

RISK BEHAVIOR OF MEN WHO HAVE SEX WITH MEN (MSM) IN BULUKUMBA DISTRICT, 2019

Intan Deasy Agmaity¹⁾, Sukirawati²⁾, Sri Salmawati³⁾, Andi Asrina⁴⁾, Fairus Prihatin Idris^{5a)}

^{1,2,3}Postgraduate Student of Universitas Muslim Indonesia

⁴Public Health Faculty, Universitas Muslim Indonesia, Makassar

⁵Public Health Faculty, Universitas Muslim Indonesia, Makassar

^aCorresponding author: fairusprihatin.idris@umi.ac.id

ABSTRACT

Bulukumba AIDS Commission noted there are 183 people in 2016 positive for HIV / AIDS increased to 226 in 2017. One of transmissions is through men who have sex with men (MSM) by changing partners without using protection condom. The aim of this study was to explore Risk Behavior of MSM in Bulukumba District, South Sulawesi. This study used qualitative method with phenomenology approach. Data was collected by observation techniques, in-depth interviews, documentation and continuous Focus Group Discussion (FGD) throughout the study. Data obtained from key informants (KPAD), ordinary informants (MSM) and supporting informants (community leaders) and being analyzed by the content analysis method and categorized and reduction then presented in narrative form. Data was validated by triangulation of informants, time and theories related to the study. This study found various forms of MSM behavior that was being risk for the incidence of sexually transmitted infections. These behaviors were the low level of knowledge about risk factor and prevention of sexually transmitted infections, the stigma about the behavior of health checks, and drug use behavior in the form of putaw by using alternating needles. It was also found that unsafe sexual behavior was changing partners and behavior of using condoms. This study concluded that the behavior of MSM in Bulukumba has a high risk of the incidence of sexually transmitted diseases in this area. Health promotion efforts and strategies are needed to reducing the risk behavior of MSM towards the incidence of sexually transmitted diseases

Keywords : MSM, Risk Behavior

INTRODUCTION

Statically survey conducted by Indonesian Mitra Foundation indicates that around 3 million male populations in Indonesia are gay and are predicted to increase by 5% annually. Data from Kartini Nusantara Education Foundation (YPKN) demonstrates that there was 2,700 gay in Jakarta in 2014. The Gaya Nusantara Foundation estimates that 260,000 out of six million East Java residents were Men Who Have Sex With Men gay (MSM) in 2014. Nowadays there are several terms regarding gay. In this case, MSM is those who a high risk of sexually transmitted infections such as Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS). This is because their sexual behaviours are classified as risky such as having sex with same-sex, sexual intercourse without condom or lubricants during anal sex, and sexual behaviour with multiple partners (Carmelita, et al, 2017).

The increasing of HIV and AIDS cases is associated with a minimum level of prevention from sex offenders, such as limited information obtained about HIV and AIDS prevention measures (especially for MSM because of the stigma attached to them as a group that is different from society

in general) (Indah, MP.2014).

The Ministry of Health of Indonesia (2014) reported that there were 79.264 MSM out of 1.089 AIDS new case in South Sulawesi.

Bulukumba is one of South Sulawesi regencies with the high number of HIV / AIDS cases, which is ranked third place after Makassar and Parepare. Bulukumba is one of South Sulawesi regencies which is ranked as third place for it's high number of AIDS case after Makassar and Pare-Pare. This fact is very surprising because Bulukumba is well known as one of religious region in South Sulawesi.

The number of HIV / AIDS sufferers is 228 people consisting of prostitutes and indicated drug users.

Regional Child Protection Commission (Komisi Perlindungan Anak Daerah/ KPAD) Bulukumba indicates that there were 228 AIDS cases at the end of 2018, the sufferers were from prostitutes, transsexual and MSM as well as injected drug users. However, MSM population can not be found easily because they were closed-minded and are not monitored. By observing this phenomenon, we need to know what behaviours can increase sexually transmitted infections in MSM. Therefore,

the result of the study can be used as basic data for government to set the policies for preventive actions. This study aims to explore the risky Behavior of MSM in Bulukumba Regency, South Sulawesi.

MATERIAL AND METHOD

The method used was qualitative with a phenomenological approach. Data collection was performed by observation, interview, and documentation as well as continuous Focus Group Discussion (FGD) during the research. Data was collected from the KPAD (main respondents), six MSM (ordinary informants) and two inhabitants (supporting informant).

Data was analysed by content method, was categorized, and then reduced for the narrative presentation. The validity of data was from source triangulation, time and theory related to research.

RESULT AND DISCUSSION

The informants of this study were selected based on their job and age. Therefore, the informants were from 27 – 51 years of age, and worked as bridal make up artists, barbershop employees and sales promotion boys.

The data were obtained from residents and KPAD as well. The observation was performed by researcher through observing the MSM behaviour groups while they were in the cafes. From this observation, researcher found some MSM's behaviour which are risky for sexually transmitted diseases infection.

MSM's knowledge level about Sexually Transmitted Infectious Diseases in this region is still low. They claimed that they had never heard the term of STI, its effect and ways to prevent it. This information was acquired from one of the MSM as follows:

Ndak ku tau saya Infeksi Menular Seksual. Belum pernah dengar.. Apakah itu penyebabnya sampe pencegahannya belum pernah sama skali ku tau (U, 27).

I don't know about sexually transmitted infections. Never heard of it at all. What is the cause of sexually transmitted infections and prevention measures, do not know at all (U, 27).

This is because there have never been health promotion efforts such as counselling for these MSM groups. The counselling

activities that have been carried out are towards MSM groups has implications for unsafe sexual behavior as stated by an informant as follows:

Nda pernah dikumpul dikasi penyuluhan kalau homo... waria ji dulu dulu dikasi penyuluhan. Kalau orang begitu disini, tidak diajari caranya untuk melakukan seks aman... pokoknya begitu..berhubungan langsung (Dh, 4).

No counseling has ever been given to homosexual sufferers. In the past counseling was only given to transgenders. We are not taught how to have safe sex, so just make love (Dh, 4).

The vulnerability of this risky behaviour to MSM is merely due to lack of knowledge. Besides education, knowledge is formed based on the interaction of MSM with the surrounding environment such as information received. It is then eliminated as a positive or negative attitude which then affects MSM in behaving. Diah Syafitah, dkk (2015) states that knowledge is obtained from education, self-experience and other people's experiences, mass media and the environment as well.

Most of the MSM do not figure out the impact of their actions so that these individuals continue to perform risky behaviour. Previous research performed by Irma (2014) proved that knowledge and attitude became the reasons why prostitutes did not check up their health at the Duren Bandungan Health Center. Another research by Desi, et al(2018) was found that the percentage of respondents withrisky sexual behaviour is in the group with less knowledge level.

On the one hand, Stigma about Health Check Behavior possesses negative connotation as well by MSM in this area, in this case, an examination of HIV / AIDS tests. The inherent stigma is that if someone performs such an HIV / AIDS test then that person is someone who behaves badly for examplefree sex and drugs.

This is due to the experience of their friends who have undergone this health examination. Some groups have been advised by health workers to acquire this examination. However, there have bad experiences, therefore, they were willing to do the test. Their identity is not protected by

health workers so that it is easily widespread in the community, close relatives and families which give society the perception that they are risky people, that is people with bad behaviour.

People's stigma regarding medical examinations especially HIV/AIDS test not only makes MSM reluctant to have the test but also not to try to get the proper care as well as preferring to hide the disease. This will make the condition worse which could have been prevented or controlled and becomes a kind of death penalty. Moreover, it will spread widely in disguise.

Besides that consuming drugs freely is a fatal risk as well. In this area, drug trafficking is quite high. It can be observed by the following informant's confession.

Disini juga tinggi narkobanya, disekitar rumahku mi itu tempatnya, biasa diliat transaksi tapi kuliati – liat saja pura – pura tidak tau karena nanti na lempari rumah ta (Dh, 47).

In this area also very high drug users, around my home location. I used to see drug deals but pretended not to see them to avoid anarchist acts (Dh, 47).

Marijuana is the most widely consumption with a syringe. This behaviour is compounded by the use of syringes alternately by the following informant's confession.

Ada teman yang sudah meninggal ditanya... dapat dari mana itu penyakit. Saya pikir karena seks ternyata diperoleh dari lembaga (bui) karena jarum suntik yang dipakai itu sampe bengkok. 1 jarum digunakan oleh banyak orang (AS, 41).

I have a friend who has died. At that time I asked, where did the illness come from. I thought of sex but it was obtained from prison because of the use of used needles. One needle is used by many people alternately (AS, 41).

Saya mau singgung tentang narkoba. Sapa bilang skrg susah, skrg banyak. Dapat dari RS, dapat dari penjual makanan ayam (AG, 65).

I want to tell about drugs. Who says getting drugs is now difficult? There are a lot of drugs now. Drugs can now be obtained from

hospitals, as well as from chicken sellers (AG, 65).

Ministry of Health (2016) stated that of all HIV / AIDS sufferers in Bulukumba there were 228 people indicated using drugs in 2014. This certainly can be a risk for transmission of various infectious diseases such as hepatitis B which spreads through infected blood and serum. The transmission also occurs through percutaneous exposure (contaminated needle) which is occasionally found on drug addicts.

Iya saya pernah melakukan hubungan seks.. Pertama kali lakukan itu waktu SMA... Telanjang bulat ji iya tapi tidak sampe berhubungan begitu. Yang kedua pi itu.. pertama kali berhubungan begituan melalui anal dan oral (U, 27)

Yes ... I have had sex. first did it in high school. Rounded but not to the point of contact. The second is through anal and oral (U, 27).

It was also found that free sex is the riskiest factor of sexually transmitted infections. It is induced by the financial problem. It starts with encountering in cafes or on social media, then they agree on the style of sex, the place to encounter and the price for payment.

Biasa 500an dibayarkanki, kita yang bayar ke anak itu kaa memang dia yang dibeli (untuk hubungan seks). Disitumih juga ceritaki (menyepakati) mau enak sama enak, bisaaa...kalau bilang kita saja, bisaaa, melalui pantat yang paling puas. Lain juga sewa kamarx itu (Av,45).

I used to pay five hundred thousand rupiahs. I immediately paid the child because he was the one I bought right away to have sex. We also agreed to be as comfortable or just me. Through the most satisfied ass. The fee does not include the room rent (Av, 45).

On the other hand, they have sex alternately, MSMs have sex partner both man and woman. These individuals confess to having sex is a normal thing as spouses do. Some of them have sex without using a condom as the following informant's confession.

Kalau berhubungan ka sama pacarku ini pake kondomka, Nda selalu ji juga langsung 'begituan'... biasa berapa kali pih ketemu baru pi (sambil malu2)... biasa pake kondom biasa jg tidak, kaaa biasa jg ada yang tidak mau (Av,45, Aw,31, Nn, 35)

If i have sex with my girlfriend, we use condoms. Not always, usually after several times meeting, just having sex (while shy). Used to use condoms, usually do not use condoms because usually there are also those who don't want to (Av,45, Aw,31, Nn, 35).

As we know that infectious diseases are transmitted from person to person through the pervaginal section contact, oral or anal with an infected partner. It is generally found in people who frequently change partners either vaginal or oral (Nugroho, T.2014). Nowadays social media is made use by MSMs to communicate with others such as using chatting applications. Their presence is increasingly troubling because MSM is one of the key populations of the spread of HIV / AIDS. This behaviour is very risky such as having multiple sexual partners, sex without condom use, anal sex and oral sex (Tiraihati. ZB. 2016).

CONCLUSION

Sexual Infectious Diseases of MSM occurred due to lack of knowledge about hazards and prevention of STIs, Stigma about Behavioral Health Examination, drug consumption such as marijuana using alternating syringes. Also, having multiple sex partners or having sex without condom use are risky behaviours.

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