

Analysis Of Barriers And Enablers To The Implementation Of The Notification Program For Hiv-Positive Men Who Have Sex With Men (Msm) In Makassar City, Indonesia

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Abstract

Background: One of the populations at high risk of contracting HIV is the Men Who Have Sex with Men (MSM) group. MSM populations face a risk of HIV transmission that is 22 times greater than that of the general population. This elevated transmission rate poses a major obstacle to HIV prevention efforts, especially within MSM communities.

Methods: a qualitative case study design with purposive sampling to select participants. Data collection was carried out through in-depth interviews and observations involving 11 informants, including MSM individuals, healthcare professionals, counselors, and NGO leaders.

Results: The study found that , including knowledge and positive perceptions of the program, social support from family and healthcare providers, the role of peer counselors, and altruistic intentions to prevent further transmission. Meanwhile, the identified barriers include social stigma, fear of HIV test results, limited access to services, and psychosocial dynamics in reaching out to partners.

Conclusion: Recommends strengthening the capacity of field workers and peer counselors, providing more inclusive and MSM-friendly HIV services, implementing community-based educational approaches to reach unengaged MSM, and fostering cross-sectoral support for sustainable behavior change.

Keywords: MSM, HIV, partner notification, barriers and facilitators.

INTRODUCTION

HIV and AIDS are a major concern in the Sustainable Development Goals (SDGs), which are outlined in the third goal, namely a healthy and prosperous life, with the mission of ending the AIDS epidemic by 2030. HIV and AIDS control still faces challenges, one of which is related to health care facilities where screening cannot be carried out evenly. Furthermore, awareness and adherence of people living with HIV (PLHIV) to treatment are also still low due to stigma from families, health workers, and the wider community..

Based on data from the Makassar City Health Office in 2022, the HIV testing rate by gender was 36% for men and 64% for women, and HIV-positive results were 87% for men and 13% for women. Furthermore, the highest HIV case rate by key population (risk group) from 2021 to 2022 was among Men Who Have Sex with Men (MSM), at approximately 70%. In Makassar City, the highest HIV-positive case rate by age group in 2022 was among men aged 25-49, at 533 cases. The distribution of HIV and AIDS cases in regencies/cities throughout South Sulawesi shows that the three regencies/cities with the highest prevalence of HIV and AIDS cases are Makassar City (10,819 cases), Pare-pare City (561 cases), and Wajo Regency (203 cases). The high number of HIV and AIDS cases in Makassar City has become a commitment for all parties to suppress the spread of these cases (1)

Partners of people living with HIV (PLHIV) are the most vulnerable to infection, and many remain unaware of their partner's HIV status (Guerra Ordonez et al., 2017). People with reactive HIV status do not always feel obligated to disclose their status to their partners. Therefore, the government has implemented a program to disclose HIV status through partner notification (Mahathir et al., 2020). This program has not been effective because people living with HIV are reluctant or do not know how to do it properly (2).

Studies show that people who disclose their HIV status respond better to treatment than those who do not (3). To increase the number of people getting tested for HIV, the WHO has issued guidelines on partner notification services, which include tracing and offering HIV testing to partners of people living with HIV. Passive partner notification, where people living with HIV are expected to disclose their status to their sexual partners without the active involvement of a health care provider, results in low rates of couples getting tested. Assisted partner notification services, with the active involvement of health care providers, result in more couples getting tested and better linkage to treatment for the HIV-positive partner. Assisted partner notification by health care providers can increase testing and diagnosis of HIV-positive partners, with few reports of adverse outcomes. The WHO recommends that voluntary assisted HIV partner notification services be offered as part of comprehensive care.

One population at risk of contracting HIV is Men Who Have Sex with Men (MSM). The risk of transmission in MSM is 22 times greater than in other populations. MSM comprise a diverse group in terms of behaviors, identities, and healthcare needs. The term MSM is often used clinically to refer to sexual behavior alone, regardless of sexual orientation (for example, a person may identify as heterosexual but still be classified as MSM). Sexual orientation is independent of gender identity.

This study aims to gain an in-depth understanding of the experiences of MSM living with HIV. MSM are also a key population often marginalized in society. Amidst stigma and limited understanding of their world, most MSM prefer to avoid or remain silent rather than face social pressure.

METHODS

This qualitative research uses a case study approach to examine MSM's participation in the partner notification program in Makassar City and was conducted in Makassar City, South Sulawesi, Indonesia, in early 2025. Purposive sampling was used to identify informants. Data collection, conducted through in-depth interviews, aimed to help researchers delve deeper into information about partner notification among MSM. The primary data collection tool was to obtain in-depth information from MSM, field officers, health workers, and the Partner Health Center (YGC). This study used triangulation methods, including in-depth interviews and behavioral observations of MSM during counseling sessions with their partners to determine when they first disclosed their status and initiated treatment. Observations were then divided into participant and non-participant observations.

RESULTS

The unfreezing step analysis showed that MSM are beginning to recognize the importance of partner notification. Social support (subjective norms) and perceived control influence readiness to change. The knowledge of MSM referred to in this study is everything that MSM know, understand, or are aware of. The knowledge obtained is the role of notification. NP4 stated that partner notification plays a role in finding a network of previous MSM partners. Furthermore, the role of partner notification was also stated by NP8, who stated that partner notification plays a role in mutual care efforts, especially in health aspects. If one partner is PLHIV, it is hoped that the partner will not be infected. In addition, the results of in-depth interviews in this study examined the assistance, support, or assistance provided to MSM. Social support received by MSM includes emotional and instrumental support provided by family. Perception of the partner notification program referred to in this study is how MSM view the partner notification program. All MSM informants felt the benefits of this partner notification program, namely steps to determine MSM's HIV status, breaking the chain of transmission, caring for the MSM environment, and making it easier to find community friends.

Moving step analysis showed that MSM began to develop positive attitudes and intentions to inform their partners after understanding the benefits and feeling supported. The risky behaviors referred to in this study are those that can increase the risk of HIV transmission. Informants first engaged in risky behaviors during junior high and high school with friends, family, and teachers. All informants engaged in anal sex, and MSM recognized that their behavior was very risky. In addition, some also engaged in oral sex, intercrural sex, and intermammary sex. Intentions regarding the partner notification program in this study refer to a person's desire or goal in using the notification program or feature that alerts or notifies MSM partners. MSM's

intention to become field workers was driven by their own desire to help other MSM who had not been reached by the partner notification program and by the principle of stopping the spread of HIV. The results of this study indicate that MSM initially could not accept their status as PLHIV and refused to undergo therapy. However, after learning more about HIV, they were able to accept it.

Rereezing step analysis identified MSM begin to communicate their partners publicly and make it part of their new habits or behaviors, such as HIV testing, therapy, medication, and access to healthcare. Furthermore, the "moving and lasting" stage in this study refers to the ability of MSM to maintain behavioral changes that have occurred over a long period of time, despite various challenges to returning to old behaviors. The results showed that MSM felt guilty when engaging in risky behaviors.

DISCUSSION

Based on informant characteristics, Men Who Have Sex with Men (MSM) have a diverse age range, ranging from 25 to 50 years, and come from various occupational backgrounds, including self-employed, private sector employees, and informal workers. This diversity reflects the variety of life experiences and social dynamics that influence their perspectives and behaviors.

These findings indicate that interventions to reduce risky sexual behavior in MSM need to take into account the diversity of age, occupational background, and life experiences of each individual. Outreach strategies for men who have sex with men (MSM) in partner notification programs demonstrate a highly contextual, cultural, and community-based approach. One of the primary methods identified in this study is a direct approach, such as picking up and accompanying MSM to health facilities for HIV testing. This reflects a form of instrumental social support that has been shown to increase MSM engagement in health services (4). HIV status notification strategies also vary. Some MSM choose to be open about their HIV status to serve as role models, demonstrating that someone living with HIV can still live a healthy and productive life. This approach contributes to reducing internal stigma and building solidarity (5). Conversely, others choose to conceal their status to persuade their partners to test together, a strategy seen as more persuasive in the context of interpersonal relationships.

All informants in this study demonstrated a good understanding of the role of partner notification, both in the context of HIV prevention and in efforts to build collective awareness for maintaining shared health. Informants stated that the main objective of this program is to reach out to the network of previous sexual partners to break the chain of HIV transmission and encourage them to undergo self-examination.

Partner notification programs have been shown to provide significant benefits for men who are sexually active (MSM), as reported by all informants in this study. The benefits of these programs have been recognized globally. According to research voluntary, community-based partner notification is an effective strategy for increasing early detection of HIV cases, accelerating treatment, and reducing transmission rates, particularly among key populations such as men who are sexually active (MSM) (6).

According to the results of this study, all informants had undergone HIV testing, initiated ARV therapy, taken their medications regularly, and accessed available healthcare services. This demonstrates a strong awareness and connection between MSM and the healthcare system. However, some informants expressed concerns regarding medication side effects and incompatibility with the ART regimen prescribed by their doctor. Common side effects of ART include gastrointestinal disturbances, sleep disturbances, and metabolic changes, which can significantly reduce quality of life and interfere with long-term treatment adherence (7).

MSM's persistence in HIV treatment is significantly influenced by various psychosocial factors. One such factor is feelings of guilt for not maintaining safe sexual behavior, which encourages them to remain engaged in ARV therapy. Furthermore, informants also expressed concerns that risky behavior during treatment could trigger drug resistance. This concern reflects a good understanding of the importance of treatment adherence. A study showed that perceptions of the risk of drug resistance were positively correlated with motivation to adhere to treatment and change to safer sexual behavior (8).

Overall, healthcare professionals also noted that another motivation driving men who are sexually active to continue taking medication is the fear of physical decline if treatment is delayed. This corroborates the findings that education about the medical consequences of delayed treatment is crucial in maintaining patient adherence to long-term therapy (9).

CONCLUSION

The findings revealed In the unfreezing stage (preparing for change), subjective norms of MSM indicate that social support from family, counselors, and health workers play a significant role in encouraging MSM readiness to participate in the partner notification program. In the moving stage (implementing change), MSM attitudes toward the partner notification program tend to be positive, as this program is considered beneficial for breaking the chain of HIV transmission, increasing awareness within the community, and making it easier for MSM to learn their HIV status and find the right community. In the refreezing stage (establishing a new status), MSM behavior shows positive changes, characterized by adherence to HIV treatment, the adoption of safer sexual behaviors, active involvement as field workers in assisting other MSM, and a moral responsibility to maintain their own and their community's health..

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Table: Summary of Factors Barriers And Enablers To The Implementation Of The Notification Program For Hiv-Positive Men Who Have Sex With Men (MSM) In Makassar City, Indonesia

