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The Dimensions of the Structure of MSM with HIV toward the Prevention of HIV and AIDS Transmission: A Qualitative Study

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Abstract: Men who have sex with men (MSM) are the most vulnerable key population in the transmission of HIV AIDS. They have closed behavior that makes it difficult for health programs to reach. This study explores the structural dimensions of MSM with HIV in preventing HIV AIDS transmission from the perspective of social networks and associations among MSM with HIV. This qualitative study with a grounded theory approach was conducted in Jember. Data were collected by using in-depth interviews with 12 HIV-positive MSM. Data were analyzed with the stages of codes, categorizing, and basic social-psychological processes. The triangulation is used to obtain the validity of the information. Being an MSM group for a long time, related to social networks and associations. The social network perspective is built through gathering activities with fellow MSM communities, gathering in cafes, boarding houses, own homes, rented houses, town square, and night entertainment places. Providing health information, safe sex, asking for HIV tests, and monitoring ARV is more manageable through the same HIV-positive MSM. The involvement of HIV-positive MSM in social activities or other environments can reduce the stigma and discrimination. From the association's perspective, to facilitate the socialization of HIV AIDS prevention are carried out through social activities. A few HIV-positive MSM use herbal medicine and do not believe in ARV. Regular peer group support activities can provide a correct understanding of the importance of ARV to minimize the risk of loss to follow-up. Elements of social networks and associations through peer group supports involved in social activities can facilitate communication, information, and education; also, controlling sexual behavior prevents HIV AIDS transmission. The policymakers need to strengthen community-based associations.

Keywords: social network, association, MSM, HIV, AIDS

INTRODUCTION

Men who have sex with men (MSM) is part of the same-sex sexual orientation and is included in the homosexual category [1]. This MSM is part of a community with hidden behavior and is challenging to identify [2]. Individuals in the MSM category include gay, bisexual, and heterosexual men who have had sexual relations with men regardless of economic reasons or sexual desire [3]. Data for Integrated Biological and Behavioral Surveillance (IBBS) in Indonesia also shows that from 2018-2019 there was an MSM population of 0.03% of the Indonesia population [4]. However, this figure is not actual because most MSM communities have hidden behavior and are difficult to identify.

The Ministry of Health of the Republic of Indonesia report stated that the cumulative number of HIV and AIDS cases from the initial point finding in April 1987 to March 2021 was 427,201 cases [5]. Based on homosexual risk factors (17.5%). The 2018-2019 IBBS results stated that the proportion of HIV incidence was highest in the MSM group at 17.9%. The East Java Provincial Health Service report, as of June 2020, East Java was ranked second after Papua, with a total of 64,973 HIV-positive sufferers and 39.2% AIDS. Based on homosexual risk factors (16.2%).

Furthermore, this data was strengthened by the Jember Health Office report from 2004 to May 2021; the number of HIV and AIDS cases was 5,739 cases. Based on homosexual risk factors, 17.4% [4].

The HIV and AIDS situation can provide a comprehensive picture of the current HIV epidemic and projections that stakeholders can use to plan better HIV and AIDS control programs focused on the MSM community [6]. Given such epidemiological trends, controlling the transmission of HIV and AIDS in HIV-positive MSM communities is required with a community approach. The results of other studies report that the characteristics of MSM which are still challenging to reach through health programs, need the involvement of the MSM community through this peer educator so that it can increase MSM knowledge of health problems under the times [4]. The involvement of the MSM community in dealing with HIV and AIDS is very effective in reducing HIV infection in MSM [5]. Empirical evidence shows that high levels of social capital are closely related to levels of community health. A high level of modal social makes it easier for the MSM community to share health information and access and use available resources to improve health status [7].

This modal social consists of two dimensions; the structural dimension and associations. The structural dimension refers to objective elements such as a social network, including (HIV positive MSM relationships with fellow MSM, MSM assistants, health workers/HIV services at primary health center (*Puskesmas*), families, and communities). The associations include (the involvement of HIV-positive MSM with peer group support and group perceptions of behavior to prevent HIV transmission among MSM) [8]. Low social capital will induce unhealthy behavior [9]. So that knowing social networks and associations can prevent the transmission of HIV and AIDS in HIV-positive MSM. This study aims to explore the dimensions of the structure, which consists of the perspective of social networks and associations in MSM with HIV, including studies on the prevention of HIV and AIDS transmission.

METHOD

Study context

The study was conducted in Jember, East Java, Indonesia. The selection of Jember was conducted on several things, such as the second-highest total HIV/AIDS case in East Java (8.83%), people from various ethnic groups ("Java", "Madura", "Osing", "Pandalungan") [2]; the total number of schools with a high religious education orientation (611 Islamic boarding schools). Furthermore, based on a preliminary study, it was found that the MSM community was recorded to be high in Jember, which is 2036 communities.

Study design

This study used qualitative research with a grounded theory approach. The grounded theory approach focuses on the meaning of social processes by looking at the themes at each stage [10]. In-depth interviews were carried out for data collection in this study. Interviews are open-ended using interview guidelines, and voice recordings are stored using a smartphone. The research subjects were MSM who had been declared HIV positive by a doctor with laboratory tests. Meanwhile, the purposive sampling technique carried out case managers, MSM assistants, and HIV program

managers as supporting subjects. The number of participants in this study was based on data saturation.

Population and Sample

The subjects of this study were 12 MSM with HIV positive. The inclusion criteria of the informants included: a) domiciled in Jember, b) was declared HIV positive by a doctor by laboratory examination, c) was 18-30 years old, d) was willing to agree to the informed consent and was able to retell what happened as an HIV-positive MSM. The information obtained in this study is the characteristics of the research subjects, social networks and associations in preventing HIV and AIDS transmission.

Data analysis

The data were transcribed and analyzed. Data analysis in this qualitative study was carried out through the stages of codes, categorizing, and basic social-psychological processes identified by Speziale and Carpenter [11]. The credibility of the data obtained in this qualitative study is a concern for researchers. The source triangulation method is used for the internal validity of the data obtained [12]. The triangulation process in collecting information through in-depth interviews with significant or supporting informants is then carried out in check by observation using an observation sheet.

Ethical clearance

The Research Ethics Committee of the Faculty of Medicine, Universitas Sebelas Maret, approved this study on March 17, 2021, with the registration number: 11/UN27.06.6.1/KEP/EC/2021.

RESULTS AND DISCUSSION

This study obtained 12 participants using a purposive technique where the data obtained from the participants had reached saturation. The characteristics of the participants are shown in Table 1.

Table 1 shows the characteristics of the participants were various. Most of the ages of the participants ranged from 25-30 years. Most of the participants' education was undergraduate and unmarried; there was 1 participant who was married. Table 1 shows all of the participants were from Jember. According to the length of time being a mentor for MSM, it is known that most of the participants have been assistants for less than five years. Social capital focuses on the pattern of individual relationships or interactions with fellow communities consisting of two aspects, including the structural and cognitive dimensions [13]. The structural dimension refers to two aspects: the existence of social networks and associations in society and communities.

1. **Social network of HIV-positive MSM in preventing HIV and AIDS transmission.**
   The results showed that the social network among MSM was built through gathering activities with fellow MSM communities; usually, they gathered in cafes, boarding houses, own houses, rented houses, town squares, and nightclubs (karaoke) as revealed by PM as follows.

   > In Bahasa: *"...Sering itu jalan jalan, maen, nongkrong...Kalau aku berkunjung ke mereka ya kerumahnya...Selain dirumah itu biasanya dikos, dikontrakan atau ketemunya di kafe...Lebih tepatnya tu kayak "kamu wes tes opo gurung? awakmu maene koyok ngunu lo." (kamu udah*

tes apa belum) kamu seks nya begitu aktif lo)...Ayo kalau mau tes tak dampingi... Karena kan ikatan pertemanan itu sih yang bikin omongan itu nyaman atau nggak..."(PM, 27 tahun).
In English: *"... Often it's walking, playing, hanging out... If I visit them, at their house... Besides, they usually live in a boarding house at home, rent it out or meet them at a cafe... More precisely, it's like, have you been tested yet? You are very active in sex... If you want to take the test, I will accompany you... Because friendship is what makes conversation comfortable or not..." (PM, 27 years old).*

Table 1. Characteristics of Participants

Code	Age (years)	Education	Marital status	Work	Origin	Companion Status	Length of Mentoring	Agencies/ Institutions	Sexual Role
AR	30	Bachelor	Not married	Plantation Officer	Jember	MSM Facilitator	4 years	Balung Hospital	*Insertive*
AL	27	Bachelor	Married	Cafe & Restaurant Entrepreneur	Jember	MSM Facilitator	5 years	LASKAR Foundation	*Insertive*
AM	29	Bachelor	Divorced	English teacher	Jember	MSM Support Coordinator	6 years	LASKAR Foundation	*Receptive*
ZH	28	Senior high school	Not married	PLWHA assistant	Jember	MSM Facilitator	2 years	"Pelangi" Peer Group Support	*Receptive*
AL	27	Senior high school	Not married	Bridal Makeup Service	Jember	MSM Facilitator	3 years	Puger Health Center	*Receptive*
UL	30	Bachelor	Not married	Middle School TU staff	Jember	MSM Facilitator	4 years	Ogawa NGO	*Versatil*
ZA	26	Bachelor	Not married	Massage Business	Jember	MSM Facilitator	2 years	Puger Health Center	*Versatil*
PM	27	Bachelor	Not married	Model	Jember	MSM Facilitator	3 years	"Pelangi" Peer Group Support	*Insertive*
RW	27	Senior high school	Married	Farmer	Jember	MSM Facilitator	2 years	Ogawa NGO	*Versatil*
SN	25	Bachelor	Divorced	Seamstress	Jember	MSM Facilitator	4 years	dr. Soebandi Hospital	*Insertive*
IM	28	Senior high school	Not married	Cosmetics/ Beauty Business	Jember	MSM Facilitator	3 years	dr. Soebandi Hospital	*Versatil*
US	25	Bachelor	Not married	Master students	Jember	MSM Facilitator	2 years	LASKAR Foundation	*Receptive*

Research findings show that providing health information, safe sex, asking for HIV tests, and monitoring ARV treatment for HIV-positive MSM is more accessible if done by fellow HIV-positive MSM. The reasons are the element of closeness, understanding of the characteristics of MSM, the element of trust during friendship so that HIV transmission can be controlled. Previous research reporting on trust is very important because the individual concerned feels more comfortable. The results of other studies report that the characteristics of MSM which are still difficult to reach through health programs need the involvement of the MSM community through this inclusive peer educator so that it can increase MSM knowledge of health problems following the times [4]. The involvement of the MSM community in the prevention of HIV and AIDS is very

effective in reducing HIV infection in MSM [5]. The study results revealed that there were routine meetings for HIV-positive MSM conducted by HIV-supporting NGOs in collaboration with CST (Care Support and Treatment) services in Jember Regency. These activities aim to ensure adherence to taking ARV drugs and controlling risky sexual behavior, as revealed by AR.

> In English: *"...Every month we have to... If there is an activity from our NGO, we will come... Yes, we can know more about HIV, how it is transmitted, and how to avoid it. So, we educate the general public how we get knowledge there…" (AR, 30 years).*
> In Bahasa: *"...Tiap bulan mesti... Kalo pas ada kegiatan dari LSM kita dipanggil ya kita datang...Ya kita bisa lebih tahu wawasan tentang HIV, cara penularannya gimana, untuk menghindarinya gimana. Jadi kita mengedukasi masyarakat awam gimana, kita dapat pengetahuan disitu..." (AR, 30 tahun).*

The supporting subject reinforced this, who stated that regular meetings were held to ensure that HIV-positive MSM adhered to treatment. As informed by LF.

> In English: *"...Frequent activities with the Health Office, meetings, mentoring and examinations in key populations." (LF, 35 years).*
> In Bahasa: *"...Sering kegiatan dengan Dinas Kesehatan juga, pertemuan, pendampingan dan pemeriksaan di populasi kunci." (LF, 35 tahun).*

In line with Sabriyanti's research [14], health promotion with the peer educator method effectively increases knowledge about health problems. The peer educator meeting aims to increase the motivation of PLWHA to stay enthusiastic in living life and create quality and productive PLWHA, able to compete in the world of work [5]. This condition shows that participating in peer group support (*Kelompok Dukungan Sebaya*) with routine activities can strengthen social networks among HIV-positive MSM, health services, and HIV-care NGOs [15]. In addition, HIV transmission among HIV-positive MSM can be controlled. Lynch's study also reported that high social capital makes it easier for community members to share health information and access and use available resources in the community. The research finding is that communication via telephone and WhatsApp is carried out by research subjects with CST (Care, Support, and Treatment) services and HIV Assistance NGOs. This is usually done if you experience stress, complaints, and side effects of drugs, as informed by US.

> In English: *"...Most often through WhatsApp, the benefit is that we can confide in each other when there are problems, complaints are handled faster, consultations..." (US, 24 years).*
> In Bahasa: *"...Paling sering melalui whatsApp, manfaatnya kita bisa saling curhat ketika ada masalah, ada keluhan lebih cepat penangananya, konsultasi..." (AS, 24 tahun).*

According to information from by participant that communication via WhatsApp was also carried out with the family of the participant, as informed by LE.

> In English: *"...Usually by telephone, and WhatsApp and through family, many are delivered by family. It is important to know because it is very helpful and supportive, including supervision of taking ARVs." (LE, 33 years).*

> In Bahasa: *"...Biasa lewat telepon, dan whatsapp dan melalui keluarga, banyak diantarkan oleh keluarga dan keluarga penting untuk tau karena sangat membantu dan mendukung termasuk pengawasan minum ARV nya." (LE, 33 tahun).*

In line with Macinko's study [16], social networks are a fundamental source of preventing disease. Communication through WhatsApp social media can strengthen social networks between research subjects on health services and HIV assisting NGOs. In line with the results of research, Sulaeman reports that social networks can strengthen the role of access to health information, namely increasing health knowledge and skills, making health decisions, and requesting health services [13]. The results showed that the involvement of research subjects in social activities of the community or the surrounding environment could reduce stigma and discrimination against HIV and AIDS. The emergence of stigma and discrimination against PLWHA is caused by the risk factors of this disease related to deviant sexual behavior and abuse of narcotics and dangerous drugs or drugs [17]. Community-based and clinical HIV prevention efforts consider the rules of HIV prevention, promotion, and treatment, including how to return PLWHA to be accepted in the community and the environment where they live [5]. The explanation above is a form of social network carried out by HIV-positive MSM with the community and fellow communities to have implications for efforts to prevent HIV transmission in HIV-positive MSM.

2. HIV-Positive MSM associations in preventing HIV and AIDS transmission.

The results showed efforts to disseminate HIV and AIDS prevention through community social activities, including village youth activities, youth organizations, health education, regular recitations, fundraising for mosque construction, data collection, and population census, as revealed by AM.

> In English: *"When it comes to socialization, I often 'use condoms.' From there, I mentioned the information on the benefits of condoms as a means of contraception, especially. Because I can't "This is for HIV prevention" Yes, I ran away. I recommend contraception. From there, I tucked in information about HIV...Well, after knowing this, they were welcome..." (AM, 29 years old).*
>
> In Bahasa: *"Kalo sosialisasi itu paling saya sering 'Menggunakan Kondom'. Dari situ saya sebutkan informasi manfaat kondom sebagai alat kontrasepsi terutama. Karena saya nggak mungkin "Ini untuk pencegahan HIV" Ya kabur. Pasti saya sarankan kontrasepsinya. Dari situ saya selipkan informasi-informasi tentang HIV...Nah ternyata setelah tahu ya ini mereka welcome..." (AM, 29 tahun).*

Associations or community associations can provide motivation, a place for asking questions and consultations, holding regular meetings, managing activities, and raising donations, including disease prevention activities [13]. The study's findings revealed that a small proportion of HIV-positive MSM used herbal medicines and did not believe in ARV treatment. By consuming these herbal medicines, they feel that there is no need to continue ARV treatment so that it can lead to drug withdrawal or loss to follow-up; the impact is that the transmission of HIV and AIDS is increasing. The study conducted by Wenda reported that traditional medication behavior was associated with the incidence of loss to follow-up or failure of ARV [18], as revealed by ZH.

In English: *"...He just dropped his medication, didn't come with my friend, then met his mother. Then he said, "Yes, ma'am, my son is no longer taking ARV treatment. Now it is herbal treatment…" (ZH, 28 years).*
In Bahasa: *"...Dia kan putus obat, tak datengin sama temenku, terus ketemu sama ibunya. Terus katanya "Iya mbak, anakku sudah nggak berobat pakek ARV. Sekarang sudah pengobatan pakek herbal..." (ZH, 28 tahun).*

The participant reinforces that a support group is a forum for sharing and complaining about health problems, according to information from RH.

In English: *"Very good… it makes it easier for HIV-positive MSM to get services as needed, to be a point of contact when there is a problem" (RH, 21 years old).*
In Bahasa: *"Sangat bagus sekali...memudahkan LSL HIV positif mendapatkan layanan sesuai kebutuhan, menjadi temat curhat juga ketika ada masalah" (RH, 21 tahun).*

The existence of peer group support activities regularly can provide a correct understanding of the importance of ARV treatment to minimize the risk of loss to follow-up. The role of peer support groups as a comfortable place and forum for PLWHA MSM to improve their quality of life [15], especially towards adherence to ARV drinking. It can be used as a reference by being actively involved in organizational associations or peer group support groups, and community social activities are very important as an effort to control risky sexual behavior, including prevention of HIV and AIDS transmission. In line with Sulaeman that the existence of associations can facilitate and accelerate the discovery of diseases so that they can be immediately identified and treated [13].

CONCLUSION

Social networks and associations are related to being long-time companions to the MSM community. Based on the perspective of social networks, most of them gather in cafes, boarding houses, own homes, rented houses, town squares, and nightclubs (karaoke). Providing health information, inviting HIV tests, and monitoring ARV treatment more easily if conducted by the same HIV- positive MSM. Involvement in community social activities or the surrounding environment can reduce stigma and discrimination against HIV and AIDS. From the perspective of the association, through community social activities, it is easier to disseminate HIV and AIDS prevention; furthermore, regular peer support groups (KDS) activities can provide a correct understanding of the importance of ARV treatment to minimize the risk of loss to follow-up. The recommendations in this study are the strengthening of peer support groups by related parties is needed in the prevention and control of HIV and AIDS in the HIV-positive MSM community.

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