

## The Effects of Parenting Role in Forming Homosexual Behaviour and Its Risk Towards HIV and AIDS in Young MSM

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### ABSTRACT

**Background:** Men who have sex with men became a popular terminology in the context of HIV and AIDS in which it is used because it describes behavior that puts them at risk of infection. The increased prevalence of HIV in Men who Have Sex with Man (MSM) populations became a warning that need to get the government's attention. AIDS prevention programs for MSM populations have implemented different methods to change high-risk behavior. However, HIV prevalence in MSM population is still rising. It has been a debate that the MSM related terminology was too focused on sexual behavior and did not cover the other aspects such as emotions, relationships, and sexual identity among them which is also a determinant of infection. Homosexual identity formation cannot be separated from the process of learning in the family environment since childhood and getting stronger during adolescence and adulthood. This study aims to analyze how the parenting affects the formation of homosexual behavior and its relation to the risk of transmission of HIV and AIDS in MSM.

**Methods:** This research used qualitative methods with a phenomenology approach. The data is collected by purposive technique to 6 young MSM, aged 17-25 by in-depth interview.

**The result:** This research showed that the majority of young MSM have experience with different parenting roles. Informants being homosexual (MSM) as a result of coercive (harsh) parenting, in which the father is temperamental, and the mother's parenting is dominant (loss of a father figure), and permissive parenting. This condition results in the identity and existence as homosexual or gay (MSM) is getting stronger. As a result, highly risk of MSM sexual behavior on HIV / AIDS, such as had oral and anal sex with multiple partners without using condoms and lubricant.

**Conclusion:** It is required intensive health promotion about the importance of a balanced parenting between mothers and fathers with the use of attractive media such as interactive discussions via television or radio in the community and focused on the parents who have toddler children. Therefore, it will create a qualified generation in the future.

**KEYWORDS:** MSM, Parenting Role, Effect, Homosex Behaviour, HIV and AIDS

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### INTRODUCTION

Among sexually active men, about three percent of them are those who have sex with same sex known as MSM. According to the estimates by the experts and the United Nations by take into account the population of adult males, the number of MSM is currently estimated at more than three million people. Meanwhile, based on estimates in 2009, the figure was only about 800 thousand, of which 60 to 80 thousand of them are in Jakarta (Muhammad, 2011). Men who have sex with men became a popular terminology in the context of HIV and AIDS in which it is used because it describes behavior that puts them at risk of infection (Demartoto, 2010). Increased prevalence of HIV in MSM populations became a warning that need to be to get the government's attention. AIDS prevention programs for MSM populations have implemented various methods to change high-risk behavior. However, HIV prevalence in MSM population is still rising. In 2010, it was estimated that 77% of HIV cases in men are from sexual intercourse between men with men (Center for Disease Control and Prevention USA, 2012). Currently one in seven gay or MSM living with HIV, and only 25% of those aged over 40 years. Gay or MSM and bisexual men contributed 70% of the total HIV positive cases (Malonzo & Chaves, 2012).

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Results of Integrated Biological and Behavioral Survey (IBBS) in 2011 and in 2013 showed an increase in HIV prevalence in MSM populations. In Jakarta, Bandung and Surabaya in 2007 and 2011, the prevalence percentage increased from 8.1%, 2.0 and 5.1% to 17.2%, 10.4% and 9.8%. Similarly, the results of IBBS in 2009-2013, in other major cities, namely Yogyakarta and Tangerang the percentage of HIV prevalence in MSM has increased from 7.9% and 9.5% to 20.3% and 18.8%. Only Makasar City has decreased from 3.0% in 2009 to 1.6% in 2013. Department of Health and FHI in 2012 conducted a study to 275 LSL provides an overview of how sexual networks among risk groups is very complicated. Male sex workers whose customers are homosexual (gay), also bought sex from female sex workers (FSW) (Praptorahardjo *et al.*, 2014).

It has been a debate that the MSM related terminology was too focused on sexual behavior and did not cover the other aspects such as emotions, relationships, and sexual identity among them which is also a determinant of infection. Homosexual identity formation cannot be separated from the process of learning in the family environment since childhood and getting stronger during adolescence and adulthood. Some research related to this has been done by Roberts *et al.*, (2012) which revealed that child sexual abuse and errors in non-sexual treatment is the possibility that close as a prediction of same-sex sexual attraction, couples and identity. Another study by Seehuus *et al.*, (2014) revealed that the changes in the family and the different types of child abuse contribute directly and indirectly on the function and sexual satisfaction in adulthood and this affects as mediator on other factors such as sexual self-schema and the quality of romantic relationships. Child sexual abuse is related to risky sexual behavior in adulthood, but few studies have investigated the process that can be mediation of that association (Senn *et al.*, 2012).

## RESEARCH METHODS

This study aims to analyze how the parenting affects the formation of homosexual behavior and its relation to the risk of transmission of HIV and AIDS in young MSM. This research used qualitative method with phenomenology approach. The data is collected by purposive technique to 6 young MSM, aged 17-25 by in-depth interview. A recent review of HIV in young MSM highlighted the variation in and importance of meaningful definitions for “young” and “youth” (Mustanski *et al.*, 2011). We selected an upper limit of 29 years in order to facilitate comparisons given U.S Centers for Disease Control and Prevention definition of young MSM (aged 13-29 years) and the Commonwealth’s definitions of young people (aged 15-29 years) (Lachowsky, 2014).

Data collected were analyzed by thematic content analysis. To analyze the interview, transcripts were read and annotated according to themes identified by researcher. For each paragraph of text, a decision was made as to its meaning in the context of the interview as a whole. When these thematic categories were applied to all of the transcripts, it was necessary to consider the range of perspectives and experiences for each theme. As such, section of verbatim text were therefore taken from the original context and regrouped according to their index reference. The data were later condensed by the researcher into charts with headings and subheadings drawn from the thematic framework and research question.

## RESULTS AND DISCUSSION

### A. Overview of Research Informant Characteristics

The results showed that informants were an average of 21 years old and all of them had completed college. In terms of parental education, average of them only primary school education, few of the informant’s parents who are highly educated are completed high school and college, most of the informants are young, high enough educated as a bachelor degree student. 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 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 prototype 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.

### B. Coercive Parenting (Harsh)

Forms of authoritarian parenting can cause difficulties for children to socialize. Because in parenting their children the parents give many restrictions and rules that must be obeyed by the children, so that eventually create a feeling of anxious, fearful, insecure and lacking a sense of respect and lack of confidence in children (Jannah, 2012). Coercive parenting is also characterized by the use of harsh punishment, use more physical punishment, the every

need of the children are also arranged with strict rules and still remain in place despite the age of adulthood. This was revealed by the informant as follows:

*...My father is temperamental... he has high ego... I've been thrown with a chair when I was little even now... when angry my mother likes throwing plates. A bit mistake and she'll throw me plates, break it. Automatically the child is not comfortable at home, and want to get out ... because at home is very uncomfortable, feel stifled. Outside more people accept me than at home ... if I later become a parent, I would not be like my father ...". (BM, young MSM, 18 years)*

In the perspective of learning, children learn to behave aggressively through imitation or models mainly from parents, teachers and other children. Violence is usually hereditary, because the children will learn about how to will deal with the environment from their parents (Margaretha *et al.*, 2013). In the identification phase when children aged 6-8 years, the role of parenting is crucial. The circumstances in which a person experiences stress and even depression over the loss of a father figure can cause a child mentally disturbed. The Child violence usually happened in the family (is called : Domestic violence) because they didn't give the right fuction. The relationship between the members of the family is unharmony, for examples : the fuctions of the each member of the family is unclearly or the emotional league is not intensively. This condition caused stress and depression which influenced a child mentally disturbed. It is like the results of research on Men Sex Men (MSM) in the United States stating that a small portion of MSM can have high risk of HIV transmission due to poor mental health conditions: depression (Desantis *et al.*, 2008). Another study by Hidayangsih *et al.*, (2009) states that there is a significant correlation between domestic violence with risk behaviors, showed that parents are the primary perpetrator in acts of domestic violence in adolescents, because most adolescents still living with parents.

Sisca and Moningka (2009) said that the sexual abuse that occurs in childhood is a crucial event because it brings a negative impact on the lives of the victims in adult life. The sexual abuse that occurred is not as simple as the psychological impact. In empirical studies have indicated the permanent reaction on the population of victims of sexual abuse in children include: fear, anxiety, depression, anger and hatred, aggression, and deviant sexual behavior (Brown & Finkelhor, 1986).

The boy should have enough attention from father figure dan the girl from mother figure. When there is no balancing between father and mother role in relationship with their children, the child will take the psychosexual identity improperly. For the example the boy who does not have enough of father figure, father extremely coercive, otomatically the boy has close relationship with his mother. If it happens in long time, the boy will take the woman characteristics, included the sexual orientation. Another theory said that whwn in odipal conflict phase, there is an anxiety or reverenge to father figure (*castration anxiety*), and it causes the boy to stay away from his mother as sexual object and finally to all of women (Pambudy dan Fitrianto, 2009). Further the increasing or family role adn social supports will give positive effect towards personal growth and development, social, language, and motoric in the children under 5 years (Pambudy dan Fitrianto, 2009).

### C. Dominant Mothers Parenting

According to Sadarjoen (2005) states that one of the factors that causes a person to be homosexual is a close identification with parents of different sexes, boys against his mother. In other words, when a child is only taken care of by the mother alone, until he loses a father figure, it can lead to the emergence of deviant orientation when the children grow up. This was revealed by the informant as follows:

*"...since I was a child and a newborn, I've been left by my biological father.. Since then my mother spoiled me, I was treated like a woman (too protected), until now I'm still fed when eating, when going out I was asked to bring an umbrella, the point is I'm spoiled.... why I was spoiled because my family especially my mother felt that I resemble my father .... I've been spoiled since childhood, eventually I feel protected. So it can be concluded that I ended up like this because my mother love me too much, I should not be playing this ..that etc ..., since my mother's affection is too over, so the feeling of love to the same-sex emerge, and the feeling comes out of nowhere ... naturally ... "(AD, young MSM, 20 years)*

In psychoanalytic theory states that behind the homosexual men there are usually types of mother who overprotect their children (over protective), has a very intimate bonding and binding, but has powerful authority to control and demanding. While the fathers are generally not caring, separate, no or rarely at home, indifferent, and often hostile towards her son (Kartono, 1989). In other words, the dominant mother parenting is the cause of homosexuality and transvestitism which among others is due to the close identification with parents of different sexes, boys against his mother (Sadarjoen, 2005). Family conditions where parents harmonious relationship will lead to optimal emotional life to the development of the child's personality (Indarjo, 2009).

#### **D. Permissive Parenting (Moderate)**

Permissive parenting (moderate) are the parents being too soft and helpless, meaning parents are giving a decision to children without certain norms to be followed (Willis, 1994). Unlike the democratic parenting. Democratic parenting generally known as a good parenting to be applied to children, because these types of parents approach their children warmly (Purwanti, 2013). While the moderate parenting is almost same as the democratic parenting, but without specific norms that must be followed. The attitude of parents in permissive parenting usually gives full freedom to the child to behave in accordance with what he wants. As a result, children grow up to be someone who is aggressive and antisocial behavior because since the beginning he was not taught to obey the social rules. Children have never given penalties when violated regulations set by their parents. For parents with permissive parenting consider children to think for themselves, and he himself felt the consequences. Democratic parenting is the kind of parenting that are responsive and provide care without reducing the freedom. The democratic parenting, parents to be flexible, responsive, and giving supervision and pursuits, but also warm, rational and willing to communicate. Children are given freedom, but in the rules that have benchmark. Restrictions on child discipline described, may be asked, and can be negotiated (Wicaksono & Nurhayati, 2014). There are times when parents let (permissive) the son who dress up as women or dressed like women. Age 4-6 years is considered as the starting point of the process of self-identification according to gender, the role of father and mother, or substitute parents (grandmother, grandparents, and other adults) are very big (Indarjo, 2009). It is like an expression of one informant as follows:

*"... my families was OK, when in junior high I sang dangdut and dress up like a girl, wear makeup, dress like a girl, but my parents were supporting, no cons, because my parents assume that I have the skills like this, beside that I also love dolls so I can sew and was able to make clothes for dolls, design clothes, I can also dress the people, as well as carnival dancers. I also often do make up in JFC... My family are obviously no problems.. until now was no problem .. Sometimes I often bring my boyfriend to my home, and once we slept together and mother woke us, in my FB was my photo, I kissed my boyfriend, my brother saw, but no problem, it's OK ... "(EK, young MSM, 22 years)*

Permissive parenting (moderate) is characterized by the way of parents educate children freely, children are considered as adults or young, they were given freedom to do whatever they want. Parental control to children was very weak, also did not provide significant guidance for his son. All that has been done by the children is correct and does not need to get a warning, direction or guidance (Hurlock, 2004). The results are consistent with research of Rokhmah (2014) which showed that permissive parenting by not forbid his son to dress and behave like women have an impact on the emergence of transvestites identity and behavior in adult life. The attitude of parents who is "permissive" will foster an attitude of dependence and difficult to adjust to the family's social environment (Indarjo, 2009).

Homosexual presence included MSM in the family is a historical process. Personality formation of MSM on someone is a long process, starting of childhood to adolescence. Other than that, the emergence of the Homosexual phenomenon cannot be separated from a values and cultural context or cultural (traditional religious education system). The role of the family or parents brings effect on the symptoms of homosexuality. Quarrel between children and parents, both in childhood and adulthood, giving the appearance of symptoms a motivation. Habits in parenting, for example how to give a toy or parents attitudes, without realizing it would result in the psychological disorders of children (Handoko *et al.*, 2001).

Permissive parents allow adolescents to do what they want and consequently adolescents never learn about controlling their own behavior (Suntrock, 2003). That behavior is included in risky sexual behavior problems, which in it is Homosexual (MSM / Men like Sex with Men). It means that the family be the first place for the child to recognize the values that exist in society, the role of parents becomes very determining in shaping the personality of the child, because parents become the first reference for children in performing certain actions, including in relation to sexual behavior (Syamsulhuda, 2010).

#### **E. MSM behavior at Risk Against Transmission of HIV and AIDS**

Sexual behavior of homosexuals including the MSM consists of two categories, namely high-risk and low risk of transmission of dangerous diseases such as STIs and HIV and AIDS. The one included in the high-risk sexual behavior is sexual intercourse or penile-anal intercourse (anal sex), and also penis with the mouth (oral sex). While the one included in low risk is coitus or sexual intercourse through penile-groin (interfemoral), penis-penis, penis-chest or penis-abdomen, as well as masturbation. In Indonesia, Homosexual groups are very fond of high-risk intercourse techniques they are oral and anal sex. This is reinforced by the frequency of the change of sexual partners that is also quite high among MSM. Young MSM experience multiple health disparities, including alcohol

and drug use, partner violence, victimization due to sexual orientation, and HIV infection (Lyons, Johnson, Garofalo, 2013).

From the results of the study mentioned that most of the informant chose the technique of sex with a regular partner in anal-sex. While with irregular partners they chose oral-sex techniques, which require them to use a condom and lubricant. This is the same with the research by Johns *et al.*, (2013) showed sexual positions (i.e., top and bottom) elicited themes into 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. Second, YGM considered the social value ascribed to men who performed sexually as tops, bottoms, and versatiles. Finally, YGM narrated the multifaceted ways in which knowledge of gender roles was used in the negotiation of sexual positioning during anal sex.

However there is a small portion of informants who did not use condoms in sexual intercourse. The reason informants did not use condoms because sexual intercourse with a partner is on the basis of mutually consensual and need each other. They believe their regular partner do not bring dangerous diseases such as STIs or HIV. It's different when informants have sex with using the services of sex workers (gigolo) for sex. This is according to the informant of course still poses a risk of transmission of sexually transmitted diseases, such as the informant expression as follows:

*"... Usually I wear a condom, especially if my partner is not the person I love. I require the use of condoms, as well as lubricants, gels such as Viesta. The one Who buy is my partner, because he needs me, so I ordered him to buy.... but if my partner in accordance with my heart, or the one I love sometimes I do not wear a condom, because if I use a condom it feels less enjoyable ... "(FD, young MSM, 22 years).*

In one study among MSM in black people in the United States said that the decision to use a condom during sexual intercourse seems influenced by personal decisions, from outside experience instead of education reflection about risk behavior (Malebranche *et al.*, 2007). It's the same with the research of Malonzo & 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.

#### **F. The Effort to Decrease The Infection of HIV/AIDS in Youth MSM and Human Security Issue**

In Policy context of STD and HIV/AIDS Prevention Program in key population indeed MSM according to the Permenkokestra No 07/2007 about National Strategy in Pervation HIV and AIDS 2007-2010 and Permenkokesra as the leader of National AIDS Commision No 8/Per/Menko/Kesra/2010 about Strategy and National Planning in HIV and AIDS Prevention (SRAN) 2010-2014. It is mentioned that main activity in Prevention HIV Infection by Sexual Transmition (PMTS) has target at 80% of key population are tauched (MSM) with efective program and 60% of key population has health behaviour and use condoms in risky sexual intercourse (*savesex*). But it is very difficult to imply at MSM community. Although they have high knowledge about STD and HIV/AIDS, it can not change their risky sexual behaviour.

The Result of the reseachs showed that there is no relationship between Knowledge and Attitudes about HIV/AIDS with the prevention action of HIV in MSM community. This findings is the same with in the new Zeland that the odds of having a recent HIV test were higher for YMSM who were older, spent more time with other gay men, reported multiple sex partners, had a regular partner for 6-12 months, reported high condom use with casual partners, and disagreed that HIV is a less serious threat nowadays and that an HIV-positive man would disclose before sex. The odds of having a recent HIV test were lower for YMSM who were bisexual, recruited online, reported Pacific Islander or Asian ethnicities, reported no regular partner or one for more than 3 years, were insertive-only during anal intercourse with a regular partner, and who had less HIVrelated knowledge. Understanding HIV testing behaviour is vital to developing evidence-based policy and programing that support optimal HIV care, support, and prevention (Lachowsky, 2014).

It needed by government to change health policy in prevention HIV and AIDS from *savesex* program approaches to preventive and promotive program approaches by reproductive health education in Junior High School and Senior High School. This Model Approaches can grow self esteem at their sexual identity since adolescent, indeed to built sexual relationship with the others in wise way and responsible in their life choose as heterosexual or homosexual. It is the implementation of one from eight elements that should be included in quality

of policy according to WHO. That is holistic approaches in health policy not only curative effort, but also preventive promotive and rehabilitative (Ayuningtyas, 2014). Young generation or youth MSM should be target naturally in health promotive by providing the right understanding about prevention of HIV infection ( Lachowsky *et al.*, 2014).

## CONCLUSIONS AND SUGGESTIONS

This research showed that the majority of young MSM have experience with difference parenting role. Informants being homosexual (MSM) as a result of coercive (harsh) parenting, in which the father is temperamental, and the mother's parenting is dominant (loss of a father figure), and permissive parenting. This condition results in the identity and existence as homosexual or gay (MSM) is getting stronger. As a result, highly risk of MSM sexual behavior on HIV / AIDS, such as had oral and anal sex with multiple partners without using condoms and lubricant. Further, attitudinal factors associated with the parenting role and recent HIV testing highlight the importance of health promotion work to shape sexual health norms, particularly among the parents and younger and new generations of MSM.

Our findings support recommendations to develop specific and culturally relevant health promotion for the parents and the sub group (young MSM). It is needed the comprehensive efforts between the government and the society to develop health promotion about the balancing of father and mother role in the family to build the best quality of the next generation.

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