

Self-Disclosure of HIV Status among HIV Positive-MSM (Men who Have Sex with Men) to Their Male Sexual Partner in Pandalungan area of Jember, Indonesia

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ABSTRACT

Background : Self-disclosure among MSM with HIV may affecting their behavior toward prevention of HIV transmission. Self-disclosure may influenced by cultural background of MSM.

Aim : This study was to identify self-disclosure of HIV status among MSM.

Method : This study used a descriptive exploratory method with a cross-sectional approach. As much as 101 HIV-positive MSM were collected by using purposive sampling following this study. Data were collected by a self-disclosure questionnaire and analyzed with exploratory descriptive approach.

Result : Almost all MSM with HIV/AIDS not disclosed their HIV status to male sexual partner (90.1%), the most reasons for not disclosing were fear of breaking up with their partner (42.9%), worrying other knew their HIV status (42.9%), being ridiculed by other (38.5%), and others. Those who disclose have the most reasons, the partners are also HIV positive (50%). HIV-positive MSM still has obstacles in disclosing HIV status to their male sexual partners.

Conclusion : HIV-positive MSM tends to be not disclosed to their male sexual partners. Many efforts need to be made to manage HIV transmission among MSM. It may be done with health education to the MSM group in the Pandalungan area to have safe sex and community stigma.

Keyword: Self-disclosure, HIV status, MSM, Pandalungan

INTRODUCTION

The increasing number of HIV (Human Immunodeficiency Virus) infection is a worrying phenomenon. Although people living with HIV/AIDS (PLWHA) received antiretroviral therapy (ART) that has succeeded in improving their quality of life¹, the incidence of HIV has not decreased². The number of HIV/AIDS case reports in Indonesia continues to increase every year³.

According to WHO, one of the populations defined at risk is Men who Sex with Men (MSM). The percentage of HIV infections in MSM groups is 22% and ranks second-most³. New PLWHA found in the MSM group tends to increase. Data in 2010 as much as 4% of all groups of PLWHA increased to 20% in 2018. This shows the problem of a significant increase in HIV transmission in MSM populations.

Self-disclosure is one of the factors known to influence the prevention of HIV transmission in PLWHA⁴. Disclose HIV status among PLWHA tend to take precautions against HIV transmission compared to PLWHA who are close⁵. Unsafe sex is much less common for groups who have revealed their status to their sex partners⁴. Some MSM has a tendency not to disclose to their sexual partners on HIV status for fear of getting rejected, not yet accepting themselves, maintaining personal privacy, and not having a close relationship with others as a target of sharing⁶.

One of the factors that influence self-disclosure is culture⁷. In a cultural context, Pandalungan communities tend to be open, moderate and democratic. As it is known that Pandalungan people are acculturation from various cultures such as Java and Madura. Javanese who are generally known to be closed ("mendhem jero") and Madurese are known to be open, outspoken, and forthright⁸. This makes Pandalungan people tend to be open or not. This study aims to explore self-disclosure among MSM to their male sexual partners in the Pandalungan area.

METHOD

This research used a descriptive-analytic method with a cross-sectional approach. The number of respondents in this study was 101 MSM with

HIV-positive status who joined "Yayasan LASKAR (Langkah Sehat dan Berkarya)" and were collected by using purposive sampling.

Data were collected with a self-disclosure questionnaire developed by previous researcher (7) which translated and modified into the Indonesia version. The Indonesia version of the questionnaire was tested for validity with the Content Validity Index method and the results of i-CVI = 0.99 (0.83-1.00). The data were analyzed with a descriptive-analytical approach. Ethical clearance of this study was declared by the Komite Etik Penelitian Kesehatan/Health Research Ethics Committee of the Faculty of Nursing, the University of Jember with registration number 4878/UN25.1.14/SP/2019.

RESULT

Respondents' Characteristics: According to Table 1, respondents' age in this study was 28 years old (the youngest is 18 and the oldest is 45). More than half of respondents' formal education is senior high school level (55.4%), which following with higher education level. Almost all respondents were Moslem (99%). The most cultural background of respondents is Javanese (69.2%), following by Madura (22.8%) and Osing (7.9%). Most respondents came from Jember, East Java, Indonesia (81.2%), and 18.8% of them is immigrant.

Self-Disclosure among MSM with HIV Positive: According to Table 2, the reasons for HIV testing among MSM in the Pandalungan area have heard from mass media (28.7%), suggested by his friend (27.7%), recommended by health provider (18.8%), decreased of health status (17.8%), and others. Almost all respondents have had the support to disclose HIV status (92.1%) from the VCT clinic (58.4%). Almost all of them unfeeling important to disclose their HIV status to other people (97%) and most of them also unfeeling important to disclose their HIV status to a male sexual partner (72.3%). It was showed that all of them not disclose their HIV status to others (100%) and only 9.9% of them disclose their HIV status to their male sexual partner.

Table 3 shows that the reasons for them to disclose their HIV status to their male sexual partner were their sexual partner also HIV positive (50%), and following by their partner as a support system (20%). When they disclosed their HIV status to a male sexual partner, most of

their partner's reaction is accepted (70%), and only 30% reacted with a sad feeling.

breaking up with male sexual partner (42.9%), worry about other people who knows their HIV status (42.9%), afraid to be ridiculed by others (38.5%), and many other reasons.

According to Table 4, the reasons to close HIV status to male sexual partners among MSM in Pandalungan area are they afraid of

Table 1: Comparison of Respondents' Characteristics and Self-Disclosure HIV Status among MSM to Their Male Sexual Partner (n=101)

Variable	f(%)	Disclose to male sexual partner		P value
		Yes (%)	No (%)	
Age (years old)	Median (min-max) = 28 (18-45)			
Self-disclosure HIV status among MSM to male sexual partner	101 (100)	10 (9.9)	101 (90.1)	
Formal education				
Undone Elementary	2 (2)	0 (0)	2 (2)	0.376
Elementary	5 (5)	2 (2)	3 (3)	
Junior high school	10 (9.9)	1 (1)	9 (8.9)	
Senior high school	56 (55.4)	4 (4)	52 (51.4)	
Diploma	13 (12.9)	1 (1)	12 (11.9)	
Graduated	13 (12.9)	2 (2)	11 (10.9)	
Postgraduated	2 (2)	0 (0)	2 (2)	
Religion				
Moslem	100 (99)	10 (9.9)	90 (89.1)	0.740
Catholic	1 (1)	0 (0)	1 (1)	
Ethnic				
Javanese	70 (69.3)	9 (8.9)	61 (60.4)	0.311
Madura	23 (22.8)	1 (1)	22 (21.8)	
Osing	8 (7.9)	0 (0)	8 (7.9)	
Origin				
Jember	82 (81.2)	10 (9.9)	72 (71.3)	0.636
Others	19 (18.8)	0 (0)	19 (18.8)	
HIV positive of men sexual partner				
Yes	9 (8.9)	9 (8.9)	0 (0)	<0.001
No	14 (13.9)	0 (0)	14 (13.9)	
Don't know	78 (77.2)	1 (1)	77 (76.2)	

Table 2. Self-Disclosure among MSM with HIV Positive (n=101)

Variables	f (%)
Reasons for HIV test	
Feeling of poor health / illness	18 (17.8)
Couple sick / died	5 (5)
Heard from the mass media	29 (28.7)
Recommended by health provider	19 (18.8)
Suggested by friend	28 (27.7)
Others	2 (2)
Have had the support to disclose HIV status	
Yes	93 (92.1)
No	8 (7.9)
Source of information among MSM to disclose HIV status to male sexual partners	
VCT Clinic	59 (58.4)
Internet / social media	18 (17.8)
Others	24 (23.8)
Feeling important to disclose HIV status to other people	
Yes	3 (3)
No	98 (97)
Feeling important to disclose HIV status to male sexual partner	
Yes	28 (27.7)
No	73 (72.3)
Disclose HIV status to other people	
No	101 (100)

Table 3. MSM who Disclose HIV Status to Male Sexual Partner (n=10)

Variable	f (%)
Reaction of male sexual partner when they told HIV status	
Sad	3 (30)
Accept	7 (70)
Reasons to disclose HIV status to male sexual partners	
Sexual partner as support system	2 (20)
Sexual partner asked about the reasons for taking medicine every day	1 (10)
Sexual partner also HIV positive	5 (50)
Others	2 (20)

Table 4. Reasons to Close HIV Status to Male Sexual Partner (n=91)

Variabel	f (%)
Reasons to close HIV status to male sexual partners (answer may be more than one)	
Afraid of breaking up with male sexual partner	39 (42.9)
Afraid of angry male sexual partner	6 (6.6)
Fear of suicide of male sexual partner	4 (4.4)
Worry about other people who know their HIV status	39 (42.9)
Fear of being abandoned by family because of reported by partner	19 (20.9)
Fear of being suspected of unfaithful with sexual partner	9 (9.9)
Fear of losing financial support from male sexual partner	12 (13.2)
It might be ridiculed by others	35 (38.5)
Did not receive support to disclose HIV status	7 (7.7)
Others	8 (8.8)

DISCUSSION

According to the results of this study, the median age of respondents in this study were young adults (28 years) with the youngest age of 18 years and the oldest 45 years. Most of them check their HIV status because they know from social media/internet, friends' advice, their health starts to decline, health workers' advice, even though other reasons also vary, such as knowing their sex partners are HIV positive. Almost all respondents had received support to disclose their HIV status, most of which came from the VCT clinic.

Self-disclosure is the process of sharing information about one's situation with others. Disclosure is made consciously and voluntarily. Sexual openness is part of personality disclosure⁶. Self-disclosure among PLWHA is defined as the act of informing others about one's HIV-positive status. Such openness can occur in many contexts, including disclosure in personal relationships (to lovers, sexual partner, children, friends and other family members), disclosure at work (to employers, other employees, clients), disclosure to health workers, or disclosure to the general public through the media⁷.

Respondents in this study felt that disclosing their HIV status to male sexual partners was not important. This is showed by the results that the majority of respondents did not disclose their HIV status to their male sexual partners. This phenomenon has the potential to become one of the obstacles to prevent HIV transmission. According to the previous study, disclosing HIV status among PLWHA tends to take precautionary measures against HIV transmission that they are not at risk of transmitting compared to PLWHA who did not disclose⁵. This openness can inhibit safe sexual relations. Unsafe sex is much less common for groups who have disclosed their HIV status to their sexual partners⁴.

The reason they did not disclose their HIV status was that they were afraid of breaking up with their partner, afraid that their partners were angry, worried about other people who knew their HIV status, afraid of being abandoned by their families because they were reported by their partners, they were afraid of being unfaithful. The other reason, they didn't receive support to disclose HIV status, some even expressed fear of being found out as MSM.

In addition, some respondents gave other reasons, namely MSM in the Jember area tended to be "ember" or could not maintain other privacy. The results of this study are consistent with the previous study, the tendency of self-disclosure among PLWHA is a general condition that is not too related to themselves, and tends to avoid discussions that are specific to health status. The reason they are not open is that they are afraid of getting rejected, have not accepted themselves, maintain their privacy, and do not have a close relationship with others as a target of sharing⁶.

All respondents agreed not to disclose their HIV status to everyone. They will only pass on their HIV status to people who accept it as it is, are trusted and provide support, and to the organization ("LSM LASKAR") that help them. This is a positive value because they can maintain privacy and indeed not everyone should be notified, according

to the current stigma in the community against PLWHA is still quite large.

People with HIV/AIDS (PLWHA) are often faced with complicated conditions whether to disclose or hide the condition of the disease. Hiding the condition can result in mental suffering that is felt to be very torturous because of the burden of keeping secrets⁹. On the other side, disclosing conditions can also cause problems such as rejection¹⁰. Therefore, if everyone knows and discriminates against them, then it will potentially become a stressor to survive by consuming ARV.

In this study, they were significantly open to their male sexual partners if they knew their partner's HIV status. One of the reasons they are open is because their male partner is a support system. According to the previous study, one of the factors that can influence a person to open himself is who the listener is, so self-disclosure tends to be done to people who are considered to be trustworthy, close, and likable¹¹. Another study also suggested that self-disclosure to PLWHA is usually carried out only to people who are considered trusted and able to provide care¹². This is a positive thing for PLWHA because they have the support to survive through life despite being HIV positive.

Another factor that influences self-disclosure is culture⁷. In a cultural context, the Pandalungan community in the Jember area tends to be open, moderate and democratic. However, some of these communities are still touched by the feudalistic-bureaucratic culture of the plantation model which makes the mentality of rulers and subordinates⁸. As it is known that Pandalungan people are acculturation from various cultures such as Java and Madura. Javanese who are generally known to be closed ("mendhem jero") and Madurese are known to be open, outspoken, and forthright⁸. It was in contrast with this study, there is no significant correlation between culture and self-disclosure among MSM with HIV-positive. This shows that although the Pandalungan community has an open tendency, it is not in the MSM group.

MSM groups have a tendency not to disclose HIV status to their sexual partners. The tendency of self-disclosure to PLWHA is a condition that is general in nature and not too closely related to themselves and tends to avoid discussion that is specific to health status. The reason they are not open is that they are afraid of getting rejected, have not accepted themselves, maintain their privacy, and do not have a close relationship with others as a target of sharing⁶.

CONCLUSION

People with HIV/AIDS (PLWHA) from the Man who Sex with Man (MSM) group tend to be not disclosed their HIV status to male sexual partners, because they still have a fear of having the impact of opening an HIV status. In addition, from the cultural aspect in the Pandalungan area, HIV-positive MSM still has obstacles in disclosing their HIV status to their partners. This might be caused by a lack of information or community stigma which is still negative toward PLWHA.

An effort needs to be made to manage HIV transmission among MSM groups through the health education to the Pandalungan

community to reduce community stigma. In addition, it is also important for HIV-positive MSM to get support from other so they no longer have sexual relations with men or at least must use condoms.

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