Risky Sexual Behavior in Men Who Have Sex with Men at Sentani Public Health Center

Lisma Natalia Br Sembiring, Susi Lestari

Sekolah Tinggi Ilmu Kesehatan Jayapura, Indonesia
Corresponding Author: Lisma Natalia Br Sembiring, Email: lisma.natalies.@gmail.com

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ABSTRACT
Men Who Have Sex with Men (MSM) is used for men who engage in sexual activities with other men who are increasingly online to show their true selves. Men who have sex with men (MSM) have a higher risk of contracting sexually transmitted infections, especially being infected with the Human Immunodeficiency Virus (HIV). The purpose of this study was to determine the risky sexual behavior of men who have sex with men at the Sentani Papua Health Center. The research method used a qualitative approach with in-depth interviews. Determination of informants using purposive sampling technique with a total of 4 informants (3 main informants and 1 key informant). Data were collected through in-depth interviews and then analyzed thematically. Results: the results of this study indicate that informants are aged 18-35 years, and produce five (5) themes, namely sexual orientation where all informants are attracted to the same sex (homosexual), no sexual disorientation, sexual deviations obtained from informants are never using condoms, having anal sex, having oral sex, and ejaculating in the mouth, and opportunistic diseases found in informants are Gonorrhea, Candidias, Diarrhea, TB, Dermatitis, and TB. Lungs Conclusion: the results of the study indicate that all informants who like the same sex, engage in sexually deviant behavior every time they engage in sexual activity and informants need the provision of hotline counseling in preventing HIV transmission.

1. Introduction

The Lesbian, Gay, Bisexual, and Transgender (LGBT) group follows the development of the times. LGBT groups are increasingly daring to show their existence and identity. Not only in Western countries that uphold freedom and liberal values, but in Indonesia, which is a country with an Eastern culture, LGBT groups are increasingly fighting for and showing their sexual orientation and gender identity. Community LGBT is growing and continuing to demand recognition of their rights as citizens and as human beings.

The LGBT group that specifically gets a lot of attention is gays and lesbians who are called homosexuals. Homosexuality is where sexual interaction occurs between those of the same sex (women who are sexually attracted to women who are called lesbians and men who are sexually attracted to men (Men Who Have Sex with Men/MSM) who are called gays.

The prevalence of LGBT in the world is around 10% (750 million out of 7.5 billion) of the world's population. The first country to legalize LGBT and has the largest LGBT community in the world is the United States, and from data from the Centers for Disease Control and Prevention (CDC) it is estimated that around 1.1 million Americans are infected with HIV, around 4% of homosexual men (having sex with the same sex) this causes the case to represent 66% of new infections in the United States. In Asia, Indonesia is the fifth highest risk of sexually transmitted infections (STIs) and HIV/AIDS caused by men who have sex with men (MSM) which causes death (Wardani et al., 2020).

HIV transmission occurs from mother to child transmission (vertical), transmission through blood/blood products (horizontal), and transmission from sexual intercourse such as heterosexual, homosexual, bisexual (transsexual). One of the sexual orientations of male sex is LGBT (Lesbian, gay, bisexual, and transgender). Gay is a group of men who are physically, emotionally, and spiritually attracted to other men (Z et al., 2021).

Men who have sex with men (MSM) are at higher risk of contracting sexually transmitted infections, especially those who are also infected with Human Immunodeficiency Virus (HIV). The increase in the number of MSM infected with HIV is due to factors such as same-sex sex, multiple partners, high-risk sexual behavior, and potential drug use. The increasing number of HIV infections can also be transmitted from MSM individuals to their uninfected female sex partners through bisexual relationships (Zheng et al., 2024)

According to the World Health Organization (WHO), the key population of individuals infected with or at increased risk of HIV in almost all countries and regions are men who have sex with men (WHO, 2023). It is estimated that the population of men who have sex with men (MSM) in Indonesia is estimated at around three

million and has a high risk of being infected with HIV by having unprotected oral/anal sex (unprotected sexual intercourse), with more than one sex partner (high-risk sexual partners, commercial sex, individuals who use illegal drugs, and looking for sexual partners via the internet in having offline sex (Z et al., 2021).

In China there are cases of LSL among students. The MSM are actively involved in sexual activities. Some engage in sex without using condoms and some routinely or consistently use condoms, use illegal drugs and consume alcohol so that there is an increase in risky behavior for HIV infection (Lai et al., 2020).

The male sex group (MSM) is at very high risk of HIV transmission. This happens because of anal/oral sex behavior that is done without using condoms due to low knowledge about HIV. MSM are mostly found at the age of at least 25 years with a marital status of not married, not yet circumcised, free sex and suffering from sexually transmitted infections such as syphilis which is a high-risk factor for HIV infection (Hasby & Korib, 2021).

In Indonesia, most MSM do not undergo HIV testing due to several factors, including not having clinical symptoms so they feel they do not need an HIV test, feeling uncomfortable if they are later found to be infected with HIV and have to tell their sexual partners, not having friends to do HIV testing, and feeling uncomfortable if it is known that they are MSM (Lazuardi et al, 2019).

One of the government programs initiated in handling HIV and AIDS is the Regulation of the Minister of Health of the Republic of Indonesia Number 21 of 2013. This HIV and AIDS handling program is run by hospital health services and Community Health Centers in collaboration with various parties such as Non-Governmental Organizations (NGOs) such as the Voluntary Counseling and Testing (VCT) Clinic service program.

In Papua, HIV cases in 2021 were reported as many as 7,650 people and as many as 6,762 received ARV treatment and in 2022 as many as 10,525 people and 8,784 people underwent ARV treatment. There was an increase in the number of HIV by 2,875 people (15.8 %). The percentage of people with HIV/AIDS in 2021 with MSM risk factors was 26.3% and in 2022 as many as 28.8%, an increase of 2.5%. The presentation of findings in the group experiencing STIs in 2021 and 2022 was 0.8% ((P2P) Director General, 2022)

Sentani Health Center is one of the public health service centers that provides Voluntary Counseling Testing (VCT) services in Jayapura Regency. Sentani Health Center assists the Jayapura Regency Health Office in efforts to prevent and control sexually transmitted diseases. There is a VCT clinic at the Health Center with pre-test counseling activities, taking HIV tests, and post-test counseling, HIV examinations, receiving HIV test results, socialization of transmission prevention such as condom use, and with assistance from Non-Governmental Organizations (NGOs) conducting mobile clinics by health workers visiting areas/localized groups at high risk of HIV/AIDS transmission. For clients who test positive for HIV, Antiretroviral (ARV) therapy will be given.

Based on interviews with the person in charge of VCT and LSL volunteers in the Sentani Health Center Area on Tuesday, February 12, 2024, LSL received client visits to receive ARV therapy for men with sex with men as many as 20 clients. The men with sex with men include sexual behavior, namely gay, homosexual, and bisexual men and are in the process of ARV treatment.

Based on these data, researchers are interested in conducting research on Risky Sexual Behavior of Men in the Sentani Health Center Work Area. ".

2. Methods

This study uses a qualitative method with an exploratory design to explore the risky sexual behavior of men who like men with HIV AIDS at the Sentani Health Center, Jayapura Regency, Papua. Participants using a purposive sampling method using a semi-structured in-depth interview method. Data collection was carried out through interviews and observations, then the coding was analyzed for quality to analyze data and informants with analysis techniques.

3. Results and Discussion

Characteristics of LSL informants in the use of VCT clinics

There are informants aged 18 as many as 33.3%, 28 years old 33.3%, and 35 years old as many as 33.3%. The informant's education is high school as much as 66.7% and undergraduate education as much as 33.3%, and the marital status of the three informants is not married 3 people 100%.

Sexual Orientation

Based on the results of in-depth interviews with all informants, information was obtained regarding sexual orientation that was carried out with the same sex occurred at a young age (around 18 years old) and initially MSM did not realize that they were MSM. They realized their same-sex sexual preference after having had same-sex sex three times. The following is an excerpt from the results of in-depth interviews with all informants:

At first, I didn't realize it, because I did it because of my job. I've worked in a bar since 2010, and I've been drinking and drunk, I didn't know at first. If I didn't want to, I could not work anymore, and I could do it with men. Finally, I realized that having sex with men can also be satisfying. I realized it after doing it about 3, 4 times (Informant 1)

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When I was in junior high school and about to enter high school, I slept with a male friend. While watching a movie, we ended up doing it because we were aroused. After 2-3 times, we often repeated it (Informant 3)

Sexual Disorientation

Based on the results of in-depth interviews with all informants, it was found that LSL did not occur because of having had sexual disorientation. The following are excerpts from in-depth interviews with all informants:

Since childhood, there was no trauma, never experienced sexual abuse as a child. Having sex continuously with different men (Informant 1)

Never experienced sexual harassment. Usually with friends in the same gang. If we want who is there, we do it, not just one person. Today can be different from tomorrow and the day after that (Informant 2)

Never been abused. Since I was little my family loved me. Have sex not with just one person, but change depending on which friend is willing (Informant 3)

Sexual Deviation

Based on the results of in-depth interviews with all informants, the informants committed sexual deviations such as never using condoms, engaging in anal sex, oral sex, and ejaculating in the mouth (MSM are contributors to the number of new HIV cases. The following is an excerpt from the results of in-depth interviews with all informants:

Never use condoms during sexual intercourse Having anal sex

Having oral sex and even ejaculating in the mouth Having oral sex and even coming out in the mouth

Having oral sex and even coming out in the mouth

Never used sex toys, and don't even know what sex toys are like (Informant 1)

I never use condoms, sometimes I just use jelly to make it slippery. I usually have anal sex, it feels good.

Through the mouth too, various things

Sometimes it comes out of the mouth, and I'm not even aware anymore

Before the item goes in, the fingers are inserted. Sometimes saliva is given to the fingers to make them a bit slippery

Before the item goes in, the fingers are inserted. Sometimes saliva is given to the fingers to make them a bit slippery

No tools used

(Informant 2)

Never used a condom

Sexual intercourse is carried out through the anus to channel sexual desire. Have oral sex too. Sometimes put in the mouth.

So, the sperm comes out in the mouth too

During sexual intercourse, take turns inserting your fingers into your anus to feel pleasure.

No tools used

(Informant 3)

MSM behavior regarding HIV/AIDS

Based on the results of in-depth interviews with all informants, it was found that MSM's behavior regarding HIV was knowledge and attitudes about HIV/AIDS. The following are excerpts from in-depth interviews with all informants:

In the past, I didn't know and didn't think about HIV. Because I had a job offer. After I found out, I had HIV and I got treatment, but I stopped taking the medication 3 times because I was tired of taking the medication (twice I stopped taking the medication because I was bored) and once again I stopped taking the medication because I went to school outside Papua. It was hard to get the medication. Finally, since 2022, I have started taking medication regularly until now. Now I know that casual sex can cause HIV. Having sex in a bar because we had drunk too much alcohol while singing, holding hands, kissing, making out, and being drunk, we had oral and anal sex until sperm came out, we did it with us men, not with women, there were many gays there. I survived because I needed a job to get money. Now I am infected with HIV (Informant 1)

I've heard it before, I've been told about it many times, but it's already been done. Just started taking the medicine since last May. He said he couldn't stop taking the medication. But I don't know who I got it from. Because many of my friends often have sex (change it) sometimes I don't know it, it turns out it's transmitted because I change friends to have sex. I tried to quit, but it was hard, I would definitely be looked for. This is me getting treatment and being told to take medicine. They said I had to take medicine regularly and have regular check-ups. Many of my friends are like that, usually in bars and gyms. We also do anal coitus, oral coitus, usually stay in hotels. I am often invited to go shopping, while holding hands, watching movies while making out, kissing after that they are given money, bought fancy things, cell phones. With my boyfriend (male), of course, there are no women. He has a lot of money… But now I am infected, I was tested and I have HIV (Informant 2)

Never thought I would get HIV, because I thought my friends were the only ones with me. I didn't know if I got it from my friends. Now I know, but I'll slowly tell the others so they can get tested first, I'm afraid I might get HIV. I came for a check-up and was given medication that I have to take every day. I try not to do it anymore. I'm looking for the right time to tell a friend who has been with me to check too. Sometimes while watching, just put your finger in your mouth, kiss for a long time, do coitus, put your finger in your anus, put it in your mouth and often the sperm comes out in your mouth and in your anus, then stop. If you walk together while holding hands, sitting intimately until kissing, now I have HIV. I don't know which male friend transmitted this disease (Informant 3)

Opportunistic diseases

Based on the results of in-depth interviews with all informants, information was obtained about the impacts caused by deviant sexual behavior carried out by MSM at the beginning of HIV infection, resulting in opportunistic diseases such as gonorrhea, candidiasis, diarrhea, tuberculosis, dermatitis, and tuberculosis. Lungs. The following are excerpts from in-depth interviews with all informants:

Ever had pus coming out of urine, pulmonary TB, diarrhea, mouth ulcers, skin disease (Informant 1)

Pus coming out when urinating, mouth ulcers, TB (Informant 2)

TB, pain when urinating in the genitals, frequent mouth ulcers (Informant 3)

Based on research conducted on the sexual behavior of men who like men, six themes were found, namely sexual orientation, sexual disorientation, sexual deviation, MSM behavior regarding HIV/AIDS, and opportunistic diseases.

1. Male Behavior Male Sex

Based on the results of in-depth interviews due to the informant's lack of knowledge about HIV/AIDS transmission, the informant's attitude in preventing HIV/AIDS, the informant's economy or lifestyle, and the use of social media so that they commit sexual deviations of MSM. All informants have deviant sexual behavior because the informant does not use a condom, has anal sex, oral sex, ejaculates in the mouth, and takes turns

inserting fingers into the anus which causes the informant to be infected with HIV/AIDS.

This study is supported by research by Nasution & Lubis (2019) which found that lack of money can cause deviant behavior. Where in a below average economic situation or experiencing a shortage, a person can do anything to make money. When people face economic problems, they often forget themselves. With religious teachings and norms are no longer important. This happens where needs can be met without thinking about how to get material or money. In addition, environmental and economic factors play a major role in someone committing deviant behavior, including sexual deviations in return for the services they provide.

Similarly, research by Asrina et al. (2019) found that MSM would give money or objects such as clothes, cellphones, and motorbikes to their partners. One of the reasons for risky sexual behavior is because they can easily get goods or money to support their lifestyle. Low family economic factors cause MSM to want to have risky sex with fellow MSM who are older than those who are willing to pay for them. The money is used to hang out at cafes, drink alcohol with friends, buy branded goods to support their lifestyle.

According to research by Aryawati et al. (2023), it was found that several factors can cause deviant behavior, such as an unbalanced number of chromosomes, a history of childhood trauma and technological advances.

2. Same-sex sexual preference (sexual orientation)

Based on the results of research based on in-depth interviews with all informants with same-sex sexual preferences (sexual orientation) or often referred to as homosexual or gay. Based on the results of research conducted by Insani et al. (2024), it was found that acceptance of sexual identity as gay was influenced by the time "time is healing" or healing time. The informant first realized that he was homosexual until he found his identity and sexual orientation as homosexual, such as joining the MSM community, most of whom began to realize their attraction to people.

The results of the study conducted Aryawati et al. (2023) stated that at a young age, sexual deviation occurs because they often go to the nightlife (clubs), saunas, and karaoke. They find it easier to find partners by using many accesses in having same-sex sex. According to researchers, factors that cause individuals to behave sexually deviant include an imbalance in the number of chromosomes, the environment, and technological advances.

3. Traumatic history (sexual disorientation)

Based on the results of the study with in-depth interviews, it was found that all informants had never experienced trauma or sexual disorientation. This is different from the research conducted by Alhidayati et.al. 2020 found that there were informants who were forced to masturbate, forced to sleep with their neighbors and sodomized. So, the informant experienced trauma and this sexual experience encouraged him to continue trying until he became addicted and repeated sexual relations.

Different from the results of research conducted by Aryawati et al. (2023) that MSM have traumatic events and have homosexual behavior. Similar to research conducted by (Hang, 2023) it was found that informants had sexual experiences or trauma that had been felt in the past. This is often referred to as sexual violence.

4. Sex with more than one person

Based on the interview results, it was found that having sex with more than one person, the results of this study are in line with research conducted by (Kutner, 2023) that risky behavior in MSM is having sex with changing partners or multiple partners. Supported by the results of research Pradnyandari et al. (2024) it was found that informants had sex with more than 20 different people.

Supported by research conducted Novitry et al. (2024) that sexual behavior carried out by MSM or gays often changes partners. Even MSM have more than three different sexual partners, and do not know the health status of their partners who are likely infected with HIV/AIDS. Supported by research conducted Wardani et al. (2020) said that having sex with more than one person is a risky behavior for HIV infection where most homosexuals have an average of more than 6-7 partners and change sex partners. The HIV virus is transmitted to MSM sexual partners through wounds or abrasions on the sexual organs due to friction or pressure during sex.

Transmission of HIV/AIDS through deviant sexual behavior by engaging in sexual activity with more than one partner is high risk because a person does not know whether their sexual partner is infected with HIV/AIDS or not. So that participants are infected with the HIV virus and get opportunistic diseases.

5. Use a condom

Based on the interview results, it was found that the informant did not use condoms during sexual activity. This is in line with research conducted by (Wardani et al., 2020) it was found that during sexual activity MSM do not use condoms during. Supported by the results of research conducted Tran et al. (2024) at the Melbourne Sexual Health Center that MSM engage in sexual activity without using condoms where the MSM partner inserts his penis into his partner's anus without a condom which is at risk of transmitting HIV/AIDS.

Supported by research Fathian et al. (2023) it was found that there are still MSM who have unsafe sex behavior, this could happen because there are still MSM who do not use condoms during sex, so that HIV virus transmission occurs through sexual intercourse. The same is true with research conducted (Z et al., 2021) that the low use of condoms among Male Sexual Men occurs because someone wants a sensation in sexual activity that is more satisfying to their partner and is afraid of making their sexual partner feel insecure when having sexual activity.

According to Novitry et al. (2024) that MSM do not use condoms during sexual activity. Because MSM couples have sex without condoms because pregnancy will not occur. This is what causes the high risk of MSM couples who engage in sexual activity being infected with HIV/AIDS.

According to research Pradnyandari et al. (2024) it was found that the informant had first sexual intercourse at the age of 19 with an MSM partner without using a condom. MSM sexual activity continues to be carried out rarely using condoms and does not inform his sexual partner that he has been diagnosed with HIV/AIDS.

According to research conducted by Shruti Vashisht, et al (2024) in India, it was found that to reduce risky behavior for HIV infection in the MSM group, peer education or VCT officers were provided for condom use. So that the MSM group can use condoms every time they engage in sexual activity.

Informants at the Sentani Health Center do not use condoms during sexual activity because according to MSM, pregnancy will not occur. This is one of the causes of the high number of MSM couples who engage in sexual activity being infected with HIV/AIDS.

6. Anal sex

Based on the research results, it was found that anal sex in men (MSM) is done to get satisfaction but is at risk of transmitting HIV/AIDS. In line with research (Wardani et al., 2020) where MSM (homosexuals) engage in sexual activities by engaging in anal sex deviations and during sexual activity, MSM ejaculates sperm in the anus. This is where the perpetrator or recipient is at high risk of being infected with HIV/AIDS because of having anal sex due to abrasions/injuries to the anal tissue.

According to Novitry et al. (2024) it was found that homo/gay are only interested in the same sex (MSM). Where they engage in anal sexual activities that have the potential to transmit HIV. Transmission occurs because HIV infection is transmitted from wounds or abrasions that occur in the anal area during sexual intercourse where the anus experiences friction because the structure of the anus is different from the vagina which can lubricate when aroused.

According to research conducted by Kutner (2023) it was found that informants who engaged in anal sex did not feel comfortable. The discomfort caused psychologically was because the MSM hid health problems that occurred due to anal sex from sexual partners, social contacts, and health workers. Ultimately this also leads to the emergence of stigma in LSL. And research conducted by Steven et al. (2029) found that MSM who were HIV/AIDS positive engaged in anal sexual activity without a condom. This can increase the risk of transmitting HIV and other sexually transmitted infections.

7. Oral sex

The results of the study showed that respondents engaged in deviant sexual behavior through oral sex. In line with the research conducted (Wardani et al., 2020), it was found that oral sex is not a high-risk behavior in transmitting HIV/AIDS. Oral sex (fellatio) has a lower risk of transmitting HIV/AIDS infection compared to anal sex. In oral sex, HIV/AIDS transmission occurs when there are open wounds in the mouth area, namely canker sores, bleeding gums, and infections in the mouth. Meanwhile, according to research (Z et al., 2021), it was found that most MSM consider oral sex to be safe sex. So that MSM who engage in oral sex deviations in sexual activities are very low in condom use.

According to research, it was found that engaging in deviant sexual behavior releases sperm in the mouth.

According to the explanation (Wardani et al., 2020) which states that oral sex can potentially transmit the HIV virus if there are open wounds in the mouth of the individual who is an intermediary for the transmission of the HIV virus. Semen that comes out (ejaculation) in PLWHA through the recipient's mouth where there is damage to the tissue in the mouth such as canker sores, bleeding gums and mouth infections and others will increase the risk of HIV transmission from oral sex.

8. Ejaculating in the mouth

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9. Take turns inserting fingers into the anus

According to research, it was found that inserting fingers into the anus alternately can satisfy one's own sexual desires (maturation) by inserting fingers into the anus. According to research (Wardani et al., 2020), data was obtained on active sexual perpetrators in sexual behavior by inserting fingers into the anus of their partners, most of whom did it, both the perpetrator (50.8%) and the recipient (52.3%).

According to research (Wardani et al., 2020) sexual behavior by inserting fingers into the partner's anus is mostly done by MSM. Where having sex by inserting fingers into the partner's anus aims to relax before doing anal starting using one finger then using two fingers. Transmission of HIV/AIDS by alternately inserting fingers into the anus (fingering) or making a partner aroused by inserting fingers into the partner's anus. This can occur due to wounds on the fingers, cleanliness or long nails which can cause injuries to the anus, in the form of abrasions.

10. Use of sex toys

From the results of the study, it was found that all informants did not use sex toys. Similar to the study conducted by Wardani et.al, 2020, it was found that the use of sex toys, it was found that almost all respondents had never exchanged sex toys (silicone dolls or vibrators) when having sex.

The results of the study (Kartono, 2009) showed that exchanging sex toys during sexual intercourse will risk transmitting HIV. This behavior will cause the anus wall to become perforated so that it can become a way for the virus to enter. The nature of the HIV virus is that it does not survive long outside the host's body (humans), but transmission through vibrators or other toys remains a risk.

Based on the research results of Sudin (2015) that homosexuals rarely use aids when having sex, because there are partners who already have genitals to satisfy themselves. HIV that is not in a place that is suitable for its life such as in blood cannot survive long, so in such circumstances it is very rare for transmission to occur and there are almost no cases of HIV transmission through sex aids.

11. Knowledge about HIV

According to researchers, informants' knowledge about HIV (knowledge, transmission methods) is still lacking. According to research (Efendi et.al, 2023), it was found that respondents' knowledge about HIV/AIDS was in the poor knowledge category. This study found that although most of them had a high school education, their knowledge about HIV/AIDS was still lacking. This is due to the lack of curiosity in the low category even though there are many means that facilitate information about HIV/AIDS, such as socialization from the government and health workers.

According to research Suarnianti et al. (2020), the group most at risk of contracting HIV is the gay and bisexual group, which is usually categorized as men who have sex with men or called MSM. In many parts of the world, HIV in MSM groups is emerging with very rapid HIV transmission. HIV prevention practices are still lacking, indicating a gap in knowledge and behavior.

According to research Maharani et al. (2023) the results of the study showed that 3 main informants explained that they were aware of having a male sex partner (MSM) or homosexual identity, 2 out of 3 informants explained that they did not know the health risks of this same-sex relationship (MSM), 3 main informants explained that they knew the high risk of developing STIs (sexually transmitted infections) and HIV/AIDS in this same-sex sexual relationship, then the first 3 informants explained that not using condoms or not being safe

could transmit STIs (sexually transmitted infections) and HIV/AIDS, 2 out of 3 main informants explained that they knew information about special services for STIs (sexually transmitted infections) and HIV/AIDS.

12. The HIV prevention measures you take

According to researchers, it was found that the HIV prevention measures carried out were providing information to friends to undergo HIV examinations and take medication. According to research Suarnianti et al. (2020) focusing on strengthening behavioral interventions for HIV prevention in at-risk groups which appear to be effective through health education and training.

According to research Septiyansah et al. (2024), YPJ acts as an outreach officer, namely by providing information to the MSM community by disseminating information related to HIV/AIDS, STIs and PrEP. Both online and offline. YPJ acts as a peer counselor. This is because YPJ officers are also part of the lsl community who have been trained in how to counsel with their peers. This counseling is carried out to gain trust from clients in terms of data confidentiality. In addition, this counseling includes information on HIV prevention, safety devices (condoms), and PrEP drugs (HIV prevention drugs) for those who have tested HIV and got negative HIV results will be able to access this PrEP service at Health services.

13. Opportunistic Diseases

The results of the study found that informants experienced opportunistic diseases from HIV to AIDS such as gonorrhea, pulmonary tuberculosis, diarrhea, canker sores, skin diseases. This is different from the research conducted by Lucy Rabuszko, et al (2024) that groups of gay men or men who have sex with men (MSM) experienced meningitis.

4. Conclusion

It is known that the sexual deviant behavior of Men Sexual Men who do never use condoms, have anal sex, do oral sex, and ejaculate in the mouth of the economy or a consumptive lifestyle, and MSM use online social media in finding same-sex partners through applications. MSM couples engage in sexual activities due to lack of knowledge about HIV/AIDS transmission and economic factors in meeting needs so that MSM couples are infected with HIV/AIDS. It is hoped that the VCT Puskesma Sentani will provide support and embrace PLHIV and provide education about HIV/AIDS transmission and safe sex and create a hotline counseling in preventing HIV transmission.

Reference

[1] Aryawati, W., Putra, A. M., Febriani, C. A., & Aryastuti, N. (2023). Analisis Faktor Perilaku Seksual Yang Menyimpang (Homoseksual) di Wilayah Kerja Puskesmas Simpur Bandar Lampung Tahun 2023. PROFESSIONAL HEALTH JOURNAL, 5(1), 237-256.

[2] AS, M. A., & Usman, U. (2021). Hubungan Karakteristik Pengetahuan Dengan Stigma Masyarakat Tentang Koinfeksi Tubercolosis Human Immunodefeciency Virus. Jurnal Ilmiah Manusia dan Kesehatan, 4(2), 229-236.

[3] Br Sembiring, N. L., Tingginehe, R., Makaba, S., & Sainafat, A. (2021). The Meaning of Life for Soldiers with HIV/AIDS (Phenomenology Study) Maslow's Theory in Papua. Annals of Tropical Medicine & Public Health, 24(01).

[4] Brunt, T. M., Graf, N., Deimel, D., Schecke, H., van Amsterdam, J., Knoops, L., & van den Brink, W. (2024). Mental Health Among Men Who Have Sex with Men Under the Influence of Psychoactive Substances: A Systematic Review. International Journal of Mental Health and Addiction, 1-25.

[5] Herda Z, L. H., Rahmawati, Y. W., Djalilah, G. N., & Subagyo, R. (2021). Hubungan Perilaku Seksual Berisiko dengan Kejadian HIV/AIDS pada Laki seks Laki. Jurnal Implementa Husada, 2(1), 67-91.

[6] Hang, U., & Pekanbaru, T. (2023). Determinants of Male Sexual Behavior (MSL) in Pekanbaru City. Encyclopedia of Journal, 5(2), 126–133.

[7] Hansen, S., Hansun, S., Setiawan, A. F., & Rostiyanti, S. (2023). Etika Penelitian: Teori dan Praktik. Jakarta: Podomoro University Press.

[8] Hasby, R., & Korib, M. (2021). Faktor Determinan Kejadian HIV pada Lelaki Seks dengan Lelaki (LSL) di Indonesia Tahun 2018. Promotif: Jurnal Kesehatan Masyarakat, 11(1), 1-9.

[9] Jarona, M. M. (2021). Hubungan Pengetahuan, Sikap, dan Tindakan Pencegahan Malaria dengan Kejadian Malaria di Kampung Pir 3 Bagia Distrik Arso Kabupaten Keerom Tahun 2021. J Publ Kebidanan, 13(1), 93-100.

[10] Lai, J., Pan, P., Lin, Y., Ye, L., Xie, L., Xie, Y., ... & Jiang, J. (2020). A survey on HIV/AIDS-related knowledge, attitudes, risk behaviors, and characteristics of men who have sex with men among university students in Guangxi, China.

BioMed research international, 2020(1), 7857231.

[11] Maxwell, S., Shahmanesh, M., & Gafos, M. (2019). Chemsex behaviours among men who have sex with men: a systematic review of the literature. International Journal of Drug Policy, 63, 74-89.

[12] Novitry, F., & Sari, T. (2024). Risk Factor Analysis of HIV/AIDS Incidence in General Hospital. Lentera Perawat, 5(2), 349-360.

[13] Padut, R. D., Nggarang, B. N., & Eka, A. R. (2021). Faktor–faktor yang berhubungan dengan perilaku seksual berisiko pada remaja kelas XII di MAN Manggarai Timur Tahun 2021. Jurnal Wawasan Kesehatan, 6(1), 32-47.

[14] Pradnyandari, I. A. C., Wahyuni, A. A. C., & Saraswati, P. D. A. (2024). Risky Behavior of Men who Have Sex with Men (MSM) Increases the Risk of HIV and Syphilis Infection. Cermin Dunia Kedokteran, 51(5), 267-271.

[15] (P2P) Director General. (2022). Report on the Development of HIV-AIDS and Sexually Transmitted Infections (STIs) Quarter 1 January-March 2022. Ministry of Health, 1-23.

[16] Rabuszko, L., Stuart-George, S., Chessell, C., Fitzpatrick, C., Williams, D., & Richardson, D. (2024). Invasive Neisseria meningitidis subtype C in gay, bisexual and other men who have sex with men: a systematic review. Sexually Transmitted Infections.

[17] Rodríguez-Expósito, B., Rieker, J. A., Uceda, S., Beltrán-Velasco, A. I., Echeverry-Alzate, V., Gómez-Ortega, M., & Reiriz, M. (2024). Psychological characteristics associated with chemsex among men who have sex with men: Internalized homophobia, conscientiousness and serostatus as predictive factors. International Journal of Clinical and Health Psychology, 24(2), 100465.

[18] Sainafat, A., Syafar, M., Wahyu, A., & Kesumasari, C. (2021). Behavior of HIV/AIDS Prevention in Adolescents with the Duan Lolat Cultural Approach in the District of Tanimbar Islands. Turkish Online Journal of Qualitative Inquiry, 12(6).

[19] Sembiring, L. N. (2024). Anak Hidup Dengan HIV/AIDS. Yogyakarta: Sahabat Publikasi Kuu.

[20] Tran, J., Fairley, C. K., Ong, J. J., Aung, E. T., & Chow, E. P. (2024). Association between saliva use for masturbation and urethral gonorrhoea in men who have sex with men: A cross-sectional study. International Journal of Infectious Diseases, 148, 107219.

[21] Vashisht, S., Thakur, N., Kant, S., Rai, S., & Jha, S. Assessment of targeted intervention programme under the National AIDS Control Program among men who have sex with men in India. HIV medicine.

[22] Wardani, E. M., Setiawan, A. H., & Bistara, D. N. (2020). Studi Perilaku Seks Menyimpang Terhadap Kejadian HIV Fase Laten Pada Komunitas Lelaki Seks Lelaki (LSL) Di LSM Kompeda Surabaya. Jurnal Keperawatan dan Kesehatan Masyarakat Cendekia Utama, 9(1), 93-101.

[23] World Health Organization. (2023). HIV and AIDS Key Facts. Retrieved from: https://www.who.int/newsroom/fact-sheets/detail/hiv-aids

[24] Xie, L., Mo, P. K., Wang, Z., Tian, X., & Lau, J. T. (2024). Men who have sex with men were more depressed than their counterparts because of lower social support and higher loneliness: A comparative survey among Chinese university students. Journal of Affective Disorders, 353, 11-18.

[25] Yuwanti. (2023). Karakteristik Lelaki Seks Dengan Lelaki (LSL) di Wilayah Kerja Puskesmas X di Kabupaten Demak. Jurnal Profesi Bidan Indonesia, 3(2), 38–46.

[26] Zheng, Y., Ye, K., Ying, M., He, Y., Yu, Q., Lan, L., & Xu, W. (2024). Syphilis epidemic among men who have sex with men: A global systematic review and meta-analysis of prevalence, incidence, and associated factors. Journal of Global Health, 14.