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QUALITATIVE STUDY OF BAREBACKING FACTORS AMONG MSM WITH HIV AT BANDUNG CITY REGIONAL GENERAL HOSPITAL

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ABSTRACT

Human Immunodeficiency Virus (HIV) is a virus that compromises the human immune system, primarily transmitted through sexual contact, needle sharing, and vertical transmission from mother to child. Men who have sex with men (MSM) are a high-risk group for HIV infection, particularly due to risky sexual behaviors such as unprotected anal intercourse, also known as barebacking. Various underlying factors influence the decision to engage in such practices. This study aims to explore the factors that encourage MSM to engage in barebacking behavior. A qualitative phenomenological approach was employed better to understand MSM's lived experiences regarding this behavior. The study involved in-depth interviews with seven MSM participants recruited from a Bandung City, Indonesia hospital. All participants were private-sector employees with a high school educational background, and their ages ranged from 26 to 38 years. Thematic analysis of interview transcripts revealed four dominant themes: (1) limited knowledge about HIV and its transmission, (2) trust in sexual partners, (3) pursuit of sexual pleasure, and (4) emotional vulnerability, particularly fear of being abandoned by a partner. These findings highlight the need for targeted interventions that address not only knowledge gaps but also emotional and relational factors influencing sexual decision-making. Public health programs should consider a more empathetic and inclusive approach to reduce the incidence of risky sexual behaviors and ultimately lower HIV transmission rates among MSM populations..

KEYWORDS *Factors, Barebacking, Men Sex Men*

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INTRODUCTION

Human Immunodeficiency Virus is one of the mycoorganisms that attack T cells (T-Helper) and are responsible for activating macrophage cells. These T-Helper cells have a differentiation 4 cluster (CD4) tasked with building immune

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cells, and have an important task, namely suppressing immune reactions. When the HIV attacks CD4, there will be immune system disorders (Putri et al., 2019). The HIV that constantly attacks CD4 causes CD4 counts to drop below 200 cells/mm³, so sufferers are vulnerable to contracting a disease called *acquired immunodeficiency syndrome* (AIDS) (Daili, 2018).

The incidence of HIV and AIDS in the world occurs unevenly. The prevalence of HIV and AIDS in ASEAN countries is in Cambodia 0.3%, Malaysia 0.4%, Indonesia 0.3%, Papua New Guinea 0.9%, Thailand 1%, Vietnam 0.3%, Philippines 0.2%, Myanmar 0.7%, and Laos 0.3% (UNAIDS, 2023). Indonesia has HIV prevalence based on risk groups, namely female sex workers 2.4%, MSL 26.3%, transvestites 0.9%, injectable drug users 0.5%, WBP 0.7%. pregnant women 20.9%, tuberculosis patients 11.5%, and sexually transmitted infection patients 0.8%. The provinces with the highest number of HIV cases include DKI Jakarta at 71,473, followed by East Java at 65,274, West Java at 46,996, Central Java at 39,978, and Papua at 39,419. The city of Bandung has a prevalence of HIV and AIDS of 21.3% (Kementerian Kesehatan RI, 2021). The high risk of HIV-AIDS transmission in MSM is due to risky sexual behaviors such as having sex with the same sex, inconsistency in using condoms during anal and oral sex, and sexual behavior that tends to change partners (Sidjabat, Setyawan, & Setyawan, 2017).

Male sex male (LSL) is adopted from the term *men who have sex with men (MSM), which* is a term used to describe the behavior of men who have sexual relations with fellow men, regardless of their gender identity, behavioral motivation, and identification with a certain community (Sidjabat, Setyawan, & Setyawan, 2017). In LSL, the pattern in homosexual relationships and behavior is in three forms of sexual relations, namely *oral eratism, body contact*, and anal *Intercourse* (Kartono, 2020). Sexual behavior that LSL often carries out is anal *Intercourse* or have anal sex.

Anal sex is the most risky for transmitting HIV and AIDS (Brugman et al., 2019). When having sex via anal, the thin surface of the anal causes it to tear easily, so it has the risk of injury and facilitates the entry of HIV into the body. One of the SRAN programs is the reduction of adverse impacts (*Harm Reduction*). *Harm reduction* has the goal of reducing the spread of HIV and AIDS among groups at high risk of HIV and AIDS, one of which is LSL (Prianggoro, 2011). One of the interventions in *Harm Reduction* is the use of condoms (Kementerian Kesehatan RI, 2014).

Barebacking is a phenomenon that involves a conscious choice not to use a condom during anal sexual intercourse, which is often related to psychosocial factors, such as trust in the partner or the search for greater sexual pleasure. The use of condoms in the LSL group is still low. One of the causes is negative stigma and discrimination from the community and policymakers. People tend to look down on the LSL group. The LSL group, which should be protected and guided, is more often underestimated by the public (Noffritasari et al., 2020).

Another study also showed that MSL adolescents in Jambi City showed that only 25 out of 84 MSM used condoms consistently (Fauziyah et al., 2018). The results of another study in Bukit Tinggi City found that only 1 in 19 MSM were consistent in using condoms (Fransiska & Mursyid, 2019). The results of other

quantitative studies show that there are several factors for low condom use in LSL during sexual intercourse. The first factor is that MSM does not know their status of having HIV, MSM does not receive HIV-AIDS prevention and transmission services either directly such as socialization, VCT services, and health education as well as through digital such as the internet and social media which are attractive and easy to access (Zulaikhah & Ronoatmodjo, 2021).

In line with the results of previous research, another factor that makes LSL not use condoms during sexual intercourse is the influence of peers or community friends. Friends in the community are considered to influence the intention to use condoms because they are considered the closest people. Moreover, the most significant influence comes from the person considered important in the community, the community leader. When friends in the community do not remind and support each other to use condoms during sexual intercourse, then the act of using condoms during anal sex will not occur (Lelaki et al., 2016).

Other reasons why LSL do not use condoms during sexual intercourse are knowledge, attitudes, exposure to information, availability of condoms, partner support, and support from friends in the community, which are factors related to the use of condoms in LSL in the IMOF Community of Kupang City (Polly et al., 2021). Other research results showed that 54.8% of MSG had a low perception of vulnerability and benefit, making MSL inconsistent in using condoms during anal sex (Chandra et al., 2018). Another study showed that 67% of respondents said that they used condoms consistently and 78% of respondents chose not to use condoms during anal sex in the past 3 months (Ezomoh, 2012).

This is in line with the results of the study, which shows that there are still many respondents who are not consistent in using condoms. Respondents who were in the case group as much as 63% were inconsistent in using condoms as much as 33.3%. In contrast to respondents who were in the case group, who consistently used condoms as much as 37%, and respondents who were in the control group, as much as 66.7% (Sidjabat, Setyawan, Sofro, et al., 2017).

Bandung is one of the cities in urban areas that is growing rapidly in Indonesia. Such rapid development has led to increased urbanization. This urbanization occurs because most people think that by moving to the city, their economic conditions will improve, but without realizing it, getting a decent job requires sufficient qualifications. People who move to cities mostly do not have the appropriate qualifications, so they prefer to find easier jobs. The lifestyle of the work they do results in the emergence of many risk groups (Rokhmah, 2014).

The city of Bandung is one of the five cities with the highest HIV cases in LSL (Kemenkes, 2021). The Bandung City Regional General Hospital is one of the hospitals that has voluntary counseling and testing (VCT) services, and all groups at risk of HIV and AIDS do VCT at this hospital (Mr. O, personal communication, October 3, 2023). The results of personal communication with counselors at the VCT clinic at the Bandung regional general hospital found that the prevalence of MSL in 2025 until February reached 130 people. Based on information from the counselor at the VCT clinic at the Bandung City Regional General Hospital, there has never been any previous research on safe sexual behavior in the LSL group (Mr. O, personal communication, February 5, 2025).

The high barebacking in MSM can increase the prevalence of HIV/AIDS, and the large number of previous studies using quantitative research methods on MSM sexual behavior has made researchers interested in conducting qualitative research on the factors of barebacking among MSM with HIV at the Bandung City Regional General Hospital. Moreover, this study aims to explore the factors that encourage MSM to engage in barebacking behavior.

RESEARCH METHOD

In this study, the researcher uses a qualitative research method with a phenomenological approach. The research will be conducted from March 2025 to April 2025 at the Bandung City Regional General Hospital. The key informants and informants chosen are counselors as key informants, while the informants are MSLs with HIV who perform VCT at the Bandung City Hospital. The informant selection technique used in this study was *purposive sampling* with the criteria of LSL informants who were LSL who were active in sexual intercourse in the last 1 year, LSL who participated in VCT at the Bandung City Hospital, and LSL who were able to argue well, and feel the impact of the problem to be researched. The data collection technique used interviews assisted by counselors. The results of the interviews will be processed and will generate several themes.

This research was conducted at the Bandung City Regional General Hospital with 7 informants. The average key informant is 18 to 38, educated in high school, working in social institutions and private companies. The length of suffering is also quite varied, from those who were only diagnosed 1-5 years ago. The informant is a routine patient performing VCT at the Bandung City Hospital. The distribution of key informant characteristics can be seen in Table 1.

Table 1. Distribution of Informant Characteristics

Informant	Age	Education	Work	Number of Pairs
Informant 1	29	SMA	Private Employees	2
Informant 2	26	SMA	Private Employees	2
Informant 3	26	SMA	Private Employees	4
Informant 4	30	SMA	Private Employees	3
Informant 5	32	SMA	Private Employees	3
Informant 6	31	SMA	Private Employees	4
Informant 7	38	SMA	Private Employees	2

Table 1 shows that most informants are in early and middle adulthood. Most of the informants have a high school education. The high level of education of informants affects their knowledge of their sexuality and sexual behavior. All informants also said that they had more than 1 same-sex partner. The informant said they would look for a new partner through the app if they had a failed relationship with the first partner.

This research produced four themes: the knowledge factor, the trust factor in the partner, the pleasure factor, and the factor of being left behind by the partner. The following are the results of the research based on the theme:

1. Theme 1: Knowledge Factor

The factor of ignorance about the benefits and impacts of not using condoms makes informants not use condoms during sexual intercourse.

Informant 2: *"The factor that makes me not use condoms during sexual intercourse... Because at that time, I didn't know if I had to use a condom, so I was with my partner. Previously, I didn't know about the impact of not using condoms on HIV."*

The informant also admitted that he did not care much about the HIV disease as a result of risky sexual behavior, namely, not using condoms.

Informant 6*: "I have never used condoms because I did not know about the function of condoms and their impact if I have sex with my partner. My partner is also willing not to use condoms. I have only heard of HIV, but I don't care and take it for granted*".

2. Theme 2: Trust Factor in Your Partner
   The informant is confident that his partner is safe.

   Informant 1: *"What makes me not use condoms during sexual intercourse is because of habits.... My partner and I initially believed that it was safe not to use condoms, and that has become a habit until now*."

   The informant is also convinced that his partner does not have another partner besides himself.

   Informant 4*: "If I don't use a condom because I just trust my partner, He thought I was just a partner with me".*

3. Theme 3: Enjoyment Factor
   The informant said that the limited size of condoms interfered with enjoyment.

   Informant 5: *"I also never use a condom because sometimes the condom is not the same size as the genitals, so I don't use a condom."*

   The informant also said that condoms reduce pleasure during sexual intercourse

   Informant 7: "*The question of having sex without a condom is because using condoms is not enjoyable during sex."*

4. Theme 4: Factors Left Behind by Spouses
   For informants, using condoms can lead to their spouses.

   Informant 7: *"I'm also afraid that my partner will feel ridiculous if he uses a condom and leaves me".*

MSM is a group that is infected with HIV/AIDS, either due to sex selling behavior or sexual behavior related to the risk of contracting HIV/AIDS (Sidjabat, Setyawan, Sofro, et al., 2017). Anal intercourse, which MSL widely practices, is the most risky sex technique for transmitting HIV/AIDS. Men with receptive roles have a greater risk of being infected with HIV than men with an insertive role. This is because the anus is not designed for sexual intercourse so that it will experience injuries when having anal sex and facilitate the entry of HIV into the body.

Based on the results of research conducted on MSL at the Bandung City Hospital, several factors were found that encouraged MSL to carry out barebacking or risky sexual intercourse, namely, without using condoms. These factors include the knowledge factor, the trust factor in the partner, the enjoyment factor, and the factor of abandonment of the partner. The first factor is the knowledge factor.

According to Sulaeman, the Knowledge Factor results from human sensing or a person's knowledge of objects through their senses. Thus, knowledge occurs after a person senses a certain object. Without knowledge, one will not have the basis to make decisions and determine actions on the problems faced (Sulaeman, 2016). Knowledge is a theoretical and practical understanding (know-how) possessed by humans. Knowledge plays an important role in the life and development of individuals or society (Basuki et al., 2017). The process of gaining knowledge is influenced by a person's perception of an object. States that there are 6 levels of knowledge, including knowing, understanding, application, analysis, synthesis, and evaluation. One of the factors that affects knowledge is education. The level of education can determine a person's ability to understand and absorb the knowledge that has been obtained. Generally, education affects the learning process; the higher a person's level of education, the better their level of knowledge (Notoatmodjo, 2018).

The results of the research through interviews conducted by the researcher found that 2 informants said that the knowledge factor was a factor that made informants not use condoms when having sex with their partners. This is in line with the results of previous research, which showed that there was one informant who initially did not believe in HIV and considered HIV a conspiracy. Some informants say they only know if they are a risk group after entering the community (Purnamawati et al., 2022). Other research shows that during in-depth interviews, some informants do not understand information about HIV-AIDS very well, so when answering, the informant gives the wrong answer and does not know. This is due to the low level of education of the informants (Ningtiyas & Satyabakti, 2016). Another study showed that one of the respondents said that they had had same-sex sexual relations since the 2nd grade of junior high school and at that time had not been exposed to any information related to the impact of sexual behavior, meaning that when they did it until 2004 (2nd grade of high school) they never used condoms, and used condoms after getting information related to the impact of same-sex sexual intercourse perpetrators (Carolin et al., 2020). Another factor is the trust factor.

Trust factor in the partner. Trust in a partner is a belief and concern for the partner and the strength of a relationship, so partner trust is one of the most desirable qualities in an intimate relationship. This belief reflects the intellectual judgment of

the likelihood that the couple will act as expected and the emotional experience and assurance of the couple's behavior and motives (Arsita & Soetjiningsih, 2021). Several factors can influence a person's trust in others. The first factor is the characteristics and intentions of others, namely that a person will trust others with the ability, skills, and experience to be trusted. The second is the power relationship. Trust can grow in people who have power over others. For example, when a person knows that his partner will be obedient and loyal to him, then that person will trust his partner (Apriliani, 2022).

The third is the nature and quality of communication. Open communication with clear intentions and goals for both partners will help develop trust. The next factor is the attitude of acceptance. Accepting does not mean approving of all other people's behavior or being willing to bear the consequences of their behavior. However, accepting implies that a person does not judge other people's personalities based solely on their behavior that we like. The fifth factor, Empathy, is the ability to feel other people's experiences, emotions, attitudes, and feelings. The sixth factor is Honesty. A person will not trust another person who is dishonest or often hides something. A person will put trust in people who are open or do not have a contrived nature (Apriliani, 2022).

Based on the results of the research through interviews, it was found that the trust factor in the partner encouraged LSL not to use condoms during sexual intercourse. The results of previous studies also showed that after being diagnosed with HIV, some informants chose not to have sexual intercourse again and stopped their sexual orientation, but some still had active sexual intercourse, some used condoms, and some rarely even used condoms. Preventive behavior, it seems, is ignored by informants for reasons of "affection" and confidence in the level of viral load (Purnamawati et al., 2022).

In line with the results of other studies that show that many serodiscordant couples are convinced that they are only loyal to 1 partner and feel safe because they have taken ARVs (Antiretrovirals) so that they do not need to use condoms during sexual intercourse (Sulaiman et al., 2021). Other research results also show that MSLs do not use condoms when having sex with their partners, so that the partner does not lose trust (Rahardjo & Hutagalung, 2016). The next factor is enjoyment.

Sexual pleasure is one of the key aspects of sexual health and well-being, which involves personal and subjective experiences of sensations, emotions, and satisfaction in the context of consensual, safe, and respectful sexual activity (Ford et al., 2021). Sexual pleasure involves the activation of the nervous system, especially the autonomic nervous system, and hormones such as dopamine, oxytocin, and endorphins, which create feelings of comfort and euphoria (Liu et al., 2023). Based on the results of the research through interviews, sexual pleasure was obtained, which encouraged MSM not to use condoms during sexual intercourse.

The results of this study are in line with the results of previous studies which showed that most of the MSL adolescents found in this study were still having sexual intercourse without using condoms due to discomfort, unavailability of condoms, and uncertainty about the effectiveness of condoms in the prevention of HIV positive (Fauziyah et al., 2018). Other research results showed that a small

percentage of informants felt that using condoms could reduce intimacy, especially when used with a permanent partner.

The thing that encourages informants to have negative perceptions is that informants feel less intimate, less satisfied, and use condoms with regular partners, in order to channel lust, while with customers, the informant is not looking for pleasure or satisfaction during sex, but only for money (Ningtiyas & Satyabakti, 2016). Other research results also show that the reason why LSL once did not want to use condoms during sex was that condoms were considered to reduce pleasure during sex (Rahardjo & Hutagalung, 2016). The next factor is the factor of being abandoned by the spouse.

Unwanted or unexpected termination of intimate relationships can lead to emotional distress, attachment problems, or sadness (APA, 2023). The results of the study showed that some informants said that they did not use condoms because they were afraid of being abandoned by their regular partners (Ningtiyas & Satyabakti, 2016). This is also in line with the results of other studies that show that LSL does not use condoms, namely because LSL is afraid that the relationship with his partner will end, and his partner will leave him (Asrina et al., 2020). Other studies showed that fear of rejection and being left alone shaped the decision of MS to agree to have unprotected sex (Stojisavljevic et al., 2022).

Human Immunodeficiency Virus is one of the mycoorganisms that attack T cells (T-Helper) and are responsible for activating macrophage cells. These T-Helper cells have a differentiation 4 cluster (CD4) tasked with building immune cells, and have an important task, namely suppressing immune reactions. When the HIV attacks the CD4, there will be a disruption of the immune system (Wardhani et al., 2015). The HIV that constantly attacks CD4 causes CD4 counts to drop below 200 cells/mm^3, so sufferers are vulnerable to contracting a disease called *acquired immunodeficiency syndrome* (AIDS).

HIV transmission is through 3 ways, including having sex, being exposed to HIV-infected blood through contaminated needles, and through pregnant women (Kemenkes, 2021). Commercial sex workers, both male and female, same-sex relationships, and injection drug users are high-risk groups for HIV (Pratiwi & Basuki, 2011). Male sex male (LSL) is adopted from the term *men who have sex with men (MSM), which* is a term used to describe the behavior of men who have sexual relations with fellow men, regardless of their gender identity, behavioral motivation, and identification with a certain community (Sidjabat, Setyawan, & Setyawan, 2017).

Contraception is an effort to prevent pregnancy. These efforts can be temporary, or they can also be permanent. Contraceptive use is one of the variables that affect fertility (Prawirohardjo, 2016). Condoms are one of the contraceptive devices made of rubber/latex. The principle of work of condoms is to shield the penis when performing coitus, and prevent the collection of sperm in the vagina. The use of condom contraceptives will be effective if used correctly and consistently every time sexual intercourse occurs. In addition to preventing sperm from entering the female reproductive tract, condoms can also be protective against infection or transmission of microorganisms that cause STDs (Marmi, 2018).

CONCLUSION

The barebacking factors in LSL at the Bandung City Hospital come from the internal factors of LSL itself. Lack of knowledge stemming from low education, too deep trust in one's partner, and the existence of such a great sense of love, a high willingness to be able to enjoy sexual pleasure, and fear of being abandoned by one's partner. As health workers, in this case, our nurses have a great responsibility to support changes in sexual behavior in MSL, namely having sexual intercourse that is initially risky, namely not using condoms, to using condoms during sexual intercourse, even though using condoms cannot 100% reduce the incidence of HIV/AIDS.

As a health worker, it is also expected to provide socialization in communities about reproductive health and risky sexual behaviors, both in schools and in the community environment, which is expected to help increase knowledge and awareness of the importance of maintaining reproductive health and not engaging in risky sexual behaviors.

REFERENCE

APA. (2023). *The American Psychiatric Association practice guideline for the treatment of patients with eating disorders*.

Apriliani, N. A. (2022). *Pengaruh Kepercayaan Terhadap Kebahagiaan Pernikahan Pada Istri Tentara Saat Menjalin Long Distance Marriage Di Brigfif 16 Wira Yudha Kota Kediri*. IAIN Kediri.

Arsita, D. S., & Soetjiningsih, C. H. (2021). Trust and Marital Happiness of Wife Is In a Long Distance Marriage. *Jurnal Ilmiah Bimbingan Konseling Undiksha*, *12*(3).

Asrina, A., Sukirawati, S., Salmawati, S., Admaitry, I. S., & Idris, F. P. (2020). Determinan Perilaku Seksual Berisiko Pada Laki-Laki Seks Laki-Laki (Lsl) Di Kabupaten Bulukumba Tahun 2019. *Jurnal Kesehatan*, *13*(1), 6–13.

Basuki, A., Dwi Astuti, S. K. M., & Sri Darnoto, S. K. M. (2017). *Hubungan Tingkat Pengetahuan Dengan Perilaku Hidup Bersih Dan Sehat Siswa SD Negeri IV Baturetno Kecamatan Baturetno Kabupaten Wonogiri*. Universitas Muhammadiyah Surakarta.

Brugman, S. G., Suharto, S., & Nugraheni, A. (2019). *Self Esteem Dan Perilaku Seksual Berisiko Pada Lsl (Laki-Laki Seks Dengan Laki-Laki) Di Kota Semarang*. Faculty of Medicine.

Carolin, B. T., Suprihatin, A. M. P., & PK, A. M. (2020). Analisis Faktor Risiko Kejadian Human Immunodeficiency Virus (HIV) Pada Lelaki Seks Lelaki (LSL). *Jurnal Kebidanan*, *6*(2), 141–147.

Chandra, P. A., Shaluhiyah, Z., & Cahyo, K. (2018). Analisis Faktor-Faktor Yang Berhubungan Dengan Pemakaian Kondom Dan Pelicin Pada Lelaki Seks Lelaki (LSL) Sebagai Upaya Pencegahan HIV (Studi Kuantitatif Pada Semarang Gaya Community). *Jurnal Kesehatan Masyarakat (Undip)*, *6*(1), 791–799.

Daili, S. F. (2018). *Manifestasi dan Tatalaksana Kelainan Kulit dan Kelamin pada Pasien HIV/AIDS*. Universitas Indonesia Publishing.

Ezomoh, R. G. (2012). Knowledge, attitude and practice of safe sex among men

who have sex with men (MSM) in Nigeria. *Retrovirology*, *9*(2), 1.
Fauziyah, F., Shaluhiyah, Z., & Prabamurti, P. N. (2018). Respon Remaja Lelaki Suka Lelaki (LSL) dengan Status HIV Positif terhadap Pencegahan Penularan HIV kepada Pasangan. *Jurnal Promosi Kesehatan Indonesia*, *13*(1), 17–31.
Ford, J. V, Corona-Vargas, E., Cruz, M., Fortenberry, J. D., Kismodi, E., Philpott, A., Rubio-Aurioles, E., & Coleman, E. (2021). The World Association for Sexual Health's Declaration on Sexual Pleasure: A Technical Guide. *International Journal of Sexual Health : Official Journal of the World Association for Sexual Health*, *33*(4), 612–642. https://doi.org/10.1080/19317611.2021.2023718
Fransiska, M., & Mursyid, M. (2019). Konsistensi Penggunaan Kondom Pada Komunitas Homoseksual Sebagai Faktor Resiko Penularan Hiv Aids. *Jurnal Kesehatan*, *10*(2), 98–100.
Kartono, K. (2020). *Psikologi abnormal dan abnormalitas seksual*.
Kemenkes. (2021). *Laporan Perkembangan Hiv Aids Dan Penyakit Infeksi Menular Seksual (Pims) Triwulan I Tahun 2021*.
Kementerian Kesehatan RI. (2014). *Pedoman Manajemen Program Pencegahan Penularan HIV dan Sifilis Dari Ibu dan Anak*.
Kementerian Kesehatan RI. (2021). *Laporan Perkembangan HIV AIDS Dan Penyakit Infeksi Menular Seksual (PIMS) Triwulan I Tahun 2021*.
Lelaki, S., Di, L. S. L., Kupang, K., Kana, I. M. P., Nayoan, C. R., & Limbu, R. (2016). *Unnes Journal of Public Health*. *5*(3), 252–263.
Liu, J. L., Burnett, A. L., & Herati, A. S. (2023). Molecular Biology and Physiology of Erectile Function and Dysfunction. *Men's Reproductive and Sexual Health Throughout the Lifespan: An Integrated Approach to Fertility, Sexual Function, and Vitality*, 289.
Marmi. (2018). *Asuhan Kebidanan Pada Masa Nifas. Jakarta: Buku Kedokteran ECG.* Buku Kedokteran ECG.
Ningtiyas, S., & Satyabakti, P. (2016). Perbedaan Penggunaan Kondom Pada Waria Terhadap Pasangan Tetap dan Pelanggan. *Jurnal Berkala Epidemiologi*, *4*(1), 87–99.
Noffritasari, B., Shaluhiyah, Z., & Adi, M. S. (2020). Human Immunodeviciency Virus (HIV) Prevention Program Among Men WHO Have Sex With Men (MSM) in Semarang City. *Jurnal Administrasi Kesehatan Indonesia Volume*, *8*(1).
Notoatmodjo, S. (2018). Promosi Kesehatan Teori dan Aplikasi: Vol. 23, 5 (Ketiga). *PT. Rineka Cipta. Jakarta*.
Polly, J. C., Weraman, P., & Purnawan, S. (2021). Faktor yang Berhubungan dengan Penggunaan Kondom pada 'Lelaki Seks Lelaki' di Komunitas Independent Men Of Flobamora Kota Kupang. *Media Kesehatan Masyarakat*, *3*(3), 246–257. https://doi.org/10.35508/mkm.v3i3.3754
Pratiwi, N. L., & Basuki, H. (2011). Hubungan Karakteristik Remaja Terkait Risiko Penularan Hiv-Aids Dan Perilaku Seks Tidak Aman Diindonesia. *Buletin Penelitian Sistem Kesehatan*, *14*(4), 20975.
Prawirohardjo, S. (2016). *Ilmu Kebidanan Sarwono Prawirohardjo. Edisi keempat*.
Prianggoro, W. (2011). *Permasalahan Hukum Dalam Pelaksanaan Program*

Pengurangan Dampak Buruk Narkotika (Harm Reduction) Yang Dilaksanakan Oleh Dinas Kesehatan Yogyakarta. UAJY.

Purnamawati, D., Nurfadhilah, N., Zamzam, R., Amalia, K., & Ningsih, R. Z. (2022). Pengalaman Penderita HIV Pada Lelaki Suka Lelaki (LSL); Analisis Kualitatif tentang Persepsi Diri, Respon Saat Didiagnosis, Perilaku Pencegahan, dan Dukungan Pendamping Sebaya. *Jurnal Kedokteran Dan Kesehatan*, *18*(2), 155–163.

Rahardjo, W., & Hutagalung, I. I. (2016). Harga Diri Seksual, Kompulsivitas Seksual, dan Perilaku Seks Berisiko pada Orang dengan HIV/AIDS. *Jurnal Psikologi*, *43*(1), 52–65.

Rokhmah, D. (2014). Implikasi mobilitas penduduk dan gaya hidup seksual terhadap penularan HIV/AIDS. *KEMAS: Jurnal Kesehatan Masyarakat*, *9*(2), 183–190.

Sidjabat, F. N., Setyawan, H., & Setyawan, S. A. (2017). Lelaki Seks Lelaki: Aktivitas Seksual Dan Bagaimana Mereka Memulainya? *Jurnal Ilmu Kesehatan Masyarakat*, *12*(1).

Sidjabat, F. N., Setyawan, H., Sofro, M. A. U., & Hadisaputro, S. (2017). Lelaki seks lelaki, HIV/AIDS dan perilaku seksualnya di Semarang. *Jurnal Kesehatan Reproduksi*, *8*(2), 131–142.

Stojisavljevic, S., Djikanovic, B., & Matejic, B. (2022). "Today one partner, tomorrow another one, and no one is suspicious that you are gay": A Qualitative Study of Understanding HIV Related Risk Behavior Among MSM in Bosnia and Herzegovina. *Journal of Homosexuality*, *69*(14), 2532–2549.

Sulaeman, A. S. (2016). *Gambaran Pengetahuan Perawat Tentang Perawatan Paliatif pada Pasien dengan Kondisi Terminal di RSUD Kabupaten Bekasi*.

Sulaiman, A., Yona, S., & Maria, R. (2021). Keterbukaan Status HIV dan Penggunaan Kondom pada Pasangan Hiv-Serodiscordant. *Jurnal Penelitian Kesehatan" SUARA FORIKES"(Journal of Health Research" Forikes Voice")*, *12*(2), 201–204.

UNAIDS. (2023). *2023 UNAIDS Global Aids Update*.

Wardhani, P. K., Shaluhiyah, Z., & Demartoto, A. (2015). Perilaku penggunaan kondom dan pelicin pada LSL di Kota Surakarta. *Promosi Kesehatan Indonesia, 10 Nomor*, *1*, 89–101.

Zulaikhah, A., & Ronoatmodjo, S. (2021). Determinan Konsistensi Penggunaan Kondom pada Laki-Laki Seks dengan Laki-Laki (LSL) Non-Pekerja Seks: Studi Potong Lintang. *Jurnal Epidemiologi Kesehatan Indonesia*, *5*(1), 35–42.