

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

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Abstract

This research aims to explore the experience of bisexual sexuality among HIV/AIDS patients in Madiun Regency using a phenomenological approach. The background of the research is based on the rampant homosexual behavior with a high risk of HIV/AIDS transmission, coupled with ongoing stigma and discrimination from the community. Data were collected through in-depth interviews with several bisexual informants who had tested HIV positive. The results of the study revealed that the bisexual experience was divided into open and closed behaviors, where some experienced stigma, discrimination, fear of rejection, and feelings of guilt, while others chose to hide their status to avoid social consequences. Factors that push someone to become bisexual include past trauma, disappointment toward a female partner, an unsupportive social environment, and economic pressure. Sexual activity continued among several informants despite knowing their HIV positive status, with some using protection to reduce the risk of transmission. This study confirms that social stigma attached to the bisexual group of HIV/AIDS patients has a significant impact on their mental health and sexual behavior. Therefore, interventions are needed in the form of health education, routine check-ups, psychological counseling, and strengthening support among community members to reduce the transmission rate of HIV. These findings are expected to serve as a reference for related parties in designing more effective HIV/AIDS prevention and management programs, especially for high-risk groups such as bisexuals.

Keywords: Bisexual, HIV AIDS, Sexual Behavior.

INTRODUCTION

Bisexuality has existed for centuries alongside the emergence of human life on earth. Its presence, whether hidden or openly acknowledged, has been a recurring aspect of human society (Taylor, 2018). In many contexts, bisexuality is often disregarded or overlooked by the surrounding community. This neglect has contributed to the persistence and growth of bisexual practices in society. However, bisexual behavior is considered contradictory to moral standards and religious values in many traditions, leading it to be framed as a complex social problem that is difficult to resolve (Dermawan et al., 2013).

Kartono (1989:247) defines bisexuality as sexual relations or attraction toward individuals of the same sex, situating it within the broader study of abnormal psychology. Similarly, Oetomo (2001:6-7) describes bisexuality as an orientation or choice of sexual attraction directed toward people of the same gender, both emotionally and sexually. The term itself is rooted in the combination of “homo,” meaning “same,” and “sexual,” referring to sexual relations (Gagnon & Simon, 2017). These definitions emphasize the psychological and emotional foundations of bisexual orientation as more than mere physical attraction.

Homosexual tendencies within bisexual individuals often manifest as consistent attraction, both sexual and romantic, to members of the same sex. While the terms lesbian and gay are widely used, new patterns of behavior have emerged that do not fully fit within these categories, such as heterosexual men engaging in sexual relations with other men. These variations in behavior illustrate the diversity and complexity of bisexuality in contemporary social life.

The development of bisexual orientation may be influenced by internal and external factors. Internal factors include biological and hormonal conditions that cause individuals to develop same-sex attractions from adolescence, sometimes accompanied by physical or psychological traits that differ from typical gender development. For example, individuals may show a feminine demeanor or underdeveloped male physical traits. These characteristics may persist into adulthood and shape one's orientation (Dermawan et al., 2013).

External factors, on the other hand, are rooted in environmental influences. A person may grow up with normal physical and psychological development, yet social experiences alter their orientation. Factors such as exposure to homosexual media, close associations with same-sex peers, repeated relationship failures with the opposite sex, or even early experiences of sexual abuse may lead to bisexual behavior. Cultural practices, such as dressing boys in feminine clothing or giving them female-associated toys, may also contribute to shaping bisexual orientation over time (Dermawan et al., 2013).

From a public health perspective, bisexuality poses significant challenges. According to the World Health Organization (2024), men who engage in bisexual practices contributed substantially to the global HIV burden, with an estimated 39.9 million cases worldwide. In Indonesia, the Ministry of Health reported approximately 503,261 people living with HIV in 2024, with the highest cases recorded in East Java, West Java, Central Java, Jakarta, and North Sumatra. These statistics highlight bisexual populations as vulnerable groups in the spread of HIV/AIDS (HIV AIDS and PIMS, 2024).

In East Java, particularly in Madiun Regency, local data show a concerning rise in new HIV infections among bisexual populations. The Madiun AIDS Prevention Commission (KPAD) reported 109 new HIV/AIDS cases in 2024, with an additional 24 cases recorded as of February 2025. This rapid increase illustrates how bisexual behavior, combined with unsafe sexual practices such as unprotected anal intercourse, accelerates HIV transmission. The physical risks are compounded by psychological, social, and cultural burdens such as stigma and discrimination, which often discourage bisexual individuals from accessing health services or practicing safe sex.

The phenomenon of bisexuality is thus not only a matter of sexual orientation but also a public health and social issue. Discrimination against bisexual individuals living with HIV remains widespread, fueled by stigma that associates the disease with moral deviance. Limited awareness of prevention methods, including condom use, lubricants, and voluntary counseling and testing (VCT), exacerbates the spread of HIV in bisexual communities (Rahma, Yullia, & Handiny, 2024).

Previous research shows that bisexual individuals face unique health disparities—including higher risks of mental health issues, substance use, and sexual health vulnerabilities—largely shaped by minority stress and discrimination. However, much of this evidence comes from Western contexts and tends to aggregate bisexuals under MSM/GBMSM categories, leaving their specific lived experiences and interpersonal communication strategies underexplored (Feinstein, 2017). In Indonesia, studies on HIV and stigma highlight that stigma based on sexual orientation reduces quality of life and limits access to services, yet most of this work has focused on MSM in general rather than bisexual individuals. Consequently, key dynamics such as guilt, identity disclosure, and negotiations with local socioreligious norms remain largely unaddressed (Halim et al., 2020).

Therefore, this study seeks to explore bisexual individuals lived experiences, particularly in Madiun Regency, focusing on their sexuality, stigma, guilt, identity disclosure, and community life, while offering insights into the complex intersections between sexual orientation, health, and society. The theoretical contribution lies in enriching literature on stigma and interpersonal communication in bisexual studies within Indonesia. The practical contribution is to provide evidence-based recommendations for local governments, health services, and universities to design stigma-sensitive interventions (education, counseling, and support networks) that enhance service accessibility and the well-being of bisexual communities.

RESEARCH METHOD

This study applied a qualitative design, which emphasizes understanding social and cultural phenomena as they naturally occur. The focus of qualitative research lies in exploring meanings, values, and patterns emerging within human life, particularly from the lived experiences of individuals. By using a cultural and social approach, this study aims to represent the ongoing reality in the community context and provide in-depth insights into bisexual individuals living with HIV/AIDS in Madiun Regency.

The data used in this study are qualitative in nature, consisting of words, narratives, and observations rather than numerical figures. These data were obtained through verbal or written expressions, carefully examined by the researcher to capture the background, current events, and interactions within the social environment. A descriptive method was employed to generate comprehensive depictions of processes and significant events, with the goal of producing a rich and detailed understanding of the subject matter.

The process of data collection involved two primary techniques: observation and in-depth interviews with informants who identify as bisexual. Observations were conducted directly to capture real-life behaviors, while interviews were adjusted to the needs and

circumstances of each participant. The collected data were then transcribed, coded, and analyzed using relevant theoretical frameworks. This systematic process ensured that findings were explained and interpreted within academic and scientific contexts.

The research subjects consisted of bisexual individuals in Madiun Regency who were members of local communities and living with HIV. A purposive sampling method was adopted to select participants based on predetermined criteria to ensure relevance to the research focus. The inclusion criteria were: (1) the ability to provide information and communicate effectively, (2) willingness to respond openly, (3) active membership in bisexual communities, and (4) confirmed HIV-positive status. These criteria were designed to ensure that participants could provide rich and relevant data for the study.

In qualitative research, the researcher serves as the main instrument for data collection. Observations, interviews, and documentation were employed simultaneously to triangulate data. Observations focused on participant behaviors and social interactions, interviews facilitated direct responses from informants, and documentation included photographs, transcripts, and recordings that strengthened the credibility of findings. Supporting instruments such as structured interview guides were also developed to maintain focus during the interviews and enhance reliability.

Finally, the research process took place in one of the communities under the supervision of the Madiun AIDS Prevention Commission (KPAD). The location of the study was determined through mutual agreement between the researcher and the informants. During fieldwork, the researcher not only acted as the primary instrument but also validated their role through adequate preparation, mastery of qualitative methodology, and readiness to engage with the field context. This approach ensured that the research findings would be credible, accountable, and grounded in participants' lived experiences

RESULTS AND DISCUSSION

Interpretation

In-depth interviews conducted with research subjects about the experiences of bisexual sexuality included open behavior and closed behavior.

Open Experience

a. Stigma/Discrimination

Stigma and discrimination emerge as significant emotional responses faced by bisexual individuals living with HIV, manifesting in negative attitudes, unfair treatment, and social exclusion due to their sexual orientation and health status. Stigma often appears in the form of stereotypes, labeling, or derogatory remarks, while discrimination materializes through tangible actions such as restricted access to healthcare, unequal opportunities in employment, or unjust treatment in daily interactions. Informant 1 revealed that since childhood they had been subjected to ridicule and name-calling, which continued into adulthood, yet these experiences shaped resilience in facing discrimination; this was supported by their partner, who confirmed that gossip and judgment from neighbors were still present. Informant 2

shared a similar experience when their HIV status was disclosed by an ex-spouse at the workplace, resulting in discomfort and distrust among colleagues. Likewise, Informant 3 reported that the disclosure of their HIV status not only affected them personally but also led to stigma and discrimination toward their spouse and children, making the impact more severe within the family sphere. In contrast, Informant 4 indicated that their bisexual orientation was not publicly recognized, although their spouse suspected it, which limited direct experiences of discrimination, while Informant 5 emphasized that secrecy surrounding their condition—shared only with a sibling and select community members—helped avoid discrimination. Informants 6 and 7 also noted minimal discrimination, with the former highlighting that people around them tended to mind their own business, and the latter explaining that their status was long known and tolerated by the community, with only occasional remarks about appearance, which were not considered offensive. These varied narratives illustrate how stigma and discrimination can range from deeply distressing experiences to more neutral or tolerated social interactions, depending on disclosure, community attitudes, and individual resilience.

b. Fear of Rejection

Fear of rejection is a recurring emotional concern among bisexual individuals living with HIV/AIDS, often manifesting as anxiety and worry about being judged or excluded due to their sexual orientation or health status. Informant 1 expressed reluctance to engage in community activities after experiencing negative treatment from neighbors who were aware of their HIV status, though they felt more supported in the workplace. This was confirmed by their partner, who emphasized a focus on personal matters rather than external judgments. Similarly, Informant 2 described discomfort when their condition was nearly exposed in the workplace, reflecting ongoing anxiety. In contrast, Informant 3 felt relatively safe because colleagues in healthcare settings respected patient confidentiality, while Informant 4 also reported a sense of security as they mainly worked independently without close interactions. Informant 5 stated that they never felt fear of rejection since only their sibling knew their status, a sentiment echoed by Informant 6, who felt protected by an environment where people minded their own business. Meanwhile, Informant 7 shared that instead of rejection, they had even received encouragement from colleagues during economic hardship, leading them into sex work. These diverse accounts show that fear of rejection varies across individuals depending on disclosure, social context, and the degree of acceptance or tolerance within their communities and workplaces.

c. Feelings of Guilt

Feelings of guilt are commonly experienced by bisexual individuals living with HIV/AIDS, often rooted in internalized social norms, religious values, and the awareness of the consequences of their actions on themselves and others. Informant 1 admitted to having once felt guilty but now chooses to embrace and enjoy his current relationship with a male partner, supported financially by his partner. Informant 2 also described guilt but adopted an attitude of acceptance, choosing not to dwell on it. In contrast, Informant 3 felt profound regret after his wife and child contracted HIV as a

result of his condition, yet he found strength through his wife's continued support. Informant 4 expressed similar guilt about his family, though relief that his wife and children were not infected, noting he would have felt far more remorse if they had been affected. Informant 5 conveyed a strong sense of sin and chose to abstain from relationships altogether, feeling unworthy of marriage or intimacy. Informant 6 initially struggled with guilt after his HIV diagnosis but eventually reached a balance, accepting life's challenges while moving forward. Informant 7 also shared that his HIV-positive status caused deep emotional distress and guilt. Collectively, these accounts highlight the varied intensity of guilt among individuals, ranging from temporary regret and eventual acceptance to lifelong feelings of sin, with significant implications for their mental health, relationships, and social functioning.

Closed Experience

a. Disclosure of Identity

Identity disclosure refers to the act of revealing personal information about oneself, either intentionally or unintentionally, including sexual orientation and HIV status, and among bisexual men or men who have sex with men, this process often begins at different stages of life and under varying circumstances. Informant 1 shared that from childhood he already realized his attraction to the same sex, while Informant 2 recounted early same-sex encounters during elementary and middle school, framed by sexual harassment and limited awareness of what was happening at the time. Informant 3 first disclosed his orientation in college, motivated by financial incentives, reflecting how economic hardship influenced his experiences. Informant 4 noted that by 2021 he had fully immersed himself in the bisexual community, using dating apps to find multiple partners, which marked his conscious entry into this identity. In contrast, Informant 5 initially identified as heterosexual and even had a girlfriend, but after being diagnosed with HIV in 2024, his identity became known within his family, particularly to his sibling. Informant 6 described experiences of being sexually exploited by older peers during childhood, which shaped his early sexual awareness even though he never explicitly disclosed his identity. Finally, Informant 7 openly identified as a sex worker since 2018, driven by financial instability, and participated in group gatherings until the COVID-19 pandemic disrupted these activities. These diverse accounts highlight how identity disclosure is shaped by a mix of personal realization, social pressures, economic circumstances, and health-related events, creating complex trajectories of self-identification and acknowledgment within bisexual and HIV-positive communities.

b. Participants in the Community

Participation in bisexual communities refers to individuals who engage in same-sex relations, regardless of their declared sexual identity, and serves as a way to identify populations at higher risk of HIV infection by focusing on behavior rather than labels. Informant 1 reported joining such a community as early as 2010, finding comfort in realizing that he was not alone and that many others shared similar experiences, a statement further confirmed by his partner who also belonged to the group under the

guidance of KPAD. Informant 2 described long-term involvement in bisexual communities, though he moved between groups until he found one in Madiun that offered greater support. Informant 3 highlighted participation in a broader, nationwide network where members exchange information about same-sex relations, HIV, and ARV treatment. In contrast, Informant 4 joined more recently, beginning in 2022, and found that the community significantly reduced his stress due to its strong peer support system. Informant 5 similarly emphasized the importance of solidarity and shared understanding within the group, while Informant 6 valued the encouragement and practical advice exchanged among members, particularly regarding treatment adherence. Informant 7 recalled participating in gatherings since 2018, though these meetings became less frequent during the COVID-19 pandemic and were largely replaced by online interactions. Collectively, these accounts show that bisexual communities provide emotional support, shared resources, and a sense of belonging that help members cope with stigma, manage HIV, and maintain resilience in the face of social and health challenges.

c. Sexual Activity

Bisexual sexual activity refers to sexual behavior in which men engage in sexual relations with other men regardless of their sexual identity or orientation, and it is often a focal point in research on the spread of sexually transmitted infections (STIs) and HIV. Informant 1 explained that he remains sexually active with his male partner, with whom he lives as if in a marital relationship, a statement confirmed by his partner who noted that they routinely have sex around three times a week. Informant 2 similarly reported still engaging in same-sex sexual activity, while Informant 3 described maintaining sexual relations with both his wife and a male partner from the local area. Informant 4 admitted to still being sexually active, including with a boyfriend and through casual sex. In contrast, Informant 5 stated that after being diagnosed HIV-positive, he chose to abstain from sexual activity altogether, expressing feelings of sin and unpreparedness for marriage. Informant 6 shared that he currently has a male partner but work commitments limit their opportunities to meet, while Informant 7 said he no longer engages in sexual activity, though he occasionally receives advances from past clients which he chooses to ignore. These varied accounts demonstrate the diverse patterns of sexual activity among bisexual individuals living with HIV, ranging from continued active engagement to complete abstinence, shaped by personal beliefs, health status, and life circumstances.

Discussion

Open Experience

a. Stigma or Discrimination

The informant felt shocked when receiving stigma or discrimination, some even experienced shock, stress and confinement for several days, while other informants felt ordinary because they were used to experiencing such things and the family's response was ordinary to make the informant calm when he found out that he was exposed to such behavior when he was diagnosed with HIV. In people with HIV/AIDS, it is not

uncommon for changes to occur when they find out that they have HIV. This makes some LSL have a negative view of themselves.

According to (Dewi Purnamawati et al, 2022) The stigma felt by people with HIV in the LSL group is self-stigmatization where people are worried that people will judge themselves badly when they hear that they have HIV, this is stated by respondents through a questionnaire that perceives that most people feel separated and alienated from society, this perception results in respondents feeling the need to hide their HIV status from others and choose people to tell about her.

Strengthened by research conducted by (Nurlailiwangi et al., 2012) problems related to psychology, namely becoming irritable or irritable, loss of confidence, the emergence of frustration or despair easily in living life, inner conflicts that arise when having to open up to conveying health status to partners, family members and friends which will carry the risk of being shunned by people, social problems that arise are related to the stigma of people who think that HIV/AIDS is a disgrace so that they often experience discriminatory treatment.

This can also be seen from all the informant's answers revealing that men experience stigma and discrimination in the surrounding environment and in their workplace at the same time. So based on the informant's statement, it can be said that stigma and discrimination are common things in his life today. From the statements of some informants admit that they are exposed to discrimination from the community, the surrounding environment, the workplace, and even their families, it is not uncommon for some to discriminate openly as said by the informant. Because the behavior of MSL of HIV AIDS patients is still a very taboo thing among the community, especially among the surrounding environment. From the treatment that LSL gets, it is a form of open experience.

b. Fear of Rejection

Informants are often faced with the problem of fear of rejection. Because of receiving rejection from their families and the environment where they live, not a few Bisexual ODHA hide their status. Not to mention that they are often faced with physical conditions, health, views and attitudes of the social environment that cannot accept and still give a bad label that leads to stigma and discrimination, causing a lack of confidence in ODHA. Based on research that has been conducted, informants are still considered a scary disease in their surroundings. Meanwhile, other informants among them chose to cover up their status as people with HIV/AIDS (ODHA). Therefore, they do not feel the need to be treated as ODHA. But over time, informants have become accustomed to rejection of themselves and continue to live their lives normally.

According to (Huripah E et al., 2020) They are afraid to convey that they are infected with HIV because most people still do not understand what HIV is and informants are afraid that telling their status will make those around them not accept their situation so that it will result in no support and protection from the surrounding environment

Strengthened by research conducted by (Koritelu et al., 2021) they have their own way of coping with their stress even though they live having to take medication every day. After being infected with HIV/AIDS, the lives that some of their participants lived were once rejected by their environment, but with the passage of time they were eventually accepted into their environment. Meanwhile, according to (Li et al., 2009) discrimination by the community is caused by a bad assessment of HIV/AIDS sufferers that HIV/AIDS sufferers can be contagious and can cause death to others, stigma from the community can cause shame in ODHA (people who have the HIV virus).

This can also be seen from all the informant's answers revealing that men have a fear of rejection in some neighborhoods. So based on the informant's statement, it can be said that fear of rejection is a little sensitive in his life. From the statements of some informants admitted that they felt afraid of rejection, afraid of doing something that could make their identities revealed. Because the bisexual experience of HIV AIDS patients is still a very taboo thing among the community, especially among the surrounding environment. From the treatment that bisexuals get, it is a form of open experience.

c. Feelings of guilt

Informants are often faced with feelings of guilt. Because some Bisexual ODHA are still unable to accept their current state from their families and the environment where they live, not to mention that they are often faced with physical conditions, health, views and attitudes of the social environment that cannot accept and still give a bad label Guilt refers to negative emotions that may be felt by individuals who have sexual relations with fellow men. These feelings can arise due to a variety of factors, including social norms, religious values, or personal experiences. This guilt can have an impact on their mental and emotional health.

According to Chaplin (2006) guilt is an emotional feeling associated with the realization that a person is violating social, moral, or ethical or moral rules. According to Sigmund Freud (Semiun, 2006), feelings of guilt occur when the ego acts or even intends to act contrary to the moral norms of the superego. Freud also mentioned that feelings of guilt are a function of conscience, which is the result of experience with punishment given by parents for inappropriate behavior. Superego is the ideals and values of children that are learned from parents and their culture. When the ego responds to stimuli from the id that violate the superego, then feelings of guilt can occur.

Strengthened by research conducted by (Ananta A et al., 2023), the feelings of guilt that these bisexuals have felt with their circumstances (same-sex or opposite-sex lovers). And having risky sex without using condoms or safety is an attitude that has been done by these bisexuals, but these bisexuals have done counseling about STIs (sexually transmitted infections) and HIV/AIDS. This is in accordance with the characteristics of informants who are already mature.

This can be seen that every informant has feelings of guilt when they find out their HIV positive status which where this status makes the informant feel that they have not accepted their current condition, bisexual ODHA people must feel guilt themselves. Some bisexual ODHA have accepted their guilt but there are also those who still feel

guilty about the situation that befalls them today, even bisexual ODHA decides not to marry whoever they choose to live with their family until some point. There are also respondents who no longer think about the feeling of guilt because they have been used to it since childhood.

Closed Experience

a. Disclosure of Identity

The informant felt that the disclosure of identity turned out that someone already knew the identity and there was something that no one knew so far. The effect of revealing the identity also has a negative impact on some informants and there are also those who feel that they are very stupid with the disclosure of the identity, but most of the identities that are revealed are only the identity as HIV AIDS patients and not their bisexual identity. From the statements, some informants admitted that they were used to the negative effects when their identities were revealed and only thought about what life would be like in the future, not just thinking about it.

According to (Sary, Kirana and Hasbie, 2020) Self-identity is important because it concerns the process of a person becoming a unique individual. Being bisexual is a gender choice that is influenced from within or outside the individual. The existence of bisexuality has not been accepted by most people for various reasons. In terms of health, bisexuality is an aberrant sexual behavior at risk of HIV/AIDS. Bisexuality has been found in adolescents and it is necessary to know what factors form bisexual self-identity.

It is strengthened by research conducted by (Rahmi, n.d. 2020) The disclosure of the sexual identity of bisexual perpetrators varies from each process they go through. Some of them have successfully passed all the processes of revealing their sexual identity and some have not. However, in the end, all bisexual perpetrators both return to the initial stage, namely identity confusion because there are various factors that affect the process of revealing their sexual identity that make them feel depressed and anxious. These factors are pressure from oneself such as the desire to change and from the environment such as the demands of heterosexual norms. Thus, in this study, it can be concluded that bisexual perpetrators have not succeeded in revealing their sexual identity.

This can also be seen from all the informant's answers revealing that the identity of the identity has not been known in the surrounding environment, but whose identities are known and even scattered can only resign themselves because this is the situation that must be accepted. There is even a identity that has been known since childhood until now he feels that it is all ordinary things that make him immune to anything.

b. LSL Community Participants

Informants are very required to join the community under the auspices of the government, namely KPAD, community participants who are formed to make it easier for KPAD to communicate with bisexuals or with an association in an area, so in every community there must be a chairman who is responsible for coordinating the running of the community and the chairman becomes a bridge for KPAD to communicate by members who join the community.

According to (Sary, Kirana and Hasbie, 2020b) they also feel identity problems (such as orientation), internalize stigma, experience feelings of inferiority, guilt and shame. However, most of the informants have good confidence and have contributed to the community.

Strengthened by research conducted by (Umar et al., 2024), mass media is very helpful for the bisexual community to know each other's bisexuals. They only need to access the dating application and that way many will appear in notifications on their respective phones who are the people who have the bisexual status. After they greet each other and get acquainted through the bloth application, they begin to invite each other, whether it is at a restaurant or entertainment place (café, and karaoke) until they have sexual intercourse.

This can also be seen from all the informant's answers revealing that most bisexuals in Madiun Regency in particular are obliged to follow the bisexual community in their area because the existence of this community makes it easier for us to communicate with the government that oversees the existence of bisexuals. The community also has good benefits where in the community fellow ODHA often provides enthusiasm for treatment, motivation for a happy survival, and exchange experiences as ODHA. In this community, not only adults but adolescents also join the community whose status is ODHA must join the community.

c. Sexual Activity

The sexual activity of the informants is still doubtful because they still carry out these activities secretly even though they say they have repented or do not do it anymore, but from the KPAD side cannot immediately reprimand but give them time to run so that they can not do such things, and KPAD also facilitates several contraceptive devices such as condoms for some ODHA who are still sexually active to prevent the occurrence of infectious diseases such as HIV AIDS.

According to (Setiawati et al., 2020) sexual activities are carried out with consequences, including not only the risk of pregnancy and the risk of contracting HIV/AIDS. The deviant behavior that is prevalent in society is sexuality while what is considered unusual by society is bisexual. A bisexual is a man who identifies himself as a homosexual. Sexuels tend to have many sex partners, both men and women of many of them also buy and sell sex, they even admit to having sex with many partners. The things that background a person becomes bisexual are a history of sexual violence, deep disappointment with female partners, family relationships that are not harmonious and even economic factors in the family resulting in a person being at risk of becoming bisexual

Strengthened by research conducted by (Wardani et al., 2020) high activity at this age makes many productive age engage in risky sexual behavior, Homosexuality is often found among young people and productive age because at that age they are more likely to meet at nightclubs, karaoke, saunas, commercial sex places, internet and mobile phone dating, and places such as swimming pools, sports and fitness venues, as well as toilets. A person who has a tendency to be more curious so that they want to try new things, the influence of the environment is not good and past experiences (related

to deviant sexual behavior) experienced and cause trauma are factors that can cause a person to fall into juvenile delinquency, one of which is related to deviant sexual activities

This can also be seen from some of the informant's answers revealing that there are some who are still sexually active and some even act as a married couple in a house, some through the application available until now, and there are also those who have not done it anymore because they are aware of the wrong behavior of doing unnatural things and also because of the age factor which may not be as it used to be. However, even though there are informants who can no longer do sexual activities out there, there are still those who are tempting and disturbing to invite sexuality.

CONCLUSION

This study concludes that bisexual individuals living with HIV/AIDS in Madiun Regency face profound challenges shaped by stigma, discrimination, and internalized guilt, while simultaneously negotiating identity disclosure and community participation. Open experiences reveal feelings of worry, anxiety, and fear of rejection, alongside perceptions of guilt that intensify psychological pressure, whereas closed experiences highlight issues of unwanted disclosure, limited community belonging, and continued engagement in same-sex relations. These findings confirm the research objectives by identifying the forms of stigma encountered and the interpersonal communication strategies employed to cope with them. The study contributes to understanding how bisexuals navigate between visibility and concealment in a stigmatizing environment, offering practical implications for stigma-sensitive health and community programs. Future research should expand the sample size, compare bisexual experiences across different regions, and integrate quantitative measures of psychological well-being and service access, thereby enriching the literature and supporting more inclusive policies and interventions.

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