

Psychological Responses and Coping Mechanisms of Gay Men in Adapting HIV/AIDS: A Qualitative Study

Malianti Silalahi^{1,*}, Nurlaila Fitriani²

¹Psychiatric Nursing, Universitas Kristen Krida Wacana, Jakarta

²Mental Health Nursing Department, Faculty of Nursing, Hasanuddin University Makassar

*corresponding author: malianti.silalahi@ukrida.ac.id

Received January 9, 2024

Revised February 7, 2024

Accepted February 21, 2024

Available online February 28, 2024

Abstract

Aims: This study explores the psychological responses and coping mechanisms employed by gay men in adapting to HIV/AIDS.

Methods: This research is qualitative research with descriptive methods. The sample was taken using a purposive sampling technique with inclusion criteria, namely: gays who were declared positive for HIV/AIDS as proven by a doctor's statement stating that they were positive for COVID-19, were undergoing medical treatment both inpatient and outpatient, had experience interacting with nurses when undergoing treatment. This study involved four key informants to recruit potential participants who meet the inclusion criteria. Data analysis involved thematic analysis.

Results: 14 participants were included. Four themes emerged: (1) anxiety and stress arising from interpersonal conflicts post-diagnosis, (2) diverse stages of the grieving process, (3) feelings of helplessness confronting the reality of HIV/AIDS, and (4) utilization of problem-solving coping mechanisms as a means of acceptance.

Conclusion: The study emphasizes the importance of empowering gay men with HIV/AIDS by facilitating access to healthcare and social support. Empowerment enhances their ability to leverage internal resources to manage the disease, ultimately aiding them in leading more fulfilling lives.

Keywords: coping mechanism, gays, HIV/AIDS, psychological responses, qualitative research

Introduction

In Indonesia, gay people are still considered taboo and considered a deviation, which can be proven by the lack of recognition of their existence. Gay is a behavior where men have sexual interests and want to have relationships with other men. Gays tend to hide their sexual orientation when using health services for fear of stigma and negative judgment from health workers (Connolly & Lynch, 2016). The research results reveal that Gays need time and a process to feel comfortable disclosing their sexual orientation to health workers (Silalahi, 2019).

Gays are very vulnerable and at high risk of contracting HIV/AIDS. Risky sexual behaviors such as having multiple partners and engaging in anal sex without using condoms are the main reasons why gay men are at high risk of contracting or being infected with HIV/AIDS (Silalahi et al., 2019). An increase in the number of gays

could risk increasing the number of HIV/AIDS sufferers in the world and in Indonesia because gays with HIV/AIDS are at greater risk of experiencing a decline in health compared to heterosexuals (Gonzales & Henning-Smith, 2017).

Globally, HIV diagnoses among gays increased by 25% from 2010 to 2019 (Ayala & Spieldenner, 2021). According to data from the CDC (Centers for Disease Control and Prevention), in 2016 in America, two-thirds of the number of new HIV sufferers (50 thousand) were gay (National Center for Health Statistics, 2017). The Indonesian Ministry of Health (Kemenkes) reported in 2017 that the increase in gays in Indonesia suffering from HIV/AIDS had reached 28% and had increased to 28.5% in the January- June 2022 period (Kemenkes, 2021). As the number of HIV/AIDS sufferers increases, Indonesia's health status will decrease.

Based on the worrying data above, special treatment is needed to control the number of HIV/AIDS sufferers among gay people. One of the obstacles faced in reducing the number of HIV/AIDS sufferers in Indonesia is that only a small number (only around 50%) of HIV/AIDS sufferers visit health services to receive treatment. The low awareness of gays with HIV/AIDS in using health services will, of course, have a big impact on increasing disease transmission and decreasing health conditions (Ayu, 2014). The ability to accept health conditions is considered to be a facilitator that plays an important role in increasing the use of health-related to HIV/AIDS (Liboro et al., 2021). Gays experience stress throughout their lives, but the worst stress arises when they are diagnosed with HIV (Handayani et al., 2019). Health services that can help gay people with HIV/AIDS to accept the health conditions they experience can help to increase health care use.

The reason why gay people with HIV/AIDS do not use health services to treat the disease they suffer from is the feeling of intimidation and differences in services they receive from health workers in dealing with and fulfilling their desired care needs because of their gender identity (Zeeman, Aranda, Sherriff, & Cocking, 2017). Gay people with HIV/AIDS experience double stigma related to their disease and sexual orientation (Chen et al., 2019). The stigma, homophobia, and discrimination experienced by gay people result in various physical and mental health problems, which can certainly influence whether they will seek and receive high-quality health services to treat their illnesses (Centers for Disease Control and Prevention et al., 2020). The stigma and discrimination experienced by gay men with HIV/AIDS can cause various psychosocial problems (Handayani et al., 2019).

Gay men with HIV/AIDS need good coping mechanisms to deal with various stigma and discrimination (Handayani et al., 2019). Each gay man with HIV/AIDS has different abilities in dealing with stress and problems related to stigma, which will certainly affect their psychological well-being. The results of the study revealed that there was a decrease in quality of life and self-intimidation felt by gay men with HIV/AIDS, which could worsen their health (Slater et al., 2015).

Until now, there are still no more specific nursing care standards in providing nursing care to gays with HIV/AIDS, which are designed to meet the needs of gays with HIV/AIDS in receiving care. A study has been conducted on the expectations of gay men with HIV related to nursing in Indonesia. The results of the study found that attitude, knowledge, and communication are the main problems that impact nursing care for gay men with HIV/AIDS. Nurses should pay attention to their attitude, nonverbal communication, and cultural values when providing care to gay men with HIV/AIDS (Silalahi et al., 2019). The psychological condition of gays when

they are first diagnosed with HIV/AIDS and the coping mechanisms used are things that nurses must know because they can be basic data in making appropriate nursing interventions according to the patient's needs and condition. This research will provide important and interesting information that nurses and nursing education schools can use to improve the quality of nursing care, as well as develop nursing interventions, especially for gay people who have HIV/AIDS. Therefore, it is necessary to conduct research to explore the psychological responses and coping mechanisms of gay people in adapting to HIV/AIDS.

Methods

This research is qualitative research with descriptive methods. This study is a qualitative research using a descriptive method. Qualitative description is a type of research that aims to provide factual information about how people feel and why they use something, who uses the service, and what factors facilitate and hinder its use. The approach used in this research method is not a matter of accuracy but rather a logical reasoning process that is needed to produce a conclusion (Colorafi & Evans, 2016). The sample was taken using a purposive sampling technique with inclusion criteria, namely: gays who were declared positive for HIV/AIDS as proven by a doctor's statement stating that they were positive for COVID-19, were undergoing medical treatment both inpatient and outpatient, had experience interacting with nurses when undergoing treatment. This study involved four key informants to recruit potential participants who meet the inclusion criteria. The main key informant was from the Kasih Suwitno Foundation, an NGO that assisted the researcher in recruiting three other key informants. These three key informants were counselors from NGOs that collaborate with three hospitals where potential participants were undergoing HIV treatment. A total of 15 potential participants were identified through interviews with all key informants. During the research explanation and re-validation process with the 15 potential participants, one participant was deemed ineligible based on the predetermined inclusion criteria. Data saturation was achieved with the 13th participant, but an additional participant was included to ensure data validity, bringing the total number of participants to 14.

The data collection process in this study was conducted in several stages, namely The Preparatory stage (permission). This stage involved obtaining permission from the relevant authorities to conduct the research. Implementation stage (in-depth interviews, observation, and field notes): This stage involved conducting in-depth interviews with participants, which were recorded for 26-75 minutes. Observations were also conducted to assess attitudes, facial expressions, and non-verbal language. Field notes were taken to document the research process and findings. Closing stage (summarizing, clarifying, and withdrawing): This stage involved summarizing and clarifying the interview results with the participants. Participants were also allowed to withdraw from the study at any time. This is conveyed when the researcher provides information and obtains informed consent from participants regarding their willingness to participate in this research.

Data analysis in this study used thematic analysis according to (Braun & Clarke, 2014) which consists of six stages, namely introducing data, coding, looking for themes, reviewing potential themes, defining and naming themes, and then writing. All information collected about the participants during the research will be kept confidential, using a password will be used to access each piece of information. Interview recordings will be stored for five years and then all data will be destroyed. To simplify the research process, each participant is given a code which is an

illustration of the research serial number, where the codes used are P1 to P14. This research has been declared to have passed ethical review with ethical pass number No.95/UN2.F12.D/HKP.02.04/2018.

Results

There were 14 participants in this study, all of whom met all the predetermined inclusion criteria. The age of participants in this study was 22-53 years. The educational levels of the participants also varied, three people were high school graduates, one person was a Diploma-3 graduate, eight people were Bachelor graduates, one person was a Masters (S-2) graduate. The marital status of all participants is known to be unmarried (Table 1).

Table 1. Participant Characteristics

Initials	Age (Years)	Education	Duration HIV/AIDS
P1	32	Bachelor	6 years
P2	22	Senior High School	6 months
P3	52	Bachelor	24 years
P4	40	Bachelor	8 years
P5	27	Bachelor	7 months
P6	23	Bachelor	3 years
P7	38	Masters	5 years
P8	50	Bachelor	2 years
P9	39	Diploma-3	7 years 6 months
P10	49	Bachelor	2 years
P11	49	Bachelor	8 months
P12	53	Senior High School	5 years
P13	25	Senior High School	1 year
P14	29	Senior High School	1 year 6 months

This research produced four themes, namely anxiety and stress arising from interpersonal conflicts post-diagnosis, diverse stages of the grieving process, feelings of helplessness confronting the reality of HIV/AIDS, and utilization of problem-solving coping mechanisms as a means of acceptance (Table 2). The first theme is anxiety and stress arising from interpersonal conflicts post-diagnosis. Intrapersonal conflict is the first conflict experienced by gays when they are declared positive for HIV/AIDS. In this study, quite interesting things were found from the results of the interviews, where almost all participants in this study revealed that they had experienced intrapersonal conflicts but focused more on HIV/AIDS. Some of the intrapersonal conflicts experienced by gay people with HIV/AIDS range from feelings of confusion, fear, feeling shaken, not needing to be known by their parents, and feeling inner pressure to feeling tired because they have to keep covering up. This was expressed by several participants as follows:

...just confused (sad facial expression), what should I do, who do I want to tell, friends too, indeed friends, if for example they knew I was like this, people's perceptions could be different, right...(P6, 2)
...Actually, I want to tell my boyfriend... actually, I am also tired, so what's the point of covering it up and I am also tired... (P6, 4)
...so at that moment I felt shaken, but I didn't cry...(P5, 59)
...I initially wanted to tell my parents, but then I thought, why would my parents know... it's just to increase my parents' minds... (P5, 2)
...if we are open, how are we better... the pressure inside is greater, yes, if we think about it ourselves we get dizzy too...(P12,26)

...all this time I have been sick like this, no one in my family knows if I have HIV. I am afraid they'll be stressed, shocked like that, that's why I don't dare... (P12, 20)

Table 2. Summarize the Theme

Theme	Category	Keywords
Anxiety and stress arising from interpersonal conflicts post-diagnosis	Anxiety	Confused about what to do Tired of covering up all the time."
	Stress	Inner pressure-fear Feelings of shock-parents don't need to know
Diverse stages of the grieving process	Denial phase	Shock (denial phase) Shaken Hit hard
	Anger phase	Judge God
	Bargaining phase	Hope God will give time to fix it If I could choose, I would not have done what I did
	Depressive phase	Frustration Want to die
	Accepted phase	Never mind
Feelings of helplessness confronting the reality of HIV/AIDS	Confused	Confused
	Frustrating	Do not know what to do. Don't know how to handle it.
Utilization of problem-solving coping mechanisms as a means of acceptance.	Coping mechanisms	Don't be like a sick person. Revive Will open Must be happy

The second theme is the diverse stages of the grieving process. There are five stages in the grieving process identified among the participants, namely rejecting/remembering, anger, bargaining, depression, and acceptance. Apart from intrapersonal conflict, grief is also something that gay people cannot avoid when they are diagnosed with HIV/AIDS. HIV/AIDS is a disease that is still considered very scary and deadly. The feelings of grief experienced by gay people are expressed differently depending on the phase they are experiencing. Shock, judging God, hoping that God will give him time to correct mistakes, frustration, and even acceptance are some of the conditions experienced by gay people when experiencing the grieving stage, which is conveyed as follows:

...the results turned out to be reactive, I was really shocked there... (P2, 8)
...honestly shocked, sad, devastated... I felt alone, at that time I was in Jakarta alone, so it felt hard... (P14, 2)

...I was at a loss and was judging, yes, judging God, why am I like this...(P8, 1)
... I hope that God can still give me a long life to be able to correct the mistakes I
have made (eyes teary, voice shaking) ... (P11, 17)
... I am really frustrated... how long will I live... (P2, 72)

...but yeah, I am sick now... (P10, 83)

The interesting thing that was found in this research was that there was one participant who actually felt guilty about his condition, so there was a feeling of regret for the stupidity he thought he had done in the past by behaving as gay. This was expressed by participants as follows:

...that's a quote from my regret and stupidity that I got this disease...(P11, 10)
... if I could choose, I would not do what I did...(P11,18)

The third theme is feelings of helplessness confronting the reality of HIV/AIDS. The grieving phase that is not resolved often results in the emergence of a condition that threatens to reduce the physical and mental health of gay people with HIV/AIDS. One of the conditions that arise in gay people with HIV if the grieving phase has not been resolved properly is helplessness. Helplessness is a condition of feeling helpless and feeling that everything you do will not be successful. Some of the feelings of helplessness expressed by 3 out of 14 participants were a state of confusion and ignorance. This is expressed as follows:

...at that time, my girlfriend died, then after that, I didn't know like... uh... I was
just confused (sad facial expression), what to do, who would I tell, my friends
too, indeed my friends, for example, if they knew I was like this, people's
perception wouldn't be? It could be different, right... (P6, 2)
...I have this disease, I also don't know how to treat it... (P11, 10)
...we also don't know (voice shaking, teary eyes)..what to do...we also don't
want to get like this, we don't know (crying),...because everyone is different... (P
11, 13)

The fourth theme is the utilization of problem-solving coping mechanisms as a means of acceptance. Intrapersonal conflict, mourning, and helplessness are conditions which of course give rise to different coping mechanisms in gay people with HIV/AIDS in accepting their condition. In this study, all participants revealed that planful problem solving was the most appropriate coping mechanism for them in accepting the HIV/AIDS disease they were experiencing, such as not wanting to look like a sick person, trying to get back up, being open, and always trying to be happy. This was revealed through the following interview results:

...I can't be like a sick person.. I don't want to be pitied... (P7, 23)
...I got up again to live a better life in the future... (P8, 76)
...we really can't be upset...we can't be sad, because our CD4 has to go up like
that, right...we have to be happy... (P2, 98)
...I will be very open.. because I am already like this, why should I cover it up?
I want to get better, just ask whatever you want to ask...(P11, 35)
...what do people want to say about me... I am open... it's useless for me to cover
it up, there's no benefit anyway, right? Being open doesn't make it too much of
a burden for me that I am gay... (P14, 22)

Discussion

Psychological responses and coping mechanisms are the responses experienced by gay people with HIV/AIDS in the process of accepting the disease, as well as the coping mechanisms used when adapting to the conditions experienced. Some of the psychological responses found in this research were intrapersonal conflict, mourning, and helplessness. Intrapersonal conflict is a conflict that occurs in a person because of incongruence in desires, needs, and reality which becomes a clash (Bazezew & Neka, 2017).

The intrapersonal conflict that occurred among participants in this study was a clash between values and needs experienced when they were diagnosed with HIV/AIDS. The conflicts and values believed by the participants in this research are the values that state that HIV/AIDS is a disease that needs to be kept secret from family or those closest to them because it is thought that it will not solve the problem but will actually increase the burden on the family. Some of the intrapersonal conflicts experienced by participants in this research were feelings of confusion, feelings of tiredness having to cover up their illness, feelings of shock, inner depression, and fear when they were declared positive for HIV/AIDS. There is a reluctance experienced by gays in disclose their HIV/AIDS status and they tend to avoid anything related to HIV/AIDS because of the stigma they receive from the environment (Jeffries et al., 2015).

In this research, all participants focused more on intrapersonal conflicts due to the HIV/AIDS disease they experienced. Men who are gay already experience intrapersonal and interpersonal conflicts related to their sexual orientation (Connolly & Lynch, 2016). So this is quite interesting information, where the results of the research did not find any specific participant statements stating that there was an intrapersonal conflict they experienced as a result of their current gay status. This might happen because there is a condition of complete self-acceptance in gays who experience HIV/AIDS regarding their sexual orientation, this is evidenced by one of the participants who said, *"Well, never mind, just leave it like that, right... it's up to them whether they care whether I am gay or not."* and another statement expressed by another participant who stated that there was self-acceptance for gay people was *"automatically the office people will ask who is it? He is my partner."* Gay self-acceptance is a condition of having a better meaning of life than the previous life and can usually determine attitudes in dealing with the conditions being experienced (Burhan et al., 2015). The initial condition when diagnosed with HIV/AIDS is a condition that can shake the psychology of the person experiencing it, so of course they really need support from the people around them, both family and those closest to them. Family support plays a role in overcoming the psychological responses of patients with HIV/AIDS (Sukartini et al., 2016).

Apart from intrapersonal conflict, participants also expressed a grieving process in accepting the illness they experienced. The grieving conditions experienced by participants in this study were in different phases, but overall they describe the five phases of the grieving process according to the Kübler-Ross model (1969). In this study, the conditions of grief experienced by participants were a state of shock, judging God, hoping that God would give them time to correct the mistakes they had made in the past, feelings of frustration, and a feeling of sincerity and acceptance of the HIV/AIDS disease they were experiencing.

The grieving process, according to the Kübler-Ross model, is grouped into five phases, namely denying/remembering, anger, bargaining, depression, and

acceptance (Zeligman & Wood, 2017). The denial/deny phase is a reaction of someone who has experienced a loss and will usually appear shocked, disbelieving, or rejecting. In this study, accepting the reality of being declared HIV positive is something that is quite difficult to do, this is proven by the feeling of shock that was the first response when participants were first informed of being infected with HIV. This is also in accordance with research, which states that there is a rejection made by patients when they are first diagnosed with HIV (Vitriawan et al., 2007). In this research, anger was also one of the conditions experienced by participants in accepting HIV/AIDS. Anger is a phase in the grieving process that arises because there is an awareness of the fact that a loss has occurred. In this research, the phase of anger shown is judging and judging God because of the conditions being experienced. This is one of the coping methods that individuals use to cover up their disappointment due to the feeling of loss of their health so far.

Bargaining is a phase that occurs after the anger phase has passed. In this research, the bargaining phase was carried out with God to give him time to make amends for past mistakes. Bargaining is a condition of trying to find hope by comparing every condition that has been experienced so that it can delay or prevent loss. After going through the bargaining phase, the depression phase was one of the phases experienced by the participants in this study. The depressive phase is a condition indicated by withdrawal, not wanting to talk, expressing hopelessness, and feelings of worthlessness. In the depression phase, gay people with HIV/AIDS already understand the certainty of death, which can cause a person to become silent, withdraw, and spend much time crying and grieving. The depression phase experienced in this study shows that HIV/AIDS is a very frightening problem because it is often overshadowed by death. The depressive phase is a condition most often experienced by someone living with HIV/AIDS and is usually caused by the belief that HIV/AIDS is the end of life (Eller et al., 2014). The final phase of the grieving process contained in this research is a phase of acceptance of HIV/AIDS. The acceptance phase is the final phase of the grieving process, which was also experienced by the participants in this study. The acceptance phase is a condition of accepting the reality of the loss experienced. This phase occurs when a person is able not to give up on conditions and looks for new hope regarding the continuation of the life that must be lived.

A grieving condition that is not resolved properly can result in the emergence of a condition that threatens a decline in health, especially the psychological condition of gay people with HIV/AIDS. This condition is thought to have occurred because the two participants in this study had not resolved their grief, resulting in a condition of helplessness. Helplessness is a condition in which a person feels unable to withstand all the painful and uncomfortable things they are experiencing (Azari, 2020). Participants in this study experienced the same condition, namely a feeling of not being able to control the situation that occurred which impacted behavior such as not wanting to continue treatment. The helplessness experienced by participants in this study was a response to the stressor they faced, namely being diagnosed with HIV, but because of feelings of inability to face the stressors that were present, helplessness finally occurred. Each individual's ability to deal with stressors is different and also depends on the size of the stressor they receive. In this study, participants who experienced helplessness experienced more stressors than other participants, namely the condition of being left by their boyfriend because he died.

The intrapersonal conflict, grief, and helplessness experienced by gay people diagnosed with HIV are conditions that certainly require a coping mechanism to

overcome them. A coping mechanism is an effort a person makes to solve a problem directly, which is a form of defense to protect themselves. Everyone uses coping mechanisms to respond to the conditions or problems they experience. Coping mechanisms for gay people with HIV/AIDS to adapt to the disease they suffer from requires unique coping mechanisms in dealing with every pressure and other psychosocial problems (Handayani et al., 2019).

The coping mechanism in this research that was widely used by participants in dealing with various conditions was problem-focused coping. Problem-focused coping is a problem-centered coping mechanism that aims to reduce stress originating from situational demands by developing the resources available to overcome them (Priharwanti & Raharjo, 2017). Several things related to problem-focused coping are confrontational coping, seeking social support, planful problem-solving, and positive reappraisal. Based on the results of interviews conducted in this research, the majority of participants used planful problem solving as a coping mechanism in accepting the illnesses and conditions they were experiencing, namely tending to try not to look like a sick person, trying to get up, being open to the conditions they were experiencing, and always trying to be happy in life. Go through it all. Planful problem solving is an effort made by an individual to reduce the pressure felt by changing the situation and solving the problem.

Limitations

This research was conducted in Indonesia, so the research results may not be generalized to other countries. Despite its limitations, this study still contributes to global nursing practice. This research can be the basis for subsequent, larger, and more comprehensive research.

Contribution to global nursing practice

This research contributes to global nursing practice by providing a better understanding of the psychological responses and coping mechanisms of gays with HIV/AIDS. This research shows that gay people with HIV/AIDS experience a variety of psychological responses, including intrapersonal conflict, grief, and helplessness. This research also shows that the coping mechanism that is often used by gay people with HIV/AIDS is problem-focused coping. This coping mechanism aims to reduce stress originating from the demands of the situation by developing the resources available to overcome it. A better understanding of the psychological responses and coping mechanisms of gays with HIV/AIDS can help nurses provide more effective and holistic care. Nurses can help gay people with HIV/AIDS to identify and understand the psychological responses they experience, develop healthy coping mechanisms, and improve their quality of life.

Conclusion

Gay people with HIV/AIDS experience various psychological responses and coping mechanisms in the process of accepting the disease. Some of the psychological responses found were intrapersonal conflict, mourning, and helplessness. The intrapersonal conflict that occurs is a clash between values and needs experienced, namely values that state that HIV/AIDS is a disease that needs to be kept secret from family or those closest to you. The helplessness experienced is the individual's perception that the actions taken will not influence or produce results. The coping mechanism that is often used by gay people with HIV/AIDS in dealing with various conditions is problem-focused coping. This coping mechanism aims to reduce stress originating from the demands of the situation by developing the resources available to overcome it. Accurate and comprehensive information can help gay people with HIV/AIDS to understand the condition they are experiencing and reduce feelings of

fear and helplessness. Empowering gay people with HIV/AIDS to access health services and social support can help gay people with HIV/AIDS develop the resources they need to deal with the disease. It is hoped that these recommendations can help gay people with HIV/AIDS to live better and better lives.

Author Contribution

All authors have accepted responsibility for the entire content of this manuscript and approved its submission.

Conflict of interest

The authors declare no conflict of interest.

Acknowledgment

The researcher would like to thank all those who have supported this research.

References

- Ayala, G., & Spieldenner, A. (2021). HIV Is a Story First Written on the Bodies of Gay and Bisexual Men. *American Journal of Public Health, 111*(7), 1240–1242. <https://doi.org/10.2105/AJPH.2021.306348>
- Ayu, P. R. R. (2014). Efektifitas United Nations Programme on HIV and AIDS (UNAIDS) Menangani HIV/AIDS di Indonesia Tahun 2009-2012. *Jom FISIP, 2*(1), 1–10.
- Azari, A. A. (2020). Pengalaman Psikologis Ketidakberdayaan Post COVID-19 di Jember (Studi Kasus). *Medical Jurnal of Al Qodiri, 5*(2), 7. https://doi.org/10.52264/jurnal_stikesalqodiri.v5i2.41
- Bazew, A., & Neka, M. (2017). Interpersonal Conflicts and Styles of Managing Conflicts among Students at Bahir Dar University, Ethiopia. *Journal of Student Affairs in Africa, 5*(1), 27–39. <https://doi.org/10.14426/jsaa.v5i1.2480>
- Braun, V., & Clarke, V. (2014). What can “thematic analysis” offer health and wellbeing researchers? *International Journal of Qualitative Studies on Health and Well-Being, 9*, 9–11. <https://doi.org/10.3402/qhw.v9.26152>
- Burhan, R. F., Fourianalistyawati, E., & Zuhroni, Z. (2015). Gambaran Kebermaknaan Hidup Orang Dengan Hiv/Aids (Odha) Serta Tinjauannya Menurut Islam. *Journal Psikogenesis, 2*(2), 110–122. <https://doi.org/10.24854/jps.v2i2.46>
- Centers for Disease Control and Prevention. HIV Surveillance Report, 2018 (Updated); vol.31. <http://www.cdc.gov/hiv/library/reports/hiv-surveillance.html>. Published. Accessed 29 January 2024
- Chen, L., Guo, Y., & Shi, J. (2019). Social Support Seeking on Social Media among Chinese Gay Men Living with HIV/AIDS: The Role of Perceived Threat. *Telemedicine and E-Health, 25*(7), 655–659. <https://doi.org/10.1089/tmj.2018.0136>
- Colorafi, K. J., & Evans, B. (2016). Qualitative Descriptive Methods in Health Science Research. *Health Environments Research and Design Journal, 9*(4), 16–25. <https://doi.org/10.1177/1937586715614171>
- Connolly, M. P., & Lynch, K. (2016). Is being gay bad for your health and wellbeing? Cultural issues affecting gay men accessing and using health services in the Republic of Ireland. *Journal of Research in Nursing, 21*(3), 177–196. <https://doi.org/10.1177/1744987115622807>
- Eller, L. S., Voss, J., Chen, W., Chaiphibalsarisdi, P., & Ipinge, S. (2014). *AIDS Care : Psychological and Socio-medical Aspects of AIDS / HIV Depressive symptoms , self-esteem , HIV symptom management self-efficacy and self-compassion in people living with HIV. April 2015, 795–803.*

- <https://doi.org/10.1080/09540121.2013.841842>
- Gonzales, G., & Henning-Smith, C. (2017). Health Disparities by Sexual Orientation: Results and Implications from the Behavioral Risk Factor Surveillance System. *Journal of Community Health, 0*(0), 1–10. <https://doi.org/10.1007/s10900-017-0366-z>
- Handayani, Y., Susanti, H., & Mustikasari. (2019). The self-esteem of gay men with HIV/AIDS in social adaptation. *Enfermeria Clinica, 29*, 874–878. <https://doi.org/10.1016/j.enfcli.2019.04.132>
- Jeffries, W. L., Townsend, E. S., Gelaude, D. J., Torrone, E. A., Gasiorowicz, M., & Bertolli, J. (2015). HIV stigma experienced by young men who have sex with men (MSM) living with HIV infection. *AIDS Education and Prevention, 27*(1), 58–71. <https://doi.org/10.1521/aeap.2015.27.1.58>
- Kemenkes. (2021). Perkembangan HIV AIDS dan Penyakit Infeksi Menular Seksual (PIMS) Triwulan I Januari-Maret Tahun 2021. 4247608(021), PP. 1-30.
- Liboro, R. M., Yates, T. C., Bell, S., Ranuschio, B., Da Silva, G., Fehr, C., Ibañez-Carrasco, F., & Shuper, P. A. (2021). Protective factors that foster resilience to hiv/aids: Insights and lived experiences of older gay, bisexual, and other men who have sex with men. *International Journal of Environmental Research and Public Health, 18*(16). <https://doi.org/10.3390/ijerph18168548>
- National Center for Health Statistics (US). (2017). Health, United States, 2016: With Chartbook on Long-term Trends in Health. National Center for Health Statistics (US).
- Priharwanti, A., & Raharjo, B. B. (2017). *Problems Focused Coping Penderita HIV Positif Abstrak. 2*(2), 131–139.
- Silalahi, M. (2019). Pengkajian Keperawatan Yang Efektif Bagi Gay Dengan Hiv/Aids. *Jurnal Kesehatan Holistic, 3*(2), 44–57. <https://doi.org/10.33377/jkh.v3i2.55>
- Silalahi, M., Susanti, H., & Panjaitan, R. U. (2019). The expectations of gay with HIV/AIDS regarding nurses in Indonesia. *Enfermeria Clinica, 29*(xx), 396–401. <https://doi.org/10.1016/j.enfcli.2019.04.057>
- Slater, L. Z., Moneyham, L., Vance, D. E., Raper, J. L., & Mugavero, M. J. (2015). The Multiple Stigma Experience and Quality of Life in Older Gay Men With HIV. *Journal of the Association of Nurses in AIDS Care, 26*(1), 24–35. <https://doi.org/10.1016/j.jana.2014.06.007>
- Sukartini, T., Nursalam, Has, E. M. M., Asmoro, C. P., & Misutarno. (2016). Meningkatkan respon psikologis tenaga kerja Indonesia yang terinfeksi HIV melalui dukungan keluarga dan Peer group support. *Jurnal Ners, 11*, 251–255. <https://doi.org/10.20473/jn.v11i2.2803>
- Vitriawan, W., Sitorus, R., & Afiyanti, Y. (2007). *Pengalaman Pasien Pertama Kali Terdiagnosis Hiv / Aids: Studi Fenomenologi Dalam Perspektif Keperawatan. 11*(1), 6–12. 10.7454/JKI.V11I1.179
- Zeeman, L., Aranda, K., Sherriff, N., & Cocking, C. (2017). Promoting resilience and emotional well-being of transgender young people: research at the intersections of gender and sexuality. *Journal of Youth Studies, 20*(3), 382–397. <https://doi.org/10.1080/13676261.2016.1232481>
- Zeligman, M., & Wood, A. W. (2017). Conceptualizing an HIV Diagnosis Through a Model of Grief and Bereavement. *Adultspan Journal, 16*(1), 18–30. <https://doi.org/10.1002/adsp.12031>