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Youth and HIV/AIDS: Sexual lifestyle of youth MSM (man who have sex with man) and its risk towards HIV and AIDS infection

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A B S T R A C T

The MSM (Men who have Sex with Men) is a minority group in heterosexual society. It is because they may not be accepted in family and society. It makes social pressure in the form of stigma and discrimination, which makes sexual lifestyle of MSM, has high risk in transmission of HIV and AIDS. It makes an impact on their lack of information and knowledge about safe sex. Moreover the youth MSM community had highly vulnerable HIV and AIDS through their sexual behavior. This research aimed to analyze how the sexual lifestyle of youth MSM in Jember Regency. This research used qualitative method with a phenomenological approach. Data was collected through in depth interviews to the youth MSM aged 17–25 years in Jember Regency. The result of the research showed that the average of the youth MSM aged 17-23 years, have regular sexual partner whose single status at 19-27 years, most of them were from high education, and average of them having parents from low education and work as farmer, businessman, and government employee. Almost all of them did anal-sex and oral-sex. Few of the informants have sex in three some, there are also sex party attended by many gay couples, as well as the 69 style (oral each genitals or penis). Only a few of informants just did kissing. They did it in boarding house or in hotel. Almost all of respondents engaged negotiating of safe sex to use condom and gel during sexual intercourse with their partner. Only a few of respondent didn't use condom and gel because they didn't do sexual intercourse and the expensive price. These finding suggest the important factors that should be targeted in HIV and AIDS prevention program for youth MSM.

Introduction

Men Who Have Sex with Men (MSM) is a man who acknowledges himself as bisexual

or homosexual (The Ministry of Health of the Republic of Indonesia, 2012). MSM is a

group or sub-community that is hidden so it is difficult to be identified. Among sexually active men, about three percent of them are those who have sex with their own kind known as MSM. According to the estimates by experts and UN agencies by taking into account the population of adult males, the number of MSM is currently estimated at more than three million people. Meanwhile, based on the estimates in 2009, the figure was only about 800 thousand, of which 60 to 80 thousand of them were in Jakarta (Muhammad, 2011).

Men who have sex with men became popular terminology in the context of HIV and AIDS in which it is used for describing the behavior that puts them at risk of the infection (Demartoto, 2010). As society's most hidden, especially among teenager, MSM is very difficult to reach by HIV and AIDS prevention. On the other hand, their behaviors are very risky for HIV and AIDS transmission, for example, changing sexual partners without using condoms and lubricants, as well as oral and anal sex.

Increased prevalence of HIV in MSM populations becomes a warning that need to get the government's attention. AIDS prevention programs for MSM populations have applied various methods to change high-risk behavior. However, HIV prevalence among MSM population is still rising.

Reports from the Ministry of Health of the Republic of Indonesia (2014) stated that the cumulative number of cases of HIV and AIDS from the beginning of the discovery of a case in April 1987 until June 2014 there have been 55.623 cases. Where men 29 882 and women amounted to 16 092, and the sexual identity of the rest is unidentified. Based on the risk factors, the highest case found in heterosexual amounted to 34 187, then IDUs amounted to 8451 and the third

highest case is gay and bisexual men amounted to 1,298.

Currently one of seven gay or MSM living with HIV, and only 25% of those aged over 40 years. Gay or MSM and bisexual men accounted for 70% of the total HIV positive cases (Malonzo and Chaves, 2013). This means that the current HIV positive MSM are dominated by those of productive age and in the category of sexually active. This allows giving easiness in the process of HIV and AIDS transmission to others through sexual transmission (sexual intercourse). According to the National AIDS Commission, statistics and mathematical modeling results indicate that the main route of HIV transmission in Indonesia at present and in the future is through sexual transmission. According to the Ministry of Health, the highest transmission pattern was through sexual transmission of 81.8 percent. While in the transmission due to the use of non-sterile injecting equipment was only 12.4 percent (Linda, 2012).

Results of Integrated Biological and Behavioural Survey (IBBS) in 2011 and 2013 showed an increase in HIV prevalence in MSM populations. In Jakarta, Bandung and Surabaya in 2007 and 2011, the percentage of prevalence increased from 8,1%, 2,0 and 5,1% to 17,2%, 10,4% and 9,8%. As well the results of IBBS years 2009-2013, in other major cities, namely: Yogyakarta and Tangerang the percentage of HIV prevalence increased among MSM from 7.9% and 9.5% to 20.3% and 18.8%. Only the city of Makasar decreased from 3.0% in 2009 to 1.6% in 2013 (The Ministry of Health of the Republic of Indonesia, 2012).

Department of Health and Family Health International (FHI) in 2012 conducted a study of 275 MSM provided an overview of how sexual networks among risk groups is

very complicated. Male sex workers who its customers are homosexual (gay), was also bought sex from female sex workers (FSW) (Praptorahardjo *et al.*, 2014). The National AIDS Commission believes that within the next decade, new transmission will be dominated by transmission through sexual that contributes almost 70% of the new infections (National AIDS Commission, 2007).

Jember is composed of 32 districts spread over an area of about 3,293.34 km², with 86,9% is forest land, paddy fields and farm land, while 13,1% is an area of the township, marsh ponds, bushes and broken soil (Institution of Statistical Center of Jember Regency, 2012).

The population of Jember in 2010 based on the projected population health program targets issued by the East Java Provincial Health Office was 2,373,620, has increased by 0,99% compared to 2008. While the real population of Jember in 2009 amounted to 2.408.116 inhabitants (Population and Civil Registration Agency Jember, 2010). High population density is still dominated by the district that is located in the city area.

Currently, the cumulative number of people living with HIV and AIDS (PLWHA) in Jember since the first case in 2004 to 2014 has always increased in each year. The latest data, in May 2014 has reached 1,307. Based on risk factors, the highest case comes from heterosexual behavior as much as 1,111 cases (85%), then the second order from homosexuals (MSM) as much as 98 cases (7.49%) and from the use of needles (IDU) as much as 55 cases (4.2%) (Health Institution of Jember Regency, 2014).

The existence of the MSM community in Jember is derived from the information by Gapura Community as MSM community

under the guidance of NGOs Laskar Jember which is an NGO engaged in the response to HIV and AIDS along with KPADs and Jember District Health Office.

Based on data from Gapura Community, currently in Jember there are approximately 950 MSM. If these figures compared to the total population in Jember, then the existence of the current MSM in Jember is 0.03%. The real figure could not be ascertained because most of the MSM is still closed (hidden).

From the above conditions, and the lack of research data related to MSM those communities are at high risk of HIV and AIDS infection. On the other hand, due to the social stigma that has been attached to homosexuality, research on homosexuality becomes rare, contradictory, and informative (Friedman *et al.*, 2008). Therefore it is important to do a study that aims to determine how sexual lifestyle of MSM teenagers and its implications against transmission of HIV and AIDS in Jember.

Methods

This research was conducted in Jember on Agustus to December 2014, using the qualitative exploration method with a phenomenological approach.

The technique of data collection is done by in-depth interview to the informant taken purposively on MSM aged 17–23 years, as it is still teenagers and in sexually active. To find the informant, used key informant from the field officer from Local Non government Organization which concern in HIV and AIDS programs in Jember Regency.

Main informants were six MSM who live in Jember with purposive technique, with the inclusion criteria: 17–24 years old,

unmarried, open themselves as MSM, as well as willing to be research informants. The focus of study consisted of: sexual couple status, place doing sexual intercourse, sexual technique and safe sex negotiation to partnersex. Collected data was then analyzed with thematic content analysis.

Results and Discussion

Overview of research informant characteristics

As shown in Table 1.1, informants were an average of 21 years old and all of them had completed college. In terms of parental education, average of them have only primary school education, few of the informant's parents who are highly educated are completed high school and college. The general overview of the characteristics of MSM who become research informants can be seen in the following table:

From the table above it also can be seen that the occupation of informant's parents is very diverse. The 2 of 6 informants have parents who work as farmers, while others have parents who work as civil servants (2 of 6 informants), entrepreneur and merchant, each of them was 1 of 6 informants. This happens not be separated from informant parent education who average were less educated in elementary or primary school, and only a few who have parents with high school education and higher education.

Status of sexual partner sex

The results showed that 4 of 6 informants had a regular partner, with an average age of 24,5 years. The status of the informant partner mostly was single or unmarried, with an average profession as a student and only a few of informant partner who work as

private employees and in the field of entertainment, namely DJ (disc jockey). Only 2 of 6 informants may not have a sexual partner. In the terms of time of the relationship, most of the informants had a relationship with a regular partner for more than one year. Only one of the informants had relationship for 3 months. In detail the status of informant's sexual partners can be seen in the following table:

In a relationship with a regular partner, MSM have their respective roles reflected in the type of homosexual expression undertaken by the MSM is currently composed of: the role of tops or masculine (active), the role of bottoms or feminine (passive), and the role of both (alternately between masculine and feminine). This type of homosexual expression will have an impact in running the role during sexual intercourse.

The Place to Conduct Sexual Intercourse

MSM in a relationship with a regular partner is always followed by sexual intercourse. Sexual intercourse is happened on the basis of consensual, without expectation of reward money from his partner. As a gay couple, they could not show their closeness as vulgar as heterosexual couples. Because in our society, including within the scope of the family, still cannot accept the existence of homosexual communities, especially close ties. Therefore often in establish a close relationship even to the sexual intercourse is done by MSM in secret. From the results we concluded that the majority of informants had sex with his partner in a boarding house or hotel.

Boarding house becomes an alternative to do sexual intercourse because it does not need cost to hire. In addition, the presence of men with men in one room of our society is

considered as a matter of course and will not cause the phenomenon of free sex or sex before marriage. While the hotel is become an alternative place for sexual intercourse is usually used as alternative options for gay couples who are financially one of them able to pay rent of the hotel rooms. At the hotel also will not cause social sanctions from people or surrounding neighbors.

This research founded that why hotels and boarding house was the alternative places to conduct sexual intercourse of youth MSM are because of they lived in the middle of heterosexual society. It means that if there was the couple of MSM in the rooms of hotels or boarding house was not violation of the role or value in the society.

Sexual intercourse techniques that risk in HIV and AIDS transmission

The techniques in sexual intercourse between the informant and his partner is still highly possible the occurrence of STIs and HIV and AIDS transmission. Homosexual sexual behavior including the MSM consists of two categories, namely high-risk and low-risk. The one that are included in the high-risk sexual behavior is sexual intercourse or coitus penis-anus (anal sex) and also the penis by mouth (oral sex). While the one that are included in low-risk is coitus or sexual intercourse through penis-groin (interfemoral), penis-penis, penis-chest or penis-abdomen and masturbation. In Indonesia, gay groups are very fond of high-risk intercourse techniques that oral and anal sex. This is further aggravated by the frequency of changing of sex partners that is also quite high among MSM.

From the studies results it's said that the majority of informants choose sex techniques with a regular partner by anal-sex. Meanwhile with casual partners they

choose oral-sex techniques, which require them to use condoms and lubricant.

Meanwhile a few of informants only likes sex techniques by means of clamp, this is done for safety reasons to not transmit STIs and HIV / AIDS, since there is no direct contact between the genitals of the informant with his partner.

In sex relation of homosexual, MSM and transgender are also known to have a high libido. As a result, to vent their sexual desire sometimes they're much uncontrolled. This is evident from the results, the fact that sexual intercourse is done in groups (party) and also with the 69 technique (oral each other with sex partners).

Safesex negotiation to partner

In terms of negotiating safe sex between informants with a partner can run well. Moreover, the entire informants know the consequences from had sex with the same sex, and often they or their partner change their sex partner. Namely the risk or the possibility of the STI (Sexually Transmitted Infections) and HIV / AIDS transmission. So the informant knows the importance of using condoms and lubricant in conducting sexual activity with a partner, even if their partner is a regular partner.

But on the other hand, because the whole informant status is a student, as well as a few of informants partner also has status as a student and not working, then there are obstacles in the use of condoms and lubricants. This is reflected in a few of informants who still feel reluctant to buy condoms.

However there is a few informants who did not use a condom during sexual intercourse. The reason the informant did not use

condoms because they did it on the basis of love and need each other. They believe their regular partner did not bring dangerous diseases such as STI or HIV, unlike when informants had sex with male sex workers (gigolo).

From the quote above, it also showed that the use of condoms and lubricants among MSM community has obstacles regarding comfort in sexual intercourse. Complaining at the time of sexual intercourse using a condom result in discomfort for the user and his partner, both for homosexual couples and heterosexual couples.

Informants Overview

To Estimate homosexuals, including MSM in some communities are even more difficult. So researchers do more guessing. Whitam and Mathy (1986) said that homosexuality was present in all cultures and in all historical events in relatively small amounts (4-5% of the total male population). This is in contrast with other estimates by Hert (1981) which claimed that almost become a common thing about the involvement of the homosexuality (Siahaan, 2009).

The results showed that most of the informants are young, high enough educated as a bachelor degree student. In the stages of psychosexual development by Sadarjoen (2005), the problem of sexual development below are normal sexual development which consists of the following phases: Childhood (0–18 months), early childhood (18 months - 15 years), late childhood (5–11 years), early adolescence (12–15 years), late adolescence (16–18 years) and youth (18–23 years). At the end of this period usually occurs marriage, so this period is the period of sexual awareness in interpersonal and intrapsychic. This period was a period when

a young man, both women and men, have a full awareness and believed of their gender. In this case men and women live a romantic love relationship as adults, both in the context of sosiosexual activities and perfect sexual relations (Sadartjoen, 2005).

According to Hurlock (2009), in the terms of age, most of the informants at the stage of adulthood, that is early adult at the age range of 18–40 years. At the time of early adulthood is also a "creative time", which is a person who has grown up which is not bound by the rules and regulations of parents and teachers, so that they are free to do what they want (Hurlock, 2004). This condition is aggravated by the MSM life that tends to permissive in the sexual intercourse with a man before marriage.

In this research, collection data about parents education and job in order to know how parents have enough time and enough knowledge to their children about reproductive health. Because if parents have high education and perfect job, they will be have enough knowledge and good relationship to prepare their children in social life that support the value in the society, especially about sexual relationship. Santrock (2003) said that the close relationship between parents and adolescence was important in adolescence growth, because this relationship had function as example or prototipe that brought and influence the new relationship. Basic character from the relationship between parents and adolescence was not only depending on conducting the relationship in adolescence period. The relationship with parents in child period will influence the child until growing adult (Santrock, 2003).

Parents have a responsibility to educate, nurture and guide his child. Some aspects of parenting that are associated with a

decreased risk of pregnancy in adolescence: the existence of proximity between parents and teenagers, oversight or regulation of the activity of teenagers from parents, as well as the values parents to oppose the sexual intercourse in adolescence period (Sanrock, 2007).

Parents should be a source of information about reproductive health. Teens can talk about reproductive health by relaxing, not formal. The quantity and quality of communication family surroundings of adolescent reproductive health determine their behaviour in terms of their reproductive health. Indarsita (2006) said that communication with families is a bridge of interaction between parents and children. The main obstacle is the way to say anything related sex is taboo to talk about (Indarsita, 2002). This research is not in line with the research conducted by Resnayati et al who stated that there is a meaningful relationship between the child and parent communication with adolescent behavior in terms of reproductive health. Hurlock (2004) explained that the children obtain The first time about sex information from their parents, will tend to have good behavior.

When viewed from the condition of the parents (the father as a head of the family), then the average informants have parents with low education that is elementary. It demanded their children to take part in raising the family economy, or at least they could not take higher education. These conditions are not favorable for the child affects the normal development of sexual maturity, including as the cause of homosexual behavior (Kartono, 1989). Meanwhile 50% of informant's parents average high educated that is graduated as bachelor degree in college. Higher education of the informant's parents will have an impact on their work as civil servants.

However, this does not ensure that their children have a healthy behavior in terms of sexuality.

Status of Sexual Partner

The homosexual tend to have casual partners in sexual relations and the relations are impersonal. Permanent relationship is rare among homosexual. Satisfaction of sexual relationship between them is more temporary and not permanent (Siahaan, 2009). But it is different with the results of studies showing that most of the informants had a regular partner (fixed Partner sex). That most of the informants had had a partner who is older than them. A US study found that people who are single have a mortality rate 58% higher than those who are married or in pairs. A relationship or marriage is seen as a representation of the social relevance that helps a person to live longer (Kaplan, 2006). As well as heterosexual couples, inwardly sexual satisfaction is not always done by sexual intercourse. Moreover, compassion, a sense of love, a sense of security, and a sense of suffering is something that also must be satisfied (Handoko *et al.*, 2001).

Homosexual couples who live together as couple and rather permanent, is a rather stable homosexual relationship. Sexuality embodied in a long, personal, and social patterned affective relationship (Siahaan, 2009). This is consistent with the results of the study by Mc Wirther and Mattison (1984) in Siahaan (2009) which revealed that out of 156 homosexual couples show that couples who have a long-term relationship has bigger age difference. Similar to heterosexual relations, the reason why homosexual is living together is originally different from the reasons why they stay together in the long time even decades. It means physical attraction,

sexuality and compatibility is important at the beginning of relationship, but togetherness, economic protection and a sense of having become important in the future. On one hand, a research using qualitative analysis explained how MSM in Peru integrating sexual identities, roles, and practices identified into four key themes: passive role as a gay approximation of cultural femininity; active role as a heterosexual consolidation of masculinity; modern role as a masculine reconceptualization of gay identity; and role-based identities as social determinants of partnership, network, and community formation (Clark *et al.*, 2013).

Meanwhile in the term of the status of partner, most of the informants had a partner whose status is single or unmarried. There is no specific indication MSM couple are those who have a homosexual orientation. It means there is the possibility sexually they have a dual role (bisexual), which they could have sexual intercourse with women normally and could have sex with their own kind. Department of Health and FHI in 2012 conducted a study of 275 MSM provides an overview of how sexual networks among risk groups is very complicated. Male sex workers who their customers are homosexual (gay or MSM), was also bought sex from female sex workers (FSW) (Praptorahardjo *et al.*, 2014). Different mixing on risk behavior was evident with more disassortativity among social compared to sexual networks. Enabling effects of social network members may be a mechanism through which social contacts affect risky behavior (Schneider *et al.*, 2013).

Place to conduct sexual intercourse

In the lives of MSM, which incidentally they are sexually attracted to men, and then their

close relationship has always been inseparable from sexual relationship. Considering the existence of homosexual relationship in the community is still considered "deviant" and not in accordance with existing norms, then they perform sexual activity in secret and away from family. MSM fight for a place in the heterosexual community by covering their sexual identity. Accept the fact that self has a homosexual sexual orientation is not an easy thing. Even more difficult when they have to open their sexual identity as homosexual to the closest people, like the nuclear family and friends. Even when they were socializing with the local community, they must wear the "mask" to present themselves as heterosexual men and can be accepted by the people around them. In fact, the more closed an MSM to socialize with other people, and then there is a tendency for those to increase the risk of exposed to sexually transmitted infections (STIs) and HIV / AIDS (Rokhmah *et al.*, 2012).

Currently sex is no longer understood as an essential element in human life that must be respected, but gradually turned into an object of satisfying desires and often uncontrolled (Kali, 2013). This is the same research by Grov and Crow (2012) showed that rates of unprotected anal intercourse (UAI) were high (43%), thus targeted efforts in bars/clubs, bathhouses, and on the Internet may be ideal venues for reaching high-risk MSM. Although most common place was unrelated to UAI, it was related to factors that contextualize men's encounters (e.g., attitudes toward HIV status disclosure, and perceptions about bare backing, anonymous sex, and alcohol use).

Sexual intercourse techniques

According to Oetomo (2003), about sexual behavior in general, all types of direct

genital contact are found among those who behave homosexual in Modern Indonesia. In gay men (MSM), there are known mutual masturbation techniques, fellatio (oral sex), coitus interfemoral and friction (frottage), and genito-anal coitus (sodomy) (Oetomo, 2003).

This is the same with the research by Johns et al (2013) showed sexual positions (i.e., top and bottom) elicited themes along three particular dimensions. First, YGM described the terms associated with sexual positions as social identities, each with a constellation of gender- and sexuality-based attributes.

Table.1 The overview of research informant characteristics

No	Informant	Age	Education	Parents education	Parents Job
1	EK	22	S1	Elementary	Farmer
2	AS	20	S1	Elementary	Farmer
3	FD	22	S1	High school	Entrepreneur
4	AP	20	S1	Elementary	Merchant
5	BN	20	S1	S1	civil servants
6	BM	18	S1	S1	civil servants

Tabel.2 The overview of sexual partner status of MSM

	EK	AS	FD	AP	BN	BM
Regular Partner	Have	Have	Have	Have	Don't have	Don't have
Partner Status	Single (Worked)	Single (Worked)	Single (College student)	Single (High School Friend)	-	-
Partner Age	27	26	25	20	-	-
Partner Profession	Private Employees	Disk Jockey	College Student	High School Student	-	-
Time of Relationship	3 months	2 years	2 years	1 year	-	-

Second, YGM considered the social value ascribed to men who performed sexually as tops, bottoms, and versatile. Finally, YGM narrated the multifaceted ways in which knowledge of gender roles was used in the negotiation of sexual positioning during anal sex (Johns *et al.*, 2013).

the entry point of the HIV virus (Oetomo, 2003). Formed mikrolesi easily during URAS (*Unprotected Reseptive Anal Sex*) activity thought to play an important role in the transmission of HIV through anal sex (Suswardana *et al.*, 2007).

In anal sex commonly done by gays or MSM, there is mikrolesi (minor injury) caused by penetration of 10-fold greater than the relationship of men and women. This injury is very small though, but has become

Safe sex negotiation to partner

AIDS Control Specifically for gay (MSM) should avoid penetration into the anus, woman genitals and mouth. And the use of condoms is actually the last step. Regarding

the effectiveness of condoms, studies around the world prove the effectiveness of condom use is 85%. 15% failure can be caused by various factors, like leaking or misuse (Oetomo, 2003).

In one study among MSM in black people in the United States said that the decision to use a condom during sexual intercourse seemed to be influenced by personal decisions, from experience outside instead of from education reflection about risk behaviors (Malebranche *et al.*, 2007). It's the same with the research of Malonzo and Chaves (2012) showed that MSM showed their partners that they are somebody special so sex is more exciting without a condom, only self efficacy had a direct influence on engaging in Unprotected Anal Intercourse (UAI), and self efficacy correlated positively to sexual risk cognitions. Among the men who practice unsafe sex an emphasis on the pleasures of unprotected penetrative sex appears to override their risk awareness and their knowledge of condom efficacy, implications for HIV prevention strategies given these findings are to develop multilevel counseling interventions to achieve a sense of self worth in the sexual domain.

The above conditions indicate that the various obstacles in implementing safe sex in the MSM community, is constrained by the reasons of pleasure and comfort during sexual intercourse with close partner or boyfriend, so the risky behaviors such as changing partners without condoms is still many occur.

High concern in the risk of HIV/AIDS has no relation to the use of condoms among 40 MSM Philippines (Malonzo, 2011). As a consequence, men who are not comfortable with their sexuality may engage risky sexual behaviors because they either lack of self-esteem to protect themselves or want to

avoid discussions of HIV and condoms with their sex partners because of fear of being labeled "gay" (Malonzo and Chaves, 2013).

This is the same result with the research of Kelly *et al* (2013) showed that nearly 50% of black MSM reported recent unprotected anal intercourse (UAI), often with non-main partners, with partners not known to be HIV seroconcordant, or with multiple partners. Thirty-seven percent of men reported being HIV positive (Kelly *et al.*, 2013).

Conclusions and suggestions

The result of the research showed that the average of the youth MSM aged 17–23 years, have fixed sexual partner whose single status at 19–27 years, most of them from high education, and average of them have parents from low education and work as farmer, businessman, and civil servants. Almost all of them did anal-sex and oral-sex. Few of informants having sex in three some, there is also sex party attended by many homosexual couples, and 69 styles (oral each other genital or penis). Only a few of informants just did kissing. They did it in boarding house or in hotel. Almost all of respondents engaged negotiating of safe sex to use condom and gel during sexual intercourse with their partner. Only a few of respondent didn't use condom and gel because they didn't do sexual intercourse and the expensive price.

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