuk memberikan pemahaman yang lebih baik tentang faktor-faktor yang mempengaruhi motivasi LSL untuk mengungkapkan orientasi seksual mereka. Penelitian ini dilatarbelakangi oleh pendekatan fenomenologis untuk menggali pengungkapan status LSL di Kota Palembang. Wawancara mendalam dan observasi dilakukan dengan 11 informan LSL yang direkrut secara *purposif*, dan lima petugas penjangkau LSL sebagai triangulasi data. Dokumentasi dan observasi partisipan dilakukan pada *berbagai* kegiatan di Yayasan Intan Maharani (YIM). LSL sangat berhati-hatidalam mengungkapkan orientasi seksualnya, dan hanya memilih untuk mengungkapkannya pada jaringan yang terbatas, seperti teman dekat, LSL, yang juga berisiko tertular HIV. Tantangan untuk mengungkapkan orientasi seksual mereka mungkin juga terkait dengan fakta bahwa hanya sedikit LSL yang pernah melakukan tes HIV. LSL, jika mereka mau, mereka dapat membagikan status mereka dengan PL (Penjangkauan Lapangan) mereka selama pemeriksaan kesehatan rutin. Temuan dari penelitian ini memerlukan penelitian yang lebih besar tentang hambatan untuk melaporkan orientasi seksual mereka di kalangan LSL, yang akan membantu pembuat kebijakan dan program untuk meningkatkan layanan, literasi kesehatan, dan membangun keyakinan dan kepercayaan di kalangan LSL untuk mengakses layanan HIV dan bahkan mengungkapkan status HIV mereka. dengan cara yang aman, terhormat dan rahasia.

**Keywords:** LSL (Lelaki yang Berhubungan Seks dengan Lelaki), Pengungkapan Status, Tidak Mengungkapkan Status

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The Human Immunodeficiency Virus (HIV) infection is a global public health concern.<sup>1-3</sup>In the past decade, there has been a growing concern over identified epidemics of HIV infection among MSM globally, especially in Africa, Latin America, and Asia (South and South-East).<sup>3</sup>About a quarter, or 23%, of MSM people worldwide are infected with HIV.<sup>4</sup>The UNAIDS Report (2019) noted three groups having the highest number of new HIV cases in the Asia Pacific: MSM (44%), clients of sex workers and sex partners of all key populations (21%), and Injecting Drug Users (IDUs) (17%).<sup>3</sup>In Indonesia, in 2020, there was an estimated 754,300 MSM population with 17.9% HIV prevalence. MSM aged between 25 and 49 years has the highest HIV prevalence of 66.4%.<sup>5-7</sup>

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In 2020 (January-March Period), there were recorded 27 new cases of MSM living with HIV/AIDS (PLWHA) in the South Sumatra province. Twenty-six of them alone lived in Palembang City.<sup>8</sup>Palembang is the provincial capital of the South Sumatra province. It has the highest MSM population in the South Sumatra province of 4,332 people and 2,912 PLWHA.<sup>4</sup>

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MSM is 22 times more like to transmit HIV to their sexual partners.<sup>2,9</sup>In Indonesia, there are several PLWHA homosexuals (27.2%) who are included in the MSM group (26.3%) and transgender (0,9%).<sup>2,9</sup>High-risk behavior in homosexuals contributes to HIV and AIDS significantly by ten times higher through anal sex than vaginal sex. Compared to the general population, homosexuals also have a 19 times greater risk of transmitting HIV.<sup>10</sup>

The continuing increase of HIV and or other sexually transmitted infection in the MSM communities are attributed to various factors. That includes unprotected anal sex (having the highest risk of transmission) and oral sex. Other associated interrelated factors include having multiple and concurrent sexual partners, alcohol and drug use, and co-infection with other STIs.<sup>11-15</sup>At the same time, there has been a dramatic change in the modes and venues where MSM find their sexual partners. Including offline platforms, online internet or mobile application, gay bars, parks, and baths, where they do not know each other before, increasing the risk of HIV transmission in MSM.<sup>11,16</sup>All of these lead to greater difficulties in reaching out to the MSM population and having them hidden and hard to reach key populations in HIV prevention.<sup>17</sup>Lack of awareness about the transmission of HIV and STIs and low knowledge, poor attitudes, and risky sexual behaviors are continued to be ignored in HIV prevention efforts among MSM.<sup>18</sup>

Between January and September 2021, a report from Palembang City's Minimum Service Standards of health services or *Standar Pelayanan Minimal* (SPM) noted that 1,489 MSM had attended HIV testing. Previously, in January – March 2020, compared to other municipalities and regions in South Sumatra province, Palembang city had the highest number of HIV-positive MSM.<sup>9</sup>An increase in MSM with deviant behavior is related to openness about their status. This raises a question for researchers to find out how the description of status disclosure for MSM in Palembang City. There is limited information about MSM in Palembang City, the capital city of South Sumatra. Therefore, there



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is population migration, and the number of public facilities where MSM gathers also raises researchers' awareness.

To address the research's limitations, in-depth interviews were conducted with a phenomenological approach and the involvement of MSM as an assistant. Once done, this research is expected to provide an understanding of the disclosure of sexual orientation in MSM. Furthermore, information on sexual behavior, marital status, and HIV testing for MSM in Palembang City follow the disclosure of MSM sexual orientation.

## Methods

Through a phenomenological lens, this research aimed to understand, observe and describe any specific phenomenon and the lived experiences of MSMs that may affect their motivation or choice to disclose or not disclose their sexual orientation.

### *Participants Recruitment*

MSM participants were purposively recruited from MSM who were registered as ever and had HIV tests in Palembang City. This registration list was obtained from the SIHA (HIV/AIDS Information System) in Palembang City.

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Participants aged 19 or above were purposively recruited from various MSM peer support groups (*Kelompok Dampungan*) and MSM outreach workers (*Penjanskau Labangan PL*) at Intan Maharani Foundation (YIM). Due to COVID-19 restrictions, invitations to research were distributed through social media. One of the core workers in Intan Maharani Foundation agreed to distribute the research invitation to their MSM peer supports registered within their networks. These *Kelompok Dampungan* were instructed by MSM outreach workers, who provided education and HIV testing in MSM communities.

Potential MSMs who agreed to participate in this research were then invited to meet with the researcher and the research assistant. In this introduction meeting, the researcher explained the aim of the research, the procedure and the researchers' expectation, and the research benefits to the participants, their foundation, and broader HIV policies and programs. This introduction meeting also discussed matters relating to participants' confidentiality, participants' rights, and what was expected from them. The potential participants who agreed to participate in the research were asked to sign the consent form.

A week after the introduction meeting, the researcher conducted in-depth interviews in 3 sessions with different MSM. The researcher tries to see patterns in the answers of each MSM so that in each meeting, the researcher begins to modify the questions he wants to focus on. It is possible that MSM is not immediately open to sharing experiences related to their openness.

A total of 11 people agreed to participate, aged between 19 to 24 years and above 25 years. Another characteristic criterion is those who have marital status and do not have marital status. In addition, education is divided into high (high school/equivalent and university) and low (elementary and junior high school). As for MSM's work status, some are working, and some are not.

#### *Recruiting a Research Assistant*

Before conducting the field research, a research assistant was recruited to help recruit participants. The research assistant [ZA] referred to the *researches* by Bakti and Indah as the core workers in Intan Maharani Foundation. He was an outreach worker with the Intan Maharani Foundation. The first author [NA] trained the research assistant about the planned data collection, ethics in research, and practice run on how to conduct in-depth interviews and participants' observations. A pilot run for the interview schedule was conducted by interviewing three HIV outreach workers who were also MSMs. Feedback from this piloting stage was used to simplify the language use and the timing of the interviews and to ensure that the choice of language was respectful, sensitive, and easy to understand.

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### *Data Collection*

The data collection included in-depth interviews with 11 MSM as the main informant and five outreach workers as the key informant. For the MSM, participants' observations were conducted during the initial visit to YIM as a joint meeting with Epidemiology college students. This visit shows the big picture of research and the introduction meeting after the participant recruitment. As for the research interview, the first author is invited to attend mobile VCT events as an effective way to meet with MSM peer support groups (*Kelompok Dampingan*). All of these stages are carried out from February to March. For the key informant, interview questions were given to confirm the data after in-depth interviews with the MSM as the primary informant. Researchers did not conduct FGDs because of time and workforce limitations.

### *Data Analysis*

The thematic analysis was used to analyze the data. The six-step thematic analysis of Braun and Clarke includes familiarising data, the initial coding step, generating categories, and initial themes. Reviewing and defining themes and sub-themes and writing the research report.

The data analysis stage started by the first [NA] and second author [NU] separately read the interview transcripts and paid attention to frequently mentioned keywords related to experiences and challenges, barriers, and feelings relating to disclosing or not disclosing status as MSM and formed the initial coding. The data analysis process included reading and re-reading the transcripts to familiarize them with themes frequently captured in the transcripts. Those initial codings were then discussed with the rest of the research team for critical review. The first author also manually recorded and took notes of the coding process, outcomes, discussion themes, and comments from the research team. The final

coding-end themes were systematically assigned to 'child and parent codes. This research was approved by the Health Research Ethics Commission, Faculty of Public Health, Sriwijaya University, within Number: 015/UN9.FKM/TU.KKE/2022.

## Results

After collecting data from research informants, MSM's characteristics and risk behaviors were obtained, including the disclosure of their status.

**Table 1. Participants' Demographic Characteristics and HIV related risk (11 MSMs)**

HIV Status	Informant
HIV Positive	1
HIV Negative	10
<b>Age</b>	
≥25 Years	7
15-24 Years	4
<b>Marital Status</b>	
Single	8
Married (as bisexual)	3
<b>Education</b>	
High Education (graduated from high school/equivalent or college)	8
Low Education (Maximum graduate of junior high school or equivalent)	3
<b>Employment</b>	
Working (Full Time)	10
Unemployed (Being a student)	1
<b>Total</b>	<b>11</b>

(Source: Primary Data In-depth Interviews of MSM Main Informants in 2022)

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**Table 2. Further Information's from MSM Key Informants**

Informant (Pseudonym)	Further Informations
Tama	First sexual violence by a family member (age 28 years), Tama has not entered elementary school yet; second sexual violence by a teacher (age 30 years), Tama is still in school; an uncountable number of sexual partners; never had sex with women.
Doni	New to MSM; have had sex with women (vaginal route)
Reza	Just became MSM
Farel	Ten years divorced (living) with wife and returned to being active as MSM; has one son (not being MSM)
Eko	Just became MSM
Heru	The number of sexual partners is uncountable; it used to be only MSM; now, being a transgender and paid; feminine
Andri	Married at the age of 21 years; has three children (2 daughters and one adopted son); is now transgender; an uncountable number of sexual partners; has a history of diabetes and high blood pressure before becoming a PL
Juan	At first, they were MSM, then they became TGs and got paid, now they are still TGs, although not often; feminine; countless pairs
Mulia	Married for nine years, has one child (7 years old); countless pairs; has a history of STIs in 1996 and is difficult to recover (titer* 1/8)

Verdy	Been married for ten years; has three children; attractiveness of 70% for women and 30% for men; uncountable male sexual partners; originally paid and now consensual
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(Source: Primary Data In-depth Interviews of MSM Main Informants in 2022)

**Table 3. Number of Sexual Partners of Informants**

Number of Sexual Partners	Informants
Countless (Multiple and unable to recall)	7
Counted/Newly Become MSM	4
<b>Total</b>	<b>11</b>

(Source: Primary Data In-depth Interviews of MSM Main Informants in 2022)

**Table 4. Disclosure of Informant Status with Close People**

Disclosure Theme (MSM/Transgender/HIV positive) with Close People	Informants
Non-Disclosure Category	4
Pretty Open Category	4
<b>Total</b>	<b>8</b>

(Source: Primary Data In-depth Interviews of MSM Main Informants in 2022)

Table 1 shows that only one of the participants was HIV positive at the time of this research. Most are 25 years old, unmarried, in higher education, and working.

Regarding disclosing their status, table 4 shows that four participants had ever shared their gender identity or sexual preference with their closest family or friends. Including their fellow MSM friends, sexual partners (MSM), relatives, and cousins who usually lived far away from the participants. Four people were quite open about their status. Unfortunately, only 8 out of 11 MSM explained this because the flow of conversation between the researcher and the informant was not always focused on the interview guide.

In contrast, two people were transgender before or after becoming MSM, and two other people only being MSM. Participants explained that they tended not to share their MSM status yet only their HIV status and being transgender. At first, they said they were gay. However, after being informed, they agreed to be called MSM, regardless of their sexual orientation as homosexual or bisexual.

Verdy was 22 years old and was single. He was the only participant who was HIV positive. He told his distant cousin that he was an MSM, yet he chose to tell his family about his HIV status and not about his being MSM.

*"...my cousin, he knows about me (as MSM), I already told him my problem about the same sex, but he is far away (his location). At another time, I told my sister about my status as HIV-positive because it was revealed that there was medicine in my closet, my family gathered us together, and I was told to talk about details.*

*“What medicine is this?” I said it was ARV to prevent HIV. “How can you get infected?” I said yes, it could, I had sex with the (woman) prostitutes. And I do not talk when I am with the same sex (the MSM)” (Verdy)*

Married MSM, identified as bisexual MSM, had never shared with their wives about their sexual orientation. Heru was a 43-year-old bisexual who had a wife. He was an outreach worker and a transgender person. Heru explained that the demands of his work had made it hard to spend time with his wife and children. Heru was confident that his wife did not know about his sexual orientation and that he had sexual relations with men.

*For my wife, right before we married, I initially (already) worked outside a lot, so having separate life with her is normal. For my sexual orientation, maybe she does not know yet... I have three children (Heru)*

Farel (44 years old) had divorced his wife in the last ten years. Farel was secretive about his sexual orientation. He was conscious and concerned about his sexual orientation being exposed to other fellow MSMs when the research was conducted during Mobile VCT activities. Farel wanted to be seen as a ‘normal heterosexual man’ and not to disclose his homosexuality.

*Even though I am afraid to gather with the same kind of people like this (MSM who attended the HIV testing clinic), I see people with normal behavior (Farel)*

Fearful disclosure of one’s sexual orientation and homosexuality makes the MSM group one of the most invisible and hard-to-reach populations amongst other key groups at risk of HIV transmission.

Indah, one of the program coordinators and key informant stakeholders, explained that while the transgenders are visible in the community because of some social importance, MSM is generally very much hidden.

*They [MSM] had been hidden all this time, especially they are not open. Transgender people are visible, while MSM is not. (Indah, Heterosexual Woman, YIM program coordinator specifically for MSM, key informants as data validity)*

During the COVID-19 interruption since 2020, there has been a reduction in HIV testing due to fears of going to the hospitals or accessing HIV services. A drop in mobile VCT activities has also reduced the detection of MSM as a risk group for HIV transmission.

*“HIV screening had decreased in the past three years. First, fears of going to the service, the hospital, or Puskesmas. Second, mobile VCT activities had also decreased because of the COVID-19 restriction” (Ica, Heterosexual Woman, HIV program manager, key informant as data validity)*

Bakti, the director of the Intan Maharani Foundation, noted that while it is impossible to change one's sexual orientation, it is essential to continue to reach out to them and provide relevant health literacy programs to raise awareness.

*"When we see that as humans, what we do is about behavior. It's not easy to change this kind of behavior. Therefore, the only thing that might be able to raise awareness gradually is the need to be healthy." (Bakti, YIM director, key informant as data validity)*

The outreach workers were approached as the key informants in this research. They are called *Peniangkau Lapangan* (PL) or field support outreach workers. They play an essential role in reaching out to the MSM communities. They distributed condoms and provided information about preventing HIV and other sexually transmitted infections. MSMs were more like to be more open in sharing their sexual orientation and sexual behaviors with the PLs.

*"I didn't know the risks before, but there have been risks ever since now. After I joined here (YIM, initially met PL and was appointed being a PL), I already know that the risk is greater if sex does not use protection, what are the effects, Alhamdulillah. After being at YIM, I just realized that condoms are important. Previously, even though there was a condom, it was never used. The knowledge gained from YIM is beneficial" (Juan)*

Some of the participants admitted that not until they met a PL that they understood the use of condoms to prevent HIV and other sexually transmitted infections.

*"In the past, I didn't understand this [using condoms to prevent HIV and STIs]. I got to know PL in early 2019. But I started diligently using condoms in 2020. It's mandatory." (Eko)*

Apart from using condoms, since meeting PL, some MSM has routinely accessing HIV tests.

*"Even though I use condoms, I'm diligent about going to get the VCT because it's still a risk (as MSM)" (Eko)*

Mulia was bisexual and had a wife. However, he used not use condoms when having sexual intercourse. He learned about using condoms to prevent HIV since joining the Foundation and eventually was recruited as a field outreach worker.

*"Before at YIM, I never used a condom. My fate was fortunate because when I got to know YIM, it was still (HIV) negative. Now I use it. If I don't, I think about it. If*

*something happens, what about my wife, don't let it happen. For now, if it's for that (sexual intercourse with men), I always thought about using a condom." (Mulia)*

Putri, the HIV data officer at the Foundation, also regularly participates in MSM activities. Putri believed that no one could stop a man from having sex with another man. However, they could learn how to practice safe sex and reduce the risk of transmission of HIV and STIs.

*"It's risky, men having sex with men. We also can't ban it, just provide education for them on how to have unsafe sex, to reduce the risk of contracting the disease"*  
*(Putri, Heterosexual Woman, HIV data officer, key informant as data validity)*

Through this, apart from the lack of openness on the part of MSM with their closest people, at least they can still be open with outreach groups (PL) at risk of HIV transmission.

## **Discussion**

The MSM communities are very much hidden in Indonesia due to stigmatization and discrimination against homosexuality in Indonesian societies. In the past ten years, it is estimated that social media has become a forum for people to learn more about homosexuality. The more that is known, homosexuality, especially in the MSM group, creates fear and even tends to hide their identity (MSM) from society.<sup>13</sup>

The increasing number of HIV/AIDS cases in Indonesia is due to various factors, including poor sexual health literacy, cultural and social norms, and stigma against homosexuality and sex talk.<sup>9,19</sup> The impact of disclosing HIV status can cause economic and social losses. Discrimination from the family environment and the local community is unavoidable, even for PLWHA, who always pay attention to their health. In addition, they also think that they are unable to help themselves or help others because they feel useless.<sup>20</sup>

Only four participants chose to disclose their sexual orientation to their sexual partners, their PL, and fellow MSMs. Only one of the participants who were HIV positive shared his HIV status with his family, but not his sexual orientation. MSM who were also married to a woman chose not to open their HIV status or sexual orientation to their wives.<sup>13,21</sup> Having multiple sex partners was reported by many of the participants. One of the participants who were HIV positive reported having multiple sexual partners.

Marital status does not prevent MSM from engaging in risky behaviors that lead to HIV transmission. MSM as a husband, does not rule out the possibility of transmitting sexually transmitted infections to his wife. As "good" wives, women cannot face the dangers that threaten them.<sup>19</sup> MSM has the same vulnerability whether they have marital status or not. Those who are married prefer not to disclose their status to their wives, namely as the closest people to the fact that they have sex with men.

Then MSM who are not yet married even choose not to disclose themselves to the closest people, including fellow MSM. Research in China also explained that there is 20.6%, or in other words, 7 out of 34 informants, did not disclose their sexual orientation but only their HIV status to those closest to them, including family, relatives, or friends.<sup>22</sup>

In Indonesia, homosexuality or being gay is considered abnormal and immoral, which further hinders the motivation of MSM to be open about their sexuality.<sup>23</sup> MSM who still live at home with their families gets anxious about the effects of disclosing sexual orientation. They assume that this can cause stress to the family, especially their parents.<sup>22</sup> This is a double burden for MSM, as they reveal their HIV-positive status and orientation as homosexual. This can disappoint their parents, and they might be seen as a dishonor to their families, the bringer of 'bad luck, and a shame to the family.<sup>22</sup>

The participants were all members of the Intan Maharani Foundation's reach-out workers. They had adequate knowledge about HIV transmission and prevention. All of them had ever done an HIV test. However, they did not rule out the possibility of remaining private about their status as MSM to those closest to them. Key informants have known this phenomenon that MSM prefers to keep themselves closed regarding revealing their status as MSM, even to their fellow MSMs.

Reaching out to MSM was particularly difficult during the COVID-19 restriction. The obstacles faced by health workers in conducting counseling with clients. The Prevention of HIV/AIDS programs has been related to the trust issue. For example, patients may feel uncomfortable and fear discrimination and stigmatization.<sup>24</sup> Disclosure of MSM status openly can make it easier to get information related to and stigmatization.<sup>24</sup> Disclosure of MSM status openly can make it easier to get information related to their health.<sup>25</sup>

As outreach workers (PL) looks for MSM to provide comfort, it is necessary to expand interventions in prevention education through the ABCDE program in all community sectors. Also, interventions through communication, information, and education media, including identifying MSM gathering places. Furthermore, the interventions that can be given are regarding the risk of infection and the search for the proper treatment with behavior change interventions.<sup>26,27</sup> Therefore, it is necessary to provide adequate education so MSM can disclose their status to field observers, especially in Palembang City.

With openness with outreach workers, MSM, one of the at-risk groups, has the right to receive education about risky behavior and HIV testing.<sup>6</sup> This study proves that as an NGO, YIM aims to prevent HIV and AIDS in vulnerable groups or communities. They have provided sufficient efforts to comfort MSM to disclose their status openly and participate in preventing HIV transmission through risky sexual behavior.

From the provision of educational media, including information and communication between outreach workers and openness from MSM, this study shows a change for the better in the routine of

using condoms and VCT tests for MSM informants. Previously, the informant had not demonstrated knowledge about HIV, condom use, and the obligation to check their health as MSM. A good understanding of MSM can encourage them to consistently use condoms to prevent sexually transmitted diseases, including HIV. Awareness for MSM of the importance of using condoms is essential when they have received proper education.<sup>28</sup>In the future, it is hoped that MSM will not be lazy or embarrassed to voluntarily carry out HIV testing, including actively preventing HIV transmission.<sup>27</sup>In the end, MSM can reduce risky behavior during sexual intercourse and routinely participate in mentoring with field outreach workers (PL) at YIM.

Through this, there were some limitations during the research. First, a few informants are less open to sharing their experiences. However, this can be overcome because many MSM shares information honestly, even though this is the first meeting with researchers. Second, the atmosphere did not support researchers conducting in-depth interviews, especially recording information through voice recordings. This is because the research was conducted during working hours, more precisely incorporated in a VCT examination activity.

Lastly, there are obstacles to finding HIV-positive MSM to be open about their status. The MSM recruitment process is carried out with the help of a research assistant who is a member of the Intan Maharani Foundation and his assisted group. In this case, most MSM (as the assisted group) are at risk for HIV and are enthusiastic about participating in the in-depth interview process. Only a tiny percentage of MSM who are HIV+ agree to participate in the interview process and go through a face-to-face approach



to-face approach.

## **Conclusion**

Informants in the disclosure of status to have sexual relations with men in various ways can be not disclosed and disclosed to those closest to them. The secretive MSM does not tell his status to his wife, fellow MSM who are not his sexual partners, and some of his family. MSM who are open only reveal their status to their closest MSM friends, sexual partners, and outreach workers at the Foundation. However, an informant can show their HIV-positive status even though they still hide the fact that they are MSM.

The existence of hidden MSM raises several problems, namely the increase in cases of HIV/AIDS and STIs. MSM is also often stigmatized and discriminated against by the public, including health workers. The need for MSM to get health services can be constrained because the status closure coincides with the social risks obtained from the local community.

It is recommended to avoid risky actions in transmitting sexually transmitted infections, such as changing sexual partners and not using condoms. The community is advised to check their reproductive health routinely and, as much as possible, reduce adverse treatment to key populations,

including MSM. Regular HIV checks at least every six months are recommended for MSM when they feel at risk.

Disclosure of the required status of MSM involves outreach to the MSM community as stakeholders to provide security and comfort and communication media, information, and education about HIV and STIs. Especially for MSM who are HIV positive to express their status without any adverse treatment from the public and health workers. The MSM who are reached is regularly reminded to adopt a healthy life and have sexual behavior safely by using condoms. As well as, being given targeted and gradual education can create trust between MSM and the outreach so that in the future, they can be more open with others, especially those closest to them. Or in other words, they can be more aware of the risky actions they have done in the past and try to remind fellow MSM who have not been reached as an HIV risk group.

Movement is needed to awaken the MSM group. For example, as a Non-Governmental Organization (NGO), YIM requires PL involvement to build trust. In addition, PL can also play an active role in guiding MSM to live and behave healthily and reduce the transmission of sexually transmitted diseases such as HIV.

The information obtained above shows it is essential for an outreach worker to actively look for the existence of MSM directly by providing simple and targeted education on HIV transmission. Apart from the sexual behavior of MSM, which is hard to change, the most important thing to do is to raise

The information obtained above shows it is essential for an outreach worker to actively look for the existence of MSM directly by providing simple and targeted education on HIV transmission. Apart from the sexual behavior of MSM, which is hard to change, the most important thing to do is to raise awareness that it is necessary to live a healthy life. So that later, an understanding will slowly form for every MSM to maintain their health status.

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### **Conflict of Interest**

The authors declare that they have no conflict of interest.

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NON-DISCLOSURE OF SEXUAL ORIENTATION OF MEN HAVING SEX WITH MEN (MSM): A HIDDEN THREAT OF HIV TRANSMISSION IN PALEMBANG, INDONESIA

ABSTRACT

MSM (Men who have sex with men) are the key population, a high-risk group for HIV transmission. HIV cases among MSM in Indonesia were recorded at 17.9% in 2020. This qualitative research aimed to understand better factors affecting the motivation of MSMs to disclose their sexual orientation. This research was informed by a phenomenological approach to explore the status disclosure for MSM in Palembang City. In-depth interviews and observations were conducted with 11 purposively recruited MSM informants, and five MSM outreach workers to allow data triangulation. Documentation and observations of the participant were conducted during various activities at the Intan Maharani Foundation (YIM). MSM was very cautious in disclosing their sexual orientation and only chose to do so to their limited network, such as close friends, MSM, who are also at risk of HIV transmission. Challenges to disclosing their sexual orientation may also relate to the fact that only a few MSM had ever had their HIV test. MSMs, if they choose to, could share their status with their PL (Penjangkau Lapangan or Field Outreach) during routine health check-ups. Findings from this research call for a bigger research on barriers to reporting their sexual orientation among MSM, that will help policy and program makers improve services, health literacy, and build confidence and trust among MSMs to access HIV services and even disclose their HIV status in a safe, respectful, and confidential manner.

Keywords: MSM (Men Who Have Sex with Men), Status Disclosure, Non-Disclosure Status.

ABSTRACT

LSL (Lelaki yang Berhubungan Seks dengan Lelaki) merupakan populasi kunci yang merupakan kelompok risiko tinggi penularan HIV. Kasus HIV pada LSL di Indonesia tercatat sebesar 17,9% pada tahun 2020. Penelitian kualitatif ini bertujuan untuk memberikan pemahaman yang lebih baik tentang faktor-faktor yang mempengaruhi motivasi LSL untuk mengungkapkan orientasi seksual mereka. Penelitian ini dilatarbelakangi oleh pendekatan fenomenologis untuk menggali pengungkapan status LSL di Kota Palembang. Wawancara

ABSTRACT

LSL (Lelaki yang Berhubungan Seks dengan Lelaki) merupakan populasi kunci yang merupakan kelompok risiko tinggi penularan HIV. Kasus HIV pada LSL di Indonesia tercatat sebesar 17,9% pada tahun 2020. Penelitian kualitatif ini bertujuan untuk memberikan pemahaman yang lebih baik tentang faktor-faktor yang mempengaruhi motivasi LSL untuk mengungkapkan orientasi seksual mereka. Penelitian ini dilatarbelakangi oleh pendekatan fenomenologis untuk menggali pengungkapan status LSL di Kota Palembang. Wawancara mendalam dan observasi dilakukan dengan 11 informan LSL yang direkrut secara purposif, dan lima petugas penjangkau LSL sebagai triangulasi data. Dokumentasi dan observasi partisipan dilakukan pada berbagai kegiatan di Yayasan Intan Maharani (YIM). LSL sangat berhati-hatidalam mengungkapkan orientasi seksualnya, dan hanya memilih untuk mengungkapkannya pada jaringan yang terbatas, seperti teman dekat, LSL, yang juga berisiko tertular HIV. Tantangan untuk mengungkapkan orientasi seksual mereka mungkin juga terkait dengan fakta bahwa hanya sedikit LSL yang pernah melakukan tes HIV. LSL, jika mereka mau, mereka dapat membagikan status mereka dengan PL (Penjangkauan Lapangan) mereka selama pemeriksaan kesehatan rutin. Temuan dari penelitian ini memerlukan penelitian yang lebih besar tentang hambatan untuk melaporkan orientasi seksual mereka di kalangan LSL, yang akan membantu pembuat kebijakan dan program untuk meningkatkan layanan, literasi kesehatan, dan membangun keyakinan dan kepercayaan di kalangan LSL untuk mengakses layanan HIV dan bahkan mengungkapkan status HIV mereka. dengan cara yang aman, terhormat dan rahasia.

Keywords: LSL (Lelaki yang Berhubungan Seks dengan Lelaki), Pengungkapan Status, Tidak Mengungkapkan Status

- L LENOVO  
Some acronyms are explained first then abt
- L LENOVO  
Abbreviation after abbreviation
- L LENOVO  
Explain the criteria for being an informant
- L LENOVO  
Singkatan setelah kepanjangan
- L LENOVO  
PL or FO??

## Introduction

The Human Immunodeficiency Virus (HIV) infection is a global public health concern.<sup>1-3</sup>In the past decade, there has been a growing concern over identified epidemics of HIV infection among MSM globally, especially in Africa, Latin America, and Asia (South and South-East).<sup>3</sup>About a quarter, or 23%, of MSM people worldwide are infected with HIV.<sup>4</sup>The UNAIDS Report (2019) noted three groups having the highest number of new HIV cases in the Asia Pacific: MSM (44%), clients of sex workers and sex partners of all key populations (21%), and Injecting Drug Users (IDUs) (17%).<sup>3</sup>In Indonesia, in 2020, there was an estimated 754,300 MSM population with 17.9% HIV prevalence. MSM aged between 25 and 49 years has the highest HIV prevalence of 66.4%.<sup>5-7</sup>

In 2020 (January-March Period), there were recorded 27 new cases of MSM living with HIV/AIDS (PLWHA) in the South Sumatra province. Twenty-six of them alone lived in Palembang City.<sup>9</sup>Palembang is the provincial capital of the South Sumatra province. It has the highest MSM population in the South Sumatra province of 4,332 people and 2,912 PLWHA.<sup>6</sup>

MSM is 22 times more likely to transmit HIV to their sexual partners.<sup>2,9</sup>In Indonesia, there are several PLWHA homosexuals (27.2%) who are included in the MSM group (26.3%) and transgender (0.9%).<sup>2,9</sup>High-risk behavior in homosexuals contributes to HIV and AIDS significantly by ten times higher through anal sex than vaginal sex. Compared to the general population, homosexuals also have a 19 times greater risk of transmitting HIV.<sup>10</sup>

## LENOVO

The research problem is further clarified, whether there is no information or very little information about the disclosure of sexual orientation in MSM.

The continuing increase of HIV and or other sexually transmitted infection in the MSM communities are attributed to various factors. That includes unprotected anal sex (having the highest risk of transmission) and oral sex. Other associated interrelated factors include having multiple and concurrent sexual partners, alcohol and drug use, and co-infection with other STIs.<sup>11-15</sup>At the same time, there has been a dramatic change in the modes and venues where MSM find their sexual partners. Including offline platforms, online internet or mobile application, gay bars, parks, and baths, where they do not know each other before, increasing the risk of HIV transmission in MSM.<sup>11,16</sup>All of these lead to greater difficulties in reaching out to the MSM population and having them hidden and hard to reach key populations in HIV prevention.<sup>17</sup>Lack of awareness about the transmission of HIV and STIs and low knowledge, poor attitudes, and risky sexual behaviors are continued to be ignored in HIV prevention efforts among MSM.<sup>18</sup>

Between January and September 2021, a report from Palembang City's Minimum Service Standards of health services or Standar Pelayanan Minimal (SPM) noted that 1,489 MSM had attended HIV testing. Previously, in January – March 2020, compared to other municipalities and regions in South Sumatra province, Palembang city had the highest number of HIV-positive MSM.<sup>8</sup>An increase in MSM with deviant behavior is related to openness about their status. This raises a question for researchers to find out how the description of status disclosure for MSM in Palembang

City. There is limited information about MSM in Palembang City, the capital city of South Sumatra. Therefore, there is population migration, and the number of public facilities where MSM gathers also raises researchers' awareness.

To address the research's limitations, in-depth interviews were conducted with a phenomenological approach and the involvement of MSM as an assistant. Once done, this research is expected to provide an understanding of the disclosure of sexual orientation in MSM. Furthermore, information on sexual behavior, marital status, and HIV testing for MSM in Palembang City follow the disclosure of MSM sexual orientation.

#### Methods

Through a phenomenological lens, this research aimed to understand, observe and describe any specific phenomenon and the lived experiences of MSMs that may affect their motivation or choice to disclose or not disclose their sexual orientation.

#### Participants Recruitment

MSM participants were purposively recruited from MSM who were registered as ever and had HIV tests in Palembang City. This registration list was obtained from the SIHA (HIV/AIDS Information System) in Palembang City.

Participants aged 19 or above were purposively recruited from various MSM peer support

Participants aged 19 or above were purposively recruited from various MSM peer support groups (*Kelompok Dampingan*) and MSM outreach workers (*Peniangkau Lapangan/PL*) at Intan Maharani Foundation (YIM). Due to COVID-19 restrictions, invitations to research were distributed through social media. One of the core workers in Intan Maharani Foundation agreed to distribute the research invitation to their MSM peer supports registered within their networks. These *Kelompok Dampingan* were instructed by MSM outreach workers, who provided education and HIV testing in MSM communities.

Potential MSMs who agreed to participate in this research were then invited to meet with the researcher and the research assistant. In this introduction meeting, the researcher explained the aim of the research, the procedure and the researchers' expectation, and the research benefits to the participants, their foundation, and broader HIV policies and programs. This introduction meeting also discussed matters relating to participants' confidentiality, participants' rights, and what was expected from them. The potential participants who agreed to participate in the research were asked to sign the consent form.

A week after the introduction meeting, the researcher conducted in-depth interviews in 3 sessions with different MSM. The researcher tries to see patterns in the answers of each MSM so that

**L** **LENOVO**  
Research limitations or information limitations?

**L** **LENOVO**  
Perhaps more precisely as an informant who will provide in-depth information about sexual orientation disclosure in MSM.

**L** **LENOVO**  
Explain who is the key informant and additional informant?

**L** **LENOVO**  
It is necessary to explain how to obtain informants to meet the requirements for adequacy and suitability in qualitative research (whether 11 informants are appropriate and represent possible variations in age, occupation, etc.



in each meeting, the researcher begins to modify the questions he wants to focus on. It is possible that MSM is not immediately open to sharing experiences related to their openness.

A total of 11 people agreed to participate, aged between 19 to 24 years and above 25 years. Another characteristic criterion is those who have marital status and do not have marital status. In addition, education is divided into high (high school/equivalent and university) and low (elementary and junior high school). As for MSM's work status, some are working, and some are not.

#### *Recruiting a Research Assistant*

Before conducting the field research, a research assistant was recruited to help recruit participants. The research assistant [ZA] referred to the researches by Bakti and Indah as the core workers in Intan Maharani Foundation. He was an outreach worker with the Intan Maharani Foundation. The first author [NA] trained the research assistant about the planned data collection, ethics in research, and practice run on how to conduct in-depth interviews and participants' observations. A pilot run for the interview schedule was conducted by interviewing three HIV outreach workers who were also MSMs. Feedback from this piloting stage was used to simplify the language use and the timing of the interviews and to ensure that the choice of language was respectful, sensitive, and easy to understand.

outreach workers who were also MSMs. Feedback from this piloting stage was used to simplify the language use and the timing of the interviews and to ensure that the choice of language was respectful, sensitive, and easy to understand.

#### Data Collection

The data collection included in-depth interviews with 11 MSM as the main informant and five outreach workers as the key informant. For the MSM, participants' observations were conducted during the initial visit to YTM as a joint meeting with Epidemiology college students. This visit shows the big picture of research and the introduction meeting after the participant recruitment. As for the research interview, the first author is invited to attend mobile VCT events as an effective way to meet with MSM peer support groups (*Kelompok Dampingan*). All of these stages are carried out from February to March. For the key informant, interview questions were given to confirm the data after in-depth interviews with the MSM as the primary informant. Researchers did not conduct FGDs because of time and workforce limitations.

#### *Data Analysis*

The thematic analysis was used to analyze the data. The six-step thematic analysis of Braun and Clarke includes familiarising data, the initial coding step, generating categories, and initial themes. Reviewing and defining themes and sub-themes and writing the research report.

The data analysis stage started by the first [NA] and second author [NU] separately read the

The data analysis stage started by the first [NA] and second author [NU] separately read the interview transcripts and paid attention to frequently mentioned keywords related to experiences and challenges, barriers, and feelings relating to disclosing or not disclosing status as MSM and formed

L LENOVO  
Explain how to guarantee the validity of the data, what triangulation was used (method, data, source?)

L LENOVO

L LENOVO  
YIM?

the initial coding. The data analysis process included reading and re-reading the transcripts to familiarize them with themes frequently captured in the transcripts. Those initial codings were then discussed with the rest of the research team for critical review. The first author also manually recorded and took notes of the coding process, outcomes, discussion themes, and comments from the research team. The final coding-end themes were systematically assigned to 'child and parent codes. This research was approved by the Health Research Ethics Commission, Faculty of Public Health, Sriwijaya University, within Number: 015/UN9.FKM/TU.KKE/2022.

## Results

After collecting data from research informants, MSM's characteristics and risk behaviors were obtained, including the disclosure of their status.

**Table 1. Participants' Demographic Characteristics and HIV related risk (11 MSMs)**

HIV Status	Informant
HIV Positive	1
HIV Negative	10
<b>Age</b>	
≥25 Years	7
15-24 Years	4
<b>Marital Status</b>	
Single	8
Married (as bisexual)	3
<b>Education</b>	
High Education (graduated from high school/equivalent or college)	8
<b>Employment</b>	
Working (Full Time)	10
Unemployed (Being a student)	1
<b>Total</b>	<b>11</b>

(Source: Primary Data In-depth Interviews of MSM Main Informants in 2022)

**Table 2. Further Information's from MSM Key Informants**

Informant (Pseudonym)	Further Informations
Tama	First sexual violence by a family member (age 28 years), Tama has not entered elementary school yet; second sexual violence by a teacher (age 30 years), Tama is still in school; an uncountable number of sexual partners; never had sex with women.
Doni	New to MSM; have had sex with women (vaginal route)
Reza	Just became MSM
Farel	Ten years divorced (living) with wife and returned to being active as MSM; has one son (not being MSM)
Eko	Just became MSM
Heru	The number of sexual partners is uncountable; it used to be only MSM; now, being a transgender and paid; feminine
Andri	Married at the age of 21 years; has three children (2 daughters and one adopted son); is now transgender; an uncountable number of sexual partners; has a history

## LENOVO

Qualitative results will be easier to understand by presenting the results of the theme (thematic)

## LENOVO

The informant's name should not be displayed (enough initials), ethically inappropriate, and not guarantee confidentiality as a condition of willingness to be an informant

	of diabetes and high blood pressure before becoming a PL
Juan	At first, they were MSM, then they became TGs and got paid, now they are still TGs, although not often; feminine; countless pairs
Mulia	Married for nine years, has one child (7 years old); countless pairs; has a history of STIs in 1996 and is difficult to recover (titer* 1/8)
Verdy	Been married for ten years; has three children; attractiveness of 70% for women and 30% for men; uncountable male sexual partners; originally paid and now consensual

(Source: Primary Data In-depth Interviews of MSM Main Informants in 2022)

**Table 3. Number of Sexual Partners of Informants**

Number of Sexual Partners	Informants
Countless (Multiple and unable to recall)	7
Counted/Newly Become MSM	4
<b>Total</b>	<b>11</b>

(Source: Primary Data In-depth Interviews of MSM Main Informants in 2022)

**Table 4. Disclosure of Informant Status with Close People**

Disclosure Theme (MSM/Transgender/HIV positive) with Close People	Informants
Non-Disclosure Category	4
Pretty Open Category	4
<b>Total</b>	<b>8</b>

(Source: Primary Data In-depth Interviews of MSM Main Informants in 2022)

Table 1 shows that only one of the participants was HIV positive at the time of this research. Most are 25 years old, unmarried, in higher education, and working.

Regarding disclosing their status, table 4 shows that four participants had ever shared their gender identity or sexual preference with their closest family or friends. Including their fellow MSM friends, sexual partners (MSM), relatives, and cousins who usually lived far away from the participants. Four people were quite open about their status. Unfortunately, only 8 out of 11 MSM explained this because the flow of conversation between the researcher and the informant was not always focused on the interview guide.

In contrast, two people were transgender before or after becoming MSM, and two other people only being MSM. Participants explained that they tended not to share their MSM status yet only their HIV status and being transgender. At first, they said they were gay. However, after being informed, they agreed to be called MSM, regardless of their sexual orientation as homosexual or bisexual.

Verdy was 22 years old and was single. He was the only participant who was HIV positive. He told his distant cousin that he was an MSM, yet he chose to tell his family about his HIV status and not about his being MSM.

*"...my cousin, he knows about me (as MSM), I already told him my problem about the same sex, but he is far away (his location). At another time, I told my sister about my status as HIV-positive because it was revealed that there was medicine in my closet, my family gathered us together, and I was told to talk about details. "What medicine is this?" I said it was ARV to prevent HIV. "How can you get infected?" I said yes, it could, I had sex with the (woman) prostitutes. And I do not talk when I am with the same sex (the MSM)" (Verdy)*

Married MSM, identified as bisexual MSM, had never shared with their wives about their sexual orientation. Heru was a 43-year-old bisexual who had a wife. He was an outreach worker and a transgender person. Heru explained that the demands of his work had made it hard to spend time with his wife and children. Heru was confident that his wife did not know about his sexual orientation and that he had sexual relations with men.

*For my wife, right before we married, I initially (already) worked outside a lot, so having separate life with her is normal. For my sexual orientation, maybe she does not know yet... I have three children (Heru)*

Farel (44 years old) had divorced his wife in the last ten years. Farel was secretive about his sexual orientation. He was conscious and concerned about his sexual orientation being exposed to other fellow MSMs when the research was conducted during Mobile VCT activities. Farel wanted to be seen as a 'normal heterosexual man' and not to disclose his homosexuality.

*Even though I am afraid to gather with the same kind of people like this (MSM who attended the HIV testing clinic), I see people with normal behavior (Farel)*

Fearful disclosure of one's sexual orientation and homosexuality makes the MSM group one of the most invisible and hard-to-reach populations amongst other key groups at risk of HIV transmission.

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Indah, one of the program coordinators and key informant stakeholders, explained that while the transgenders are visible in the community because of some social importance, MSM is generally very much hidden.

*They [MSM] had been hidden all this time, especially they are not open. Transgender people are visible, while MSM is not. (Indah, Heterosexual Woman, YIM program coordinator specifically for MSM, key informants as data validity)*

**L** **LENOVO**  
The informant's name uses initials, although this may not be his real name, but other people with the same name are uncomfortable

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The informant's name uses initials, although this may not be his real name, but other people with the same name are uncomfortable

During the COVID-19 interruption since 2020, there has been a reduction in HIV testing due to fears of going to the hospitals or accessing HIV services. A drop in mobile VCT activities has also reduced the detection of MSM as a risk group for HIV transmission.

*“HIV screening had decreased in the past three years. First, fears of going to the service, the hospital, or Puskesmas. Second, mobile VCT activities had also decreased because of the COVID-19 restriction” (Ica, Heterosexual Woman, HIV program manager, key informant as data validity)*

Bakti, the director of the Intan Maharani Foundation, noted that while it is impossible to change one’s sexual orientation, it is essential to continue to reach out to them and provide relevant health literacy programs to raise awareness.

*“When we see that as humans, what we do is about behavior. It’s not easy to change this kind of behavior. Therefore, the only thing that might be able to raise awareness gradually is the need to be healthy.” (Bakti, YIM director, key informant as data validity)*

The outreach workers were approached as the key informants in this research. They are called Peniangkau Lapangan (PL) or field support outreach workers. They play an essential role in reaching out to the MSM communities. They distributed condoms and provided information about preventing HIV and other sexually transmitted infections. MSMs were more like to be more open in sharing their

Penyangkai Lapangan (PL) or field support outreach workers. They play an essential role in reaching out to the MSM communities. They distributed condoms and provided information about preventing HIV and other sexually transmitted infections. MSMs were more like to be more open in sharing their sexual orientation and sexual behaviors with the PLs.

*“I didn’t know the risks before, but there have been risks ever since now. After I joined here (YIM, initially met PL and was appointed being a PL), I already know that the risk is greater if sex does not use protection, what are the effects, Alhamdulillah. After being at YIM, I just realized that condoms are important. Previously, even though there was a condom, it was never used. The knowledge gained from YIM is beneficial” (Juan)*

Some of the participants admitted that not until they met a PL that they understood the use of condoms to prevent HIV and other sexually transmitted infections.

*“In the past, I didn’t understand this [using condoms to prevent HIV and STIs]. I got to know PL in early 2019. But I started diligently using condoms in 2020. It’s mandatory.” (Eko)*

Apart from using condoms, since meeting PL, some MSM has routinely accessing HIV tests.

*“Even though I use condoms, I’m diligent about going to get the VCT because it’s still a risk (as MSM)” (Eko)*

Mulia was bisexual and had a wife. However, he used not use condoms when having sexual intercourse. He learned about using condoms to prevent HIV since joining the Foundation and eventually was recruited as a field outreach worker.

*“Before at YIM, I never used a condom. My fate was fortunate because when I got to know YIM, it was still (HIV) negative. Now I use it. If I don’t, I think about it. If something happens, what about my wife, don’t let it happen. For now, if it’s for that (sexual intercourse with men), I always thought about using a condom.” (Mulia)*

Putri, the HIV data officer at the Foundation, also regularly participates in MSM activities. Putri believed that no one could stop a man from having sex with another man. However, they could learn how to practice safe sex and reduce the risk of transmission of HIV and STIs.

*“It’s risky, men having sex with men. We also can’t ban it, just provide education for them on how to have unsafe sex, to reduce the risk of contracting the disease” (Putri, Heterosexual Woman, HIV data officer, key informant as data validity)*

Through this, apart from the lack of openness on the part of MSM with their closest people, at least they can still be open with outreach groups (PL) at risk of HIV transmission.

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### Discussion

The MSM communities are very much hidden in Indonesia due to stigmatization and discrimination against homosexuality in Indonesian societies. In the past ten years, it is estimated that social media has become a forum for people to learn more about homosexuality. The more that is known, homosexuality, especially in the MSM group, creates fear and even tends to hide their identity (MSM) from society.<sup>13</sup>

The increasing number of HIV/AIDS cases in Indonesia is due to various factors, including poor sexual health literacy, cultural and social norms, and stigma against homosexuality and sex talk.<sup>9,19</sup> The impact of disclosing HIV status can cause economic and social losses. Discrimination from the family environment and the local community is unavoidable, even for PLWHA, who always pay attention to their health. In addition, they also think that they are unable to help themselves or help others because they feel useless.<sup>20</sup>

Only four participants chose to disclose their sexual orientation to their sexual partners, their PL, and fellow MSMs. Only one of the participants who were HIV positive shared his HIV status with his family, but not his sexual orientation. MSM who were also married to a woman chose not to open



### LENOVO

Explain the limitations of this study, related to the number of informants, the amount of information received, the in-depth interview method compared to the FGD, and the ability of the researcher as a research instrument.

their HIV status or sexual orientation to their wives.<sup>13,21</sup> Having multiple sex partners was reported by many of the participants. One of the participants who were HIV positive reported having multiple sexual partners.

Marital status does not prevent MSM from engaging in risky behaviors that lead to HIV transmission. MSM as a husband, does not rule out the possibility of transmitting sexually transmitted infections to his wife. As “good” wives, women cannot face the dangers that threaten them.<sup>19</sup> MSM has the same vulnerability whether they have marital status or not. Those who are married prefer not to disclose their status to their wives, namely as the closest people to the fact that they have sex with men. Then MSM who are not yet married even choose not to disclose themselves to the closest people, including fellow MSM. Research in China also explained that there is 20.6%, or in other words, 7 out of 34 informants, did not disclose their sexual orientation but only their HIV status to those closest to them, including family, relatives, or friends.<sup>22</sup>

In Indonesia, homosexuality or being gay is considered abnormal and immoral, which further hinders the motivation of MSM to be open about their sexuality.<sup>23</sup> MSM who still live at home with their families gets anxious about the effects of disclosing sexual orientation. They assume that this can cause stress to the family, especially their parents.<sup>22</sup> This is a double burden for MSM, as they reveal their HIV-positive status and orientation as homosexual. This can disappoint their parents, and they might be seen as a dishonor to their families, the bringer of ‘bad luck, and a shame to the family.<sup>22</sup>

The participants were all members of the Intan Maharani Foundation’s reach-out workers.

The participants were all members of the Intan Maharani Foundation's reach-out workers. They had adequate knowledge about HIV transmission and prevention. All of them had ever done an HIV test. However, they did not rule out the possibility of remaining private about their status as MSM to those closest to them. Key informants have known this phenomenon that MSM prefers to keep themselves closed regarding revealing their status as MSM, even to their fellow MSMs.

Reaching out to MSM was particularly difficult during the COVID-19 restriction. The obstacles faced by health workers in conducting counseling with clients. The Prevention of HIV/AIDS programs has been related to the trust issue. For example, patients may feel uncomfortable and fear discrimination and stigmatization.<sup>24</sup>Disclosure of MSM status openly can make it easier to get information related to their health.<sup>25</sup>

As outreach workers (PL) looks for MSM to provide comfort, it is necessary to expand interventions in prevention education through the ABCDE program in all community sectors. Also, interventions through communication, information, and education media, including identifying MSM gathering places. Furthermore, the interventions that can be given are regarding the risk of infection and the search for the proper treatment with behavior change interventions.<sup>26,27</sup>Therefore, it is necessary to provide adequate education so MSM can disclose their status to field observers, especially in Palembang City.

With openness with outreach workers, MSM, one of the at-risk groups, has the right to receive education about risky behavior and HIV testing.<sup>6</sup>This study proves that as an NGO, YIM aims to prevent HIV and AIDS in vulnerable groups or communities. They have provided sufficient efforts to comfort MSM to disclose their status openly and participate in preventing HIV transmission through risky sexual behavior.

From the provision of educational media, including information and communication between outreach workers and openness from MSM, this study shows a change for the better in the routine of using condoms and VCT tests for MSM informants. Previously, the informant had not demonstrated knowledge about HIV, condom use, and the obligation to check their health as MSM. A good understanding of MSM can encourage them to consistently use condoms to prevent sexually transmitted diseases, including HIV. Awareness for MSM of the importance of using condoms is essential when they have received proper education.<sup>28</sup>In the future, it is hoped that MSM will not be lazy or embarrassed to voluntarily carry out HIV testing, including actively preventing HIV transmission.<sup>27</sup>In the end, MSM can reduce risky behavior during sexual intercourse and routinely participate in mentoring with field outreach workers (PL) at YIM.

Through this, there were some limitations during the research. First, a few informants are less open to sharing their experiences. However, this can be overcome because many MSM shares information honestly, even though this is the first meeting with researchers. Second, the atmosphere did not support researchers conducting in-depth interviews, especially recording information through



did not support researchers conducting in-depth interviews, especially recording information through voice recordings. This is because the research was conducted during working hours, more precisely incorporated in a VCT examination activity.

Lastly, there are obstacles to finding HIV-positive MSM to be open about their status. The MSM recruitment process is carried out with the help of a research assistant who is a member of the Intan Maharani Foundation and his assisted group. In this case, most MSM (as the assisted group) are at risk for HIV and are enthusiastic about participating in the in-depth interview process. Only a tiny percentage of MSM who are HIV+ agree to participate in the interview process and go through a face-to-face approach.

#### **Conclusion**

Informants in the disclosure of status to have sexual relations with men in various ways can be not disclosed and disclosed to those closest to them. The secretive MSM does not tell his status to his wife, fellow MSM who are not his sexual partners, and some of his family. MSM who are open only reveal their status to their closest MSM friends, sexual partners, and outreach workers at the Foundation. However, an informant can show their HIV-positive status even though they still hide the fact that they are MSM.

The existence of hidden MSM raises several problems, namely the increase in cases of HIV/AIDS and STIs. MSM is also often stigmatized and discriminated against by the public, including health workers. The need for MSM to get health services can be constrained because the status closure coincides with the social risks obtained from the local community.

It is recommended to avoid risky actions in transmitting sexually transmitted infections, such as changing sexual partners and not using condoms. The community is advised to check their reproductive health routinely and, as much as possible, reduce adverse treatment to key populations, including MSM. Regular HIV checks at least every six months are recommended for MSM when they feel at risk.

Disclosure of the required status of MSM involves outreach to the MSM community as stakeholders to provide security and comfort and communication media, information, and education about HIV and STIs. Especially for MSM who are HIV positive to express their status without any adverse treatment from the public and health workers. The MSM who are reached is regularly reminded to adopt a healthy life and have sexual behavior safely by using condoms. As well as, being given targeted and gradual education can create trust between MSM and the outreach so that in the future, they can be more open with others, especially those closest to them. Or in other words, they can be more aware of the risky actions they have done in the past and try to remind fellow MSM who have not been reached as an HIV risk group.



#### **LENOVO**

Conclusions are too long, focus on research objectives and operational recommendations on what to do.

Movement is needed to awaken the MSM group. For example, as a Non-Governmental Organization (NGO), YIM requires PL involvement to build trust. In addition, PL can also play an active role in guiding MSM to live and behave healthily and reduce the transmission of sexually transmitted diseases such as HIV.

The information obtained above shows it is essential for an outreach worker to actively look for the existence of MSM directly by providing simple and targeted education on HIV transmission. Apart from the sexual behavior of MSM, which is hard to change, the most important thing to do is to raise awareness that it is necessary to live a healthy life. So that later, an understanding will slowly form for every MSM to maintain their health status.

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### Conflict of Interest

The authors declare that they have no conflict of interest.

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Reference no. 7 IBBS? Avoid using too many references from the policy, preferably 80% primary references (research articles) Writing a bibliography is untidy and inconsistent (use of capital letters). Complete journal meta data

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## **NON-DISCLOSURE OF SEXUAL ORIENTATION OF MEN HAVING SEX WITH MEN (MSM): A HIDDEN THREAT OF HIV TRANSMISSION IN PALEMBANG, INDONESIA**

### ***ABSTRACT***

Men who have sex with men (MSM) are the key population, a high-risk group for HIV transmission. HIV cases among MSM in Indonesia were recorded at 17.9% in 2020. This qualitative research aimed to understand better factors affecting the motivation of MSMs to disclose their sexual orientation. This research was informed by a phenomenological approach to explore the status disclosure for MSM in Palembang City. In-depth interviews and observations were conducted with 11 purposively recruited MSM informants and five MSM outreach workers to allow data triangulation. Documentation and observations of the participant were conducted during various activities at the Intan Maharani Foundation (IMF). MSM was very cautious in disclosing their sexual orientation and only chose to do so to their limited network, such as close friends, who is MSM, also at risk of HIV transmission. Challenges to disclosing their sexual orientation may also relate to the fact that only a few MSM had ever had their HIV test. MSMs, if they choose to, could share their status with their Field Outreach (FO) during routine health check-ups. Findings from this research call for bigger research on barriers to reporting their sexual orientation among MSM, which will help policy and program makers improve services and health literacy and build confidence and trust among MSMs to access HIV services and even disclose their HIV status in a safe, respectful, and confidential manner.

**Keywords:** Men Who Have Sex with Men (MSM), Status Disclosure, Sexual Orientation.

### ***ABSTRACT***

Lelaki yang Berhubungan Seks dengan Lelaki (LSL), salah satu populasi kunci yang merupakan kelompok risiko tinggi penularan HIV. Kasus HIV pada LSL di Indonesia tercatat sebesar 17,9% pada tahun 2020. Penelitian kualitatif ini bertujuan untuk memberikan pemahaman yang lebih baik tentang faktor-faktor yang mempengaruhi motivasi LSL untuk mengungkapkan orientasi seksual mereka. Penelitian ini dilatarbelakangi oleh pendekatan fenomenologis untuk menggali pengungkapan status LSL di Kota Palembang. Wawancara mendalam dan observasi dilakukan dengan 11 informan LSL yang direkrut secara purposif, dan lima petugas penjangkau LSL sebagai triangulasi data. Dokumentasi dan observasi partisipan dilakukan pada berbagai kegiatan di Yayasan Intan Maharani (YIM). LSL sangat berhati-hati dalam mengungkapkan orientasi seksualnya, dan hanya memilih untuk mengungkapkannya secara terbatas, seperti teman dekat, sebagai LSL, yang juga berisiko tertular HIV. Tantangan untuk mengungkapkan orientasi seksual mereka mungkin juga terkait dengan fakta bahwa hanya sedikit LSL yang pernah melakukan tes HIV. LSL, jika mereka mau, mereka dapat membagikan status mereka dengan Penjangkau Lapangan (PL) mereka selama pemeriksaan kesehatan rutin. Temuan dari penelitian ini memerlukan penelitian yang lebih besar tentang hambatan untuk melaporkan orientasi seksual mereka di kalangan LSL, yang akan membantu pembuat kebijakan dan program untuk meningkatkan layanan, literasi kesehatan, dan membangun keyakinan dan kepercayaan di kalangan LSL untuk mengakses layanan HIV dan bahkan mengungkapkan status HIV mereka. dengan cara yang aman, terhormat dan rahasia.

**Keywords:** Lelaki yang Berhubungan Seks dengan Lelaki (LSL), Pengungkapan Status, Orientasi Seksual.

## Introduction

The Human Immunodeficiency Virus (HIV) infection is a global public health concern.<sup>1-3</sup>In the past decade, there has been a growing concern over identified epidemics of HIV infection among MSM globally, especially in Africa, Latin America, and Asia (South and South-East).<sup>3</sup>About a quarter, or 23%, of MSM people worldwide are infected with HIV.<sup>4</sup>The UNAIDS Report (2019) noted three groups having the highest number of new HIV cases in the Asia Pacific: MSM (44%), clients of sex workers and sex partners of all key populations (21%), and Injecting Drug Users (IDUs) (17%).<sup>3</sup>In Indonesia, in 2020, there was an estimated 754,300 MSM population with 17.9% HIV prevalence. MSM aged between 25 and 49 years has the highest HIV prevalence of 66.4%.<sup>5-7</sup>

In 2020 (January-March Period), there were recorded 27 new cases of MSM living with HIV/AIDS (PLWHA) in the South Sumatra province. Twenty-six alone lived in Palembang City.<sup>8</sup>Palembang is the provincial capital of the South Sumatra province. It has the highest MSM population in the South Sumatra province of 4,332 people, and 2,912 PLWHA.<sup>6</sup>MSM is 22 times more like to transmit HIV to their sexual partners.<sup>2,9</sup>In Indonesia, there are several PLWHA homosexuals (27.2%) who are included in the MSM group (26.3%) and transgender (0,9%).<sup>2,9</sup>High-risk behavior in homosexuals contributes to HIV and AIDS significantly by ten times higher through anal sex than vaginal sex. Compared to the general population, homosexuals also have a 19 times greater risk of transmitting HIV.<sup>10</sup>

The continuing increase of HIV and or other sexually transmitted infection in the MSM communities are attributed to various factors. That includes unprotected anal sex (having the highest risk of transmission) and oral sex. Other associated interrelated factors include having multiple and concurrent sexual partners, alcohol and drug use, and co-infection with other STIs.<sup>11-15</sup>At the same time, there has been a dramatic change in the modes and venues where MSM find their sexual partners. Including offline platforms, online internet or mobile application, gay bars, parks, and baths, where they do not know each other before, increasing the risk of HIV transmission in MSM.<sup>11,16</sup>All of these lead to greater difficulties in reaching out to the MSM population and having them hidden and hard to reach key populations in HIV prevention.<sup>17</sup>Lack of awareness about the transmission of HIV and STIs and low knowledge, poor attitudes, and risky sexual behaviors are continued to be ignored in HIV prevention efforts among MSM.<sup>18</sup>

Between January and September 2021, a report from Palembang City's Minimum Service Standards (MMS) of health services noted that 1,489 MSM had attended HIV testing. Previously, in January – March 2020, compared to other municipalities and regions in South Sumatra province, Palembang City had the highest number of HIV-positive MSM.<sup>8</sup>An increase in MSM with deviant behavior is related to disclosure about their status. Sexual orientation or behavior is considered something that is not common to be explained to others.

MSM, as a risk group for HIV transmission, requires special care and disclosures of orientation, which is included in sexual behavior. MSM who benefit from the disclosure, especially with health care providers, have some things to consider as comforting. For example, MSM prefers women as providers, preferring to always visit with one provider, similar sense of humour, as well as the availability of health care facilities that support gay patients.<sup>19</sup> MSM who benefit from disclosing their sexual behaviour are certainly not spontaneously explained, including to health service providers. MSM's disclosures to health care providers help mental health care and HIV/STI testing.

But disclosure also comes with embarrassment, confidentiality issues, and perceived irrelevance to medical treatment regarding the sex of a sexual partner. MSM also prefer to seek PrEP and ask general questions about MSM behavior rather than further disclosure of sexual orientation status. The emergence of this effect can be due to a lack of specific directions or guidelines for providers and negative attitudes as a lack of quality of providers in interacting with MSM.<sup>20</sup> Ultimately this can create barriers for MSM to provide HIV-related services. A challenge for healthcare providers to ask further questions regarding the sexual behavior of MSM, including disclosure of their sexual orientation status.

Through the explanation above, this raises a question for researchers to find out how the description of status disclosure for MSM in Palembang City. There is limited information about MSM in Palembang City, the capital city of South Sumatra. Therefore, there is population migration, and the number of public facilities where MSM gathers also raises researchers' awareness. To address the research's limitations, in-depth interviews were conducted with a phenomenological approach and the involvement of MSM as an assistant and informant. Once done, this research is expected to provide a deeper understanding of the disclosure of sexual orientation in MSM. Furthermore, information on sexual behavior, marital status, and HIV testing for MSM in Palembang City follow the disclosure of MSM sexual orientation.

## **Methods**

Through a phenomenological lens, this research aimed to understand, observe and describe any specific phenomenon and the lived experiences of MSMs that may affect their motivation or choice to disclose or not disclose their sexual orientation.

### *Participants Recruitment*

This research consisted of main informants and key informants. The main informants included in the research criteria were MSM participants who had taken an HIV test, were registered with the HIV/AIDS Information System (SIHA) in Palembang City, and had involvement with the IMF. Participants aged 19 or above were purposively recruited from various MSM peer support groups and MSM outreach workers at Intan Maharani Foundation (IMF). Due to COVID-19 restrictions, invitations



to research were distributed through social media. One of the core workers in IMF agreed to distribute the research invitation to their MSM peer supports registered within their networks. These peer support groups were instructed by MSM outreach workers, who provided education and HIV testing in MSM communities.

Potential MSMs who agreed to participate in this research were then invited to meet with the researcher and the research assistant. In this introduction meeting, the researcher explained the aim of the research, the procedure and the researchers' expectation, and the research benefits to the participants, their foundation, and broader HIV policies and programs. This introduction meeting also discussed matters relating to participants' confidentiality, participants' rights, and what was expected from them. The potential participants who agreed to participate in the research were asked to sign the consent form.

A week after the introduction meeting, the researcher conducted in-depth interviews in 3 sessions with different MSM. The researcher tries to see patterns in the answers of each MSM so that in each meeting, the researcher begins to modify the questions he wants to focus on. It is possible that MSM is not immediately open to sharing experiences related to their disclosures.

11 MSM agreed to participate, aged between 19 and 50 years. Another characteristic criterion is those who have marital status and do not have marital status. In addition, education is divided into high (high school/equivalent and university) and low (elementary and junior high school). As for MSM's work status, some are working, and some are not.

Recruiting MSM informants was completed when data saturation was reached on characteristics to achieve data adequacy in qualitative research. This was demonstrated when the main researcher transcribed and coded before conducting further in-depth interview sessions. In the first session, the researchers focused on conducting interviews with the MSM peer support groups who had been given education by the FO, along with mobile VCT activities, so variations in age and occupation were obtained. After doing the transcripts and finding the code in the first session, the researcher looked for MSM with variations of married status and higher education status in the second interview session. In this session, MSM informants were targeted to MSM groups as FOs. In the last session, a variation was needed for the MSM group who already had positive HIV status, which was still the education group from the FO. In the end, information about disclosures has been obtained according to the various characteristics of MSM.

The key informants were those who were directly involved with MSM and were active in the HIV program, including two workers at the Palembang City Health Office and three people at the IMF.

### *Recruiting a Research Assistant*

Before conducting the field research, a research assistant was recruited to help recruit participants. The research assistant [ZA] referred to the researchers by B and IN as the core workers in Intan Maharani Foundation. He was an outreach worker with the Intan Maharani Foundation. The first author [NA] trained the research assistant about the planned data collection, ethics in research, and practice run on how to conduct in-depth interviews and participants' observations. A pilot run for the interview schedule was conducted by interviewing three HIV outreach workers who were also MSMs. Feedback from this piloting stage was used to simplify the language use and the timing of the interviews and to ensure that the choice of language was respectful, sensitive, and easy to understand.

### *Data Collection*

The data collection included in-depth interviews with 11 MSM as the main informant and five outreach workers as the key informant. For the MSM, participants' observations were conducted during the initial visit to IMF as a joint meeting with Epidemiology college students. This visit shows the big picture of research and the introduction meeting after the participant recruitment. As for the research interview, the first author is invited to attend mobile VCT events as an effective way to meet with MSM peer support groups. All of these stages are carried out from February to March.

For the key informant, interview questions were given to confirm the data after in-depth interviews with the MSM as the main informant. Activities to verify data from MSM informants to key informants are method triangulation, as the validity of qualitative data is to strengthen evidence from the information obtained. Researchers did not conduct FGDs because of time and workforce limitations.

### *Data Analysis*

The thematic analysis was used to analyze the data. The six-step thematic analysis of Braun and Clarke includes familiarising data, the initial coding step, generating categories, and initial themes. Reviewing and defining themes and sub-themes and writing the research report.

The data analysis stage started by the first [NA] and second author [NU] separately read the interview transcripts and paid attention to frequently mentioned keywords related to experiences and challenges, barriers, and feelings relating to disclosing or not disclosing status as MSM and formed the initial coding. The data analysis process included reading and re-reading the transcripts to familiarize them with themes frequently captured in the transcripts. Those initial codings were then discussed with the rest of the research team for critical review. The first author also manually recorded and took notes of the coding process, outcomes, discussion themes, and comments from the research team. The final coding-end themes were systematically assigned to 'child and parent codes. This research was approved by the Health Research Ethics Commission, Faculty of Public Health, Sriwijaya University, within Number: 015/UN9.FKM/TU.KKE/2022.

## Results

After collecting data from research informants, MSM's characteristics and risk behaviors were obtained, including disclosure of their sexual orientation status as the main theme of a thematic analysis of this research. Before referring to the explanation of the thematic analysis, below are presented several tables to show the characteristics, additional information, the number of sexual partners, and the disclosures of MSM's sexual orientation.

**Table 1. Participants' Demographic Characteristics and HIV related risk (11 MSMs)**

HIV Status	Informant
HIV Positive	1
HIV Negative	10
<b>Age</b>	
≥25 Years	7
15-24 Years	4
<b>Marital Status</b>	
Single	8
Married (as bisexual)	3
<b>Education</b>	
High Education (graduated from high school/equivalent or college)	8
Low Education (Maximum graduate of junior high school or equivalent)	3
<b>Employment</b>	
Working (Full Time)	10
Unemployed (Being a student)	1
<b>Total</b>	<b>11</b>

(Source: Primary Data In-depth Interviews of MSM Main Informants in 2022)

**Table 2. Further Information's from MSM Informants**

Informant (Pseudonym)	Further Informations
T	First sexual violence by a family member (age 28 years), T has not entered elementary school yet; second sexual violence by a teacher (age 30 years), T is still in school; never had sex with women.
D	New to MSM; have had sex with women (vaginal route)
R	Just became MSM
F	Ten years divorced (living) with wife and returned to being active as MSM; has one son (not being MSM)
E	Just became MSM
H	It used to be only MSM; now, being a transgender and paid; feminine
A	Married at the age of 21 years; has three children (2 daughters and one adopted son); is now transgender; has a history of diabetes and high blood pressure before becoming a FO
J	At first, J were MSM, then became TGs and got paid, now J are still TGs, although not often; feminine
M	Married for nine years, has one child (7 years old); has a history of STIs in 1996 and is difficult to recover
V	Been married for ten years; has three children; attractiveness of 70% for women and 30% for men; originally paid and now consensual

(Source: Primary Data In-depth Interviews of MSM Main Informants in 2022)

**Table 3. Number of Sexual Partners of Informants**

<b>Number of Sexual Partners</b>	<b>Informants</b>
Countless (Multiple and unable to recall)	7
Counted/Newly Become MSM	4
<b>Total</b>	<b>11</b>

(Source: Primary Data In-depth Interviews of MSM Main Informants in 2022)

**Table 4. Disclosure of Informant Status with Close People**

<b>Disclosure Theme (as MSM/Transgender/HIV positive) with Close People</b>	<b>Informants</b>
Non-Disclosure Category	4
Pretty Open Category	4
<b>Total</b>	<b>8</b>

(Source: Primary Data In-depth Interviews of MSM Main Informants in 2022)

Table 1 shows that only one of the participants was HIV positive at the time of this research. Most are 25 years old, unmarried, in higher education, and working. Regarding disclosing their status, table 4 shows that four participants had ever shared their gender identity or sexual preference with their closest family or friends. Including their fellow MSM friends, sexual partners (MSM), relatives, and cousins who usually lived far away from the participants. Four people were quite open about their status. Unfortunately, only 8 out of 11 MSM explained this because the flow of conversation between the researcher and the informant was not always focused on the interview guide.

In contrast, two people were transgender before or after becoming MSM, and two other people only being MSM. Participants explained that they tended not to share their MSM status yet only their HIV status and being transgender. At first, they said they were gay. However, after being informed, they agreed to be called MSM, regardless of their sexual orientation as homosexual or bisexual.

V was 22 years old and was single. He was the only participant who was HIV positive. He told his distant cousin that he was an MSM, yet he chose to tell his family about his HIV status and not about his being MSM.

*"...My cousin knows about me (as MSM), I already told him my problem about the same sex, but he is far away (his location). At another time, I told my sister about my status as HIV-positive because it was revealed that there was medicine in my closet, my family gathered us together, and I was told to talk about details. "What medicine is this?" I said it was ARV to prevent HIV. "How can you get infected?" I said yes, it could, I had sex with the (woman) prostitutes. And I do not talk when I am with the same sex (the MSM)" (V)*

Married MSM, identified as bisexual MSM, had never shared with their wives about their sexual orientation. H was a 43-year-old bisexual who had a wife. He was an outreach worker (FO) and

a transgender person. H explained that the demands of his work had made it hard to spend time with his wife and children. H was confident that their wife did not know about their sexual orientation and that they had sexual relations with men.

*"For my wife, right before we married, I initially (already) worked outside a lot, so having separate life with her is normal. For my sexual orientation, maybe she does not know yet... I have three children" (H)*

F (44 years old) had divorced his wife in the last ten years. F was secretive about his sexual orientation. He was conscious and concerned about his sexual orientation being exposed to other fellow MSMs when the research was conducted during Mobile VCT activities. F wanted to be seen as a 'normal heterosexual man' and not to disclose his homosexuality.

*"Even though I am afraid to gather with the same kind of people like this (MSM who attended the HIV testing clinic), I see people with normal behavior" (F)*

Fearful disclosure of one's sexual orientation and homosexuality makes the MSM group one of the most invisible and hard-to-reach populations amongst other key groups at risk of HIV transmission.

IN, one of the program coordinators and key informant stakeholders, explained that while the transgenders are visible in the community because of some social importance, MSM is generally very much hidden.

*"They (MSM) had been hidden all this time, especially they are not open. Transgender people are visible, while MSM is not." (IN, IMF program coordinator specifically for MSM, key informants as data validity)*

During the COVID-19 interruption since 2020, there has been a reduction in HIV testing due to fears of going to the hospitals or accessing HIV services. A drop in mobile VCT activities has also reduced the detection of MSM as a risk group for HIV transmission.

*"HIV screening had decreased in the past three years. First, fears of going to the service, the hospital, or Puskesmas. Second, mobile VCT activities had also decreased because of the COVID-19 restriction" (IC, HIV program manager, key informant as data validity)*

B, the director of the IMF, noted that while it is impossible to change one's sexual orientation, it is essential to continue to reach out to them and provide relevant health literacy programs to raise awareness.

*"When we see that as humans, what we do is about behavior. It's not easy to change this kind of behavior. Therefore, the only thing that might be able to raise awareness*

*gradually is the need to be healthy.” (B, IMF director, key informant as data validity)*

The outreach workers were approached as the key informants in this research. They are called or field support outreach workers (FO). They play an essential role in reaching out to the MSM communities and making it a peer support group among MSM. FO distributed condoms and provided information about preventing HIV and other sexually transmitted infections. MSMs were more like to be more open in sharing their sexual orientation and sexual behaviors with the FOs.

*“I didn’t know the risks before, but there have been risks ever since now. After I joined here (IMF, initially met one of the FO and was appointed being a FO), I already know that the risk is greater if sex does not use protection, what are the effects, Alhamdulillah. After being at IMF, I just realized that condoms are important. Previously, even though there was a condom, it was never used. The knowledge gained from IMF is beneficial” (J)*

Some of the participants admitted that not until they met a FO that they understand the use of condoms to prevent HIV and other sexually transmitted infections.

*“In the past, I didn’t understand this (using condoms to prevent HIV and STIs). I got to know FO in early 2019. But I started diligently using condoms in 2020. It’s mandatory.” (E)*

Apart from using condoms, since meeting FO, some MSM has routinely accessed HIV tests.

*“Even though I use condoms, I’m diligent about going to get the VCT because it’s still a risk (as MSM)” (E)*

M, was bisexual and had a wife. However, he used not use condoms when having sexual intercourse. He learned about using condoms to prevent HIV since joining the Foundation and eventually was recruited as a field outreach worker.

*“Before at IMF, I never used a condom. My fate was fortunate because when I got to know IMF, it was still (HIV) negative. Now I use it. If I don’t, I think about it. If something happens, what about my wife, don’t let it happen. For now, if it’s for that (sexual intercourse with men), I always thought about using a condom.” (M)*

P, the HIV data officer at the Foundation, also regularly participates in MSM activities. P believed that no one could stop a man from having sex with another man. However, they could learn how to practice safe sex and reduce the risk of transmission of HIV and STIs.

*"It's risky, men having sex with men. We also can't ban it, just provide education for them on how to have unsafe sex, to reduce the risk of contracting the disease"*  
**(P, Heterosexual Woman, HIV data officer, key informant as data validity)**

Through this, apart from the lack of disclosures on the part of MSM with their closest people, at least they can still be open with outreach groups at risk of HIV transmission.

### **Discussion**

The MSM communities are very much hidden in Indonesia due to stigmatization and discrimination against homosexuality in Indonesian societies. In the past ten years, it is estimated that social media has become a forum for people to learn more about homosexuality. The more that is known, homosexuality, especially in the MSM group, creates fear and even tends to hide their identity (MSM) from society.<sup>13</sup>

The increasing number of HIV/AIDS cases in Indonesia is due to various factors, including poor sexual health literacy, cultural and social norms, and stigma against homosexuality and sex talk.<sup>9,21</sup> The impact of disclosing HIV status can cause economic and social losses. Discrimination from the family environment and the local community is unavoidable, even for PLWHA, who always pay attention to their health. In addition, they also think that they cannot help themselves or others because they feel useless.<sup>22</sup>

Only four participants disclosed their sexual orientation to their sexual partners, their PL, and fellow MSMs. Only one of the participants who were HIV positive shared his HIV status with his family, but not his sexual orientation. MSM who were also married to a woman chose not to open their HIV status or sexual orientation to their wives.<sup>13,21</sup> Having multiple sex partners was reported by many of the participants. One of the participants who were HIV positive reported having multiple sexual partners.

Marital status does not prevent MSM from engaging in risky behaviors that lead to HIV transmission. MSM as a husband, does not rule out the possibility of transmitting sexually transmitted infections to his wife. As "good" wives, women cannot face the dangers that threaten them.<sup>19</sup> MSM has the same vulnerability whether they have marital status or not. Those who are married prefer not to disclose their status to their wives, namely as the closest people to the fact that they have sex with men. Then MSM who are not yet married even choose not to disclose themselves to the closest people, including fellow MSM. Research in China also explained that there is 20.6%, or in other words, 7 out of 34 informants, did not disclose their sexual orientation but only their HIV status to those closest to them, including family, relatives, or friends.<sup>22</sup>

In Indonesia, homosexuality or being gay is considered abnormal and immoral, which further hinders the motivation of MSM to be open about their sexuality.<sup>23</sup> MSM who still live at home with their

families gets anxious about the effects of disclosing sexual orientation. They assume that this can cause stress to the family, especially their parents.<sup>22</sup>This is a double burden for MSM, as they reveal their HIV-positive status and orientation as homosexual. This can disappoint their parents, and they might be seen as a dishonor to their families, the bringer of 'bad luck, and a shame to the family.<sup>22</sup>

The participants were all members of the Intan Maharani Foundation's reach-out workers. They had adequate knowledge about HIV transmission and prevention. All of them had ever done an HIV test. However, they did not rule out the possibility of remaining private about their status as MSM to those closest to them. Key informants have known this phenomenon that MSM prefers to keep themselves closed regarding revealing their status as MSM, even to their fellow MSMs.

Reaching out to MSM was particularly difficult during the COVID-19 restriction. The obstacles faced by health workers in conducting counseling with clients. The Prevention of HIV/AIDS programs has been related to the trust issue. For example, patients may feel uncomfortable and fear discrimination and stigmatization.<sup>24</sup>Disclosure of MSM status openly can make it easier to get information related to their health.<sup>25</sup>

As outreach workers (FO) looks for MSM to provide comfort, it is necessary to expand interventions in prevention education through the ABCDE program in all community sectors. Also, interventions through communication, information, and education media, including identifying MSM gathering places. Furthermore, the interventions that can be given are regarding the risk of infection and the search for the proper treatment with behavior change interventions.<sup>1,28</sup> Therefore, it is necessary to provide adequate education so MSM can disclose their status to field observers, especially in Palembang City.

With disclosures with outreach workers, MSM, one of the at-risk groups, has the right to receive education about risky behavior and HIV testing.<sup>6</sup>This study proves that as an NGO, IMF aims to prevent HIV and AIDS in vulnerable groups or communities. They have provided sufficient efforts to comfort MSM to disclose their status openly and participate in preventing HIV transmission through risky sexual behavior.

From the provision of educational media, including information and communication between outreach workers and disclosures from MSM, this study shows a change for the better in the routine of using condoms and VCT tests for MSM informants. Previously, the informant had not demonstrated knowledge about HIV, condom use, and the obligation to check their health as MSM. A good understanding of MSM can encourage them to consistently use condoms to prevent sexually transmitted diseases, including HIV. Awareness for MSM of the importance of using condoms is essential when they have received proper education.<sup>29</sup>In the future, it is hoped that MSM will not be lazy or embarrassed to voluntarily carry out HIV testing, including actively preventing HIV transmission.<sup>1</sup>In



the end, MSM can reduce risky behavior during sexual intercourse and routinely participate in mentoring with field outreach (FO) workers at IMF.

While conducting this qualitative research, the researcher conducted pre-research, such as a gradual research approach, participated in several activities, and tried to find out more about the atmosphere in the research location. After gaining trust, the researcher conducted a pilot interview assisted by other researchers, including MSM supervisors and assistants. Having done this, interviews can be performed alongside activities at the IMF. In the interview process, it was not uncommon for the research assistant to help explain it again so that the main informant was not too afraid to clarify his statement. The main researcher also concluded that this research was conducted for the common good and that nothing could harm others. Some of the information obtained was transcribed by the main researcher and confirmed with research assistants and supervision, so that input could be received to look for other groups of MSM to ask for information that was deemed insufficient. At this stage, the thematic analysis has begun because the researcher has obtained the initial coding of the research.

There were some limitations during the research. First, a few informants are less open to sharing their experiences. However, this can be overcome because many MSM shares information honestly, even though this is the first meeting with researchers. Second, the atmosphere did not support researchers conducting in-depth interviews, especially recording information through voice recordings. This is because the research was conducted during working hours, more precisely incorporated in a VCT examination activity. Third, there are obstacles to finding HIV-positive MSM to be open about their status. The MSM recruitment process is carried out with the help of a research assistant who is a member of the IMF. In this case, most MSM are at risk for HIV and are enthusiastic about participating in the in-depth interview process. Only a tiny percentage of MSM who are HIV+ agree to participate in the interview process and go through a face-to-face approach.

Fourth, the remaining 3 out of 11 informants who have not explained disclosures regarding their status also need to be considered again by considering research probing or trying to ask specific questions regarding disclosures. This happened because this research did not only focus on types of questions regarding disclosure and followed the flow of explanations from MSM. Although the information received is also quite a lot, it only explains different themes for research on MSM risk behavior. It is challenging for researchers to focus on the disclosures of MSM's sexual orientation.

Lastly, through this, the FGD could not be carried out due to time constraints and the determination of related topics. The in-depth interview method is needed to see individual judgments about a sensitive issue, namely disclosing their sexual orientation related to MSM risk behavior. In contrast to the FGD, general topics refer to the overall MSM assessment.

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## **Conclusion**

Informants in the disclosure of status to have sexual relations with men in various ways can be not disclosed and disclosed to those closest to them. The secretive MSM does not tell their status to their wife, fellow MSM who are not his sexual partners, and some of his family. MSM who disclose only reveal their status to their closest MSM friends, sexual partners, and outreach workers at the Foundation. However, an informant can show their HIV-positive status even though they still hide the fact that they are MSM. The existence of hidden MSM raises several problems, namely the increase in cases of HIV/AIDS and STIs. MSM is also often stigmatized and discriminated against by the public, including health workers. The need for MSM to get health services can be constrained because the status closure coincides with the social risks obtained from the local community.

Disclosure of the required status of MSM involves outreach to the MSM community as stakeholders to provide security and comfort and communication media, information, and education about HIV and STIs. Especially for MSM who are HIV positive to express their status without any adverse treatment from the public and health workers. The reached MSM is regularly reminded to adopt a healthy life and have sexual behavior safely by using condoms. As well as, being given targeted and gradual education can create trust between MSM and the outreach so that in the future, they can be more open with others, especially those closest to them. Or in other words, they can be more aware of the risky actions they have done in the past and try to remind fellow MSM who have not been reached as an HIV risk group.

Movement is needed to awaken the MSM group. For example, as a Non-Governmental Organization (NGO), IMF requires FO involvement to build trust. In addition, FO can also play an active role in guiding MSM to live and behave healthily and reduce the transmission of sexually transmitted diseases such as HIV.

The information obtained above shows it is essential for an outreach worker to actively look for the existence of MSM directly by providing simple and targeted education on HIV transmission. Apart from the sexual behavior of MSM, which is hard to change, the most important thing to do is to raise awareness that it is necessary to live a healthy life. So that later, an understanding will slowly form for every MSM to maintain their health status.

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#### **Conflict of Interest**

The authors declare that they have no conflict of interest.

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**NON-DISCLOSURE OF SEXUAL ORIENTATION OF MEN HAVING SEX WITH MEN (MSM): A HIDDEN THREAT OF HIV TRANSMISSION IN PALEMBANG, INDONESIA**

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**ABSTRACT**

Men who engage in sexual relationships with other men (MSM) are consider a high risk group for HIV transmission, with MSM in Indonesia accounting for 17.9% cases of HIV in 2020. This qualitative study aimed to better understand the factors determining MSMS' motivation to disclose their sexual orientation. This research employed a phenomenological approach to explore the disclosure experiences of MSM in Palembang City. In-depth interviews and observations were conducted with 11 purposively recruited MSM informants and five MSM outreach workers to ensure data triangulation. Documentation and observations of the participants were conducted during various activities at the Intan Maharani Foundation (IMF). MSM participants observed extreme caution when disclosing their sexual orientation and only chose reveal their sexual orientation to very limited network, such as close friends, who are MSM, and at risk of HIV transmission. The hesitation to disclosing sexual orientation may be linked to the fact that only a few MSM had ever undergone an HIV test. MSMS, if they choose to, could share their status with Field Outreach (FO) during routine health check-ups. Findings of this study call for further research on barriers that hinder MSM from openly discussing their sexual orientation. Such research can inform policy and program developers on how to improve services, promote health literacy, foster confidence and trust among MSMS, hence facilitating their access HIV services, enabling them to disclose their HIV status confidentially, safely and in a respectful environment.

**Keywords:** Men Who Have Sex with Men (MSM), Status Disclosure, Sexual Orientation.

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### ***ABSTRAK***

Lelaki yang Berhubungan Seks dengan Lelaki (LSL), salah satu populasi kunci yang merupakan kelompok risiko tinggi penularan HIV. Kasus HIV pada LSL di Indonesia tercatat sebesar 17,9% pada tahun 2020. Penelitian kualitatif ini bertujuan untuk memberikan pemahaman yang lebih baik tentang faktor-faktor yang mempengaruhi motivasi LSL untuk mengungkapkan orientasi seksual mereka. Penelitian ini dilatarbelakangi oleh pendekatan fenomenologis untuk menggali pengungkapan status LSL di Kota Palembang. Wawancara mendalam dan observasi dilakukan dengan 11 informan LSL yang direkrut secara purposif, dan lima petugas penjangkau LSL sebagai triangulasi data. Dokumentasi dan observasi partisipan dilakukan pada berbagai kegiatan di Yayasan Intan Maharani (YIM). LSL sangat berhati-hati dalam mengungkapkan orientasi seksualnya, dan hanya memilih untuk mengungkapkannya secara terbatas, seperti teman dekat, sebagai LSL, yang juga berisiko tertular HIV. Tantangan untuk mengungkapkan orientasi seksual mereka mungkin juga terkait dengan fakta bahwa hanya sedikit LSL yang pernah melakukan tes HIV. LSL, jika mereka mau, mereka dapat membagikan status mereka dengan Penjangkau Lapangan (PL) mereka selama pemeriksaan kesehatan rutin. Temuan dari penelitian ini memerlukan penelitian yang lebih besar tentang hambatan untuk melaporkan orientasi seksual mereka di kalangan LSL, yang akan membantu pembuat kebijakan dan program untuk meningkatkan layanan, literasi kesehatan, dan membangun keyakinan dan kepercayaan di kalangan LSL untuk mengakses layanan HIV dan bahkan mengungkapkan status HIV mereka, dengan cara yang aman, terhormat dan rahasia.

**Keywords:** Lelaki yang Berhubungan Seks dengan Lelaki (LSL), Pengungkapan Status, Orientasi Seksual.

## Introduction

The global HIV infection, caused by the Human Immunodeficiency Virus, remains a significant concern in public health.<sup>1-3</sup> With particular emphasis on its impact in men who have sex with men (MSM). Over the past decade, there has been heightened concern over the identified epidemic HIV, especially in MSM population. About 23% of MSM individuals worldwide are infected with HIV<sup>4</sup> and are particularly prevalent in Africa, Latin America, and Asia (South and South-East).<sup>3</sup> The UNAIDS Report (2019) noted in the Asia Pacific Region, the highest number of HIV cases are found in three key groups: MSM (44%), clients of sex workers and their partners (21%), and injecting drug users (IDUs) (17%).<sup>3</sup> In Indonesia, it was estimated in 2020, that there were 754,300 MSM individuals an HIV prevalence of 17.9%. Notably, MSM aged between 25 and 49 displays the highest HIV prevalence, reaching 66.4%.<sup>5-7</sup>

From January to March 2020, there were 27 new cases of HIV infection in MSMs in South Sumatra province. Of these cases, 26 individuals lived in Palembang City, the provincial capital.<sup>8</sup> Palembang City houses the highest MSM population in the South Sumatra province, with 4,332 individuals, out of which 2,912 individuals are living with HIV (PLWHA).<sup>8</sup> MSMs are 22 times more likely to transmit HIV to their sexual partners than other group.<sup>2,9</sup> In Indonesia, nearly a third (27.2%) of people living with HIV are homosexuals (26.3%) and transgender individuals (0.9%).<sup>2,9</sup> Unprotected anal sex as a receptive carries a higher risk of HIV transmission than unprotected vaginal sex, even ten times higher.<sup>10,11</sup> MSM individual have a 19 times higher risk of transmitting HIV than general population.<sup>10</sup>

The increasing rates of HIV and other sexually transmitted infections (STIs) within MSM communities may be attributed to various factors. These include engaging in unprotected anal sex, which carries the highest risk of transmission, as well as oral sex. Other interrelated factors including multiple and concurrent sexual partners, alcohol and drug use, and co-infection with other STIs.<sup>12-16</sup> There has been a significant change in the ways MSM finds sexual partner, with the emergence of new platforms, such as online platform, mobile application, gay bars, parks, and baths. These shifts in partner seeking behaviours increase the risk of HIV transmission in MSM, as they often involve meeting with unacquainted or unfamiliar individuals.<sup>12,17</sup> These circumstances pose significant challenges in effectively reaching out to the MSM communities in HIV prevention efforts. It is particularly challenging to engage with these communities due to their hidden status as hard-to-reach population.<sup>18</sup> The lack of awareness about HIV transmissions, inadequate knowledge, poor attitudes, and risky sexual behaviors are continued to hinder effective HIV prevention efforts. These factors are often overlooked and require intervention in any prevention efforts.<sup>19</sup>

From January to September 2021, the Minimum Service Standards (MMS) report on health services in Palembang, observed 1,489 MSM individuals had undergone testing. In the previously



January – March 2020, compared to other regions in South Sumatera Province, Palembang City observed the highest number of MSMs who were tested positive for HIV.<sup>8</sup> The increasing diversities within the MSM communities can be associated with their HIV disclosing attitudes and motivations.

MSM, as a risk population for HIV transmission, need special attention and care. When MSM individuals feel comfortable with and respected, especially by health providers, various factors come to the fore. These factors include a preference for female providers, the importance of maintaining consistent visits with the same providers, the use of shared humour.<sup>20</sup> It is not typical for MSMs to voluntarily disclose their sexual behaviours to health providers. Such disclosure, however, is important in referring MSMs to HIV testing services and counselling services when requires.<sup>21</sup>

Stigmatisation and discriminations against MSMs and PLWH among health providers are widely observed in Indonesia.<sup>22</sup> MSMs may fear the repercussion of disclosing their sexuality. Disclosure can lead to embarrassment, fears of judgement and concerns about confidentiality.<sup>21,23</sup> These perceptions are typically regarded as not relevant to their medical treatment. This phenomenon may be attributed to a lack of specific guidelines or protocols for health care providers and lack of training and competency among some providers on how to interact with MSMs.<sup>24</sup> Least to say, such disclosures are pivotal for effective HIV testing and associated services.<sup>22</sup>

The above discussion raised a question for researchers to explore the disclosure behaviours and attitudes of MSMs living in Palembang City. Limited information exist about MSMs in Palembang. At the same time, population movement and migration and the growing number of public facilities where MSM gathers have caught the researchers' attention. To address the data limitation on MSMs in Palembang, this research employed in-depth interviews with the guidance and assistants of MSMs individuals as members of the research advisory group and research assistants. Additionally, information on sexual behavior, marital status, and HIV testing among MSM individuals were sought.

## **Methods**

This research employed a phenomenological approach to gain insights into the motivations, attitudes and choices of MSMs regarding the disclosure or non-disclosure of their sexual orientation. This research utilised in-depth interviews to understand better the lived experiences of MSM individuals in Palembang City about disclosing their sexual orientation.

### *Participants Recruitment*

This research consisted of two categories of participants: primary participants/informants and key informants.

### Recruitment of MSM individuals

The selection criteria for the primary participants were MSM individuals aged 19 or older who had gone an HIV test and registered with the HIV/AIDS Information System (SIHA) in Palembang City. They had a connection with the Intan Maharani Foundation (IMF). MSM participants were recruited from various MSM peer support groups and MSM outreach workers associated with the IMF. Due to COVID-19 restrictions, research invitations were distributed through social media. One of the IMF senior officers shared the invitation with MSM peer support groups within their networks.

Potential participants who expressed their interest in the research were invited to an introductory meeting with the research team. In this introduction meeting, the researcher explained the research aim, procedure, expectations, and benefits to the participants. They also briefly introduced existing HIV policies and programmes. Confidentiality, anonymity, respect to participants' rights were discussed. The participants who agreed to participate were asked to read and sign the consent form. A total of 11 MSMs agreed to participate, they were aged between 19 and 50. Details of their demographic characteristics are summarised in Table 2, Table 3, and Table 4 below.

### *Recruitment of key informants*

The process of selecting key informants for this study involved individuals with extensive experience working with MSM individuals and HIV/AIDS in various capacities within Palembang City. They included field outreach workers and those involved in program policy, implementation, and funding allocation. Five key informants agreed to participate in the research. They were aged between 20 and 60 and had worked in the field of HIV for between five and 27 years.

Among them were two senior officers from the public health office in Palembang, while the remaining three were co-directors of the Intan Maharani Foundation. Of the co-directors, two were actively engaged in HIV programs, and one was the coordinator for programs with MSM communities in Palembang. Interviews with these key informants were conducted throughout February and March.

One week after the introductory meeting with potential MSM participants, the researcher, assisted by research assistants, began the interview process, which included three phases. An interview guideline was used, and prompt questions were developed to ensure effective interviews.

Phase 1: The initial stage of interviews involved MSM participants who were designated as the peer support groups, have received education through mobile voluntary counseling and testing services or discussions with FOs through questions related to HIV/STIs. The narratives obtained from these interviews were transcribed, coded and analysed. Emerging themes from the analysis served as a guide for the second phase of interviews with MSM participants.

Phase 2: The second stage of interviews focused on exploring how participants' education and marital status influenced their sexual orientation disclosure behaviours. De-briefing sessions were conducted after each interview to address any new information or themes that arose. The research advisory group guided modifying prompt questions as necessary to deepen our understanding about participants' disclosure behaviours. There are four who were also working as the field outreach workers (FOs) who joined the second stage of this interview.

Phase 3: The third stage of interviews targeted MSM participants living with HIV for follow-up sessions.

All phases were carefully crafted to reflect different MSM groups, their roles and education levels. Ultimately, information regarding disclosures was gathered, considering the various characteristics of the MSM individuals. Each interview lasted for around 20-50 minutes.

#### *Recruiting a Research Assistant*

Before the field research, a research assistant was recruited within the IMF networks. The research assistant [ZA] was selected due to his experiences working as an outreach worker and the training he had received in working with the MSM communities. The first author [NA] trained [ZA] about the research aim, methodology, planned data collection and management and ethics in research. ZA was given a few opportunities to practice run the interviews with three HIV outreach workers who were also MSMs to refine the interview schedule based on feedback regarding the appropriate use of language and timing of the interviews.

#### *Data Collection*

As noted earlier, the data collection included in-depth interviews with 11 MSM individuals, and five outreach workers as the key informants. Participants' observations were also carried out during the initial visit to IMF and activities within the VCT services. The first author [NA] was invited to observe activities within the mobile VCT services where she met with MSM peer support groups. The data collection occurred between February to March. All participants were invited to review their interview transcripts to check for accuracy and could add or extend the information given to the researchers. These data verification approaches allow for data triangulation and the trustworthiness of the data. Researchers did not conduct focus group discussions due to time and resource constraints.

The six-step thematic analysis was used to analyse the data following the work by Braun and Clarke.<sup>25</sup> These steps include familiarising data, initial coding, generating categories, define and review themes and sub-themes, and writing the research report.

The data analysis stage started by the first author [NA] and the second author [N] independently read the transcripts, focusing on frequently mentioned keywords regarding experiences, challenges, and feelings relating to disclosing or not disclosing status as an MSM. This guided the basis for the initial coding. The data analysis process included reading and re-reading the transcripts to become familiar with the recurring themes. Transcripts were manually coded, and notes were taken throughout the coding process, discussions and questions that occurred during the discussion of the themes between NA and N. The final coding-end themes were systematically assigned to 'child and parent codes. This research was approved by the Health Research Ethics Commission, Faculty of Public Health, Sriwijaya University, within Number: 015/UN9.FKM/TU.KKE/2022.

## Results

After collecting data from research participants, information regarding MSM individuals' characteristics, risk behaviors, disclosure behaviours and attitudes were used as the central themes. Several tables below illustrate the characteristics of the participants and additional information on sexual behaviours, such as the number of sexual partners, and the disclosures of MSM individuals regarding their sexual orientation.

**Table 1. Participants' Demographic Characteristics and HIV related Risk (n=11 MSMs)**

Characteristics	Number of participants
HIV Positive	1
HIV Negative	10
<b>Age</b>	
≥25 Years	7
15-24 Years	4
<b>Marital Status</b>	
Single	8
Married (as bisexual)	3
<b>Education</b>	
High Education (graduated from high school/equivalent or college)	8
Low Education (Maximum graduate of junior high school or equivalent)	3
<b>Employment</b>	
Full time employment	10

Unemployed, student	1
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**Table 2. Additional Information regarding Sexual Experiences, MSM Participants (n=11)**

<b>Initial pseudonym</b>	<b>Sexual experiences</b>
T	Experienced the first sexual violence at 28 years of age by a family member and at 30 by a teacher. He has not yet completed elementary school. It is noteworthy that T has never engaged in sexual relations with women.
D	Newly open about being MSM; has previously disclosed having had sexual relations with women (vaginal intercourse).
R	Recently embraced MSM identity; has previously engaged in sexual activities with men because of economic necessity.
F	Had been divorced for 10 years. He previously had a heterosexual marriage. He reconnected with the MSM community recently and actively pursued sexual relationships with men. He is the father of a son who does not identify as MSM.
R	Recently embraced MSM identity; has previously engaged in sexual activities with men because of the "accident" between their friend who is also an MSM.
E	Formerly identifying as MSM and has since embraced a transgender identity and engages in sex work (feminine role).
H	He was married at 21 and became a parent to two daughters and an adopted son. They have since transitioned to being transgender and had a history of diabetes and high blood pressure before working as a field outreach worker.
A	Formerly identifying as MSM and has since embraced a transgender identity and engages in sex work (feminine role).
J	Heterosexually married for nine years with one child (7 years old), bisexual. Had difficulties recovering from STIs in 1996.
M	Heterosexually married for 10 years; had three children. Their attraction is 70% towards women and 30% towards men. They transitioned from paid activities to consensual engagements.
V	HIV positive in 2019; already have symptoms of fever for a week, diarrhea and hair loss.

**Table 3. Number of Sexual Partners of the MSM Participants (n=11)**

<b>Number of sexual partners</b>	<b>Participants</b>
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Countless (multiple and unable to recall)	7
Counted/newly identified oneself as MSM	4

**Table 4. Disclosure of MSM status to close people (n=11)**

As MSM/Transgender individuals/people living with HIV	Participants
Non-Disclosure	4
Pretty Open Category	4
Chose not to answer	3

Table 1 shows that only one of the participants was HIV positive at the time of this research. Most are 25 years old, unmarried, have high education level and are full-time employed. Regarding disclosing their status, Table 4 shows that four participants had shared their gender identity or sexual preference with their closest family or friends, including MSM friends, sexual partners, distant relatives, and cousins. Four people were relatively open about their status. Unfortunately, only 8 of 11 MSM shared their disclosure behaviours and decision with the researchers.

Two of the 11 participants identified themselves as transgender people. Two participants just came out and embraced MSM identity. Participants tended to disclose their HIV status and transgender identity than being MSM. They preferred to introduce themselves as gay before the researcher introduced the term MSM, disregarding them as homosexual, bisexual or transgender.

V was 22 years old and single. He was the only participant who was living with HIV. He told his distant cousin that he was gay, but he told his family about his HIV status and not about his having sexual relationships with other men.

*"...My cousin knows about me (as MSM), I already told him my problem about the same sex, but he is far away (his location). At another time, I told my sister about my status as HIV-positive because it was revealed that there was medicine in my closet, my family gathered us together, and I was told to talk about details. "What medicine is this?" I said it was ARV to prevent HIV. "How can you get infected?" I said yes, it could, I had sex with the (woman) prostitutes. And I do not talk when I am with the same sex (the MSM)" (V)*

Four participants, F, A, M, and H who either had ever been married or were married at the time of this study, identified themselves as bisexual. They had never shared with their wives about their sexual orientation. H was a 43-year-old transgender person, bisexual and had a wife. He was a field outreach worker (FO). The demands of his work had made it hard to spend time with his wife and

children. H was confident that their wife did not know about their sexual orientation and that they had sexual relations with men.

*"For my wife, right before we married, I initially (already) worked outside a lot, so having separate life with her is normal. For my sexual orientation, maybe she does not know yet... I have three children" (H)*

F, a 44-year-old individual, divorced his wife within the past decade. F maintained secrecy about their sexual orientation. They were apprehensive about being discovered by other MSM participants during the research. F desired to be perceived as a "typical heterosexual man" and chose not to disclose their homosexuality.

*"Even though I am afraid to gather with the same kind of people like this (MSM who attended the HIV testing clinic), I see people with normal behavior"(F)*

The fears of being found out about one's sexual orientation and homosexuality contributes to the invisible and difficulties in reaching the MSM communities.

IN, a program coordinators explained that while the transgenders are visible in the community, MSM, on the other hand, tends to remain hidden.

*"They (MSM) had been hidden all this time, especially they are not open. Transgender people are visible, while MSM is not."(IN, IMF program coordinator specifically for MSM, key informant)*

Due to COVID-19 interruption, HIV testing and mobile VCT services have decreased reducing the detection of MSM as a risk group for HIV transmission.

*"HIV screening had decreased in the past three years. First, fears of going to the service, the hospital, or Puskesmas. Second, mobile VCT activities had also decreased because of the COVID-19 restriction"(IC, HIV program manager, key informant)*

According to B, the director of the IMF, while it is not possible to alter one's sexual identity, it remains important to maintain outreach activities and provide health literacy programs to increase awareness among MSM individuals.

*"When we see that as humans, what we do is about behavior. It's not easy to change this kind of behavior. Therefore, the only thing that might be able to raise awareness gradually is the need to be healthy."(B, IMF director, key informant)*

The field outreach workers (FOs) were approached as the key informants in this research. They are vital in connecting with MSM communities and establishing peer support groups. They distribute condoms and offer information about HIV prevention and other STIs. MSM individuals tend to be more comfortable openly sharing their sexual identity and sexual health concerns with the FOs.

*"I didn't know the risks before, but there have been risks ever since now. After I joined here (IMF, initially met one of the FO and was appointed being a FO), I already know that the risk is greater if sex does not use protection, what are the effects, Alhamdulillah. After being at IMF, I just realized that condoms are important. Previously, even though there was a condom, it was never used. The knowledge gained from IMF is beneficial"(J)*

A few participants explained that their understanding of condom usage for HIV and STI prevention improved after interacting with a FO.

*"In the past, I didn't understand this (using condoms to prevent HIV and STIs). I got to know FO in early 2019. But I started diligently using condoms in 2020. It's mandatory."(E)*

Apart from using condoms, since meeting FO, some MSM individuals routinely accessed HIV tests.

*"Even though I use condoms, I'm diligent about going to get the VCT because it's still a risk (as MSM)"(E)*

M, identified themselves as bisexual. He was heterosexually married and had a wife. Initially, he did not use condoms during sexual intercourse. However after joining the IMF and becoming an FO, he learned the significance of using condoms to prevent HIV transmission.

*"Before at IMF, I never used a condom. My fate was fortunate because when I got to know IMF, it was still (HIV) negative. Now I use it. If I don't, I think about it. If something happens, what about my wife, don't let it happen. For now, if it's for that (sexual intercourse with men), I always thought about using a condom."(M)*

P, the HIV data officer at the Foundation, actively engages in sexual relationships with other men. P believes that one cannot prevent men from engaging in same-sex relationships. However, P explains the importance of safe sex practices to prevent HIV and STI transmissions.

*"It's risky, men having sex with men. We also can't ban it, just provide education for them on how to have unsafe sex, to reduce the risk of contracting the disease"(P, Heterosexual Woman, HIV data officer, key informant)*



Through this, apart from the lack of disclosures on the part of MSM with their closest people, at least they can still be open with outreach groups at risk of HIV transmission.

## **Discussion**

The MSM communities are very much hidden in Indonesia. They face extreme challenges, including discrimination and social condemnation when disclosing their sexual identity and HIV status. Their fears and hesitations to disclose their sexual identity is exacerbated by negative narratives against homosexuality through social media.<sup>14</sup>

Poor sexual health literacy, cultural and social norms, and stigma against homosexuality contribute to the rising number of HIV cases in Indonesia.<sup>9,21</sup> The fear of disclosing one's sexual identity and HIV status may lead to the potential economic and social losses than an individual may face, including discrimination from their families, communities and work places.<sup>20</sup> It is pivotal to address stigma and discrimination rounding homosexuality, MSM and HIV disclosures to promote supportive and respectful environment, especially the service environment for individuals to disclose their HIV status.<sup>26</sup>

Participants observed extreme caution when disclosing their sexual orientation or HIV status. Only four participants disclosed their sexual orientation to their MSM sexual partners, their field outreach (FOs) workers, and fellow MSMs. The one and only participant living with HIV, chose to share only their HIV status with family, but not their sexual orientation. None of the participants who were heterosexually married ever disclosed their sexual identity or HIV status to their wives.<sup>21,27</sup> Having multiple sex partners was reported by many of the participants, including the one and only participant who was HIV positive.

Marital status does not guarantee the protection of MSM individuals to unsafe sex behaviours and HIV transmissions. As a husband, MSM can transmit HIV and STIs to their wives. Unfortunately the social portrayal of 'good' wives often hinders recognising and addressing HIV risks in heterosexually married women.<sup>19,28</sup> In this research, participants exercised greater caution in disclosing their sexual orientation than HIV to their close family members and friends. Comparable findings were reported in a research conducted with 34 MSMs in China, where 20.6% (7 out of 34 participants) were extremely fearful to disclose their sexual orientation but more willing to disclosing their HIV status to their closest family members and friends.<sup>22</sup>

Our findings suggest that the fears of disclosing one's sexual orientation are far greater than disclosing one's HIV status. Several factors may contribute to this phenomenon, including the public homophobic nature, and religious and cultural perceptions against homosexuality as immoral and sinful<sup>29</sup> leading to deeply ingrained stigma and discrimination against homosexuality in Indonesia.<sup>23</sup> MSM who still live at home with their families face great anxieties and fears regarding the potential of

being found out of their sexuality let alone coming out. They fear disclosing their homosexual identity will bring shame, dishonour, disappointment, and social condemnation against their families.<sup>22</sup>

The participants were all associated with the IMF activities and outreach programmes. They were assumed to have adequate knowledge about HIV transmission and prevention, having undergone HIV test. However, they did not rule out the possibility of remaining private about their MSM status to those closest to them. The MSM communities seem to have a good understanding of this phenomenon.

The research strengths of this qualitative study include employing careful interview stages and a gradual approach to interviews. Before conducting the participant recruitment, the researchers observed and engaged with the IMF activities to better understand the research context and location. Pilot interviews were conducted to examine the appropriateness of the interview schedule. Recruiting the research assistant from the MSM communities was proven sensible in ensuring contextual input and comprehensive data analysis. Substantial training of the research assistant on conducting in-depth interviews allowed by gentle and empathetic attitudes to interviewing where simple wordings and utterances were used in the interviews and clarification was provided to the participants. Participants were offered to review their transcripts and add or amend them, ensuring inclusive and consultative respectful practice towards the participants.

There were limitations in the research, including some informants being less open, challenges in conducting interviews during working hours, and difficulties in finding HIV-positive MSM willing to disclose their status. This research topic was sensitive yet of significant importance to HIV prevention efforts. As discussed earlier, three of 11 participants did not provide information on their HIV or MSM disclosure behaviors. Probing and specific questioning about disclosures and piloting of the interview schedule could be considered to address this.

For various reasons, the in-depth interviews were chosen over the focus group discussion as a preferred data collection method. Given the sensitive nature of disclosing one's sexual orientation and HIV status, in-depth interviews provide privacy and allow for a deeper understanding of the individual's attitudes, unlike group discussions, where participants are likely to feel self-conscious and hesitant to express themselves for fear of judgement.

### **Conclusion**

The disclosure of one's sexual orientation and HIV status is multifaceted. While some individuals choose to share their sexuality with selected close family members and friends, others choose to keep it private. These hidden MSM communities and persistent stigma and discrimination against homosexuality in Indonesia contributes to the increasing rate of HIV/AIDS.

This research endeavour was made possible by meaningful support of field outreach workers and peer support groups. These groups play a crucial role in reaching out to MSM communities while

providing a safe environment, establishing trusting relationships and providing HIV education and information, promoting condoms use and advocating healthy sexual behaviours.

This research highlights the importance of proactive engagement of MSMs and groups and people living with HIV in the HIV prevention efforts within the MSM communities. By building community empowerment and collective actions, we can foster a supportive environment that encourage the full participation of the members of MSM communities in finding solutions and shaping programmes' directions and deliveries.

### **Recommendations**

Findings from this study yield potential intervention strategies to expand education programmes, enhance communication and education media and promote effective training for outreach workers and other health professionals, including but not limited to:

1. Enhance communication and education media to educate MSM about HIV prevention.
2. Employ various platforms to disseminate, raise awareness and educate MSMS relating health issues, including MSM gathering places.
3. Provide adequate training and mentoring programmes for FOs with the necessary skills to engage effectively with MSMs, including promoting disclosure and addressing concerns relating to discrimination.
4. Build trust through confidential counselling, emphasising non-judgemental attitudes and confidentiality.
5. Strengthen collaboration with local stakeholders, private sectors (gay bars and entertainment venues), healthcare providers for comprehensive support for MSM communities in Palembang City.
6. Reorient health service policies and deliveries to be more accountable to the beneficiaries (MSM individual and partners) using gentle and empathetic approach and education platform to promote safe sex practice and access to VCT services. For example VCT services may need to explore different opening hours and locations.
7. Encourage behaviour change at the wider societal level, focusing on mitigating risk for the communities due to disclosures of HIV status.<sup>28</sup> For example, a good understanding of safe sex practices and easily accessible condoms can encourage safe sex practices.

8. Build capacities among MSM communities for peer support groups and field-outreach volunteers and workers, where their participation was rewarded and acknowledged within the regulation of social and health development and budgeting mechanism within the local government (district or municipality level).

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### **Conflict of Interest**

The authors declare no conflict of interest.

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**[Artikel diterima], 11 Juli 2023**

Notifications

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## [JKM] Editor Decision

2023-07-11 06:41

Namirah Adelliani, Najmah Najmah, Sari Andajani, Zico Ariesandi:

We have reached a decision regarding your submission to Jurnal Ilmu Kesehatan Masyarakat, "Non-Disclosure of Sexual Orientation of Men Having Sex With Men (MSM): A Hidden Threat of HIV Transmission in Palembang, Indonesia".

Our decision is to: Accept Submission

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Reviewer A:

Recommendation: Revisions Required  
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[Masukan dari reviewer 4 dan perbaikan dari penulis], 13 Juli 2023



Jurnal Ilmu Kesehatan Masyarakat (JIKM)



NON-DISCLOSURE OF SEXUAL ORIENTATION OF MEN HAVING SEX WITH MEN (MSM): A HIDDEN THREAT OF HIV TRANSMISSION IN PALEMBANG, INDONESIA

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ABSTRACT

Men who engage in sexual relationships with other men (MSM) are consider a high-risk group for HIV transmission, with MSM in Indonesia accounting for 17.9% cases of HIV in 2020. This qualitative study aimed to understand better the factors determining MSMs' motivation to disclose their sexual orientation. This research employed a phenomenological approach to explore the disclosure experiences of MSM in Palembang City. In-depth interviews and observations were conducted with 11 purposively recruited MSM informants and five MSM outreach workers to ensure data triangulation. Documentation and observations of the participants were



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Men who engage in sexual relationships with other men (MSM) are consider a high-risk group for HIV transmission, with MSM in Indonesia accounting for 17.9% cases of HIV in 2020. This qualitative study aimed to understand better the factors determining MSMs' motivation to disclose their sexual orientation. This research employed a phenomenological approach to explore the disclosure experiences of MSM in Palembang City. In-depth interviews and observations were conducted with 11 purposively recruited MSM informants and five MSM outreach workers to ensure data triangulation. Documentation and observations of the participants were conducted during various activities at the Intan Maharani Foundation (IMF). MSM participants observed extreme caution when disclosing their sexual orientation and only chose to reveal their sexual orientation to a very limited network, such as close friends, who are MSM, and at risk of HIV transmission. The hesitation to disclosing sexual orientation may be linked to the fact that only a few MSM had ever undergone an HIV test. MSMs, if they choose to, could share their status with Field Outreach (FO) during routine health check-ups. Findings of this study call for further research on barriers that hinder MSM from openly discussing their sexual orientation. Such research can inform policy and program developers on how to improve services, promote health literacy, foster confidence and trust among MSMs, hence facilitating their access to HIV services, enabling them to disclose their HIV status confidentially, safely, and in a respectful environment.

**Keywords:** Men Who Have Sex with Men (MSM), Status Disclosure, Sexual Orientation.

## Introduction

The global HIV infection, caused by the Human Immunodeficiency Virus, remains a significant concern in public health.<sup>1-3</sup> With particular emphasis on its impact in men who have sex with men (MSM). Over the past decade, there has been heightened concern over the identified epidemic HIV, especially in MSM population. About 23% of MSM individuals worldwide are infected with HIV<sup>4</sup> and are particularly prevalent in Africa, Latin America, and Asia (South and South-East).<sup>3</sup> The UNAIDS Report (2019) noted that in the Asia Pacific Region, the highest number of HIV cases are found in three key groups: MSM (44%), clients of sex workers and their partners (21%), and injecting drug users (IDUs) (17%).<sup>3</sup> In Indonesia, it was estimated in 2020, that there were 754,300 MSM individuals an HIV prevalence of 17.9%. Notably, MSM aged between 25 and 49 displays the highest HIV prevalence, reaching 66.4%.<sup>5-7</sup>

From January to March 2020, there were 27 new cases of HIV infection in MSMs in South Sumatra province. Of these cases, 26 individuals lived in Palembang City, the provincial capital.<sup>8</sup> Palembang City houses the highest MSM population in the South Sumatra province, with 4,332 individuals, out of which 2,912 individuals are living with HIV (PLWHA).<sup>6</sup> MSMs are 22 times more like to transmit HIV to their sexual partners than other groups.<sup>2,9</sup> In Indonesia, nearly a third (27.2%) of people living with HIV are homosexuals (26.3%) and transgender individuals (0.9%).<sup>2,9</sup> Unprotected anal sex as a receptive carries a higher risk of HIV transmission than unprotected vaginal sex, even ten times higher.<sup>10,11</sup> MSM individuals have a 19 times higher risk of transmitting HIV than the general population.<sup>10</sup>

The increasing rates of HIV and other sexually transmitted infections (STIs) within MSM communities may be attributed to various factors. These include engaging in unprotected anal sex,

more like to transmit HIV to their sexual partners than other groups.<sup>2,9</sup> In Indonesia, nearly a third (27.2%) of people living with HIV are homosexuals (26.3%) and transgender individuals (0.9%).<sup>2,9</sup> Unprotected anal sex as a receptive carries a higher risk of HIV transmission than unprotected vaginal sex, even ten times higher.<sup>10,11</sup> MSM individuals have a 19 times higher risk of transmitting HIV than the general population.<sup>10</sup>

The increasing rates of HIV and other sexually transmitted infections (STIs) within MSM communities may be attributed to various factors. These include engaging in unprotected anal sex, which carries the highest risk of transmission, as well as oral sex. Other interrelated factors including multiple and concurrent sexual partners, alcohol and drug use, and co-infection with other STIs.<sup>12-16</sup> There has been a significant change in the ways MSM finds sexual partners, with the emergence of new platforms, such as online platforms, mobile applications, gay bars, parks, and baths. These shifts in partner-seeking behaviours increase the risk of HIV transmission in MSM, as they often involve meeting with unacquainted or unfamiliar individuals.<sup>12,17</sup> These circumstances pose significant challenges in effectively reaching out to the MSM communities in HIV prevention efforts. It is particularly challenging to engage with these communities due to their hidden status as a hard-to-reach population.<sup>18</sup> The lack of awareness about HIV transmissions, inadequate knowledge, poor attitudes, and risky sexual behaviors are continued to hinder effective HIV prevention efforts. These factors are often overlooked and require intervention in any prevention efforts.<sup>19</sup>

From January to September 2021, the Minimum Service Standards (MMS) report on health services in Palembang, observed that 1,489 MSM individuals had undergone testing. In January –

March 2020, compared to other regions in South Sumatera Province, Palembang City observed the highest number of MSMs who tested positive for HIV.<sup>8</sup> The increasing diversities within the MSM communities can be associated with their HIV-disclosing attitudes and motivations.

MSM, as a risk population for HIV transmission, needs special attention and care. When MSM individuals feel comfortable with and respected, especially by health providers, various factors come to the fore. These factors include a preference for female providers, the importance of maintaining consistent visits with the same providers, the use of shared humour.<sup>20</sup> It is not typical for MSMs to voluntarily disclose their sexual behaviours to health providers. Such disclosure, however, is important in referring MSMs to HIV testing services and counseling services when requires.<sup>21</sup>

Stigmatization and discrimination against MSMs and PLWH among health providers are widely observed in Indonesia.<sup>22</sup> MSMs may fear the repercussion of disclosing their sexuality. Disclosure can lead to embarrassment, fears of judgment, and concerns about confidentiality.<sup>21,23</sup> These perceptions are typically regarded as not relevant to their medical treatment. This phenomenon may be attributed to a lack of specific guidelines or protocols for healthcare providers and a lack of training and competency among some providers on interacting with MSMs.<sup>24</sup> Least to say, such disclosures are pivotal for effective HIV testing and associated services.<sup>22</sup>

The above discussion raised a question for researchers as well as a research purpose to explore the disclosure behaviours and attitudes of MSMs living in Palembang City. Limited information exists about MSMs in Palembang. At the same time, population movement and migration and the growing number of public facilities where MSM gathers have caught the

explore the disclosure behaviours and attitudes of MSMs living in Palembang City. Limited information exists about MSMs in Palembang. At the same time, population movement and migration and the growing number of public facilities where MSM gathers have caught the researchers' attention. To address the data limitation on MSMs in Palembang, this research employed in-depth interviews with the guidance and assistants of MSMs individuals as members of the research advisory group and research assistants. Additionally, information on sexual behavior, marital status, and HIV testing among MSM individuals were sought.

#### Methods

This research employed a phenomenological approach to gain insights into the motivations, attitudes, and choices of MSMs regarding the disclosure or non-disclosure of their sexual orientation. This research utilized in-depth interviews to understand better the lived experiences of MSM individuals in Palembang City about disclosing their sexual orientation.

#### Participants Recruitment

This research consisted of two categories of participants: primary participants/informants and key informants.

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Mengapa berjarak spasinya ya?

### *Recruitment of MSM Individuals*

The selection criteria for the primary participants were MSM individuals aged 19 or older who had gone an HIV test and registered with the HIV/AIDS Information System (SIHA) in Palembang City. They had a connection with the Intan Maharani Foundation (IMF). MSM participants were recruited from various MSM peer support groups and MSM FO workers associated with the IMF. Due to COVID-19 restrictions, research invitations were distributed through social media. One of the IMF senior officers shared the invitation with MSM peer support groups within their networks.

Potential participants who expressed interest in the research were invited to an introductory meeting with the research team. The researcher explained the research aim, procedure, expectations, and benefits to the participants in this introduction meeting. They also briefly introduced existing HIV policies and programmes. Confidentiality, anonymity, respect to participants' rights were discussed. The participants who agreed to participate were asked to read and sign the consent form. A total of 11 MSMs agreed to participate, and they were aged between 19 and 50. Details of their demographic characteristics are summarised in Table 2, Table 3, and Table 4 below.

The process of selecting key informants for this study involved individuals with extensive experience working with MSM individuals and HIV/AIDS in various capacities within Palembang City. They included FOs and those involved in program policy, implementation, and funding allocation. Five key informants agreed to participate in the research. They were aged between 20 and 60 and had worked in the field of HIV for between five and 27 years.

Among them were two senior officers from the public health office in Palembang, while the remaining three were co-directors of the Intan Maharani Foundation. Of the co-directors, two were actively engaged in HIV programmes, and one was the coordinator for programs with MSM communities in Palembang. Interviews with these key informants were conducted throughout February and March.

One week after the introductory meeting with potential MSM participants, the researcher, assisted by research assistants, began the interview process, which included three phases. An interview guideline was used, and prompt questions were developed to ensure effective interviews.

Phase 1: The initial interview stage involved MSM participants designated as the peer support groups and have received education through mobile voluntary counseling and testing services or discussions with FOs through questions related to HIV/STIs. The narratives obtained from these interviews were transcribed, coded, and analyzed. Emerging themes from the analysis served as a guide for the second phase of interviews with MSM participants.

Phase 2: The second stage of interviews focused on exploring how participants' education and marital status influenced their sexual orientation disclosure behaviours. De-briefing sessions

were conducted after each interview to address any new information or themes that arose. The research advisory group guided modifying prompt questions as necessary to deepen our understanding of participants' disclosure behaviours. There are four who were also working as the FOs who joined the second stage of this interview.

Phase 3: The third stage of interviews targeted MSM participants living with HIV for follow-up sessions.

All phases were carefully crafted to reflect different MSM groups, their roles, and education levels. Ultimately, information regarding disclosures was gathered, considering the various characteristics of the MSM individuals. Each interview lasted for around 20-50 minutes.

#### *Recruiting a Research Assistant*

Before the field research, a research assistant was recruited within the IMF networks. The research assistant [ZA] was selected due to his experiences working as an FO worker and the training he had received in working with the MSM communities. The first author [NA] trained [ZA] about the research aim, methodology, planned data collection and management, and ethics in research. ZA was given a few opportunities to practice running the interviews with three HIV FO workers who were also MSMs to refine the interview schedule based on feedback regarding the appropriate use of language and timing of the interviews.

#### *Data Collection*

As noted earlier, the data collection included in-depth interviews with 11 MSM individuals and five FO workers as the key informants. Participants' observations were also carried out during the initial visit to IMF and activities within the VCT services. The first author [NA] was invited to observe activities within the mobile VCT services, where she met with MSM peer support groups. The data collection occurred between February to March 2022. All participants were invited to

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The six-step thematic analysis was used to analyze the data following the work by Braun and Clarke.<sup>25</sup> These steps include familiarising data, initial coding, generating categories, defining and reviewing themes and sub-themes, and writing the research report.

The data analysis stage started with the first author [NA] and the second author [N] independently reading the transcripts, focusing on frequently mentioned keywords regarding experiences, challenges, and feelings relating to disclosing or not disclosing status as an MSM. This guided the basis for the initial coding. The data analysis process included reading and re-reading the transcripts to become familiar with the recurring themes. Transcripts were manually coded, and notes were taken throughout the coding process, discussions, and questions that

5 July 2023

occurred during the discussion of the themes between NA and N. The final coding-end themes were systematically assigned to 'child and parent codes. This research was approved by the Health Research Ethics Commission, Faculty of Public Health, Sriwijaya University, within Number: 015/UN9.FKM/TU.KKE/2022.

## Results

After collecting data from research participants, information regarding MSM individuals' characteristics, risk behaviors, disclosure behaviours and attitudes were used as the central themes. Several tables below illustrate the characteristics of the participants and additional information on sexual behaviours, such as the number of sexual partners, and the disclosures of MSM individuals regarding their sexual orientation.

Table 1. Participants' demographic characteristics and HIV related risk (n=11 MSMs)

Characteristics	Number of participants
HIV Positive	1
HIV Negative	10
<b>Age</b>	
≥25 Years	7
15-24 Years	4
<b>Marital Status</b>	
Single	8
Married (as bisexual)	3
<b>Education</b>	
High education (graduated from high school/equivalent or college)	8
Low education (Maximum graduate of junior high school or equivalent)	3
<b>Employment</b>	
Full-time employment	10
Unemployed, student	1

Table 1 shows that only one of the participants was HIV positive at the time of this research. Most are 25 years old, unmarried, have high education level, and are full-time employed.

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Table 1 shows that only one of the participants was HIV positive at the time of this research. Most are 25 years old, unmarried, have high education level, and are full-time employed. Regarding disclosing their status, Table 4 shows that four participants had shared their gender identity or sexual preference with their closest family or friends, including MSM friends, sexual partners, distant relatives, and cousins. Four people were relatively open about their status. Unfortunately, only 8 of 11 MSM shared their disclosure behaviours and decision with the researchers.

**Table 2. Additional information regarding sexual experiences, MSM participants (n=11)**

Initial pseudonym	Sexual experiences
T	Experienced the first sexual violence at 28 years of age by a family member and at 30 by a teacher. He has not yet completed elementary school. It is noteworthy that T has never engaged in sexual relations with women.
D	Newly open about being MSM; has previously disclosed having had sexual relations with women (vaginal intercourse).
R	Recently embraced MSM identity; has previously engaged in sexual activities with men because of economic necessity.

Initial pseudonym	Sexual experiences
F	Had been divorced for 10 years. He previously had a heterosexual marriage. He reconnected with the MSM community recently and actively pursued sexual relationships with men. He is the father of a son who does not identify as MSM.
R	Recently embraced MSM identity; has previously engaged in sexual activities with men because of the "accident" between their friend who is also an MSM.
E	Formerly identified as MSM and has since embraced a transgender identity and engages in sex work (feminine role).
H	He was married at 21 and became a parent to two daughters and an adopted son. They have since transitioned to being transgender and had a history of diabetes and high blood pressure before working as a FO worker.
A	Formerly identified as MSM and has since embraced a transgender identity and engages in sex work (feminine role).
J	Heterosexually married for nine years with one child (7 years old), bisexual. Had difficulties recovering from STIs in 1996.
M	Heterosexually married for ten years; had three children. Their attraction is 70% towards women and 30% towards men. They transitioned from paid activities to consensual engagements.
V	HIV positive in 2019; already have symptoms of fever for a week, diarrhea, and hair loss.

Two of the 11 participants identified themselves as transgender people. Two participants just came out and embraced MSM identity. Participants tended to disclose their HIV status and transgender identity than being MSM. They preferred to introduce themselves as gay before the

Two of the 11 participants identified themselves as transgender people. Two participants just came out and embraced MSM identity. Participants tended to disclose their HIV status and transgender identity than being MSM. They preferred to introduce themselves as gay before the researcher introduced the term MSM, disregarding them as homosexual, bisexual, or transgender.

V was 22 years old and single. He was the only participant who was living with HIV. He told his distant cousin that he was gay. However, he told his family about his HIV status and not about his having sexual relationships with other men.

*"...My cousin knows about me (as MSM), I already told him my problem about the same sex, but he is far away (his location). At another time, I told my sister about my status as HIV-positive because it was revealed that there was medicine in my closet, my family gathered us together, and I was told to talk about details. "What medicine is this?" I said it was ARV to prevent HIV. "How can you get infected?" I said yes, it could, I had sex with the (woman) prostitutes. And I do not talk when I am with the same sex (the MSM)" (V)*

**Table 3. Number of sexual partners of the MSM participants (n=11)**

Number of sexual partners	Participants
Countless (multiple and unable to recall)	7
Counted/newly identified oneself as MSM	4



Four participants, F, A, M, and H, who either had ever been married or were married at the time of this study, identified themselves as bisexual. They had never shared with their wives about their sexual orientation. H was a 43-year-old transgender person, bisexual, and had a wife. He was a FO. The demands of his work had made it hard to spend time with his wife and children. H was confident that their wife did not know about their sexual orientation and that they had sexual relations with men.

*"For my wife, right before we married, I initially (already) worked outside a lot, so having separate life with her is normal. For my sexual orientation, maybe she does not know yet... I have three children" (H)*

F, a 44-year-old individual, divorced his wife within the past decade. F maintained secrecy about their sexual orientation. They were apprehensive about being discovered by other MSM participants during the research. F desired to be perceived as a "typical heterosexual man" and chose not to disclose their homosexuality.

*"Even though I am afraid to gather with the same kind of people like this (MSM who attended the HIV testing clinic), I see people with normal behavior" (F)*

**Table 4. Disclosure of MSM status to close people (n=11)**

As MSM/Transgender individuals/people living with HIV	Participants
Non-disclosure	4
Pretty open category	4
Chose not to answer	3

The fears of being found out about one's sexual orientation and homosexuality contribute to the invisibility and difficulties in reaching the MSM communities.

IN, a program coordinator explained that while the transgender people are visible in the community, MSM, on the other hand, tends to remain hidden.

*"They (MSM) had been hidden all this time, especially they are not open. Transgender people are visible, while MSM is not." (IN, IMF program coordinator specifically for MSM, key informant)*

Due to COVID-19 interruption, HIV testing and mobile VCT services have decreased, reducing the detection of MSM as a risk group for HIV transmission.

*"HIV screening had decreased in the past three years. First, fears of going to the service, the hospital, or Puskesmas. Second, mobile VCT activities had also decreased because of the COVID-19 restriction" (IC, HIV program manager, key informant)*

According to B, the director of the IMF, while it is not possible to alter one's sexual identity, it remains important to maintain outreach activities and provide health literacy programs to increase awareness among MSM individuals.

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*"When we see that as humans, what we do is about behavior. It's not easy to change this kind of behavior. Therefore, the only thing that might be able to raise awareness gradually is the need to be healthy." (B, IMF director, key informant)*

The FO workers were approached as the key informants in this research. They are vital in connecting with MSM communities and establishing peer support groups. They distribute condoms and offer information about HIV prevention and other STIs. MSM individuals tend to be more comfortable openly sharing their sexual identity and sexual health concerns with the FOs.

*"I didn't know the risks before, but there have been risks ever since now. After I joined here (IMF, initially met one of the FO and was appointed being a FO), I already know that the risk is greater if sex does not use protection, what are the effects, Alhamdulillah (Thanks to God). After being at IMF, I just realized that condoms are important. Previously, even though there was a condom, it was never used. The knowledge gained from IMF is beneficial" (J)*

A few participants explained that their understanding of condom usage for HIV and STI prevention improved after interacting with a FO.

*"In the past, I didn't understand this (using condoms to prevent HIV and STIs). I got to know FO in early 2019. But I started diligently using condoms in 2020. It's mandatory." (E)*

Apart from using condoms, since meeting FO, some MSM individuals routinely accessed HIV tests.

*"Even though I use condoms, I'm diligent about going to get the VCT because it's still a risk (as MSM)" (E)*

M, identified themselves as bisexual. He was heterosexually married and had a wife. Initially, he did not use condoms during sexual intercourse. However, after joining the IMF and becoming an FO, he learned the significance of using condoms to prevent HIV transmission.

*"Before at IMF, I never used a condom. My fate was fortunate because when I got to know IMF, it was still (HIV) negative. Now I use it. If I don't, I think about it. If something happens, what about my wife, don't let it happen. For now, if it's for that (sexual intercourse with men), I always thought about using a condom." (M)*

P, the HIV data officer at the Foundation, actively engages in sexual relationships with other men. P believes that one cannot prevent men from engaging in same-sex relationships. However, P explains the importance of safe sex practices to prevent HIV and STI transmissions.

*"It's risky, men having sex with men. We also can't ban it, just provide education for them on how to have unsafe sex, to reduce the risk of contracting the disease" (P, Heterosexual Woman, HIV data officer, key informant)*

Through this, apart from the lack of disclosures on the part of MSM with their closest people, at least they can still be open with outreach groups at risk of HIV transmission.

## Discussion

The MSM communities are very much hidden in Indonesia. They face extreme challenges, including discrimination and social condemnation when disclosing their sexual identity and HIV status. Their fears and hesitations to disclose their sexual identity are exacerbated by negative narratives against homosexuality through social media.<sup>14</sup>

Poor sexual health literacy, cultural and social norms, and stigma against homosexuality contribute to the rising number of HIV cases in Indonesia.<sup>9,21</sup> The fear of disclosing one's sexual identity and HIV status may lead to the potential economic and social losses that an individual may face, including discrimination from their families, communities, and workplaces.<sup>26</sup> It is pivotal to address stigma and discrimination rounding homosexuality, MSM, and HIV disclosures to promote a supportive and respectful environment, especially the service environment for individuals to disclose their HIV status.<sup>26</sup>

Participants observed extreme caution when disclosing their sexual orientation or HIV status. Only four participants disclosed their sexual orientation to their MSM sexual partners, their FOs workers, and fellow MSMs. The one and only participant living with HIV, chose to share only

FOs workers, and fellow MSMs. The one and only participant living with HIV, chose to share only their HIV status with family, not their sexual orientation. None of the participants who were heterosexually married ever disclosed their sexual identity or HIV status to their wives.<sup>21,27</sup> Having multiple sex partners was reported by many of the participants, including the one and only participant who was HIV positive.

Marital status does not guarantee the protection of MSM individuals to unsafe sex behaviours and HIV transmissions. As a husband, MSM can transmit HIV and STIs to their wives. Unfortunately, the social portrayal of 'good' wives often hinders recognizing and addressing HIV risks in heterosexually married women.<sup>19,28</sup> In this research, participants exercised greater caution in disclosing their sexual orientation than HIV to their close family members and friends. Comparable findings were reported in a research conducted with 34 MSMs in China, where 20.6% (7 out of 34 participants) were extremely fearful of disclosing their sexual orientation but more willing to disclosing their HIV status to their closest family members and friends.<sup>22</sup>

Our findings suggest that the fears of disclosing one's sexual orientation are far greater than disclosing one's HIV status. Several factors may contribute to this phenomenon, including the public homophobic nature and religious and cultural perceptions against homosexuality as immoral and sinful<sup>29</sup>, leading to deeply ingrained stigma and discrimination against homosexuality in

Indonesia.<sup>23</sup> MSM who still live at home with their families face great anxieties and fears regarding the potential of being found out of their sexuality, let alone coming out. They fear disclosing their homosexual identity will bring shame, dishonour, disappointment, and social condemnation against their families.<sup>22</sup>

The participants were all associated with the IMF activities and outreach programmes. They were assumed to have adequate knowledge about HIV transmission and prevention, having undergone HIV test. However, they did not rule out the possibility of remaining private about their MSM status to those closest to them. The MSMs communities seem to have a good understanding of this phenomenon.

The research strengths of this qualitative study include employing careful interview stages and a gradual approach to interviews. Before conducting the participant recruitment, the researchers observed and engaged with the IMF activities to better understand the research context and location. Pilot interviews were conducted to examine the appropriateness of the interview schedule. Recruiting the research assistant from the MSM communities was proven sensible in ensuring contextual input and comprehensive data analysis. Substantial training of the research assistant on conducting in-depth interviews allowed by gentle and empathetic attitudes to interviewing where simple wordings and utterances were used in the interviews and clarification was provided to the participants. Participants were offered to review their transcripts and add or amend them, ensuring inclusive and consultative respectful practice towards the participants.

There were limitations in the research, including some informants being less open, challenges in conducting interviews during working hours, and difficulties in finding HIV-positive MSM willing to disclose their status. This research topic was sensitive yet of significant importance to HIV prevention efforts. As discussed earlier, three of the 11 participants did not provide information on their HIV or MSM disclosure behaviors. Probing and specific questioning about disclosures and piloting of the interview schedule could be considered to address this.

The in-depth interviews were chosen over the focus group discussion as a preferred data collection method for various reasons. Given the sensitive nature of disclosing one's sexual orientation and HIV status, in-depth interviews provide privacy and allow for a deeper understanding of the individual's attitudes, unlike group discussions, where participants are likely to feel self-conscious and hesitant to express themselves for fear of judgment.

### **Conclusion**

The disclosure of one's sexual orientation and HIV status is multifaceted. While some individuals choose to share their sexuality with selected close family members and friends, others choose to keep it private. These hidden MSM communities and persistent stigma and discrimination against homosexuality in Indonesia contribute to the increasing rate of HIV/AIDS.

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This research endeavour was made possible by the meaningful support of FO workers and peer support groups. These groups play a crucial role in reaching out to MSM communities while providing a safe environment, establishing trusting relationships and providing HIV education and information, promoting condoms use, and advocating healthy sexual behaviours.

This research highlights the importance of proactive engagement of MSMs and groups and people living with HIV in the HIV prevention efforts within the MSM communities. By building community empowerment and collective actions, we can foster a supportive environment that encourages the full participation of the members of MSM communities in finding solutions and shaping programmes' directions and deliveries.

Findings from this study yield potential intervention strategies to expand education programmes, enhance communication and education media and promote effective training for FOs and other health professionals. Adequate training and mentoring programmes with the necessary skills to engage effectively with MSMs to promoting disclosure, including building trust and addressing discrimination-related concerns. Furthermore, reorient health service policies and deliveries to be more accountable to the beneficiaries (MSM individuals and partners) using a gentle and empathetic approach and education platform to promote safe sex practice and access to VCT services. For example, VCT services may need to explore different opening hours and locations. Lastly, encourage behaviour change

need to explore different opening hours and locations. Lastly, encourage behaviour change at the wider societal level, focusing on mitigating risk for the communities due to disclosures of HIV status.<sup>28</sup> For example, a good understanding of safe sex practices and easily accessible condoms can encourage safe sex practices.

xxxxxx

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#### **Conflict of Interest**

The authors declare no conflict of interest.

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[Artikel dalam proses submission], 25 Juli 2023

Notifications



## [JIKM] Editor Decision

2023-07-25 06:11

Namirah Adelliani, Najmah Najmah, Sari Andajani, Zico Ariesandi:

The editing of your submission, "Non-Disclosure of Sexual Orientation of Men Having Sex With Men (MSM): A Hidden Threat of HIV Transmission in Palembang, Indonesia," is complete. We are now sending it to production.

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The screenshot shows the author dashboard for the article "Non-Disclosure of Sexual Orientation of Men Having Sex With Men (MSM): A Hidden Threat of HIV Transmissio" (ID: 1137) by Adelliani et al. The dashboard includes a navigation bar with "Back to Submissions" and a "Library" button. The article status is "Published". A prominent red banner states: "This version has been published and can not be edited." The left sidebar contains tabs for "Title & Abstract", "Contributors", "Metadata", and "Authors History". The main content area shows the "Prefix" field with examples "A, The" and an empty input box, and the "Title" field containing the article title: "Non-Disclosure of Sexual Orientation of Men Having Sex With Men (MSM): A Hidden Threat of HIV Transmi:".

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### Non-Disclosure of Sexual Orientation of Men Having Sex With Men (MSM): A Hidden Threat of HIV Transmission in Palembang, Indonesia

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## NON-DISCLOSURE OF SEXUAL ORIENTATION OF MEN HAVING SEX WITH MEN (MSM): A HIDDEN THREAT OF HIV TRANSMISSION IN PALEMBANG, INDONESIA

Namirah Adelliani

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### Abstract

Men who engage in sexual relationships with other men (MSM) are consider a high-risk group for HIV transmission, with MSM in Indonesia accounting for 17.9% cases of HIV in 2020. This qualitative study aimed to understand better the factors determining MSMs' motivation to disclose their sexual orientation. This research employed a phenomenological approach to explore the disclosure experiences of MSM in Palembang City. In-depth interviews and observations were conducted with 11 purposively recruited MSM informants and five MSM outreach workers to ensure data triangulation. Documentation and observations of the participants were conducted during various activities at the Intan Maharani Foundation (IMF). MSM participants observed extreme caution when disclosing their sexual orientation and only chose to reveal their sexual orientation to a very limited network, such as close friends, who are MSM, and at risk of HIV transmission. The hesitation to disclosing sexual orientation may be linked to the fact that only a few MSM had ever undergone an HIV test. MSMs, if they choose to, could share their status with Field Outreach (FO) during routine health check-ups. Findings of this study call for further research on barriers that hinder MSM from openly discussing their sexual orientation. Such research can inform policy and program developers on how to improve services, promote health literacy, foster confidence and trust among MSMs, hence facilitating their access to HIV services, enabling them to disclose their HIV status confidentially, safely, and in a respectful environment.

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