

# LIFE EXPERIENCES OF MALE SEX MEN (MSM) WITH POSITIVE HIV/AIDS STATUS IN THE WORK AREA OF SERANG CITY HEALTH CENTER

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## Abstract

The male sex men group is the largest contributor to the increasing incidence of HIV/AIDS. The purpose of this study is to explore The Life Experience of MSM With Positive HIV/AIDS Status in the Work Area of the Serang City Health Center in 2021. We used phenomenological data analysis with Collaizi's approach. The sampling technique was purposive sampling based on inclusion criteria and the number of samples determined by data saturation, with in-depth interviews for five participants using mobile phone communication tool. The results showed new insights themes: Falling into the MSM world, MSM sexual world, desire to repent, MSM physical changes with PLWHA, fear of God, and self-stigma. There's need to provide intensive approach in the form of more innovative education based on spiritual content with the MSM community, educating adolescents about HIV/AIDS prevention, protecting adolescents from the use of gadgets, and improving communication between parents and children.

**Keywords:** HIV/AIDS, Life Experiences, MSM

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## Introduction

The global number of HIV/AIDS cases in 2019 was estimated to be around 38 million people, an increase from 2015 to 2019. The incidence consists of 36.2 million adults and 1.8 million occurred in children, especially children aged less than 15 years. The increasing prevalence has not been accompanied by massive efforts to prevent HIV transmission, this can be seen from the estimated total number of new infections in 2019 that is not in following with the 2020 UNAIDS target. This condition demonstrates that the prevalence is three times higher than the 2020 UNAIDS target (CDC, 2018).

The prevalence of HIV/AIDS in Indonesia at its peak increased to 50,282 new cases in 2019. Currently, sexual transmission is the leading cause of HIV/AIDS in the MSM (Male Sex Male) group (Kemenkes, 2018). According to the most recent data on the distribution of HIV sufferers based on the population at risk, MSM (Male Sex) occupies the highest number after other populations (Kemenkes, 2018). Whereas, the discovery of new cases of HIV/AIDS in Banten Province in 2019 reached 1,801 consisting of 1,643 HIV and 158 AIDS. The cumulative number of cases puts Banten Province on an increase from 2017-2019 ranked 9th with a spike in cases of 25 percent (Kemenkes, 2020).

In the research of Hardisman, Firdawati dan Sulrieni (2018), that the beginning of the perpetrators behaving as MSM (Male Sex Men) was trial and error when they were teenagers, during puberty as a diversion from having sex with women and some perpetrators had been victims of sexual harassment from adult males (Kemenkes, 2020). Also said that male sex men (MSM) had a 22-fold increased risk of HIV infection. Beside that, Global data shows that MSM (Male Sex) is recorded at 77.6%. The impact of sexual activity carried out by MSM itself is often experienced by syphilis, and it occurs in the white group (Western Countries) (CDC, 2019). The age ranges affected by a sexual activity carried out by MSM include 13 years old to 55 years old and over (CDC, 2018).

Estimates of new HIV infections in adults have increased, especially in the MSM (Male Sex) group. Estimates of new HIV infections based on key populations in 2000-2025. (100,000 people estimated in 2021), the same data show an increase in HIV prevalence among MSM (Male Sex Male) which is significant. In the 2007 and 2011 IBBS, HIV prevalence among MSM (Male Sex Men) increased from 5.3% to 12%, and the 2009 and 2013 IBBS increased from 7% to 12.8% (Kemenkes, 2020). In the latest data on the distribution of HIV sufferers based on populations at risk,

MSM (Male Sex Male) occupies the third-largest number of contributors to AIDS (Acquired Immune Deficiency Syndrome) after other populations and sex workers (Kemenkes, 2020).

The predisposing factors that cause someone to become an MSM (Male Sex Man), one of which is the mass media factor. This is in line with the research of Alhidayati (2020), that informants stated that they were more familiar with the MSM community from the mass media. Other factors are that since childhood they have had feelings of liking the same sex, being raised in a feminist environment, lack of intimacy with fathers, lack of spiritual guidance, rural to urban migration, urban association, and the role of the internet, particularly social media (Breakwell & Laura, 2018). Some risky behaviors in MSM (Male Sex Men), include unprotected sex, use of stimulant drugs, the use of methamphetamine-type drugs, group sex so that it will have the potential to spread HIV/AIDS among men who have sex with men quickly (UNAIDS, 2019).

Problems that are often experienced by MSM (Male Sex Male) with HIV/AIDS from their physical changes are the incidence of syphilis and gonorrhea. This disease occupies a very high number with a rate of approximately 90%. There was also an increase of 14% for syphilis diagnoses from 2015 to 2016, and 23% of chlamydial infections occurred among MSM (Male Sex). The incidence of Shigella (a bacterial infection spread by mouth-feces contact) has also tripled in MSM (Male Sex) from 2012 to 2020 (Laura, 2018). This is reinforced by the theory of Brunner & Suddarth, (2017). which says that the majority of patients with HIV/AIDS usually have an impact on the genital area, such as lesions in the genital area.

Other problems that occurred in MSM (Male Sex Men) are psychological problems in the form of stigma from their social environment, feeling alienated, feeling inferior, even feeling hopeless until depression arises. This is reinforced by the results of Laura (2018), which says that several psychosocial factors also increase HIV vulnerability, such as social stigma, shame, and denial. Other research also states that MSM PLWHA often feels blue feelings (lonely, hopeless, anxious, and depressed), negative things, and do not follow the counselor's direction to take ARV regularly so that they enter the AIDS stage which can affect their psychological condition (Ariatama, 2020).

Psychological problems in the form of stigma are still very strong in Indonesian society. If there is someone who has HIV/AIDS, especially if he is an MSM (Male Sex Male) then he will get a bad response from the environment. This problem is also proven by the research of (Suryaman, 2020) which says that the most important factor for MSM with PLWHA status is stigma. So what is needed by PLWHA MSL (Male Sex Men) is social support. This is in accordance with a research of (Yulianti, 2020) which in the end said that PLWHA MSM (Male Sex Men) had a positive perception after receiving full support from the surrounding environment.

From the results of a preliminary study at the Serang City Health Center, according to Public Health Center, the prevalence of HIV and MSM (Male Sex Male) patients with HIV/AIDS positive status has increased from January to March in 2019-2021. The prevalence of HIV/AIDS in 2021, in 53 patients and 5 MSM cases are HIV positive. The Puskesmas also said this number would increase until the end of 2021. MSM was detected from the youngest age, namely 13 years old. The results of interviews with 2 MSM (Male Sex Male) participants who are HIV/AIDS positive related to HIV/AIDS and their experience as MSM (Male Sex Male) data show that their interest in becoming MSM (Male Sex Male) is partly due to the mass media. This was expressed by both participants.

*"Since there are media that are more sophisticated, right. Social media is more sophisticated, isn't it... MSM is more open. Because there's a lot of social media, what's wrong, like gay groups, right... that's how it is." (P1, P2)*

In addition, other data obtained is that they are interested in deciding to become MSL (Male Sex Men) during junior high school. This is supported by a friendly environment outside and inside the school and makes participants feel comfortable with the same sex so that they fall into and eventually get HIV. It was obtained from the participants' statements that they were more comfortable dealing with men than women.

*"I am more comfortable with men than women" (P1, P2)*

According to the Kubler-Ross theory, the response when knowing bad news or when diagnosed by a doctor that a participant has HIV/AIDS must have a response of denial, anger, bargaining, depression, and acceptance (Kübler, 2014). However, the responses experienced by the two participants were different, one of the participants interviewed by the researcher felt very sorry and felt like going back in time so that he didn't do this.

*"Eh, it's mixed (laughing).. I've seen this as a curse, a warning, what's it called, it's like we've stopped, that's what I mean in the sense that I've stopped this life" (P1)*

Based on the above phenomenon, research on MSM (Male Sex Men) whose status is infected with HIV/AIDS using qualitative methods has not been widely studied in Banten province. The number of MSM (Male Sex Male) with HIV/AIDS positive is also recorded to increase every year. In addition, the research results also prove that the increasing prevalence of MSM (Male Sex Male) occurs due to various factors, one of which is the deviant behavior of MSM (Male Sex Male) so that group sex is formed which will be very risky in transmitting HIV/AIDS. This is the reason for being interested in exploring in-depth "Life Experiences of Male Sex Men (MSM) With Positive HIV Status in the Work Area of the Serang City Health Center in 2021".

## Method

The research design in this study is qualitative research with a descriptive phenomenological approach. Qualitative research is a research procedure method that generates descriptive data from people in the form of written or spoken words and observable behavior. Furthermore, descriptive research is a type of research aimed at describing or describing existing phenomena, both natural and human-engineered (Moleong, 2014).

This study was carried out the Serang City Health Center. The data was collected between April until May of 2021. The purposive sampling of 5 participants was used in this study based on the saturation of the data obtained. Participants' inclusion criteria were: HIV/AIDS patients who were registered as patients at the Serang City Health Center, HIV/AIDS sufferers were MSM (Male Sex Men), good general condition (no loss of consciousness), cooperative, and able to communicate well, willing to be respondents. The researcher is the research instrument. Data retrieval for 40 – 60 minutes was recorded using an in-depth interview technique with the Redmi 8A Pro Android cellphone media, which was placed during the interview at a distance of less than 50 cm from the interviewer. Participants' identities were assigned a P-code to ensure anonymity and the records obtained were destroyed five years from the research process.

The data analysis are in the form of reading the participant's entire description of the phenomenon being studied, identifying significant statements, formulating the meaning of each significant statement, combining each unit of meaning into a single theme/cluster of meaning, integrating each theme into a complete description, refining the results of the analysis by data obtained during the validation process. In this study, researchers apply ethical principles such as Respect for Autonomy and self-determination, Confidentiality and anonymity, and Protection from discomfort and harm.

## Result

Table 4.1. Characteristics of the Demographic Data of Male Sex Male (MSM) Participants with Positive HIV/AIDS Status at the Serang City Health Center in 2021

No	Age	HIV/AIDS Status	First Get Know MSM	Sources	Marital Status
P1	27 years old	3 month	Senior High School	Facebook	Not married
P2	21 years old	1 years	Senior High School	Facebook	Not Married
P3	25 years old	1 years	Junior High School	Friend	Not Married
P4	33 years old	1 month	Senior High School	Facebook	Not Married
P5	40 years old	3 years	Senior High School	Friend	Not Married

Based on the table of participant demographic data above, it can be seen that the distribution of participants consists of 5 participants with an age range of participants starting from the age of 21 - 40 years, participants are MSM diagnosed with HIV/AIDS with an average length of suffering from HIV/AIDS, which is < 5 years, the average On average, participants know the world of MSM when they are in high school (SMA/equivalent). Then, the origin of knowing the world of MSM is mostly from the media; Facebook and participant status all never married.

## Research Themes

The results of data analysis resulted in six new insight themes, namely: Falling into the MSM world, MSM sexual world, desire to repent, MSM physical changes with PLWHA, fear of God, and self-stigma.

The results of the study found statements indicating the reasons participants decided to become MSM varied from both intrinsic and extrinsic factors. The reasons from within are all summarized in the following statement:

*"I'm the first child so what do I need an older brother?" (P1, P4)*

*"So it's like I'm being abused, it's like I'm just holding it. For example, it's on the buttocks and then on the breasts... Anyway, a lot of people abuse me" (P2)*

*"I was a victim of harassment from my seniors at the lodge" (P3)*

*"I know the models at first, then they are invited to have a relationship and it's good.. in the end, it goes on" (P5)*

Then, the reasons participants decided to become MSM because of the effects of surfing in cyberspace (extrinsic factors) were expressed by two out of five participants:

*"It was on Facebook only after Facebook was quiet so I looked to Instagram" (P1, P5)*

*"I searched on Facebook, there were many people like me who chatted who invited me to do that...to make money too" (P5)*

*"It was time for Facebook to finally get to know each other and ask me to do something like that" (P1, P5)*

The results of the study found statements that showed that all participants shared their experiences in sexual activity while being MSM, as evidenced in the following statements:

*"I can do both. so it's like having a relationship with husband and wife" (P1)*

*"I used to be the bottom but now I can do both" (P2)*

*"I play top, miss..." (P3)*

*"In the beginning, I acted as bottom, now I can do both" (P5)*

Meanwhile, regarding the history of having intercourse with a partner how many times, three out of five participants revealed:

*"If it's just for fun, that's a lot more than 5 can have sex" (P2, P3, P5)*

Even in the sexual activities of the participants, the majority of them did not use protective equipment when having sex. This is stated in the following participant statements:

*"No, never. because he doesn't want to. So, sometimes it's not like that sometimes" (P1)*

*"It's not comfortable if you use a condom...so you rarely use it" (P3)*

*"Sometimes I use it, sometimes it doesn't depend on whether the client wants it or not" (P5)*

The results of the study found statements that showed three out of five participants felt sorry after being HIV positive and wanted to repent to God. This is expressed in the following participant statements:

*"Yes, I was really surprised, I could only just sit in a corner and stare blankly, so it was like, I can't believe that how come I got hit by that" (P2)*

*"And it turns out, yes, the results are not what I expected... I'm in shock, yes, ma'am, yes, I am too, isn't it like rich people want to pass out and despair" (P3)*

*"Yes... it's sad, but then I realized that it was like everything that had happened had stopped, so it was like the Almighty had warned me like that" (P4).*

*"I'm sorry and now I want to get closer to God... I thought that praying was hollow but now Alhamdulillah" (P1)*

*"Now I pray diligently, I want to repent" (P2)*

*"First, I value my life more, I want to pay in installments with what I'm doing with the sunnah that will help erase some of my sins" (P3)*

*"Finally, we are closer to God. That's the same as worship.. I want to repent from my past mistakes" (P4)*

*"Regret must be there if it comes from yourself when you are alone... want to repent and don't want to do the same thing" (P5)*

On the theme of physical changes experienced by MSM and PLWHA, three out of five participants stated:

*"I have a fever for days and I keep vomiting... I have herpes on my lips, I have frequent itching around my genitals like ringworm, and rashes on my body" (P3)*

*"The first time I had hepatitis, in 2017 I got herpes half my body, my tongue was white and it was moldy, itchy, had diarrhea" (P4)*

*"changes that feel red spots, fungus on the lips and genitals" (P5)*

The results of the study found statements indicating that three out of five participants stigmatized themselves.

*"I'm still afraid of being ostracized... well, the name is an old man, village people, if we know we have a disease like that, it's a despicable disease, so afraid of being expelled or something like that, I'm afraid that no one will feel sorry, that's why until now I don't dare to say that" (P2)*

*"Actually, our biggest enemy is from negative stigma" (P3)*

*"I don't want to talk to anyone, closing my status... I'm worried that people won't accept me" (P1)*

## **Discussion**

The findings of research on the first theme are the reasons participants fall into the world of MSM due to internal and external factors. Internal factors found in the form of needing a male figure as a brother because they feel less close to their father, sexual deviations from school age in the form of same-sex attraction. This is in line with previous research which explains that someone decides to join MSM because since childhood they have had feelings of liking for the same sex since childhood, were raised in a feminist environment, lack of closeness with fathers, and lack of religious guidance (Latif, 2018).

Another external factor is mass media exposure. They learned about the MSM community through the media (Alhidayati, 2020). In research of Laura (2018), the mass media is the main factor in which a person decides to join the world of MSM (Male Sex Men), because several applications in the mass media provide the facilities needed by MSM (Male Sex Men), such as looking for friends. Simultaneously, meeting face-to-face with fellow MSM friends until they decide whether to be in a relationship or have fun with their MSM friends.

Research by Wartisa (2020), confirms that the influence of cyberspace has become a medium to facilitate users to find dating friends whose ultimate goal is not just to have fun, but also there is an element to make money quickly by becoming an MSM. This is reinforced by the findings of researchers at the time of the study, P5 said that the factor a person decides to join the MSM world is because of the material. The fulfillment of daily needs is required in terms of financial needs (Abrori, 2018). However, according to the results of research conducted by researchers, the majority of respondents said that it was difficult for them to leave the MSM world because MSM life was very expensive and supported by such a lifestyle.

As a result of the above explanation, the reason someone decides to become an MSM is influenced by several factors. The first is an internal factor and the second is the impact of cyber surfing in the mass media. We cannot deny that with the development of the times, mass media knows no age for its users, someone can likely be easily influenced by what is available in the application. Environmental factors are also very influential with the reason someone decides to become an MSM. Some men are feminine, but their families just let it go and some even support it because they think that when they grow up they will change. This is wrong and the closest environment should be able to direct the person.

In the second theme, some statements demonstrate that all participants say about the world of MSM sexuality. Among them are seen the type of sexual activity, its role in having sex, the history of sexual relations, and the reluctance to use protective equipment during sexual intercourse. The MSM group (Male Sex Men) are men who have had sex with the same sex (KPAN, 2021). In general, MSM is divided into two categories: bisexual and pure. Bisexuals are MSM (Male Sex Men) who like both men and women, whereas pure MSM (Male Sex Men) have no feelings of attraction to women (Sidjabat, 2017).

In the results that the researchers found, three out of five participants said that there were already partners of the opposite sex or liked the opposite sex as well. However, two out of every five participants stated that they were not interested in the opposite sex. MSM can experience same-sex fantasies because they have a role to play. Some of the roles are female and some are male. There are even those who can perform two roles. Sexual behavior carried out by MSM is orogenital (oral sex), anogenital (anal sex) and masturbation. The results of this research also say that sexual activity that is often done to achieve satisfaction in general is anal sex (Sidjabat, 2017).

The number of partners who have had contact with participants is more than five people. This makes MSM a key population that contributes to the greatest risk of HIV/AIDS (Kemenkes, 2018). The majority of MSM affected by HIV are MSM who have had sexual intercourse or have a history of having sex with more than five people (Sidjabat, 2017). Another finding in their sexual activity, the majority of participants do not use protective equipment such as condoms so that they are aware of contracting the HIV/AIDS virus from deviant sexual behavior. The reason is that it is not convenient to use the security. This is reinforced by research (Sidjabat, 2017), that patients with HIV/AIDS status have a background of deviant sexual behavior without the use of condoms because they feel uncomfortable.

According to Carolin & Suprihatin (2020), their research resulted in a significant relationship between condom use and risky sexual behavior with the incidence of HIV in MSM. The use of this condom is very little, for various reasons from every MSM (Male Sex Male) partner (Wardani, 2020). Thus, the spread of HIV/AIDS is increasing and every individual needs awareness to use these contraceptives to prevent the spread of HIV/AIDS.

The results of the study found statements of physical changes experienced by MSM with PLWHA status, namely the incidence of genital diseases, such as; syphilis, yeast in the mouth and herpes on the skin (Brunner & Suddarth, 2017). The physical changes experienced by a PLWHA have a lot of impact on the integument system (Krause, 2013).

Even though from the results of the research, the participants did not get social stigma, the self-stigma of the participants was still very haunting. Based on the results of interviews with five participants, the majority of participants said that they were worried about being alienated and worried about disappointing their closest people because of their MSM status with PLWHA. Therefore, they prefer to hide their disease status. This is the same as the results of Mariany (2019) research which says that people with HIV are introverted and tend not to be willing to interact with their families.

According to one study, HIV can have a negative impact on a person's psychology. The patient's coping mechanism is one of them. The problem that is often faced by HIV/AIDS patients is the problem of self-acceptance as an HIV/AIDS patient (Soliha, 2017). In following with the results of the study, the three participants who were interviewed in-depth said this. They feel worried that they will not be strong enough to face life in the future, and they are worried that if their status is known to people, it will be a big problem and no one will accept them as part of the environment or people around them.

The implications of the results of the study are expected to be basic data for the Public Health center to prevent risky sexual behavior more intensively in every school in groups of teenagers who are vulnerable to being targeted by MSM groups and to strengthen MSM groups who have been infected with HIV/AIDS to comply with using protective equipment when associated with and adherence to ARV treatment.

In this study, more than respondents have not explored the factors that cause deviations that occur in MSM, data on ARV treatment they are undergoing, obstacles to getting treatment and also research conducted in one Public health Center has not reached the wider community.

## **Conclusions**

The case of HIV/AIDS is like an iceberg, few are visible but many are still hidden. The number one key population distribution of HIV/AIDS contributors is by MSM (Male Sex Men). This population is difficult to know because MSM cannot be seen physically. Therefore, with the results of this study, the researcher recommends that the Working Area

of the Serang City Health Center needs to take a special approach that is more intense and innovative counseling by incorporating spiritual elements to make MSM aware to be able to play a role and break the chain of HIV/AIDS spread in the MSM community (Male Sex Men) and will help save the future of the nation's children, most of whom are teenagers already in the MSM world. There is a need for cross-sectoral collaboration to educate schools and parents to jointly start raising awareness to prevent HIV/AIDS transmission in adolescents caused by miscommunication factors that lead to the trend of becoming MSM, monitoring adolescent relationships while protecting the use of gadgets, especially educating the dangers of falling on cyber applications that are not healthy for teenagers, strengthen religious foundations and establish good communication at home between parents and children

## References

- Alhidayati et al. (2020). *Penyimpangan Perilaku Seksual Lelaki Seks Lelaki (Lsl) Di Kota Pekanbaru*. 15(3).
- Ariatama, E. M., Respati, T., & Nurhayati, E. (2020). *Kondisi Psikologi, Sosial, dan Spiritual pada Orang dengan HIV / AIDS Selama Pengobatan Antiretrovira l di Komisi Penanggulangan AIDS Kota Bogor Tahun 2019* *Psychological, Social, and Spiritual Conditions in People Living with HIV / AIDS During Antiret*. 2(2), 109–113.
- Carolin, B., & Suprihatin, S. (2020). *Analisis Faktor Risiko Kejadian Human Immunodeficiency VIRUS*. July. <https://doi.org/10.33024/jkm.v6i2>
- CDC. (2018). *Diagnoses of HIV Infection in the United States and Dependent Areas, 2018: Gay, Bisexual, and Other Men Who Have Sex with Men*. Division of HIV/AIDS Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Centers for Disease Control and Prevention. <https://www.cdc.gov/hiv/library/reports/hiv-surveillance/vol-31/content/msm.html>
- CDC. (2019). *STDs in Men Who Have Sex with Men*. Division of STD Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Centers for Disease Control and Prevention. <https://www.cdc.gov/std/stats18/msm.htm>
- Hardisman, Firdawati dan Sulrieni, I. N. (2018). *Artikel Penelitian Model Determinan Perilaku “ Lelaki Seks Lelaki ” di Kota*. 7(3), 305–313.
- Kemenkes. (2020). *Hiv aids*.
- kemkes. (2018). *Hari AIDS Sedunia, Momen STOP Penularan HIV: Saya Berani, Saya Sehat!* Sabtu, 01 Desember 2018. <https://www.kemkes.go.id/article/view/18120300001/hari-aids-sedunia-momen-stop-penularan-hiv-saya-berani-saya-sehat.html#:~:text=Sementara data triwulan II tahun,2018 tercatat sebanyak 108.829 kasus>.
- KPAN. (2021). *Lelaki seks lelaki*. Wikipedia. [https://id.wikipedia.org/wiki/Lelaki\\_seks\\_lelaki](https://id.wikipedia.org/wiki/Lelaki_seks_lelaki)
- Krause. (2013). The time has come. *The Journal of Allergy and Clinical Immunology*, 60(1), 1–7. [https://doi.org/10.1016/0091-6749\(77\)90076-8](https://doi.org/10.1016/0091-6749(77)90076-8)
- Kübler, E. dan R. (2014). *On Death and Dying What the Dying Have to Teach Doctors, Nurses, Clergy and Their Own Families by Elisabeth Kübler-Ross (z-lib)*.
- Laura, B. (2018). *Enhancing Sexual Health, Self-Identity and Wellbeing among Men Who Have Sex With Men A Guide for Practitioners by Rusi Jaspal Laura Waters*.
- Latif, Idham, Fitriyani, D. dan D. (2018). *Jurnal Kesehatan Indra Husada Vol 6. No 2 Juli-Desember 2018*. 6(2).
- Mariany, Betty Saurina ., Asfriyati, D. S. S. R. (2019). *Stigma, depresi, dan kualitas hidup penderita HIV: studi pada komunitas “ lelaki seks dengan lelaki ” di Pematangsiantar*. 35(4), 139–146.
- Sidjabat, Forman Norvindo . Setyawan, Henry . Hadisaputro, S. (2017). *Lelaki Seks Lelaki: Aktivitas Seksua l Dan*

Bagaimana Mereka Memulainya? *Ikesma*, 12, 65–76.

- Soliha, & Masfi, A. (2017). *Hubungan Antara Mekanisme Koping Keluarga Dengan Penerimaan Diri (Self Acceptance) Keluarga Pasien HIV/AIDS Di Wilayah Kerja Puskesmas Bangkalan*.
- Suddarth, B. &. (2017). *Keperawatan Medikal-Bedah* (E. A. Mardella (ed.); 12th ed.). Lippincott Williams & Wilkins/Wolter Kluwer Health Inc, USA.
- Suryaman, Agus., Waluyo, A. (2020). *Faktor-faktor yang berhubungan dengan keterbukaan status hiv pada odha lsl*. 12(2), 161–172.
- UNAIDS. (2019). *Hiv prevention, treatment, care and support for people who use stimulant drugs*.
- Wardani, Erika Martining . Setiawan, Arif Helmi . dan Bistara, D. N. (2020). *Kejadian Hiv Fase Laten Pada Komunitas Lelaki Seks Lelaki ( Lsl ) Di Lsm Kompeda Surabaya*. 93–101.
- Wartisa, Feny Dan Putra, A. Y. M. (2020). *Pendidikan, Pekerjaan Dan Pendapatan Terhadap kejadian lelaki seks lelaki 1*. 5(3), 576–582.
- Yulianti, E. D., Rokayah, C., & Hartiningsih, S. S. (2020). *Hubungan Dukungan Sosial Kelompok Odha Lsl Dengan Persepsi Pendahuluan Human Immunodeficiency Virus atau HIV , menurut Departemen Kesehatan RI ( 2014 ) adalah sejenis virus yang menyerang / menginfeksi sel darah putih yang menyebabkan menurunnya kekebalan*. 8(April 2020), 91–96.