Self-disclosure of Men Having Sex with Men (MSM) as an Effort to Prevent HIV and AIDS

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ABSTRACT

Background: *The HIV epidemic in Indonesia is still a major health problem, especially among men who have sex with men (MSM). The high prevalence of HIV in MSM is influenced by fear of stigma, discrimination, or negative consequences. Self-disclosure is an important aspect of efforts to prevent HIV and AIDS, but there are still MSM who experience obstacles related to self-disclosure.*

Method: *This study uses a qualitative approach with a phenomenological method. The main informants consisted of 10 MSM domiciled in the Jember Regency, selected using the snowball technique. Source triangulation was carried out by involving HIV and AIDS NGO companions, peers, partners, and health workers. Data collection was carried out through in-depth interviews, while data analysis used the Interpretative Phenomenological Analysis (IPA) method.*

Result: *The results of the study showed that self-disclosure in MSM was influenced by several main factors, namely motivation, intensity, accuracy of feedback, time, and depth and breadth of information shared. The majority of informants felt comfortable opening up to peers and MSM friends compared to family or health workers. Negative feedback from the social environment tended to inhibit openness, while positive support could increase motivation to share information. This study emphasizes the importance of a supportive environment, especially in health services, to increase openness in HIV and AIDS prevention efforts. A supportive environment, especially in health services, is essential to increase openness in HIV and AIDS prevention efforts. The suggestion given is to conduct health promotion to increase self-disclosure of MSM in preventing HIV and AIDS, which can be done through education, social support, and increasing access to health services.*

INTRODUCTION

The HIV epidemic in Indonesia for more than three decades has now emerged in key population groups, including men who have sex with men.(1) The MSM population is a population at high risk of being infected with HIV and AIDS because they often change partners.(2) According to WHO in 2019, MSM accounted for 44% of new HIV infections in Asia and the Pacific, with a 26-fold higher risk of transmission compared to the general population.(3) In line with this, the Ministry of Health reported that in January to March 2023, the prevalence of HIV among MSM reached 27.7% of cases.(4) The discovery of HIV cases in the MSM group in East Java in 2021 was 26.3%, increasing to 27% in 2022, and reaching 30% in 2023.(5) Meanwhile, until April 2023, the distribution of HIV cases in Jember Regency among MSM reached 14% with a total of 120 cases.(6)

This high prevalence among MSM is such a warning and needs to be concerned.(7) It is inseparable from various challenges, including public concern about HIV and AIDS which often triggers various reactions in society, which can give rise to stigma and discrimination.(8) The high stigma associated with HIV among MSM is often exacerbated by discrimination due to non-conforming gender expression.(9) In 2023, the stigma and discrimination experienced by MSM resulted in a rate of health service avoidance reaching 16%. This figure is relatively high compared to several other Asia Pacific countries, such as Bangladesh (4.3%), Malaysia (2.6%), Thailand (2.3%), Laos (1.7%) and the Philippines (0.01%). However, Indonesia is still below Mongolia (26.4%) and India (29.3%), which recorded the highest rates of health service avoidance.(10) This hampers prevention and treatment and makes many MSM in Indonesia choose to keep their identity and sexual orientation secret which can make it difficult for them to access HIV prevention and treatment services and increase the risk of HIV transmission.(11)

In this context, self-disclosure becomes very important for MSM when interacting with health service

providers. Self-disclosure on the part of MSM can help prevent HIV transmission and improve treatment adherence; disclosure is also useful for increasing social support, reducing psychological distress, and improving health.(12) On the other hand, research (13) shows that HIV is often considered a curse that triggers stigma and discrimination, which causes PLHIV to feel hesitant and not confident in disclosing their condition. This condition has an impact on the increasing risk of HIV transmission, due to reduced information in the community about how HIV is transmitted and HIV prevention measures.

One of the theories that can be used to understand self-disclosure is the Johari Window. This theory can identify a person's open area, namely aspects that are known to oneself and others in carrying out HIV and AIDS prevention efforts. The researcher chose the Johari Window theory because this theory discusses self-disclosure and feedback in a relationship.(14) Although several studies have been conducted on homosexual populations, ranging from factors that influence MSM openness to health workers and low levels of HIV status disclosure to sexual partners. However, there are still aspects that are minimally explored, especially in relation to open areas in carrying out HIV and AIDS prevention efforts. In addition, this study is different from previous studies because it uses the theory of interpersonal communication, self-disclosure, and social penetration. With this approach, this study aims to provide deeper insight into MSM self-disclosure and its contribution to the effectiveness of HIV and AIDS prevention, especially in increasing access to health services.

METHOD

This study is a qualitative study with a phenomenological approach. This method is very suitable for exploring the in-depth understanding of individual subjective experiences and allows researchers to explore and describe social phenomena. This study is expected to obtain in-depth information from Self-disclosure LSL as an Effort to Prevent HIV and AIDS. The study was conducted in the Jember Regency. The main informants were selected by snowballing, namely MSM domiciled in the Jember Regency. There were 10 main informants in this study. While source triangulation was carried out on key informants, namely HIV and AIDS NGO companions and additional informants, namely individuals in the social environment of the main informant, as well as the first person who knew the identity of the main informant, namely 1 partner, 1 peer, 2 MSM friends and 2 health workers.
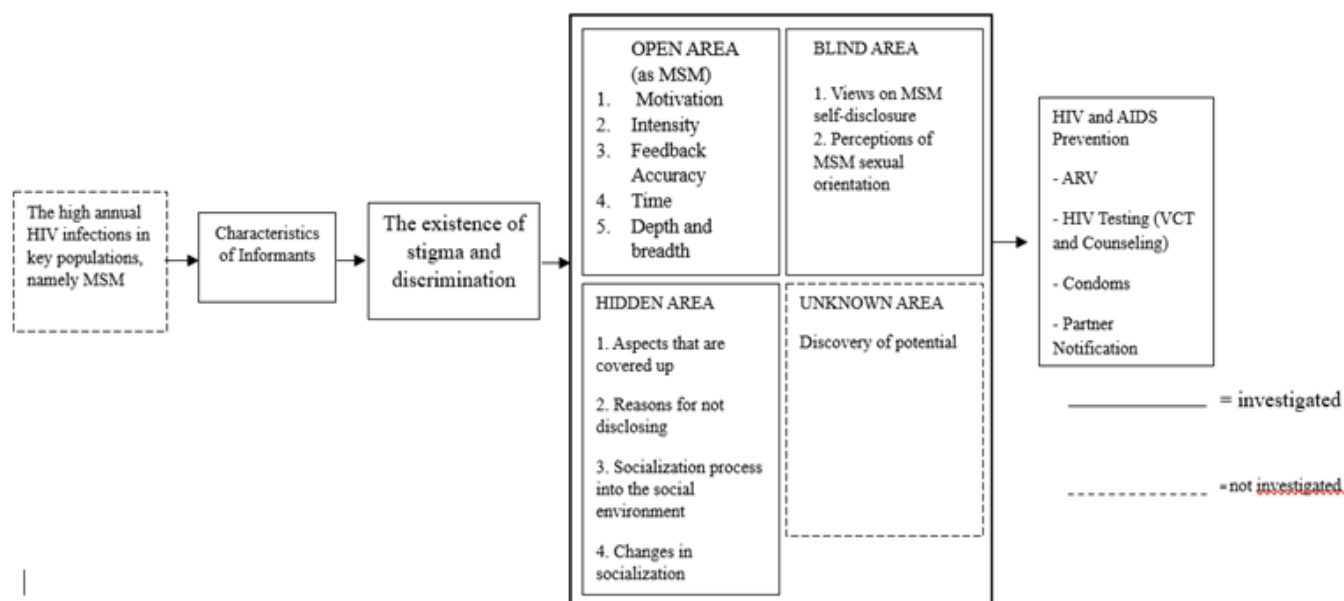

Figure 1. Conceptual Framework

Data were collected through in-depth interviews with all the informants using a voice recorder, writing instruments, and interview guides developed from a preliminary study. These tools facilitated a rich dialogue on how MSM engage in self-disclosure as an effort to prevent HIV and AIDS. Data analysis employed the Interpretative Phenomenological Analysis (IPA) method. To ensure the trustworthiness of the research, credibility was established through source triangulation by comparing data from key informants, MSM participants, and additional informants. Dependability was maintained by creating an audit trail, with the research supervisor overseeing each stage of the research process. Figure 1 illustrates the conceptual framework of the research; this framework is grounded in the Johari Window theory, emphasizing the significance of the open area for HIV and AIDS prevention.

This study also uses informed consent to clarify the protection of informant data privacy. This study obtained approval from the Health Research Ethics Commission (KEPK) of the Faculty of Dentistry, University of Jember, as evidenced by the issuance of an ethical certificate No. 2863/UN25.8/KEPK/DL/2024.

RESULT AND DISCUSSION

The main informants of this study were MSM with an age range of 22-35 years and diverse educational backgrounds, ranging from elementary school to undergraduate level. The jobs they have also vary; most work as self-employed or private employees, while some informants are unemployed. The majority of informants have HIV positive status, with different diagnosis times, starting from 2011 to 2020, while only 1 informant has HIV negative status. In addition, the relationship status of the informants also varies, with some being in a couple and others still single. The characteristics of the informants can be seen in Table 1.

Table 1. Characteristics of research informants

Key Informant	Age (years)	Education	Work	HIV status	Year of HIV diagnosis	Status Connection
1	22	ES	Self-employed	Positive	2017	Coupled
2	35	SHS	Self-employed	Positive	2011	Coupled
3	35	BACHELOR	Civil servant	Positive	2014	Coupled
4	32	JHS	Unemployed	Positive	2011	Single
5	29	BACHELOR	Unemployed	Positive	2017	Single
6	27	SHS	Self-employed	Positive	2020	Single
7	33	SHS	Private sector employee	Positive	2015	Single
8	30	S1	Self-Employed	Negative	-	Single
9	33	ES	Private sector employee	Positive	2014	Coupled
10	35	VS	Agriculture	Positive	2017	Coupled

Table 2. Emergent theme and superordinate theme generated from data analysis

Emergent Theme	Superordinate Theme
Motivation	Motivation for disclosure to health services
	Motivation for disclosure to family
	Motivation for disclosure to peers
	Motivation for disclosure to MSM friends
Intensity	Intensity to MSM friends
	Intensity towards peers
	Intensity to family
Feedback Accuracy	Accuracy of positive feedback
	Accuracy of negative feedback
Time	The time feels right
	The time is not right
Depth and Breadth	Depth and Breadth to friends and family
	Depth and breadth to health services

Open Area

Emergent theme and superordinate theme

The data analysis technique in this study was Interpretative Phenomenological Analysis (IPA). The steps taken by researchers in data analysis using IPA include grouping related emergent themes and creating superordinate themes between participants as shown in Table 2.

The open area is information about ourselves that is known to ourselves and others. Over time, as relationships develop, individuals become more open and share more, thus increasing the information in the open area quadrant. The Open Area includes aspects of self-disclosure consisting of motivation, intensity, accuracy of feedback, time and depth and breadth(15), where openness is an aspect of the open area that develops from individual decisions. Self-disclosure in Indonesia shows a collectivist culture that influences how individuals express themselves, where fear of social judgment often inhibits openness due to norms that make individuals tend to be cautious before sharing personal experiences.(16) This is in contrast to individualistic cultural countries such as the United States, where freedom of expression is more encouraged, allowing individuals to be more open in expressing their feelings and experiences.(17)(16)

Motivation

Motivation is one aspect that acts as the main driver that encourages sharing of one's personal information. Motivation to do self-disclosure from MSM can be seen through the following quote:

"They are open, the biggest encouragement is usually because they get support from officers, support from NGO companions. There are internal factors that encourage them to be open, but usually they are open when they are already sick, hospitalized, and then hospitalized, and finally open up."(IK, 32 years old)

Key informants revealed that motivation for self-disclosure in MSM is influenced by internal and external factors. Internal factors include personal motivation to be open, while external factors include support from health workers and companions from NGOs. However, self-disclosure to health services often occurs after the individual is sick, as explained in a study by (18) which states that individuals disclose themselves to health care providers to assist in providing a comprehensive evaluation, as well as appropriate examination recommendations. Meanwhile, the main informant revealed the motivation for conducting self-disclosure, as follows:

"The motivation was because I saw their (peer) treatment before, I realized that I was not as gentle as other guys. They saw my attitude like this, they were also fine with it. So over time I tried to open up little by little if they were okay with it, finally I opened up completely....",(IU 3, 35 years old)

MSM had the motivation to reveal their sexual orientation to peers they trusted because there was acceptance and positive responses given by peers. Openness was done gradually, starting little by little, until finally MSM was comfortable to being completely open because of the closeness of the relationship that had been established and the belief that peers would accept MSM. MSM felt more comfortable sharing their status because support from peers was not only a means of sharing personal information, but also as a step to increase awareness of health risks among MSM. This motivation shows that individuals consciously choose to share information to create a wider open area in interpersonal relationships. This confirms that openness is an aspect of the open area that is based on individual decisions, which in turn can strengthen support networks and expand understanding of health conditions. Research (19) supports this finding by showing that openness to peers provides emotional and social support so that individuals are not alone, and can help individuals access health services. Additional informants also strengthen the statement from the main informant for motivation to do self-disclosure, as follows:

"Yes, maybe because they already know me, and I also know about IU 3's orientation or health status" (IT 3, 32 years old)

Additional informants showed the motivation of MSM to do self-disclosure which is in line with the concept of open area in Johari Window theory, where MSM are open to sharing information about their sexual orientation and HIV status to others, especially those they consider close and trustworthy. Other studies also support the results of the study that individuals tend to open up to people they consider close and trustworthy.(20) In addition, MSM also conducts self-disclosure to the family, which is shown as follows:

"After my work contract at the NGO ended, in Kalimantan I was really down, I cried... I chose to go home at that time, after that I felt like I needed parents, not just a sister, I really needed a mother, that's because my father was no

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longer around at that time. So finally I told my mother, finally I told her everything, if this is the case, that's it."(IU 6, 27 years old)

MSM also made self-disclosure to their families, especially to their parents, in situations of emotional stress. Self-disclosure occurs because of the emotional need to get support and understanding from their families, especially from figures who are considered capable of providing a sense of security and comfort. According to the Johari Window theory, the more information is shared with others, the wider the open area that can strengthen interpersonal relationships and build trust. Research (21) showed different results from this study, because MSM preferred not to reveal themselves to their families, because of the family's negative views on MSM's sexual orientation and fear of being ostracized by the family. In addition, other key informants (IU 8 and IU 9) also revealed that the openness to the family was due to urgent situations and when the family already knew indirectly. This shows that the motivation to open up to the family is often not a voluntary choice, but because of urgent situations.

Intensity

Intensity refers to self-disclosure depending on who one shares with. The following will explain the interview results that show intensity, as follows:

"Just tell my MSM friends, they will definitely understand. But not my family or outsiders, because I consider it a private matter."(IU 2, 35 years old)

This is in line with the Johari Window theory, where self-disclosure in the open area can develop when MSM feel safe and accepted in their environment, such as the example of MSM who are more open to fellow MSM who have similar understanding and experiences. This openness allow them to expand the open area in social interactions, which in turn can increase support for HIV and AIDS prevention efforts. Similar research shows factors that influence openness about HIV status in MSM PLWHA, one of which is peers.(22) Meanwhile, some other informants conducted self-disclosure with peers and co-workers, as shown below:

"I have revealed myself, but not to my family, to my close friends, namely my college friends."(IU 3, 35 years old)

The intensity of MSM openness is greater to close friends, who are considered to be able to provide emotional support and acceptance without stigma. This is related to research (19), which revealed that opening up to peers can provide emotional and social support that helps MSM feel less alone and facilitates access to health services. On the other hand, there are MSM who disclose to their families for urgent reasons, such as the need for emotional support and a place to share stories, as shown as follows:

"I am open with my family, my older sisters and their husbands, and my female cousins..."(IU 8, 30 years old)

The quote above shows MSM who are open to certain family members. This is related to the aspect of intensity, because it is seen that openness is carried out to family members who are considered to be able to provide support. The informant does not disclose his information to all family members, but only to certain individuals who are considered trustworthy. Similar research on gays shows the reason for choosing to make self-disclosure to parents is because it is based on a deep desire to share about gay life more openly by not hiding his sexual orientation and feeling burdened by the secrets that are kept.(23)

Feedback Accuracy

Accuracy is an important factor in determining the extent to which individuals feel comfortable opening up. Feedback helps to develop open areas and reduce blind areas. Negative feedback received by key informants can inhibit further openness, as evidenced by the following quote:

"My family was furious, they said they couldn't accept their child being like this. So that's also the reason why I don't want to be too open with my family."(IU 8, 30 years old)

Negative feedback received by MSM from family, such as angry reactions, influences the decision to limit openness to family. This is in line with the Johari Window theory, which states that LSM tend to expand the open area when they feel safe and accepted, but if the response received is negative, LSM will withdraw and limit openness. In this context, negative reactions create fear for LSM, so that LSM choose not to share further about sexual orientation to avoid greater conflict or rejection. In this context, negative reactions create fear for MSM, so that MSM choose not to share further about sexual orientation to avoid greater conflict or rejection. This is in line with research (24) which states that self-disclosure to parents involves consideration of potential risks, especially in terms of parental perceptions of expectations and desires, and parental concerns about the

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individual. Meanwhile, positive feedback plays an important role in strengthening the individual's self-confidence to open up to others; this is shown as follows:

"Their reaction was supportive, sis, in the sense that because we both know each other, they were like the ones giving advice, which is like telling me, sis, because of that, I can be more open in telling my friends."(IU 5, 29 years old)

Positive feedback, such as support and advice from friends, can encourage MSM to be more open in sharing stories or information about themselves. Other informants also stated that the feedback they received was like a casual attitude and showed acceptance. This is in line with the concept of open area, where MSM tend to be open when receiving positive feedback from their social environment. Support and acceptance create a sense of security for MSM to do self-disclosure. Strong support can encourage someone to be more open, while honest self-disclosure can also improve the quality of support received.(25) This suggests that positive feedback plays an important role in MSM's decision to be open and disclose their sexual orientation.

Time

Time plays an important role in providing the impetus for self-disclosure. MSM have different times when they feel ready to share personal information, especially regarding sexual orientation and health status. This is shown, as follows:

"I felt like the right time was when I was thinking about why I was like this, why I feel like I have this disorder, and why did I become like this... Finally, when I met them, I felt calmer because I could share my feelings that I had been keeping to myself, so I felt like I was helped, because they were there so if there was a problem, I could finally tell them."(IU 5, 29 years old)

The informant feels that there is a certain time that is considered right to do self-disclosure; this time appears when the informant feels confused and anxious about his/her situation or condition, such as sexual orientation which is felt as an abnormality. This is in line with research (15) which shows that the longer a person has a good social relationship, the higher the level of openness. Furthermore, individuals tend to feel more comfortable and confident in expressing themselves as the closeness and social support received increases. In addition, the Johari Window theory supports this finding, where the open area quadrant continues to grow as the individual's sense of security and trust in sharing personal information with others increases. Meanwhile, other informants indicated that there is no right time to do self-disclosure, because informants feel that it depends on each person's personal readiness and the existing situation, as expressed by one informant, the decision to be open can occur due to unexpected circumstances, such as:

"No, actually there is no right time but because of the gap. Maybe if it wasn't for the gap, I wouldn't be able to open up."(IU 8, 30 years old)

Informant self-disclosure does not always depend on consciously planned timing, but can occur due to certain conditions. This illustrates that openness is sometimes not the result of a decision based on readiness, but rather because of an urgent situation that forces the informant to be open. Research (26) presents a difference with this finding, where self-disclosure through the Instagram close feature allows informants to set their privacy with anyone who shares their privacy. In this context, individuals consciously control the information they share, in contrast to research results that highlight that self-disclosure often occurs as a response to urgent situations, not a fully conscious decision.

Depth and breadth

Depth and breadth describe the extent of information disclosed by MSM. The following will explain the results of interviews that show the depth and breadth of self-disclosure that emerged in the main informant, as follows:

"I always tell everything, like my orientation, health status, and partner to my close friends,"(IU 3, 35 years old)

The openness of the main informant in sharing personal aspects, such as sexual orientation, health status, and partners, to close friends and fellow MSM friends. Self-disclosure reflects deep trust in close friends and the belief that the information can be accepted and understood without stigma and rejection. In addition, some other MSM informants also choose to share information about sexual orientation and health status with their families because the chosen family is considered as a party that can provide support to MSM when needed. The information shared reflects aspects of depth and breadth, because it includes personal and sensitive matters, and involves a close relationship between MSM and additional informants. Research shows that when a relationship has a high level of intimacy, individuals tend to make deep disclosures. The closer a person's relationship is, the

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greater the trust that is built, so that individuals tend to share information in depth with people they trust, which makes them feel comfortable.(27)

The aspects of depth and breadth are also strengthened by the results of interviews with additional informants, as follows:

"I've been close to IU 3 since she was little and she was always open with her stories to me, but as far as I know, IU 3 has had that kind of instinct since junior high school, I don't think it's from any other factor, it's from the person as far as I know. As far as I know, since she was little, she already had feelings for the same sex, not the opposite sex. I also know her orientation, health status, and the reason she's closed off to her family too...",(IT 3, 32 years old)

The main informant has a close and trusting relationship with IU 3, which is seen as openness in sharing stories since childhood. Additional informants showed a deep understanding of the information shared by MSM such as sexual orientation, health status, and the reasons for individuals being closed to their families to additional informants. Other additional informants also showed that MSM tend to share information about their sexual orientation and health status with people who are close and can be trusted. This is in accordance with the journal (28) that a person considers closeness first before revealing personal matters. In addition, MSM also share information about health status and sexual orientation to health services, which is shown as follows:

"Some of my clients, they reveal their relationships with men or women or both. There are also times when clients undergo treatment or just screening, usually there we do counseling, sometimes they just admit that they are MSM.",(IT 5, 42 years old)

The depth and breadth of what MSM do, namely by sharing sensitive personal information that may have been hidden, especially when undergoing treatment at health services. The counseling process with health workers also provides an opportunity for MSM to open up about sexual orientation, which is often only revealed when in a safer space. This illustrates the importance of the role of health workers in creating an environment that supports openness. The results of a study that is in line show that MSM who receive support from health workers have a 1.39 times greater chance of increasing awareness and taking preventive measures for HIV and AIDS.(29) The strength of this research lies in the use of phenomenological methods, which allow for in-depth exploration of the subjective experience of MSM related to self-disclosure. However, the weakness of this research is the limited scope in Jember Regency, so the findings obtained cannot necessarily be generalized to the entire population of MSM in Indonesia.

CONCLUSION

Self-disclosure in the open area of MSM is influenced by various factors, including motivation, intensity, accuracy of feedback, timing, and depth and breadth of information disclosed. MSM motivation to self-disclosure is influenced by peer support and fellow MSM friends, but can also be influenced by social pressure. The intensity of self-disclosure varies, with MSM tending to be more open to fellow MSM friends and peers who are perceived as understanding and supportive. The accuracy of positive feedback also influences disclosure, while negative feedback limits disclosure. The timing of disclosure depends on readiness or situation, while the depth and breadth aspects are seen in sharing sensitive information with trusted people. This study emphasizes the importance of a supportive environment, especially in health services, to increase openness in HIV and AIDS prevention efforts.

The suggestion given is to conduct health promotion to increase self-disclosure of MSM in preventing HIV and AIDS, which can be done through education, social support, and increasing access to health services. Social media-based campaigns, health worker training, and peer support approaches can help reduce stigma and create a safe environment.

Conflict of Interest
No potential conflicts of interest relevant to this article were reported

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