

Experiences of Sexuality of Bisexual HIV/AIDS Patients (A Phenomenological Study in Madiun Regency)

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Abstract

Male Sex Workers (MSM) are a population at high risk of contracting HIV/AIDS with an increasing prevalence. The stigma and discrimination experienced by LSL has a significant impact on their mental health and sexual behavior. Exploring the sexuality experience of MSL who are HIV/AIDS patients in Madiun Regency with a phenomenological approach. Qualitative phenomenological research with 7 main informants of MSL of HIV/AIDS patients and 2 key informants. Data was collected through in-depth interviews, observations, and documentation, then analyzed using data reduction, data presentation, and conclusion drawn. The experience of LSL is divided into open and closed behavior. Overt behavior includes stigma/discrimination (5 out of 7 informants), fear of rejection, and feelings of guilt (all informants). Covert behavior includes disclosure of identities that vary from childhood to adulthood, participation in the LSL community (all informants), and sexual activity that some informants still engage in despite knowing their HIV positive status. The social stigma attached to the MSM of HIV/AIDS patients has an impact on their mental health and sexual behavior. Interventions in the form of health education, routine check-ups, psychological counseling, and strengthening community support are needed to reduce HIV transmission rates.

Keywords: male sex, HIV/AIDS, phenomenology, stigma, discrimination, sexual behavior

INTRODUCTION

Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) are global health problems that continue to grow. Based on a report by the World Health Organization (WHO) in 2024, the Male Sex (LSL) group contributes significantly to HIV cases with a global estimate of 39.9 million cases. In Indonesia, the estimated number of people living with HIV in 2024 is 503,261 people, with the five highest provinces being East Java, West Java, Central Java, DKI Jakarta, and North Sumatra.

LSL is a condition of the phenomenon in which there is personal, emotional, or sexual interest in the same gender. The phenomenon of LSL poses risks to health such as an increase in Sexually Transmitted Infections (STIs) and the risk of HIV transmission. MSL tends to have anal sex which increases the risk of contracting HIV because the anus is not used for sexual intercourse and cannot lubricate when aroused, so the anal tissue is at risk of abrasions and makes it easier for the HIV virus to enter the bloodstream.

Madiun Regency as one of the regions in East Java Province shows statistical data from the AIDS Control Commission (KPAD) that there is a significant increase in new HIV cases in the LSL population. In 2024 there will be 109 cases of HIV/AIDS, while in February 2025 there will be 24 new cases. The impact of this disease is very complex including physical, psychological, social, and sexual problems.

HIV-positive MSLs often experience discrimination from the surrounding community and are considered disgusting due to their disease which is still considered taboo. The high increase in HIV cases in the LSL group is not far from unsafe sexual behavior, lack of

prevention levels such as condom use, lubricant use, and individual awareness of doing Voluntary Counseling and Testing (VCT) tests.

This study aims to explore the sexual experiences of HIV/AIDS patients in Madiun Regency using a phenomenological approach to understand the subject's experiences in depth, including their attitudes, beliefs, and beliefs.

METHOD

Research Design

This study uses a qualitative design with a phenomenological approach to explore the experience of MSL sexuality of HIV/AIDS patients. The phenomenological approach was chosen to understand in depth the informant's subjective experience regarding the conditions he or she experienced.

Research Subject

The subjects of the study consisted of 7 main informants of MSL patients of HIV/AIDS and 2 key informants (KPAD officers and MSL couples). The selection of subjects used purposive sampling techniques with the following criteria: 1) able to provide information and communicate, 2) willing to be open, 3) join the community of MSM and be infected with HIV in Madiun Regency.

Data Collection Techniques

Data is collected through:

1. **Observation** - direct observation of the behavior and activities of the informant
2. **In-depth interviews** – using semi-structured interview guides
3. **Documentation** - photos, notes, and audio recordings to support credibility

Data Analysis

The data is analyzed using the following steps:

1. **Data reduction** - data selection, focusing, and simplification
2. **Data presentation** - structuring data in an easy-to-understand narrative
3. **Drawing conclusions** – looking for meanings, patterns, and relationships in data

Data Validity

Data validity uses triangulation of sources and techniques to ensure the credibility and validity of research data.

Research Ethics

The research has met ethical principles including informed consent, anonymity, confidentiality, fidelity, autonomy, and freedom.

RESULTS AND DISCUSSION

Socio-Demographic Characteristics of Informants

This study involved 7 main informants of MSL of HIV/AIDS patients and 2 key informants in Madiun Regency. The socio-demographic characteristics of the informants showed a representative variation for the LSL population in the study area.

Table 1. Socio-Demographic Characteristics of Key Informants

Yes	Informant Code	Age	Marital Status	Work	Long Diagnosed HIV	Year of Community Joining
1	Informant 1	34 years old	Unmarried	Private	3 years	2010
2	Informant 2	36 years old	Divorce	Private	2 years	2015
3	Informant 3	36 years old	Marry	Health Workers	4 years	2018
4	Informant 4	31 years old	Marry	Odd Jobs	3 years	2022

Yes	Informant Code	Age	Marital Status	Work	Long Diagnosed HIV	Year of Community Joining
5	Informant 5	40 years	Unmarried	Private	6 months	2024
6	Informant 6	38 years old	Unmarried	Private	2 years	2020
7	Informant 7	50 years	Unmarried	Salon/PSK	5 years	2018

Table 2. Key Informant Characteristics

Yes	Informant Code	Gender	Age	Position	Relationship with Research
1	KPAD Officer	Woman	43 years old	KPAD Coordinator	LSL community coach
2	Informant Couple 1	Man	38 years old	Private	Informant's life partner

Based on characteristic data, the majority of informants (71.4%) were aged 31-40 years, with 42.9% unmarried. The duration of being diagnosed with HIV varies from 6 months to 5 years, while participation in the MSM community ranges from 2010 to 2024.

Analysis of LSL Sexuality Experience Based on Research Variables

Based on the research objectives, an analysis was conducted on five main aspects of the experience of LSL sexuality: stigma and discrimination, feelings of guilt, identity disclosure, community participation, and sexual activity.

1. Stigma and Discrimination in the Experience of LSL Sexuality

The analysis showed that 71.4% (5 out of 7 informants) experienced stigma and discrimination with varying intensity and impact. The experience of stigma is categorized into three levels based on severity and coping mechanism.

Table 3. Categorization of Experiences of Stigma and Discrimination

Category	Number of Informants	Percentage	Characteristic
High Stigma	2	28,6%	Discrimination since childhood, widespread
Medium Stigma	3	42,8%	Limited discrimination, psychological impact
Low Stigma	2	28,6%	Not experienced or minimal

Informant 1 who experienced a high stigma stated: "In the past, when I was a child, I was in the middle of a pandemic. Bencong eeeemmm.. Don't forget to take a deep breath and let your eyes wander in the morning. Even if you are an adult you still get that discrimination, but because you have felt it since you were a child, it has become stronger." This statement shows a psychological adaptation to chronic stigma experienced since childhood.

Informant 2 experienced moderate stigma with limited exposure: "Yes, it's because my ex-wife tried to reveal my status at work so friends are still doubting whether this is true or misinformation. Maybe that's what makes me uncomfortable..." The confirmation from the Informant 1 couple strengthens the findings: "There's a ma'am, yes, that's how the neighbors know that there is news like that, they must be swallowed raw... But I don't know if it's the treatment of the neighbors, it's just that he told me that he had been bullied by the neighbors."

Informants who experience low stigma generally manage to hide their identities or are in a tolerant environment. Informant 6 stated: "Yes, thank God they are all very stupid, thinking about their own problems, ma'am."

2. Feelings of Guilt in the Experience of LSL Sexuality

The analysis showed that 100% of the informants experienced feelings of guilt with varying intensity and duration. Feelings of guilt are categorized based on the level of acceptance and coping strategy.

Table 4. The Intensity and Impact of Guilt

Intensity	Number of Informants	Percentage	Behavioral Impact
Tall	3	42,9%	Isolation, depression, cessation of sexual activity
Keep	2	28,6%	Decreased social activity, anxiety
Low	2	28,6%	Positive adaptation, acceptance

Informants with high feelings of guilt show significant psychological impact. Informant 3 stated: "Of course, especially until my wife and child are infected with HIV, I am down for months but the one who supports me is my wife." Informant 5 experienced guilt that changed his behavior drastically: "Obviously, until now, that's why when I was positive I didn't want to have a relationship with anyone, maybe even if I wanted to get married I was still not ready and felt very sinful."

On the other hand, informants with good acceptance showed positive adaptation. Informant 1 stated: "In the past, sometimes yes, but for now I have enjoyed... I used to be able to just fantasize, and now I have a partner who stays with the same man, fully facilitated."

3. Identity Disclosure in the Experience of LSL Sexuality

The disclosure of LSL identity shows a complex pattern with varying timing and triggers. The analysis identified three main patterns of identity disclosure.

Table 5. LSL Identity Disclosure Pattern

Disclosure Patterns	Number of Informants	Percentage	Characteristic
Early Awareness	3	42,9%	Awareness from childhood (SD-SMP)
Adult Exploration	3	42,9%	Exploration in college/young adults
Crisis-Triggered	1	14,2%	Triggered by a heterosexual relationship crisis

The Early Awareness pattern is shown by Informant 1: "so I've actually been around since I was a child" and Informant 6: "I still don't know what promiscuity is, but what I remember is that I was small on my own than my friends, my friends liked to watch porn videos, so I was small myself. And I became my friends' sex outlet when I saw the porn video."

The pattern of Adult Exploration is exemplified by Informant 4: "Shortly before 2021 at that time I was actually involved in the world of LSL and changed partners through applications.

Informant 5 shows a Crisis-Triggered pattern: "Previously I emphasized first that I was street or straight or normal and even had a girlfriend too."

4. Participation in the LSL Community

The analysis showed 100% of informants participated in the LSL community with varying levels of engagement. Participation is categorized based on duration, intensity, and perceived benefits.

Table 6. Participation Rate in the LSL Community

Participation Rate	Number of Informants	Percentage	Average Duration
Active	4	57,1%	> 5 years
Moderate	2	28,6%	2-4 years
New	1	14,3%	< 1 year

Informants show a high appreciation for the benefits of the community. Informant 1: "I joined here for a long time in 2010, and there I felt that I was not alone, why did I have many friends whose fate was the same as mine." Informant 4 as a new member felt a positive impact: "I joined you, but recently I am a new member because it used to be free sex so I don't know if there is an NGO community. In 2022-now I have just joined and in that community it makes my stress disappear because there is support for fellow B20, especially LSL."

The identified community functions include: (a) peer support and emotional healing, (b) health information and treatment adherence, (c) reducing social isolation, and (d) advocacy and empowerment.

5. Sexual Activity in the LSL Experience of HIV/AIDS Patients

Analysis of sexual activity showed that 71.4% (5 out of 7 informants) were still sexually active with varying levels of safer sex practices.

Table 7. Post-HIV Sexual Activity Status

Activity Status	Number of Informants	Percentage	Information
Active with a regular partner	3	42,9%	Monogamy or semi-monogamy
Active with multiple partners	2	28,6%	Free sex, dating apps
Inactive	2	28,6%	Abstinence due to guilt/fear

Informants with sexual activity still showed a stable relationship pattern. Informant 1 and his partner: "If it's sex, it's definitely because the name is also we are playing husband and wife like in general" with the frequency of "Yes, I can do it 3 times a week."

Informants with multiple partners show high risk behavior. Informant 4: "Definitely mbak (Laughs) even now I have boyfriend 1 also free sex." Informant 2 also confirmed: "Still mbakkkk.."

Conversely, informants who stop sexual activity show a strong psychological guilt impact. Informant 5: "I don't want to have a relationship with anyone anymore and maybe even if I get married I am still not ready and feel very sinful."

Integration Analysis Based on S-O-R Theory

Using the framework of Stimulus-Organism-Response (S-O-R) Theory, it can be analyzed how stimuli in the form of HIV diagnosis and LSL status are processed by organisms (cognitive, affective, and conative factors) to produce responses in the form of open and closed experiences.

Conceptual Formula:

$$R = f(S \times O)$$

Where:

R = Response (Sexual Experience)

S = stimulus (HIV diagnosis, LSL status, social stigma)

O = Organism (Cognitive-Affective-Consensual Process)

f = Interaction function

Table 8. Stimulus-Response Matrix in the Experience of LSL Sexuality

Stimulus	Organism Processes	Open Response	Closed Response
Diagnosis HIV	Shock, denial, acceptance	Selective disclosure	Withdrawal, isolation
Social Stigma	Fear, anxiety, anger	Confrontation, activism	Concealment, fitting
Status LSL	Guilt, shame, pride	Coming out	Staying closeted
Community Support	Relief, belonging	Open participation	Selective engagement

The analysis showed that the informant's response to the same stimulus varied depending on the organism's factors, mainly: (a) psychological resilience, (b) social support system, (c) level of self-acceptance, and (d) coping mechanisms developed.

Comprehensive Discussion

Stigma and Discrimination: A Psychosocial Perspective

The findings of the study showed that 71.4% of informants experienced stigma and discrimination, consistent with the global literature on double stigma in ODHA LSL. According to Dewi Purnamawati et al. (2022), the stigma felt by ODHA LSL includes self-stigmatization and concerns about negative public judgment. The study expands on these findings by identifying varied patterns of psychological adaptation.

Informants who experienced stigma since childhood showed higher resilience, in line with the concept of stress inoculation theory which states that exposure to chronic stressors in moderate doses can increase coping capacity. In contrast, informants who experienced acute stigma after diagnosis showed more significant distress.

Dynamics of Guilt and Moral Injury

The finding that 100% of the informants experienced feelings of guilt shows the universality of moral distress in this population. Chaplin (2006) defines guilt as an emotion associated with the violation of social, moral, or ethical norms. In the context of HIV/AIDS patients, guilt comes from multiple sources: (a) violation of heteronormative norms, (b) the risk of transmission to others, and (c) internalized homophobia.

The analysis showed a correlation between the level of guilt and changes in sexual behavior. Informants with high guilt tend to stop sexual activity (abstinence), while informants with good acceptance remain active with safer sex practices. This indicates that excessive guilt can be counterproductive to risk reduction.

Identity Disclosure: Developmental Trajectory

Identity disclosure patterns show three main trajectories consistent with models of minority sexual identity development. The early awareness pattern (42.9%) was in line with biological predisposition theory, while the adult exploration pattern (42.9%) supported the environmental influence theory.

Particularly significant is the crisis-triggered pattern in Informant 5 which shows fluid sexuality in response to relationship trauma. Rahmi's (2020) research emphasizes that the disclosure of sexual identity is a non-linear process and can undergo reversal due to external factors.

The Therapeutic Function of the LSL Community

The participation of 100% informants in the LSL community shows the critical importance of peer support in marginalized populations. The analysis identified four main functions of the community: (a) emotional support and validation, (b) information sharing about treatment and self-care, (c) social network reconstruction, and (d) collective empowerment.

Sary et al. (2020) emphasized that the LSL community provides a safe space for identity affirmation and reduces internalized stigma. The findings of this study strengthen the evidence base for community-based interventions in the HIV care continuum.

Risk Behavior and Safer Sex Practices

The finding that 71.4% of informants were still sexually active post-HIV diagnosis showed the complexity of sexual behavior in the MSD ODHA population. Setiawati et al. (2020) identified that LSL tends to have multiple sexual partners and higher-risk practices.

Critical finding is a variation in safer sex adoption. Informants in stable relationships show better risk reduction practices compared to those with multiple partners. This indicates the importance of relationship context in HIV prevention strategies.

Implications for Comprehensive Interventions

Based on a comprehensive analysis, interventions for MSL in HIV/AIDS patients should be multi-level and multi-component:

1. **Individual Level:** Counseling to address guilt and internalized stigma, skill building for safer sex negotiation
2. **Interpersonal Level:** Couple counseling for serodiscordant relationships, family therapy for disclosure support
3. **Community Level:** Strengthening peer support networks, leadership development in the LSL community
4. **Societal Level:** Anti-discrimination advocacy, healthcare provider training for culturally competent care

Research Limitations and Strengths

This study has several limitations: (a) sampling is limited to one district, (b) potential social desirability bias in self-reports, and (c) cross-sectional design that cannot analyze temporal changes. However, the strength of the research lies in: (a) rich qualitative data with in-depth exploration, (b) triangulation of data sources, and (c) a robust theoretical framework.

This study makes a significant contribution to the literature on lived experiences of MSL in HIV/AIDS patients in the Indonesian context, especially in identifying patterns of adaptation and coping mechanisms that can be the basis for evidence-based interventions.

CONCLUSION

The experience of LSL sexuality of HIV/AIDS patients in Madiun Regency shows the complexity that involves both open and closed aspects. The open aspects include stigma/discrimination, fear of rejection, and feelings of guilt experienced by the majority of informants. Closed aspects include the disclosure of varied identities, active participation in the NGO community, and sexual activities that some informants still engage in. Social stigma has a significant impact on mental health and sexual behavior of MSM. Comprehensive interventions in the form of health education, routine check-ups, psychological counseling, strengthening community support, and anti-discrimination policies are needed to improve the quality of life of MSM and reduce HIV transmission rates. Prevention programs should consider biopsychosocial aspects and involve the active participation of the LSM community in its design and implementation.

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