SEXUAL NETWORKS IN MEN WHO HAVE SEX WITH MEN IN RELATION TO HIV TRANSMISSION IN BALI

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INTRODUCTION

Background

✓ A serious crisis amongst men who have sex with men (MSM) and transgender in Bali and Indonesia reflecting the impact of unsafe sexual practices (Grierson, 2010).

✓ Ministry of Health IBBS (2011) has reported high proportion of unpaid anal sex 62.8%, always use condom at last sex with regular partner figure is between 11.0 - 38.1%.
HIV Prevalence: 27.3% amongst Transgender in Bali, these proportion higher than national figure: 24.4% (KPAP Bali, 2010).

Similar proportion national compare to Bali: Transgender (44% Bali), (24% National) dan Gay men (9% Bali) incident in a sentinel, Gatsu Denpasar (Dinkes Bali 2009)

Indication of concurrent partnership inside MSM and Transgender sexual network (YGD 2011)
Overage number of MSM sexual partner 2-5 person in a same time period (KPAN, 2010)

Condom use very low, in 71% of anal sex of MSM (KPAN, 2010)

Indication of MSM involvement in HIV epidemic potentially related to other group such as MARP and general population.
KEY PROBLEMS

✓ Unidentified sexual network components in MSM and transgender with in their sexual partners,

✓ Sexual Mixing – including preferred sexual partner based on sexual orientation among MSM and transgender within study location is not identified yet.

✓ Risks perception towards HIV and other sexual transmitted infection.

✓ Limited information regarding current sexual experiences including sexual behavior with various sexual partners.
Research Questions

1. How is the general situation and components that forming sexual network amongst MSM include transgender in Bali?

2. Is there any overlapping or mixing between MSM and Transgender with other core group in general population in the sexual network?

3. How is MSM and transgender risk perception in the context of HIV, STI related services?

4. How is sexual experiences and behaviors inside the sexual networks?
To explore sexual network of men who have sex with men including transgender in relation to their vulnerability of HIV epidemic in Bali.

Goal
Objectives

1. To gain information about general components which forming sexual network amongst MSM and transgender in Bali.

2. To gain information about sexual overlapping (sexual mixing) inside MSM and transgender sexual network with other sub-groups.

3. To gain information about risk perception in the context of HIV and STI

4. To gain information about qualitative evidences of sexual and health seeking behavior amongst MSM and transgender.
Discourse analysis is used as method to study sexual networks in this study.

Discourse is long conversation which gathered from informant to explore information regarding characteristics of sexual networks, MSM perception, behavior and sexual experiences of this sub population in relation to HIV epidemic in Bali.
Approach in Methods

In-depth interview and focused group discussion (FGD) to collect data, has conducted to gain information.

Snowballing approach

Purposive sample – selected to gain “rich information cases” (Malterud, 2001)

Sampling size is flexible, following sutured data needed (Malterud, 2001).

Participants of this study were MSM and transgender community from district of Badung, Gianyar, Buleleng and City of Denpasar.
Kabupaten Buleleng, Kabupaten Gianyar, Kabupaten Badung, Kota Denpasar

(district of most location of MSM and Transgender)
Data Collection Technic

- By In-depth interview and FGD
- Interview implement in the setting that informant feel confort and safe
- 4 person msm and 4 ransgender - snowballing.
- 4 group FGD, include serronegative MSM, serronegative transgender, and 2 serro positive group
- FGD and Interview has recorded
Data Analyzis Technic

- Thematic analysis of transcribed interview, dan FGD result.
- Validated by triangulation, member checking and peer debriefing (Mays & Pope, 2000).
- Increase the data quality by comparing previous researchers.
Presentation of Result

- Presented as narrative
- Themes created base on data, described as a quote from interview and FDG, which has written in previous transcription.
- Themes interpreted using evidences by previous researchers.
- Supported or contradicted theory use as references.
ETHICAL CLEARENCE

✓ Ethical Clearance from Medical Faculty UNUD

✓ *Informed consent* pre - post interview and FGD

✓ Identity of participants all confidential
Result

Research Informant Profile:

✓ 4 LSL (Gay) and 4 Transgender in Kabupaten Buleleng

✓ 4 LSL (Gay) and 4 Transgender in Kabupaten Gianyar

✓ 4 LSL (Gay) and 4 Transgender in Kabupaten Badung

✓ 4 LSL (Gay) and 4 Transgender in Kota Denpasar

(all of the informant are sexual active)
Informant participating in the FGD

- 1 group of MSM: 10 person, Kabupaten Buleleng
- 1 group Transgender: 15 person Kabupaten Buleleng
- 1 group MSM (seropositive): 5 person from KDS in Denpasar city dan District of Badung
- 1 group transgender (seropositive): 9 person from KDS in Badung and Denpasar city

All participant are sexual active
HIV NOW SPREADS FASTEST IN MARRIAGES.

HERE’S THE REASON WHY.
Sexual Partner Number

- Most of the respondent have more than 2 sexual partner
- MSM and Transgender CSW tend to have significant higher number of sexual partner
Sexual partner’s numbers

- “Numbers of my regular partners is two people. Casual partners are more than 10. Some are husband of other people, 3 people; and those who has one other fiancée is one people.” (CSW-Waria/R2/Badung)

- “During this year I have two sexual partners, one is my regular partner, the other is my casual partners. My current partner have been together with me for 1 year and 2 months, whilst the other is two months. … “(LSL /R3/GIA)

Range sex worker’ sexual partners are 1-7 every night, or 40 clients within one month. One respondent openly said that he/she has more than 100 clients within 1 year. Most of MSM admitted to have more than one concurrent partners, although they are not sex workers.
Mc Pherson et.al., (2001) Sexual mixing impacting the increase of STI including HIV related to Gonorrhea cases in the population. This implication can be explain mathematically (Renton et.al., 1954).
Age Sexual Mixing

*“My partners ... ( ) ... I prefer older person... especially those who has wife or have been divorced (LSL-ODHA/R8/FGD/DPS)*

It is important to understand that age mixing is contributing to HIV epidemic. Younger person would be more at risk to HIV in comparison to older man, since sexual mixing I increasing one vulnerability (Choi et.al., 2003).
Ethnic Sexual Mixing

- “… ( ) my partners …. Are from Java, Jakarta, Bali, Sulawesi or others … (LSL/R1A/DPS)

Bali as travel destination has various impact on economy, culture, ecology, social, and health including sexual health. Within this context, sexual mixing among ethnic or different nations is happened.

Sexual contact amongst MSM and Transgender in between different nations, several ethnic background as well coloring the MSM sexual networks in Bali.
Risk Factor Sexual Mixing

- “Partners … the second and the third, they are ‘kucing’ or sex workers” (LSL/R1/GIA)

- “the first partners was using injecting drugs, … (LSL/R1/GIA)

Sexual mixing between sexual risk has happened (MSM and male sex workers, MSM and injecting drug users, MSM and female sex workers)

Sexual mixing among individual with risk factors like this is significantly impact in epidemic within general population (UNAIDS, 1998a, Morris, 1997a).
Sexual mixing among sexual orientation unique phenomenon in MSM and transgender sexual networks in Bali.

Sexual network is happened because sexual mixing and frequency of promiscuity among MSM with all sexual orientation: heterosexual, homosexual, and bisexual (Toan et.al., 2010).
Regular Partners and Casual Partners

- “I have regular partners but I also like to find other sexual partners, here and there. My partners also the same. When we are not together we also try to find other people…” (LSL ODHA/R/FGD/KDS)

Ministry of Health Republic of Indonesia (IBBS 2007), report that one third of MSM proportion is having regular male partners and 16% report that they have female sexual partners and 22% of their regular partners has another partners.
Serro-Discordan and Serro-Concordan

“ My experience before my status as PLWHA, I use to not use it, sometime I use kondom some time I didn’t . After I knew my HIV positive status, since that time I always use (kondom) with my partner or the other … as he is negative (HIV negative) … ( ) … “ (LSL/R4/FGD/KDS/SRJ)

“When he knew himself HIV positive, he always doubt to open his status to his partners, particularly to his wife, but in some time he told his HIV negative wife … “ (LSL/R/FGD/KDS)

✓ Creating social dilemmatic condition: love vs disclosure, stigma and discrimination

✓ Johnson et.all. (2008) avoiding serro-discordant sexual relationship is an effective choice to control HIV transmission.
Concurrent Partnership within Sexual Networks

- “I have regular partners but I also like to find other sexual partners, here and there. My partners also the same. When we are not together we also try to find other people…” (LSL ODHA/R/FGD/KDS)

Most of MSM and transgender admit that they conducted the promiscuity behavior just for fun, or just to fill the gap while they do not have partners.

One monogamy couple might exposed with HIV not because of his behavior, but because of concurrent partners. Therefore, research in the future need to include couple. (Morris, 2009).
Concurrent Partnership vs Serial Monogami 
(Morris, et al. 1992)
Sexual Motive within Sexual Networks

- Sexual network is formed by various of its individual member motives (Charles L. Christen, 2010).

- Some motives that often happened within the form of sexual network that are found within this study are as follows:
Economic Motives

- “I think it is also because of money, also because I am alone, so there is needs… Secondly I need to collect money … (LSL/R2B/DPS)
- It is common among transgender sex workers, they can have 5 or 8 … its common…. It is their profession, even though they are very underpaid, no problem for them … (LSL/R/FGD/KDS/DPS)

The need of money and poverty is one motive of one MSM to have sex with many partners and for male sex workers to find money. Stephane Helleringer and Hans-Peter Kohler (2007), : size of sexual networks within one geographic area will be various depend on community socioeconomic and economic status.
Social and Cultural motives made homosexual men marrying women. In conservative religious teaching, MSM and transgender is considered rubbish of the community, causing infectious diseases, abnormal, not natural, source of curses, or mentally ill. (Ariyanto and Triawan, 2008).
Migration Motive

- “My first partner come from Surabaya, the second is from Karangasem and the third is from Banyuwangi … (LSL/R1B/GIA)

- “First regular partner is from another country … ( ) … other partner is from Banyuwangi” (R4/LSL/Bdg).

- Changes and movement of community which cause changes in community composition in urban cities is the background of population growth in the cities and increasing number of sex workers and increasing incidences of sexual transmitted infections. (Doherty et. al., 2005).
Personal Motives

“As there I found sexual satisfaction, with transgender more intimate and I enjoy it … “

(MLSR/RLA/R3A/DPS)

There are some personal motive as the unit of the component forming Sexual Network, it is base on personal objectives and individual choice. Sexual choice is a continuum process. Kinsey (1953)
Discussion and Reflection

- A complex Sexual Network amongst MSM and transgender is exist in Bali.

- Some determinant influence the sexual network include: social, cultural, politic, health and space that available for this sub-group.
• All of those determinant related and influence each other creating sub-component to form sexual networks components.

• Those components that this study classify are: sexual partners numbers, sexual mixing, sexual motives, casual-regular partner and concurrent partnerships.
Most influencing components form sexual networks are number of sexual partners, tendency of sexual networks to be bigger if the number of sexual partners is bigger from various background.

One component or others that form sexual networks is related one to another, although within this study we can not draw the exact relationship statistically. For example, the bigger sexual partners will encourage concurrent partnership with various motives of sexual, including economic and culture.

Concurrent partnership within sexual network then follow by sexual mixing with age and sexual orientation are also noted.
Components which forming sexual network in Bali amongst MSM and Transgender are: sexual partner numbers, sexual mixing, concurrent partnership, casual and regular partners and sexual motives:
The biggest influence to the epidemic in Bali is serro-discordant sexual mixing in sexual network.

Serro-discordant sexual mixing cold be happen between sub-group, including different sexual orientation.

This phenomenon can be “the bridge” to general epidemic in Bali.

Very various stigma and discrimination related to MSM whom also has HIV infection that will lead to MSM people that unlikely to open their HIV status to their sexual partners.
Research Weakness

- Can not generalize
- Can not measure proportion
- Only a snap shot of narrative
- Sexual mixing significantly increasing epidemic trend, but could not able to measure quantitative figure of sexual network in increasing HIV incidence in to general population
Conclusion

1. Sexual networks dynamic in MSM and transgender community in Bali is influenced by social determinants, economic, cultures, politics and its components.

2. This study revealed wide ranges of components of sexual networks in MSM and transgender community.

3. Sexual Network component include number of sexual partners, sexual mixing phenomenon which was formed by age, ethnic, sexual orientation, risks behavior groups and HIV status in MSM and Transgender in Bali.
Conclution

4. The presences of concurrent partnerships, regular and non-regular partners, including various sexual motives within the sexual networks were also various.

5. Good level of HIV and STIs knowledge and perceived risks are not necessarily in line with safer sex practices.

6. Poor health seeking behavior and unsafe sexual experiences among MSM and transgender community in Bali might increase their vulnerability to HIV transmissions within the existing sexual networks.
Thanks you