

**Creating Space for Young Men Who Have Sex with Men (YMSM) to
Develop Ideas on Using the Internet for HIV Prevention**

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Abstract

The prevalence rate of Human Immunodeficiency Virus (HIV) infection among *men who have sex with men* (MSM) in Bali, Indonesia, is currently estimated at 20% (Bali Province Health Office [BPHO, 2016c]). This is significantly higher than HIV prevalence among this cohort at the national level (8.5%) and in other South-East Asian countries such as the Philippines (1.7%), Thailand (7.1%) and Vietnam (4.0%). Given relatively high rates of HIV infection among YMSM in Bali, preventing the spread of the disease among this community is vital.

In recent years, Internet-based initiatives have been gaining popularity as tools for HIV prevention among YMSM as they potentially provide a convenient, easily accessible and anonymous social space for individuals requiring information and advice compared to face-to-face venues – as well as potentially providing much-needed advocacy and support. However, research on Internet-based initiatives for HIV prevention is still in its infancy, and this is true for Indonesia.

Further, in order to be effective HIV prevention must be based on YMSM's unique needs and characteristics, as evidence shows that it is essential to relate the target group's needs to the social context. Normative sexuality in communities which endorse a heterosexual norm, often have an implication for risk and vulnerability of YMSM as well as for HIV prevention. This study adopted empowerment oriented participatory methodology to enable individuals within the YMSM community itself to contribute to the formulation of effective initiatives. The research question was *How can Bali's YMSM community be empowered to develop Internet-based HIV prevention?*. The participants of this study was nine YMSM of Bali.

This study employs Habermas' critical social theory as framework and a participatory action research (PAR) research as methodology. In PAR, participants are positioned as co-researchers or partners during the research process, rather than as passive respondents. Nine participants from Bali's YMSM community were recruited to participate in the research. The research process began by (i) creating a suitable research space, (ii) sharing the details of the research topic with the participants, (iii) developing

a research plan with them, (iv) taking action, (v) reflection, and, (vi) evaluation. The Habermas' communicative action theory deepens the examination of this study into the complexity of the HIV epidemic and prevention practice which has roots in community structures and HIV systems where HIV prevention is practice, produced, and reproduced. The participatory action research has opened up opportunities to create collaborative action by co-designing the HIV prevention initiative for YMSM in the Internet. Using PAR as a tool for collaborative research had provided enlightenment on the need to shift YMSM's roles in HIV prevention, from being clients to being collaborators.

The original contribution of this study to the body of knowledge is on how pivotal to create space for YMSM's lifeworlds in informing a better and culturally acceptable Internet based-HIV prevention initiatives for YMSM. The findings of the current study have implications on policy and practice for Internet-based HIV prevention techniques both in Bali and beyond. The policy and programme recommendations include the need to create spaces for the YMSM in the HIV prevention as prosumers; the need to produce guidelines to conduct an Internet-based HIV prevention in Bali which is relevant to the lifeworld of YMSM; and ensuring the digital right of YMSM to access HIV information and to engage in Internet-based HIV prevention activities in the Internet.

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Glossary

AIDS :	Acquired Immuno Deficiency Syndrome
BPHO :	Bali Province Health Office
BPAC :	Bali Province AIDS Commission
BPS :	Bureau of statistic
BPSPB :	Bali province bureau of statistic
BPJS :	Social Security Administration
GDF :	Gaya Dewata Foundation
GF-ATM :	Global Fund-AIDS, TB and Malaria
NAC :	National AIDS Commission
IDU :	Injecting Drug Users
IMOH :	Indonesia Ministry of Health
INAC :	Indonesia National AIDS Commission
ITU :	International Telecommunication Union
PKMK :	Centre for Health Policy and Management
PrEP :	Pre-exposure prophylaxis
TaSP :	Test as Prevention
YMSM :	Young Men Who Have Sex with Men
WHO :	World Health Organisation
UNAIDS :	Joint United Nations Programmes on HIV/AIDS
UNDP :	United Nation Development Project

Attestation of authorship

“I hereby declare that this submission is my work and that, to the best of my knowledge and belief, it contains no materials previously published or written by another person (except where explicitly defined in the acknowledgments), no material which to a substantial extent has been submitted for the award of any other degree or diploma of a university or other institution of higher learning.”

Signed

A handwritten signature in black ink, appearing to be 'Dinar Lubis', written on a light blue rectangular background.

Dinar Lubis

November 2017

Dedication

This thesis is dedicated to marginalised people everywhere.

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Ethical Approval

The Auckland University of Technology of Ethics Committee (AUTEC) approved this research on October 29, 2014. AUTEC Reference number: 14/320.

Chapter One

SITUATING THE RESEARCH

‘When young people are given the skills and the platform to meaningfully participate in bringing the change, there is no limit to their potential’ (Youth LEAD, 2016, p. 8)

1.1. Introduction

Effective HIV prevention for YMSM is essential to achieve the commitment to the global Sustainable Development Goals (SDGs) to end HIV in the year 2030. One strategy released by the Joint United Nations Programmes on HIV/AIDS (UNAIDS), the fast-track approach, seeks to reduce the number of new HIV infections to under 200,000 in 2030 (UNAIDS, 2016b). This fast-track strategy emphasises ‘high-impact HIV prevention; accelerated testing, treatment and retention in care; anti-discrimination programmes; and unwavering commitment to respect, protect and promote human rights’ (UNAIDS, 2016b, p. 2). The document also points out the need to scale up HIV prevention using the Internet.

Creating a safe space for YMSM and other key HIV-affected individuals is essential in enabling members of these communities to practice effective HIV prevention behaviours (Conn, 2012; Easton et al., 2007). However, YMSM tend to suffer from high levels of stigma and discrimination, which are deeply embedded in Indonesian society and can be difficult to change, especially in relation to same-sex partnerships and HIV-positive status. This, in turn, limits access of the YMSM to HIV prevention directed at them (Badgett, Hasenbush, & Luhur, 2017). Studies have suggested a need for researchers to deepen an understanding of HIV prevention strategies among YMSM – both in the global context (Castillo, Palmer, Rudy, & Fernandez, 2012; Hall, Murdock, Nehl, & Wong, 2016), and in Bali in particular (Ramonès, 2015) – in order to develop most effective ways of preventing the transmission of HIV.

This chapter presents the background and rationale of the present study including its aims and a summary of the theoretical and methodological framework underpinning it. This, in turn, informs the data-analysis process and the discussion of the study’s implications for informing HIV prevention policy and practice.

1.2. Background and rationale

At present, the HIV pandemic represents the biggest public health challenge the world has seen for over three decades. Currently, approximately 37 million people are living with HIV globally, with 5.2 million of them residing in the Asia Pacific region (UNAIDS, 2016c). It was estimated that in 2016, 690,000 people were living with HIV in Indonesia (UNAIDS, 2016e), and the country has been identified as one of four Asian countries (including Pakistan, Malaysia, and the Philippines) that has shown a significant growth in new HIV infections (UNAIDS, 2016e). Therefore, preventing the spread of this disease is crucial to reducing the public health burden.

Since the beginning of the HIV epidemic in the early 1980s, men who have sex with men (MSM) have been disproportionately affected by the disease (Griensven, L, & Tappero, 2010). The reasons for this are due to combination of the biological risk resulting from MSM sexual practice, such as higher HIV risk from anal sexual intercourse, and the social risk, such as stigma, experienced by MSM. Biologically, unprotected anal intercourse poses a much higher risk compare to unprotected vaginal intercourse. This is due to the fragility of rectal mucosa and the capacity of rectal mucosa to carry more HIV virus compare to vagina fluid (Baggaley, White, & Boily, 2010). MSM with marginalised sexual identities lack ability to protect themselves from HIV risk due to structural barriers (UNAIDS, 2009).

Based on the latest data , 12.8% of MSM are HIV positive in Indonesia (Indonesia Ministry of Health [IMOH, 2014]), whereas in Bali this is significantly higher at 20% (Bali Province Health Office [BPHO, 2016c]). Rates of HIV among MSM in Bali are growing rapidly, from 10% in 2010 to 20% in 2015 (BPHO, 2016c). These trends show that the spread of new HIV infections among MSM in Bali is growing steadily and therefore, targeted and appropriate interventions are urgently required in order to control and reverse this situation. This data has been used in this study as a reasonable indication of YMSM prevalence given that half of MSM are aged between 15 to 24 years old (IMOH, 2014). Prevalence disaggregated by age is not publicly available for Bali.

The present study is specifically concerned with investigating HIV reduction initiatives among YMSM in Bali as the evidence indicates that this group has a higher risk of HIV

infection than (older) MSM (Diwyami, Sawitri, & Wirawan, 2016). Furthermore, research in other South East Asian countries (i.e. Malaysia, Indonesia, the Philippines, Singapore, Myanmar, Brunei, Vietnam, Cambodia and Thailand), shows that YMSM in these countries tend to have unprotected sex more often, exhibit lower HIV testing rates, are less socialised with other gay people, and have low risk perceptions of HIV transmission (Guadamuz, Cheung, Wei, Koe, & Lim, 2015). This is compounded by widespread misconceptions about HIV within this cohort, as well as the fact that they are more likely to face stigma from society due to their sexual orientation compounded with their youth (Guadamuz et al., 2015).

Indonesian socio-cultural and religious norms tend to be highly conservative in relation to same-sex partners; MSM are typically seen as sexual deviants and subject to social condemnation. There are well-publicised homophobic elements within Indonesian society and recently, the police themselves have begun cracking down on homosexuality by raiding gay saunas (Syuflana & Karmini, 2017). This anti-gay climate limits the scope of HIV prevention initiatives within the MSM community (Altman et al., 2012; Bagcchi, 2016). This interplay between sociocultural factors and the health and well-being of specific at-risk groups has been recognised by the World Health Organisation (WHO) in their Social Determinant of Health (SDH) framework. This illustrates a causal pathway for individual's health outcomes related to societal and cultural norms, economic structure, and political aspects (WHO, 2008).

HIV prevention and other services for YMSM remain inadequate in Indonesia. Existing outreach programmes fall well short of the national target of providing care for 80% of YMSM in need (Indonesia AIDS Commission [INAC, 2015]). One possible strategy to increase YMSM's knowledge of HIV prevention methods is by increasing their participation in HIV prevention initiatives. This notion is based on research which has shown that engaging the participation of members of a particular target community in public health programmes not only leads to more effective outcomes for users but also results in a more efficient use of funding (UNAIDS, 2014). Thus, by increasing YMSM's participation in HIV prevention programmes, this would empower them to protect themselves from HIV transmission using initiatives that they themselves have had a hand in creating (Baral, Sifakis, Cleghorn, & Beyrer, 2007). Such an approach would also serve as a vital pre-condition for creating a supportive, health-enabling social environment to support members of this group in order to optimise their health

and well-being (Campbell & Cornish, 2010). Further, Arnstein (1969) argues that community participation represents a form of power that enables communities to collaborate with government and providers of services to secure better outcomes for their constituent members. As communities are increasingly moving towards an online presence these days, the role of the Internet in HIV prevention is examined next.

YMSM in various contexts are keen users of the Internet and gay dating apps such as Grindr (<https://www.grindr.com/>), Hornet (<http://love.hornetapp.com/>), and website such as <https://www.planetromeo.com/> and <https://www.silverdadies.com> for various purposes such as forming social and sexual networks (Bauermeister, Leslie-Santana, Johns, Pingel, & Eisenberg, 2011; Guadamuz et al., 2015; Outlaw et al., 2011). This is true also of Indonesia and Bali, where MSM tend to use social media platforms such as Facebook and specialised Apps to connect socially with friends or meet up with new partners (Grierson, McNally, & Hidayana, 2013). With this in mind, the Internet is seen by many researchers as an ideal medium through which to deliver HIV prevention initiatives to YMSM (Carpenter, Stoner, Mikko, Dhanak, & Parsons, 2010; Halkitis, 2010; Hightow-Weidman, Smith, Valera, Matthews, & Lyons, 2011; Brian Mustanski, Lyons, & Garcia, 2011; Rosenberger, Reece, Novak, & Mayer, 2011).

However, there is a lack of research into HIV prevention strategies among YMSM in Indonesia, including Internet-based HIV prevention initiatives; in fact, there is a lack of research in Internet based HIV prevention approaches in developing countries more generally (Baral et al., 2007). Furthermore, current research on HIV prevention of YMSM and MSM in Indonesia are the focus of investigation of social cognitive factors that predicts sexual health risk. Most of the research seeking on investigation of the HIV prevention is focus on sex risk and safe sex behaviour from the lens of behaviour change theory, mostly investigating social cognitive, attitude, perspectives, self-efficacy and norms. It is argued that sexual behaviour and HIV prevention is beyond social cognitive (Halkitis, 2010), also influenced by social and emotional components. There is an underlying logic of safe sex and HIV prevention behaviour that needs to be understood from the YMSM perspective. In order to grasp this understanding, it is necessary to heard the voices of the YMSM, who are a particularly marginalised group (Halkitis, 2010). The voice of YMSM, and their ideas for Internet based strategies, in this research make unique in the Indonesian context. By giving a space to the YMSM to participate in the research as partners increases the chances that the research findings

will be applicable to them (Jacquez, Vaughn, & Wagner, 2013). Therefore, this study's unique contribution to body of knowledge is to fill the gap on the effective use of Internet-based strategies to prevent the spread of HIV within YMSM in Bali. It is hoped that the findings can be also inform policy and be applied to other contexts, and perhaps form the basis of future research in different settings.

1.3. Aims of the study and research question

The current study aims to create an open and supportive space for YMSM in Bali to develop ideas on Internet-based HIV prevention initiatives by focusing on the following research question:

How can Bali's YMSM community be empowered to develop Internet-based HIV prevention initiatives?

The study is guided by the following sub-questions:

- 1) What are YMSM's lifeworld within the context of HIV prevention and the use of the Internet?
- 2) How do YMSM's view the current state of HIV prevention in Bali?
- 3) What are YMSM's ideas for Internet-based HIV prevention strategies?

1.4. The philosophical framework of the study

This study emerged from and is informed by philosophical concerns that, due to the prevalent discrimination against YMSM in Indonesia and the lack of effective HIV prevention initiatives specifically targeting this group, members of this community are at high risk of new HIV infections. In the Indonesian context, same sex partnerships are subject to considerable stigma and discrimination. This discourages YMSM from accessing education and resources related to HIV prevention. Therefore, any strategies designed for HIV prevention in Bali require a safe space in which YMSM can access them. Further, existing HIV prevention initiatives in Bali tend to be top-down approaches which lack effective communication and collaboration between HIV prevention providers and YMSM themselves. In order to overcome this, Halkitis (2010) proposed a new framework for HIV prevention that places a stronger emphasis on members of the YMSM community to inform such initiatives, and indeed, proposed that empowerment of this group is vital to allow both those affected by HIV and HIV stakeholders to reach mutual agreement on ways to improve HIV prevention strategies.

In this way, Halkitis (2010) posited that HIV prevention organisations can tailor their approaches more effectively and become more relevant to YMSM's needs. Given the imperative to adopt an approach which acknowledges the marginalisation of YMSM, and seeks to empower them in public spaces which can be used for HIV prevention, the current study's methodological choice is positioned within Habermas' critical social theory, especially theory of communicative action and Participatory Action Research (PAR) as an empowerment methodology.

Habermas's critical social theory on communicative action has been selected as the principle theoretical framework because it appears to offer a unique synergy with the study's aims. This is because communicative action Habermas (1984b) calls for the creation of safe spaces where individuals can discuss their concerns freely – without fear of being judged or ignored because of their views – and which facilitate inter-group collaboration to reach agreement on effective ways to tackle HIV among YMSM in Bali. Further, Habermasian theory of communicative action provides a valuable framework of empowerment and collaborative methodology in order to be able to grasp YMSM's unheard story.

Habermas theory provided a framework of empowerment and collaborative communicative action to capture the unheard s of the YMSM. The root causes of their HIV is the marginalisation and vulnerability of the people where they have no space to say, have no access to health, lack knowledge on HIV prevention, lack knowledge on HIV transmission and lack skills and often power to negotiate safe health with their partners. Halkitis (2010) noted that empowering gay men is needed in order to capture and understand their unheard voices on the struggle and needs of the YMSM in regard to HIV prevention.

PAR is also highly suited to this study's aims (as well being a good fit with critical social theory) as it offers an emancipatory approach as a strategy to engage with the research participants. Similarly to critical social theory, PAR also advocates the creation of spaces to enable participants to develop plans for action as well as to discuss issues which are subject to social taboos (H. Cahill, Coffey, & Beadle, 2015). In this way, PAR has been chosen as a better suited methodology to that of normative public health research methods which tend towards quantitative and positivist approaches. These are

less likely to provide an empowered space for YMSM to express their rich lifeworld experience(s) of issues surrounding HIV and its prevention. Thus, PAR has been chosen as the preferred research methodology underpinning this study as it provides tools which can be used to share HIV prevention knowledge with YMSM and create viable plans to design effective Internet-based HIV prevention initiatives in Bali.

1.5. Significance of the study

The issue of HIV prevention among YMSM in developing countries such as Indonesia has been severely neglected (Baral et al., 2007). Thus, this study's unique contribution to knowledge is by collaborating with the YMSM themselves to allow their voices to inform effective, Internet-based HIV prevention strategies for Bali.

The intention of the present study is to inform policies and programmes in the development of Internet-based HIV prevention initiatives with a specific emphasis on the needs of YMSM themselves. This would be done through various dissemination and translational means such as academic papers, conferences, policy reports and media in Balinese, Indonesian, and global outlets. The study provides information on current trends in HIV prevention practices used with YMSM in Bali, as well as their views on the current state of HIV prevention initiatives and harnesses their input on designing Internet-based HIV prevention applications. This study also expands the existing body of literature on HIV prevention using PAR as its research methodology. Finally, this study is significant as it develops a methodology that utilises PAR framed within Habermasian theory on communicative action to reveal collective action relating to YMSM's notions on how the Internet can be used effectively for HIV prevention.

1.6. Researcher positionality

After graduating from The School of Public Health at the University of North Sumatra in Medan, I worked as a community organiser at a local NGO (Kelompok Studi Pengembangan Prakarsa Masyarakat (KSPPM)) in North Sumatra from 1999 until mid-2002. This institution focused on community development, advocacy, and education through the principle of community empowerment as developed by Freire (2005). It was here that I first learned about the huge potential that harnessing community participation could have for positive change, and was also introduced to critical pedagogy (Freire,

2005) which treats the participants as a co-creator of knowledge instead of an empty vessel to be filled and later exploited by capitalism.

After this enlightening experience, I moved to Bali in 2002 and, in the following year, I was successful in securing an Australian Development Scholarship (ADS) from the Australian Government (now known as the Australian Award) in 2003. This is a special award which stems from the response of Australian Government to the 2002 Bali bombing that killed 202 people and injured 209. As a scholarship awardee, I began to focus my professional concern on public health and development issues in Bali

Before personally becoming familiar with the complex array of socio-cultural factors which perpetuate ignorance about HIV, and so ultimately, contribute to its spread, I must also admit to being ill-informed and believing the perverse discourse that HIV is a sinful disease. However, through my involvement in a UNDP (United Nation Development Programmes) project in Bali, after my Master, I became enlightened to the understanding that winning the fight against HIV is related to overcoming such ignorance and stigma in wider society. I returned to Bali to begin working as a project officer in a UNDP project called The South-East Asia Court of Women on HIV and Human Trafficking. This project was prepared as a pre-conference event during the international conference on HIV in the Asia Pacific region (ICAAP) in 2009 (UNDP, 2010). This event brought together women, health experts, government and international agencies to discuss women's vulnerability to human trafficking and HIV. As part of this, I was placed in a local NGO called Yakeba (Bali Health Foundation), a HIV-based NGO which focused on intravenous drug users (IDUs). During my preparation for The South-East Asia Court of Women on HIV and Human Trafficking, I learned about the social and cultural norms that precipitated the all too often silence on violence against women, gender inequality, human rights violations, and unsafe migration which has become a hallmark of such trafficking, and, in turn, increases these women's vulnerability to HIV. It became apparent to me that the Court of Women was my first attachment with the HIV field and shifting my view on the disease.

Upon completion of this project, I was recruited to work for the Bali Health Foundation where I learned about the huge potential of trusting the power of the community in bringing about positive change from the founder of the foundation – an Australian named Bob Monkhouse. He believed that intravenous drug users (IDUs) could not only

be helped by their peers but also that they themselves could play a pivotal role in adopting safe practices, and, in the same way, he also believed that people living with HIV have the capacity to help others as well as themselves. This principle permeated into Bali Health Foundation's organisational structure where most of the staff consisted of ex-drug users.

After almost a year at Bali Health Foundation, I moved to Yayasan Kerti Praja (YKP), a Bali-based NGO driven by the goal of HIV prevention and education for sex workers and providing support for those living with HIV. It was here that during a meeting with people living with HIV, I learned about the deeply embedded attitudes, behaviours, socioeconomic factors, and different forms of sexual abuse which can leave people vulnerable to HIV infection. For instance, one participant who worked as a driver testified that he had become HIV positive by being pressured into sex with his employer, which in turn, meant that he transmitted the disease to his wife. In his case, living in poverty, considerable financial pressure and the fear of being fired, were reason enough to agree to his employer's requests. In another case, a man who worked as a tailor admitted that he had had a same-sex relationship with one of his tenants. He and his wife were encouraged by the outreach workers to take HIV tests which then showed that he had passed the disease to her. However, an element of denial was present as they claimed that the disease was a reminder from God about the sin of sex outside of marriage. Thus, I became aware of the influence of 'alternative' beliefs about HIV and how this combined with individual's economic situations to increase their vulnerability to HIV infection, as well as gaining a new understanding that HIV has already had a significant impact on the lives of many families in Bali.

In early 2009, I began working at Udayana University, Bali, as a lecturer in Public Health. Here, I was involved in two research studies concerning MSM in Bali, where I interviewed more than 20 participants and, strikingly, most of them talked about seeking new sexual partners on the Internet and having multiple sexual partners. Based on these experiences, I became interested in researching topics surrounding MSM's use of the Internet, attitudes surrounding HIV and how the web could be exploited for HIV prevention and health promotion in general. I was also interested in examining the role of incorporating YMSM's voices and participation in such health programmes, given my background as a community organiser. I also firmly believe that the success of

health programmes is strongly influenced by the degree of community participation it incorporates.

In summary, this study employs critical social theory that focuses both on the involvement of the YMSM community and its emancipation in terms of achieving positive results in HIV prevention, and promoting health and well-being via the use of Internet-based strategies. This choice has been strongly influenced by my past experiences of working with disadvantaged groups such as *Kelompok Studi Pengembangan Prakarsa Masyarakat* (KSPPM, the Community Initiatives Study group) and other HIV prevention organisations in Bali where I realised how oppressive socio-cultural norms surrounding homosexuality, HIV, sexual violence and abuse, as well as poverty in Indonesia are and how they contribute to YMSM becoming vulnerable to HIV infection. These experiences, combined with my work with organisations such as Bali Health Foundation, have opened my eyes to the importance of harnessing community participation in achieving better outcomes for health programmes. When the community feels that they can play an important role in such programmes, their willingness to collaborate and share their invaluable insider knowledge is often the key to success. Therefore, these experiences have formed my position in employing critical social theory and PAR to investigate the best ways of empowering YMSM to share their ideas on Internet-based HIV prevention strategies.

1.7. Structure of the thesis

This thesis is structured in eight chapters. The current chapter provides an introduction and overview of the research and presents its aims and rationale, as well as outlining the theory underpinning the study. The second chapter presents an in-depth, contextual examination of the HIV epidemic in Bali and Indonesia as a whole, with specific reference to the reported HIV prevalence and the social context in which YMSM are situated. It also reviews the literature relating to Internet-based HIV prevention strategies in the Indonesian context. The third chapter critically reviews the existing body of literature surrounding HIV prevention and models of YMSM's health-seeking behaviour in relation to HIV. It relates this to the current situation concerning YMSM and HIV prevention in Indonesia. Specifically, this critical review is constructed around three themes: (i) the vulnerability of YMSM to HIV transmission; (ii) YMSM's health seeking behaviour; and, (iii) the use of the Internet for HIV prevention. This is followed by chapter four which presents the research design and discusses the methodological

framework of PAR which shapes the current study's data collection and analysis processes. It also sets out the necessary ethical considerations for the selection and recruitment of the participants. Chapters five, six and seven, present the findings of the study across the three main themes: (i) YMSM's lives in Bali in the context of HIV prevention; (ii) YMSM's perspective of the HIV prevention system in Bali; and, (iii) YMSM's ideas for Internet-based HIV prevention in Bali. Finally, chapter eight presents a discussion including a summary of the findings analysis, methodological implications, and relating the study to relevant HIV prevention policy and practice.

Chapter Two

SITUATIONAL CONTEXT OF THE STUDY

2.1 Introduction

This chapter presents an overview of the HIV epidemic in Indonesia in relation to YMSM of Bali, and the unique social structures which govern its perception. The epidemiological data presented in this chapter are gathered from various HIV-related surveys conducted in Bali and Indonesia from 1987 - 2016. The principal source of national data was taken from Integrated Biological and Behavioural Surveillance (IBBS) reports, a governmental agency tasked with monitoring HIV and Sexually Transmitted Infections (STIs) among key affected sections of the population namely IDUs, female sex workers, MSM, and *waria* (transgender individuals). For Bali, the HIV data were taken from the island's serosurveys, HIV cases monthly reports, and other behavioural surveys. The latest IBBS report was conducted in 2015, although it has not yet been published at the time of writing.

The social and structural considerations unique to the Indonesian HIV prevention context are also presented in this chapter by using the WHO social determinants of health (SDG) framework which coined by the WHO in 2004 (WHO, 2008). The SDH has revolutionaries the way public health offered strategies to combat a complexity of the public health burden. It offers strategies to address root of the root of the public health which lay on a 'toxic combination of social programmes, unfair economic arrangement, and poor governance' (Marmot, 2017, p. 545). However, this approach has a lack of support from the politician, policy maker and public health activist which in favour on individual approach offered by biomedical, health care and behaviour change approach (Baum et al., 2013; Hawe, 2009). Although these individual approach shows a limited action in reducing health problems, this approach has been always chosen given its offer a simplistic approach to tackle the public health burden (Baum et al., 2013). Effort to mainstreaming the SDH required a communication research agenda to the politician, policy makers and public health activists through reframing the way those key actors in public health, to see the root of health problem and the solution to address the burden (Hawe, 2009).

The SDH sets out a means of understanding the complex nature of public health challenges, analysing such challenges within a given context, and considering how to respond to them within this frame of reference. WHO defines the social determinants of health as:

The poor health of the poor, the social gradient in health within countries, and the marked health inequities between countries are caused by the unequal distribution of power, income, goods, and services, globally and nationally, the consequent unfairness in the immediate, visible circumstances of people's lives – their access to health care, schools, and education, their conditions of work and leisure, their homes, communities, towns, or cities – and their chances of leading a flourishing life. This unequal distribution of health-damaging experiences is not in any sense a 'natural' phenomenon but is the result of a toxic combination of poor social policies and programmes, unfair economic arrangements, and bad politics. Together, the structural determinants and conditions of daily life constitute the social determinants of health and are responsible for a major part of health inequities between and within countries (WHO, 2008, p. 1)

The SDH vary depending on the nature of the health problem, the social norms and values of the society in which it is examined, and the response to the problem in a given context (WHO, 2008). Thus, in the context of this research, social factors and the notion of wider health are vital in both educating and facilitating YMSM in Bali to practice HIV prevention. Figure 1 (page 13) sets out the social factors that influence YMSM's HIV prevention practices in Bali.

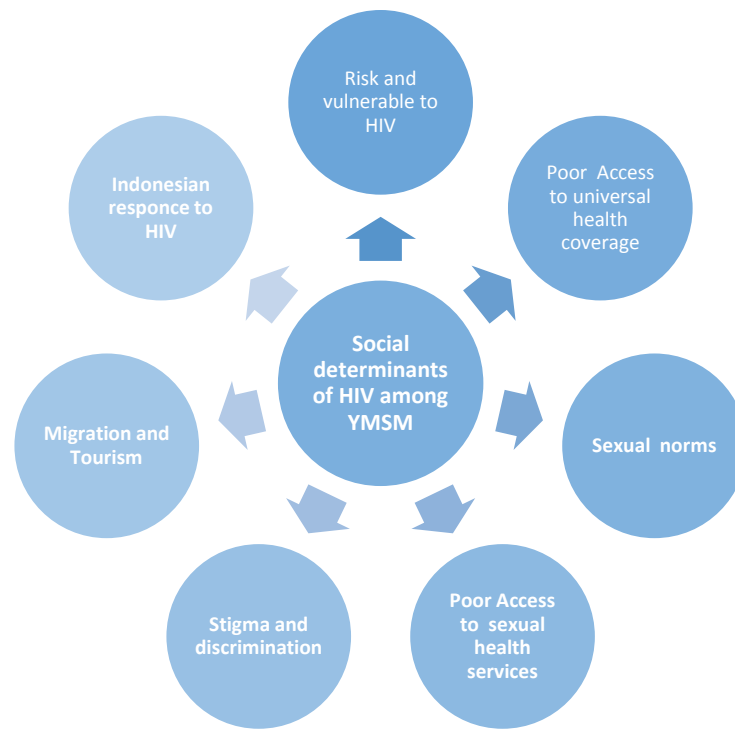


Figure 1: The social determinants of HIV among YMSM in Bali

2.2 The HIV Epidemic in Indonesia and Bali

Indonesia, home to 250 million people, is located in South East Asia and forms the world's largest archipelago with 3,466 islands (Central Bureau of Statistic [BPS, 2016]). The country's first official HIV case was detected in 1987 and concerned a foreign tourist in Bali (Mboi, 2006). A decade later, the growth of the HIV epidemic remained slow, with new cases predominantly caused through sexual contact. Yet, in the mid-1990s, a dramatic increase in new HIV infections among IDUs was identified (Mboi, 2006). Since then, the prevalence of HIV has steadily increased among other key affected populations. Currently, there are an estimated 690,000 individuals living with HIV in Indonesia, making it one of four countries that have shown an increased trend in HIV incidence in Asia, as well as Pakistan, Malaysia, and the Philippines (UNAIDS, 2016e).

The HIV epidemic in Indonesia – and Bali in particular – shows an alarming upward trend in the general population. For instance, in 2001, the estimated HIV prevalence in the general population was less than 0.1%; this increased over fourteen years to 0.5% in 2015 (INAC, 2015). HIV rates in specific provinces within Indonesia shows a great

variations (see Figure 2 in page 15) ranging from 0.06% in Lampung to 2.4% in Papua (Indonesian AIDS Commission [INAC, 2015]). Bali has the fourth highest HIV rates (0.68%), after Jakarta (1.03%), West Papua (2.3%) and Papua (2.4%). Excluding Papua and West Papua, the prevalence of HIV in the rest of Indonesia is officially categorised as a ‘concentrated HIV epidemic’ (INAC, 2015). A concentrated epidemic means that HIV prevalence is consistently more than 5% among key affected populations including MSM, YMSM, sex workers, transgender individuals and IDUs (UNAIDS, 2008, 2015b). As for Papua and West Papua, the spread of HIV is categorised as a ‘generalised epidemic’ (INAC, 2015). Under this definition, HIV prevalence is consistently more than 1% among pregnant women, which is also a proxy for its prevalence in the general population (UNAIDS, 2008).

The variation in the categories assigned to the HIV epidemic in different parts of Indonesia reflects the size and the diversity of the country, with different contextual conditions of socioeconomic, demographic, and health inequalities. For example, Papua and West Papua are characterised by poverty, low levels of education and relatively higher inequalities (measured by Gini indices), compared to the rest of Indonesia (Liew & Brooks, 2017). However, as discussed below, there are other determinants which may contribute to differences in HIV prevalence between provinces. For example, urbanisation is often a factor in high rates of HIV infection when compared to remote communities (although this is not the case for Papua), and the presence of tourism and the sex industry are also significant (Kippax, 2008). The complex and multi-faceted nature of the epidemic in such a large and diverse country as Indonesia, and among its different provinces, demonstrates the need for a contextually relevant approach (Mboi, 2006).

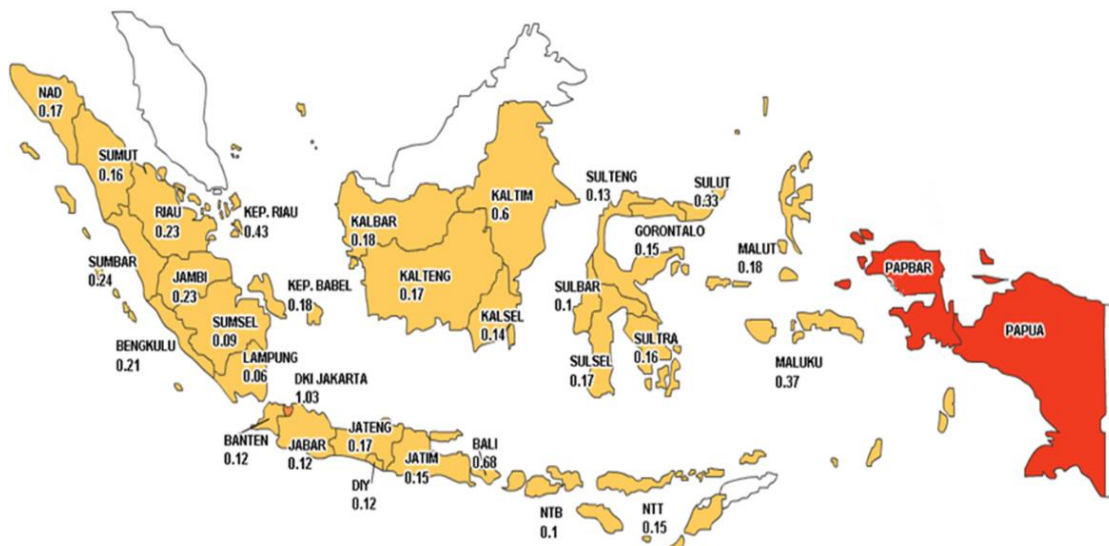


Figure 2:HIV epidemic map of Indonesia, 2014

Source: National AIDS Strategic Planning 2015-2019 (INAC, 2015)

The main modes of HIV transmission have also been subject to change over time. For example, at the end of the 1980s when the first case was identified in Bali, the main mode of HIV transmission was via sexual contact. In the mid-1990s, a shift occurred in the mode of transmission from sexual contact to IDU-based infections. However, the success of harm reduction programmes was able to slow the spread of the HIV epidemic among IDUs (Mboi, 2006). This heralded a shift from IDU-spread infections (Morineau et al., 2011) to the current situation where the main mode of HIV transmission in Indonesia is via sexual contact (INAC, 2014c). Figure 3 in page 16 shows the various possible mechanisms of HIV transmission in Indonesia, as well as the relationships and potential for cross transmission which has contributed to spread of the HIV epidemic from key affected populations who have a high risk of acquiring HIV, compared to the general population who have, historically, been at lower risk of contracting the disease (Morineau et al., 2011; Pisani et al., 2004; Riono & Jazant, 2004)004). For example, within the Indonesian context, MSM are also likely to have a female sexual partner or/and to be married due to prevailing social norms (Riono & Jazant, 2004). This means that there is the potential for cross transmission of HIV from key affected populations to the general population – affecting both spouses and their children.

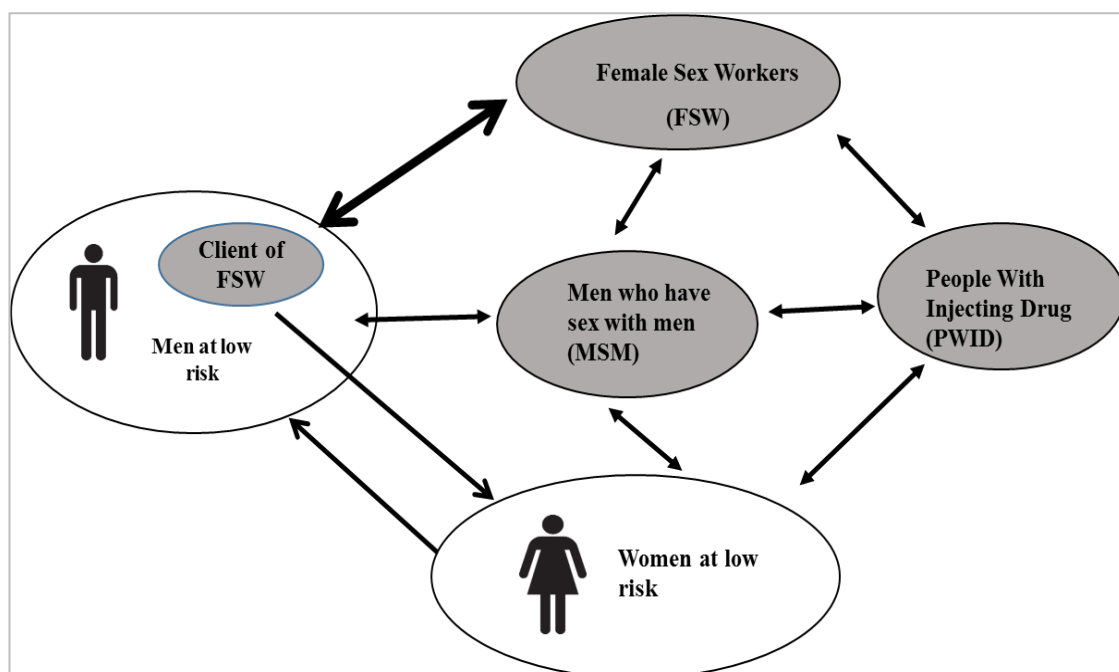


Figure 3: Potential mechanisms of HIV transmission in Indonesia

Adapted from (Riono & Jazant, 2004)

This shifting trend in the causes of new infections which is stoking the HIV epidemic in Indonesia can be seen from disaggregated data from the IBBS survey (2007 – 2013) shown in Table 1 (page 17). The HIV prevalence in Table 1 is not presented in year order due to sampling method issues as the IBBS 2007 and 2011 were conducted within similar sample sites where the proportion of key affected populations were higher than those used in the IBBS 2009 and 2013 surveys (INAC, 2014a). The sample sites for IBBS in 2007 and 2011 were North Sumatra, Riau Island, Jakarta, West Java, Central Java, East Java, Bali, East Nusa Tenggara, South Sulawesi, West Papua, and Papua. The sample sites for 2009 and 2013 were: South Sumatra, Banten, Jogjakarta, West Kalimantan, East Kalimantan, North Sulawesi, South Sulawesi, Bengkulu, and Papua. From these data, it can be seen that the growing trend in the HIV epidemic among MSM both in provinces with more and less key affected populations suggests a need for more effective HIV prevention programmes in Indonesia and that current efforts are unlikely to be sufficient to halt the epidemic (INAC, 2015).

Table 1: HIV infection trends among the key affected population as percentages (%)

Key Population	IBBS 2007	IBBS 2011	Trend	IBBS 2009	IBBS in 2013	Trend
Injecting drug users	52.4	42	Decline	27	39.5	Increase
Direct FSW ¹	9.8	9.3	Steady	8	7.2	Decline
Indirect FSW ²	4	3.1	Decline	2.6	1.6	Decline
MSM	5.3	12.4	Increase	7	12.5	Increase
Transgender (<i>waria</i>)	24.3	23.3	Steady	9.2	7.4	Decline

Source: National Indonesian AIDS Commission (INAC, 2015).

2.2.1 The HIV epidemic in Bali

Bali is situated in East Indonesia and lies between Java Island and Nusa Tenggara Island and has an estimated population of almost 4 million (Bali province bureau of statistic [BPSPB, 2015]). Bali is divided into eight districts and has one municipality, Denpasar, the capital city (BPSPB, 2016a). HIV prevalence in Bali is the fourth highest amongst all Indonesian provinces at 0.68% of the total population. The latest total estimate of people living with HIV in Bali was 13,235 (Bali province AIDS commission [BPAC, 2014b]), while the total number of those diagnosed as living with HIV from 1987 to October 2016 was 8,526 (see Figure 4) (Bali province health office [BPHO, 2016b]). This gap between the estimated number and those diagnosed means that many of those living with HIV are currently unaware of their status. This suggests that there is a need to intensify efforts including case identification, awareness raising, and scale up of voluntary HIV testing and counselling services as recommended by the WHO (WHO, 2016).

¹ Direct FSW refers to female sex workers who directly engage in commercial sex work such as in brothels.

² Indirect FSW refers to females who indirectly engage in commercial sexwork such as in karaoke establishments or bars.

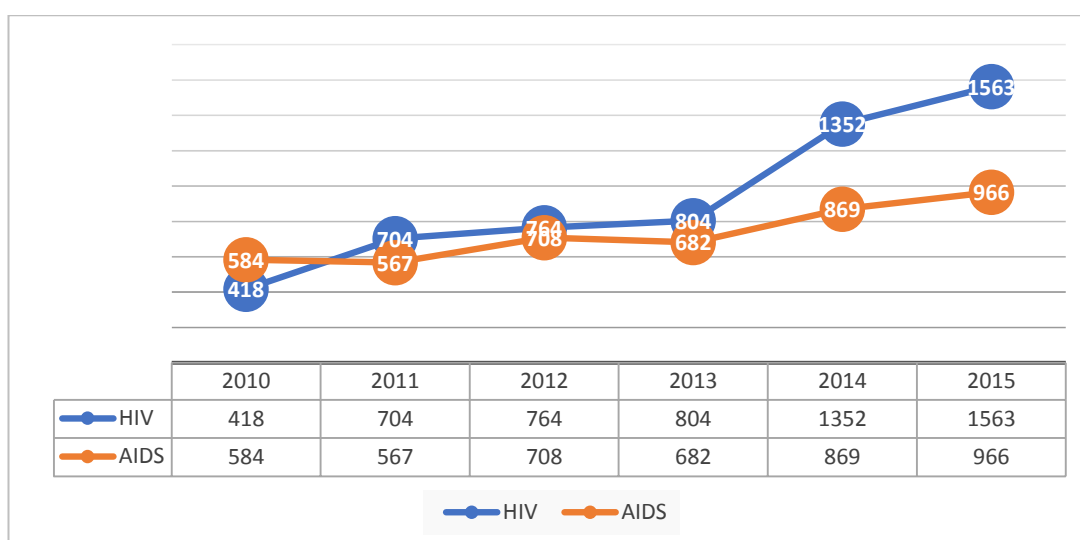


Figure 4: Reported cases of HIV/AIDS in Bali from 2010-2015

Data source: Monthly report of the HIV/AIDS situation in Bali, Centre for Disease Control and Prevention, Bali Province Health Department (BPHO, 2016b).

The total number of HIV cases broken down by district and municipality can be seen in Table 2 (page 19). These figures reflect significant differences in the number of HIV cases among regions, ranging from the lowest (n=179) in Klungkung to the highest, (n=3,202) in Denpasar Municipality. The top three sites for HIV infection are Denpasar, Buleleng, and Badung, which account for 3,202, 1,633, and 1,389 of cases respectively (BPHO, 2016b). These three locations share specific common characteristics; they are urban, centres of tourism and entertainment, and, as such, represent a focus for the commercial sex trade. They also have large young adult populations compared with other districts (BPHO, 2016b). Although commercial sex is illegal in Bali (as it is in the rest of Indonesia), certain areas are known to host venues such as brothels, and street-based and bar-based sex work are common, particularly in Kuta, Nusa Dua, Sanur and Carik, Denpasar. Both Sanur and Nusa Dua cater for tourists from high socioeconomic backgrounds who predominantly stay in relatively expensive hotels. On the other hand, Kuta offers a range of commercial sex venues which range from very cheap to very expensive (Alcano, 2016).

Table 2: The numbers of reported HIV cases based on district/municipality in Bali from 1987 to Oct 2016

District /Municipality	1987-2002	2003-2007	2008-2012	Cumulative Cases until Oct 2016
Buleleng	28	288	959	1633
Jembrana	5	41	336	288
Tabanan	7	67	333	445
Badung	142	227	488	1389
Denpasar	106	816	1689	3202
Gianyar	7	52	411	689
Bangli	1	12	125	216
Klungkung	1	15	143	179
Karangasem	1	20	177	258
Other	8	8	7	227
Total	306	1530	4668	8526

Source: Bali Province strategy and action plan to address HIV, 2013-2018 (BPAC, 2014a)

Figure 5 (page 21) shows the distribution of HIV cases based on specific behavioural risk factors in Bali, namely bisexuality, heterosexuality, homosexuality, and people living with HIV, transmission from mother to children, being tattooed, and other factors. The highest percentage of HIV cases was reported among heterosexual respondents, followed by homosexual men (MSM), and IDUs. However, this data is likely to be subject to significant under-reporting because many MSM and other vulnerable group who have tested positive at community health centres are reluctant to disclose their sexual identity and behaviours given the social stigma they are likely to face, and instead, classify themselves as heterosexuals. Furthermore, the mode of HIV transmission attached to this data for female sex workers (FSW) was included in the data on heterosexual transmission among married couples (BPHO, 2016b).

The results of an HIV serosurvey from 2009 to 2015 shows a significant increase in the prevalence of HIV among MSM in Bali; from just 8% in 2009 rising to 20% in 2015. This outstrips HIV rates for MSM in Indonesia as a whole, which accounted for 12% of cases in 2013, in itself a highly significant figure (IMOH, 2013a).

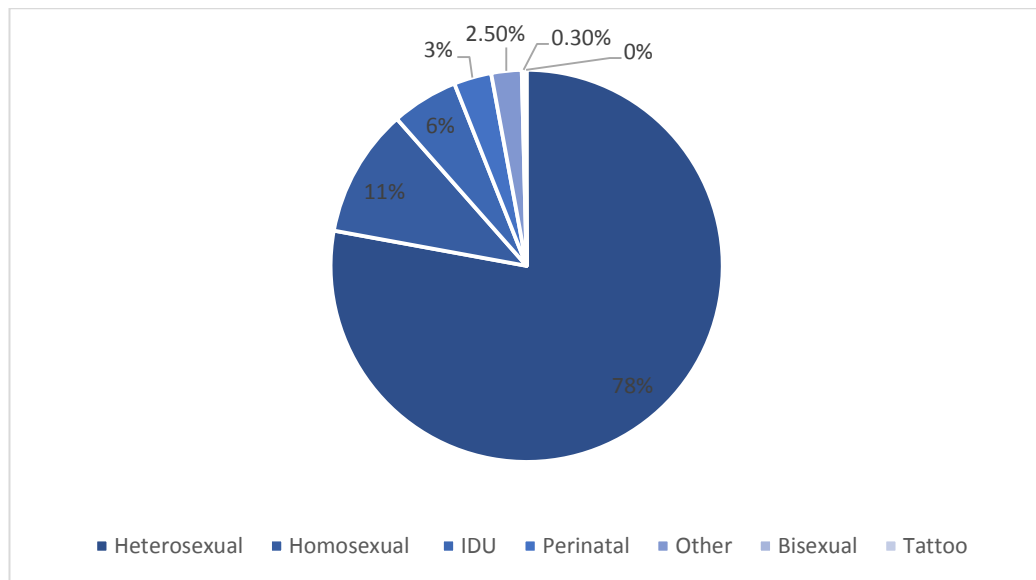


Figure 5: The percentage of HIV infections by risk group

Source: Monthly report of HIV/AIDS situation in Bali, Centre for Disease Control and Prevention Bali Province Health Department (BPHO, 2016b)

*Others: Unknown transmission, perinatal, and blood transfusion

2.2.2 Biological and behavioural aspects of HIV and MSM

The third element of the social determinant framework is intermediary social factors (WHO, 2010), that mediating the effect of social determinant. Some of the examples of biological and behavioural factors are smoking, diet, alcohol consumption and lack of physical exercise. In term of HIV among YMSM in Bali, the biological and behavioural aspects are related with the biological risk of unprotected anal intercourse and sexual behaviour.

Biologically, unprotected anal intercourse poses a significantly higher risk to partners acquiring HIV compared to unprotected vaginal sex, with the probability of unprotected anal intercourse for MSM estimated to be a 1.4% chance of contracting the disease per-act, or approximately an 18-fold greater risk than from unprotected vaginal intercourse with an HIV-positive partner (Jin et al., 2010). This is due to the higher concentration of HIV cells in the rectal mucosa compared to vaginal fluid, combined with the fact that the anal is more susceptible to traumatic abrasion which may facilitate transmission from an HIV positive individual to his sexual partner (Baggaley et al., 2010). However, while there is no significant difference in the per-act risk of unprotected anal intercourse between heterosexual men and MSM, MSM's per-partner risk is higher due to the

higher frequency of unprotected anal intercourse among MSM and the higher likelihood of them being in sexual contact with HIV positive partners (Baggaley et al., 2010).

The biological risks of HIV transmission associated with unprotected anal sex are also determined by the specific sexual role of the individual MSM. These are categorised into three roles; insertive only, receptive only, and versatile (being both insertive and receptive) (Beyrer, Baral, et al., 2012). The HIV virus is more likely to be transmitted from an HIV-positive insertive individual to his receptive partner than *vice versa* due to the number of cells received in ejaculate, and the possibility of rectal abrasions which allow the virus to cross into the bloodstream (Beyrer, 2010). MSM who prefer to be versatile may face a higher risk compared to insertive only and receptive only, as they are likely to find a higher number of willing partners than non-versatile individuals, which places them at higher risk of infection (Tremblay & Richard, 2014). This finding seems to be supported by recent research carried out in a male HIV clinic in Bali which showed that being versatile was a significant factor related to HIV infection HIV (i.e. shifting from HIV negative status to HIV positive) (Diwyami et al., 2016).

STIs can increase the risk of HIV transmission due to inflammation at the site of STI infection. The human body will automatically respond to the presence of an STI by increasing the concentrations of activated immune cells at the site of infection such as the rectum, vagina or mouth. However, these cells also contain activated CD4 cells, a type of immune cell which provides receptors for the HIV virus. This is compounded by the fact that HIV finds it easier to replicate in activated CD4 cells. Therefore, when an individual is suffering from an STI, they have a higher risk of becoming infected with HIV as these activated CD4 cells facilitate HIV to enter the body, replicate, and spread to other areas (Wilton, 2012). This fact underlines the need to detect, diagnose, and treat STIs as a matter of urgency. However, the proportion of undiagnosed and untreated STIs remains high among MSM populations in Indonesia due to limited access to treatment and reluctance to seek out such services (Badgett et al., 2017). As reported in the 2013 IBBS, only 7% of MSM who reported contracting an STI sought advice from healthcare staff, while the majority (67%) admitted to self-treatment, and 27% did not seek treatment at all. The risks of self-treatment are complex; it may fail to resolve the STI resulting in further infections to partners, and over-treatment can lead to increased resistance to antibiotics (IMOH, 2014). Further, research by Diwyami et al. (2016)

showed that only 27% of HIV negative MSM and just 24% of HIV positive MSM had ever had an STI check-up at a male clinic in Bali.

The risk of HIV transmission among MSM is also related to consistently low condom use. The result of the 2013 IBBS survey shows that the proportion of MSM who use condoms consistently is as low as 38% nationally (IMOH, 2014), while condom use by YMSM was even lower at just 25% (INAC & UNICEF, 2011). As for Bali, condom use seems to be relatively high at 48% (Gaya Dewata Foundation [GDF, 2013]). However, both at the national level and for Bali in particular, the figures on consistent condom use are far below of those of the national target stated in the National Strategy 2015-2019 of at least 70% which is deemed necessary for MSM in order to be able to eliminate the HIV epidemic (INAC, 2015). The figure of 70% condom use was calculated using an investment case analysis formula; a mathematical modelling method using available HIV survey data conducted by the National AIDS Commission (INAC, 2015). We now turn to an examination of the combination of both biological risks and sexual behaviour choices which can increase the risk of HIV transmission.

The risk of HIV among MSM is associated with multiple factors. An analysis of the 2011 IBBS data by Morineau et al. (2011) highlighted that considerations associated with HIV among MSM included the use of methamphetamine or similar drugs and a history of STIs (chlamydia or gonorrhoea infections). The use of methamphetamine is known to reduce the use of condoms by 44% and is likely to result in prolonged and rough anal sex. The use of methamphetamine among MSM is growing in Indonesia particularly in urban areas such as Jakarta and Bali. Meanwhile, a history of STIs is associated with sexual abuse, a high number of casual male partners, and having had sex with a female partner in the past year (Morineau et al., 2011).

As note earlier in page 14, YMSM's risk of HIV infection is likely to be higher than that of older MSM (Guadamuz et al., 2015). Older MSM, on the other hand, are more likely to be engaged in HIV prevention and education programmes and have regular HIV tests (Guadamuz et al., 2015). One reason for this state of affairs is that YMSM may be less frequently targeted by HIV prevention programmes or they may be more anxious or unsure about seeking advice than older MSM.

2.2.3 Socio economic and political aspect

The health of individual is influence by the social-economic and political context. The socio economic and political aspect of the SDH framework is a broad term that used to explain a broad aspect in the society encompasses structural, cultural and functional aspect of a social system whose impact on individual (WHO, 2010). This section will present social economic and political aspect of Indonesia in general, and specifically Bali, which become social determinants influences on the vulnerability of the YMSM to HIV epidemic.

2.2.4 Tourism, Migration and Male Sex workers

Bali's long history as a tourist destination began in 1908 when the Dutch established *Vetreniging Touristenverker in Nederlandsch Indes*, an association that managed tourism in the former Dutch colony (Picard, 1996, p. 30). Tourism in Bali grew from its small beginnings into a major source of income not only for Bali but also for Indonesia as a whole. Many of Bali's premium hotels were built by investors from Jakarta in collaboration with major international hotel chains (MacRae, 2010). This explosion in tourism has brought outsiders to appreciate Balinese performance, art and culture, which are a very important part of Balinese heritage. Tourism and the related development it has sparked on the island have been central to the significant social and economic changes Balinese society has experienced over recent years (Graham Bolding, Davis, Hart, Sherr, & Elford, 2006; Sumiarta, 2012). For instance, the huge changes in the labour market which have seen many workers from across the archipelago flock to Bali (Fagertun, 2016), has increased internal and external migration (Skinner, 2015).

The Indonesian proverb "*ada gula ada semut*" (where there is sugar, there are ants) perfectly reflects the huge influx of Indonesian workers and business owners from outside of Bali who are attracted by the islands' burgeoning tourist economy. A high proportion of them originate from East Java and Lombok in search of work and a better standard of living (MacRae, 2010). Beginning in the mid-1990s, most of the dirty, dangerous, manual jobs in South Bali, particularly construction and road construction, continue to be disproportionately taken by young, single males who hail from other Indonesian islands. Many of them also work in Bali's informal economy, taking jobs as street stall vendors, door-to-door salespeople, scavenging for recyclable materials, as well as contract-based rice harvesting in West Bali (MacRae, 2010). Javanese workers

are preferred in Bali, as, being mainly Muslim, they are not restricted by frequent Hindu religious or cultural ceremonies and are willing to work long hours for low pay. A more recent development in this migrant worker sector has seen many young immigrants to Bali supporting themselves (and their families back home via remittances) by working in the commercial sex trade (Purwaningsih & Widayatun, 2008).

Although commercial sex work is illegal throughout Indonesia, it represents a thriving sector of the black economy, particularly in tourist meccas such as Bali (Purwaningsih, 2013). The commercial sex industry in Bali is predominantly centred in Bali's estimated 49 *café remang-remang* (literally dimly lit café-bars which provide visitors with access to sex workers) and *lokalisi* (prostitution complexes which are concentrated in several areas of Denpasar) (Alcano, 2016). In addition, commercial sex services (or access to those providing such services) are freely touted in Denpasar's 29 massage parlours, 10 bars, 7 spas, and 6 karaoke bars (Dewa, 2017). The huge demand for sexual services in Bali and the comparatively high income it provides makes the island an attractive destination for young Indonesians (both gay and straight) from outside Bali. Furthermore, certain hotels provide sex workers for up-market Indonesian and international visitors, while cheaper services are available in Carik and Sanur (Alcano, 2016).

Research by Alcano (2016) shows that in Bali, male sex workers predominantly come from other Indonesian provinces such as Java and Lombok. Interestingly, there seems to be a growing trend for YMSM to fabricate their sexuality and 'become' homosexual or bisexual in order to find paying clients. Male sex workers, known as 'money boys' or 'Kuta cowboys' usually sell soda or food on the streets and may teach surfing lessons on Kuta Beach. They may also offer a sideline in romance, for both male and female tourists (Campbell, 2013). In addition, other male sex workers known as 'hustlers' work alone in the streets late at night or even pretend to be gay (known as gay *palsu* or fake gays), *gay murahan* (cheap gays), or *gay malam hari* (nocturnal gays) in order to find paying clients. Others cast themselves as full-time, 'career' sex workers who seek rich gay *bule* (foreigners) as long-term clients who will support their often opulent lifestyles in Bali and overseas (Alcano, 2016).

Thus, the massive development of international sex tourism in Bali has been closely linked with the spread of HIV both within the island's gay population as well as affecting the heterosexual partners of gay sex workers (Lukmansyah, 2016). This trend is also supported by research from the Caribbean which has a similar tourism profile (Padilla et al., 2012). In Indonesia, research by Hugo (2001) indicated a strong relationship between internal and international population mobility and rates of HIV/AIDS as male migrants often find themselves living far from their wives, with large disposable incomes and easy access to the sex industry (Hugo, 2001). According to Bali's Bureau of Statistics (BPSPB), internal migration has overwhelmingly contributed to the population explosion witnessed in Badung and Denpasar over recent years (BPSPB, 2016b), and these new immigrant's sex tourism-related occupations such as beach boys, gigolos, male/female sex workers render them vulnerable to HIV (Purwaningsih & Widayatun, 2008). This risk is compounded by the low level of awareness about HIV prevention and the lack of sex worker's power and agency in negotiating condom use with paying clients (Ford, Wirawan, Fajans, & Thorpe, 1995).

2.2.5 Poor access to Sexual Health Education

The WHO Commission on Social Determinants of Health (SDH) emphasises the link between educational involvement and health outcomes. Specifically, an individual's level of education is closely associated with their social position, employment and economic status, social-psychological resources as well as their propensity to make healthy lifestyle choices (Ross & Wu, 1995). However, in terms of safe sex practices, research is inconsistent on the strength of the relationship between an individual's level of education and condom use. For example, Safika, Johnson, Cho, and Praptoraharjo (2014) research on condom use among MSM in Jakarta, and Morineau et al. (2011) analysis of the Indonesia Integrated Biological and Behavioural Surveillance (IBBS) 2007 suggested that MSM who has a higher level of education has a better condom use. In contrast, research by Prasetyo et al. (2014) study in East Java and Wulandari, Lubis, and Supriyadinata (2012) research in Bali, which shows that men with higher levels of education were more likely to practice unsafe sex. One possible explanation for these conflicting findings is that the participants in Safika et al.'s (2014) and Morineau's (2011) research may have had better access to information about safe sex or other factors related to condom use (such as more power in their sexual relationships) and/or better financial circumstances. However, research in this area does not yet provide

satisfactory information on the link between rates of condom use and factors which influence safe sex choices (Kippax & Smith 2001).

Sex education in Indonesia does not form a specific part of the curriculum; rather, in schools, it is delivered as part and parcel of Biology. This means that young people receive most of their information about sexual health from friends (which is likely to be inaccurate), pornography (which often depicts contrived and unsafe sexual behaviour), and the media, all of which mean that young Indonesians are likely to be poorly informed about sexual health issues including HIV and STI prevention (Situmorang, 2003).

Furthermore, the entrenched, conservative Indonesian attitudes towards sex lead to a culture of shame, silence, taboo and secrecy for many young people who have a need to access to contraceptive and reproductive health programmes. The situation does not appear much brighter at home, as research has clearly suggested that on the whole, Indonesian parents are uncomfortable discussing sexual issues with their children (Situmorang, 2003). To add to this, family planning and reproductive health services may only be accessed by those who are already married (Reproductive Health Regulation, 2014). The minimum legal age for marriage in Indonesia is 19 for males and 16 for females, therefore, while a married woman aged 17 may access such services, unmarried women regardless of age who attempt to do so would be likely to be considered sinful, be subject to abuse or face sanctions for violating the strict Indonesian societal prohibitions on sex outside of marriage (Holzner & Oetomo, 2004).

Such values have been identified as the most significant obstacles to promoting effective sex education, family planning, reproductive health and HIV/STI prevention initiatives. The regulation of youth sexuality occurs through legal-moral mechanisms which allows sex within marriage but either ignores sexual activity between non-married couples regardless of age or condemns it in same-sex couples (Holzner & Oetomo, 2004). Pre-marital sex is seen as a threat to Indonesian culture and tradition, and therefore the state and religious forums feel responsible to blindly maintain these values regardless of the consequences for individual's sexual health. Therefore, the plight that YMSM face in accessing sexual health care is invariably much tougher than even that of unmarried heterosexuals and this can lead to them developing their own

knowledge on sexual and reproductive health from untrusted resources which represents a risky mechanism for addressing complex sexual and reproductive health needs.

2.2.6 Poor access to Universal Health Coverage

Universal Health Coverage (UHC) is defined as the provision of equal access to health services for all (WHO), and, in 2012, the Indonesian Government declared that UHC would be fully implemented by 2019. A law was passed mandating *Badan Penyelenggara Jaminan Sosial* (BPJS) (the social security administration body) to create two schemes to cover all Indonesians; BPJS health and BPJS workforce to cover pensions and life insurance (Pisani, Olivier Kok, & Nugroho, 2016). The BPJS health scheme which began on the 1st January 2014, only provides free health care for the less well off, and, in February 2017, it was reported that 60% of the Balinese population were covered by this programme (Surya, 2017). Three types of BPJS membership exist – class I, class II and class III with monthly membership fees of NZ\$3, NZ\$6 and NZ\$9, respectively (BPJS, 2014). Before the introduction of BPJS, Bali had its own provincial health insurance scheme known as *Jaminan Kesehatan Bali Mandara* (Bali Mandara Health Coverage, or JKBM) which provided health insurance for those not covered by BPJS Bali. Around 2.080.147 people (50% of the Balinese population) were covered by JKBM (Bali Province Health Office [BPHO, 2016a]). In 2016, the Governor of Bali announced the integration of the JKBM with BPJS in order to comply with law no. 24 (2004) concerning *Sistem Jaminan Sosial Nasional* (SJSN, the national social security system) (Government of South Sumatra Province, 2002; Khadafi, 2016).

Although on paper, BPJS seems to provide healthcare for all, due to its strict administrative requirements, MSM are unlikely to be able to access it easily which has huge consequences HIV prevention and treatment. For example, as the majority of MSM are migrants to Bali, they may not be able to provide the necessary citizenship identification such as national ID cards and family registration identification. Such ID in Indonesia is not applied nationally; it is only valid in the place issued. And, although the government of Bali introduced a *Kartu Ijin Penduduk Sementara* (KIPEM, a temporary identity card) as a substitute to this ID, this needs to be extended every 3 months at a cost of Rp. 50.000 (NZ \$6) and, in addition, a job offer letter, relocation letter, and family registration identification in Bali are required. This heavily bureaucratic process

makes it difficult for MSM to acquire a KIPEM and many are reluctant to do so (Centre for Health Policy and Management [PKMK, 2015]).

2.3 Structural determinant and socio politic position

Structural determinant is aspects that ‘interplay between socioeconomic-political context, structural mechanism generating social stratification and the resulting socioeconomic position of individual’ (WHO, 2010, p. 28). The structural determinant shifts the social determinants of health inequalities, this is a kind of social process that shaping distribution of the health status. The context of structural determinant of YMSM in Bali encompasses stigma and discrimination, sexuality norms and gay world.

2.3.1 Stigma and discrimination

Stigma and discrimination are significant barriers to accessing HIV services and programmes among key affected populations in Indonesia, and in Bali in particular (UNAIDS, 2010). Here, it is worthwhile revisiting the definition of *stigma* as ‘a negatively perceived defining characteristic used to set individuals or group apart from the normalised social order’ (Gilmore & Somerville, 1994, p. 1341). Discrimination often involves purposeful actions against individuals from a particular community, and so, this enables it to be more easily identified (Busza, 2001). In Bali, stigma and discrimination are experienced by key affected populations such as sex workers, IDUs, MSM, as well as YMSM, in relation to the complex mix of taboos surrounding sex and particularly non-heterosexual behaviours and lifestyles within Indonesian society (Busza, 2001). MSM in Indonesia – including Bali – experience multi-faceted issues related to stigma and discrimination (Ariyanto & Rido, 2008; Elford et al., 2010). This bullying, hatred, physical violence, oppression and denial they experience can be traced to the widespread social disapproval towards their sexual orientation and life choices which is present in Indonesia (Arivia & Gina, 2016; Ariyanto & Rido, 2008).

Discrimination towards YMSM can increase their vulnerability to HIV as it makes it much more difficult to reach this vulnerable group and can also discourage gay men from seeking help in the first place (Altman et al., 2012). Therefore, reducing stigma and discrimination among MSM, YMSM, and other key affected populations has been a UNAIDS priority, as well as reducing new HIV infections and AIDS-related deaths (UNAIDS, 2013). The social stigma towards homosexuality rooted in Indonesia’s

conservative social norms has a significant effect on individuals including low self-esteem and fear of seeking help for fear of being judged. This can cause YMSM to either avoid entirely or delay accessing HIV and STI prevention and testing services (Aziz, 2013). A study by *Arus Pelangi*, a LGBT-based NGO, reported that 89% of LGBT people in Indonesia had experienced abuse; 79% as physical violence, 26% in the form of economic discrimination, 45% in the form of cultural discrimination, while violence carried out by a family member was as high as 76%, as well as widespread bullying of suspected homosexual students in schools (Ariyanto & Rido, 2008). Heterosexual Indonesian society shows little willingness to accept alternative sexual orientations or even socialise with members of such communities. LGBT individuals are made to feel sinful, guilty, and fearful in current Indonesian society (Thajib, 2014), and tend not to disclose their sexual orientation to their families as marrying and having children is seen as the highest social achievement (McNally, Grierson, & Hidayana, 2015).

In addition, the Indonesian media, the Government, and the military have all attempted to frame the LGBT community as a threat to the nation's morality. Since the 1990s, the Indonesian media has portrayed gay people as having sad lives, the object of pity, as suicidal and/or murderous, and likely to end their lives due to the psychological problems and unhappiness which being gay is purported to bring (Murtagh, 2011). For example, a popular movie, *Istana Kaca* (Mirror Palace) starring Mathias Mucus, a prominent heterosexual actor who played a gay man living with his wife and children while maintaining extra-marital relationships with MSM partners. The movie ends with his suicide; the emotional and psychosocial burdens he is under as a result of his sexuality being apparently too much to bear (Murtagh, 2011). In wider society, homosexuality is framed as an illness to be treated much like a mental disorder; a social disease which conflicts with national morality (Badgett et al., 2017; Blackwood, 2007).

Thus, the current treatment of the LGBT community in Indonesia has increased the social disparity between them and the heterosexual majority (Hegarty & Thajib, 2016; Human Right Watch, 2016). Boellstorff (2004a) describes the Indonesian mainstream media's negative portrayal of LGBTs as *political homophobia*, by framing it as immoral and inconsistent with national culture and religious teachings. Further, this growing political homophobia is perhaps a reflection of changes in attitudes globally, driven by

increasing religious fundamentalism and a backlash against secularism, globalisation and modernization (Boellstorff, 2016).

Recently, a series of events have indicated a hardening of the official stance towards MSM in Indonesia. In January 2016, in response to the establishment of the Support Group and Resource Centre on Sexuality Studies (SGRC) at the University of Indonesia, Jakarta, a vitriolic statement from Muhammad Natsir, Minister of Research, Technology, and Higher Education, read:

LGBT are not allowed to enter universities.

LGBT are not in line with Indonesian norms and values. I prohibit (the LGBT) from being on campus.

We need to maintain our values and social norms (Batubara, 2016).

This was followed by a decision by the Ministry of Communication to ban gay emojis (emoticons on electronic messages) from messaging apps; prevent ‘feminine’ men from being shown on television; and censoring Tumblr over gay content from The Gay Times, and clamping down on gay apps such as Grindr, Hornet, and Jack’d (Withey, 2016). Threats to LGBT individuals were also received from the police themselves as well as *Front Pembela Islam* (FPI) or the Islamic Defence Group, an Islamic vigilante organisation which conducted raids on apartments and boarding houses of students suspected of being gay (Amelia, 2016). In response to the anxiety caused in the Indonesia LBGT community, the former coordinating minister for Political, Legal and Security Affairs, Luhut Panjaitan, Christian religious leaders, human rights activists and academics, argued that gay individuals are equal to heterosexuals under national law and within educational institutions, and therefore they should be protected from unlawful raids, violence, eviction and other discrimination (Communion church of Indonesia [PGI, 2016]). This outcry prompted Muhammad Natsir, Minister of Research, Technology, and Higher Education to walk back his position, saying that it was only intended for gay students who show affection for each other in public (Prasetiyo, 2016).

Although practising MSM’s behaviour is not subject to specific criminal prohibitions under the Indonesian penal code, neither is any legal protection in place which makes it illegal to discriminate against members of this community on the basis of their sexual orientation (Ariyanto & Rido, 2008). For instance, local Government at the province, city, and municipality level have autonomy in the regulation of homosexual

relationships. Several localities continue to discriminate against homosexuals; South Sumatra and Aceh being the most high-profile offenders due to the strict Islamic *Sharia* laws in place (Altman et al., 2012; Ariyanto & Rido, 2008; UNDP & USAID, 2014). In South Sumatra, provincial law no.12/2002 states that homosexuality is illegal and MSM can be fined or sentenced to jail (Government of South Sumatra Province, 2002). In Aceh, the only province in Indonesia under *Sharia* law, a gay person may be sentenced to 100 lashes (UNDP & USAID, 2014). A recent news article from Aceh reports that two gay men were sentenced to 85 lashes each for having gay sex (Topsfield, 2017). Further, a conservative Islamic group, *Aliansi Sayang Keluarga* (ALILA) (or the Love your Family Alliance), filed a petition to demand a revision of the criminal code which made same-sex partners legal (Widianto, 2016). According to ALILA, current Indonesian laws are based on Western secularised values which do not reflect Indonesian culture, morals or religious values.

This tension over homosexuality has spread to Bali. In a discussion forum – *Podium Bali Bebas Bicara saja* (Bali free speech podium) – the Bali’s Vice Governor stated that the customary village laws (*awig awig*) which are formulated by consensus through village meetings, should punish LGBT individuals with a Rp.100 million (NZD \$10, 450) fine (Bali to reject LGBT, 2016). However, despite the lack of local regulations which criminalise homosexuality in Bali, from a Hindu perspective, same-sex marriage should be rejected as it is not in line with religious teachings that the ultimate goal of the family is to produce children (Bali to reject LGBT, 2016). Since Bali is among the top 10 LGBT destinations in the Asia Pacific region, gaining an annual revenue of around the US \$200 billion yearly from LGBT travel (Bali Discovery Tours, 2016), such views are likely to have a negative impact on the island’s tourism as many gay travellers will avoid countries that treat them poorly (Mollman, 2016).

A well-established link exists between stigma, discrimination and homophobia which dissuades MSM from accessing HIV prevention services, which in turn, increases their vulnerability to the disease. A quote from Altman et al. (2012) (below) describes how homophobia can increase MSM’s risk of HIV through the establishment of fear which makes them reluctant to access AIDS prevention services:

Homophobia both increases vulnerability and reduces access to services. Prevention programmes directed towards homosexual men are often harassed by police, and official silence means that some men

mistakenly believe that homosexual intercourse is safe. Homophobia affects HIV in direct ways by driving discussion about MSM and homosexuality underground, legitimatising fear and prejudice and compromising AIDS service organisations so that they cannot work publicly with LGBT and MSM communities' (Altman et al., 2012, p. 443).

Many lesbian, gay, bisexual, and transgender-related HIV education events in Indonesia are banned by the police and Islamic fundamentalist groups. For example, in 2000, AIDS charities and LGBT community representatives from all over Indonesia celebrated a national health day which included entertainment and sexual- health education at an event called *Kerlap Kerlip Warna Kedaton*, (Flickers of Royal Court Colours) in Kaliurang, Jogjakarta. The event was raided and banned by the *Gerakan Pemuda Ka'baah* (Ka'baah Youth Movement) – an Islamic paramilitary group. Then, in 2016, an HIV *edutainment* event called G-night or *gue berani* (I am brave) was shut down by the police on the basis that it was assumed to be promoting free sex and homosexuality, which, the police argued, are at odds with Indonesian values (Faizal, 2016; Goestin, 2016).

2.3.2 Sexuality norms in Indonesia

Although for many in Indonesia, the LGBT movement has been portrayed as being a recent import from the West which is in danger of destroying the nation's morality, in fact, same-sex relationships have been recorded as part of Indonesian tradition since the pre-colonial era (Oetomo, 2001). Anthropological studies in Indonesia have found evidence of homosexual relationships dating back hundreds of years (Boellstorff, 2004a; Oetomo, 2001). For instance, Javanese art and literature – known as *serat centhini* – written in the 18th century, features stories of intimate sexual relationships between men. Such relationships are described as being fun and enjoyable. Davies (2010) also found that three alternative genders (in addition to male and female) are present in Bugis communities in South Sulawesi – *Bissu* (androgynous shaman); *calabai* (transgender males); and *calalai* (transgender females). The *bissu*'s role is to look after sacred royal artefacts. Further, the practice of homosexual relations is also found in traditional dance performances such as the *Sadati* dance in Aceh, and the *Gandrung* dance in Bali (Oetomo, 2001). The dancers, teenage boys, play female roles, and, in the past, male audience members traditionally gave them tips or slept with them.

Overwhelmingly, Indonesian cultural and social norms favour heterosexuality, and this infuses not only with social processes but also with political messages, particularly during authoritarian president Muhammad Suharto's 1966-1999 reign, known as the New Order (Blackwood, 2014). During this period, state ideology related to gender and heterosexual norms were used as a tool of social control; women's role was typified as being household-based where wives were little more than domestic workers and inferior to men. Suharto also constructed a state ideology known as *azas kekeluargaan* (the kinship principle) in which the state itself was regarded as the head of the family and the husband as its guide, providing shelter and protection (Blackwood, 2007). This New Order government declared a state of *Ibuism*, literally meaning the state of motherhood. Although the New Order did not directly refer to homosexuality *per se*, its focus on the traditional heterosexual family unit (which is also supported by religious teachings and educational establishments) means that homosexuality was automatically seen as a deviant form of relationship and therefore vilified (Blackwood, 2007). When Suharto's reign ended in 1999, Indonesia entered an era of reformation which saw a shift from the centralised prescriptions of acceptable gender roles. The regulation of sexuality shifted from the state's hands to vigilante Islamic groups such as *Front Pembela Islam* (FPI or the Islamic Defender Front). This carries out 'sexuality or morality raids' on hotels, apartments and rented housing targeting unmarried or same-sex couples (Andajani, Lubis, & Davies, 2015).

2.3.3 The gay world in Indonesia

The predominantly conservative Indonesian discourse on sexuality has had severe negative impacts on MSM's lifeworld in terms of living under the ever-present threat of discrimination and violence as well as working against programmes to prevent the spread of HIV. For many MSM in Indonesia, gay life can never live up to mainstream society's aspirations of marrying within a heterosexual relationship and producing children (McNally et al., 2015). More specifically, earlier research by Howard (1996) illustrates that many MSM in Indonesia tend to conceptualise their gay life as separate from with their normal heterosexual life where they present the socially acceptable appearance of being married with children. Recent research report by McNally et al. (2015) has highlighted that in Indonesia, if, within an MSM couple, one of them has a wife and children, there is no expectation from their partner that they will separate from their family. This situation, where Indonesian MSM often wish to adopt a gay lifestyle

based on Western media portrayals which largely is unattainable in the current climate, is what Boellstorff (2003) calls a *dubbing culture* – as, like dubbing in films, speech and gestures never perfectly match, imply that being Indonesian and being gay never perfectly match. Indonesian MSM also seem to keenly realise that this situation is never likely to be resolved. Being gay in Indonesia will never be fully accepted by mainstream society as homosexuality rejects a key tenet of Indonesian state ideology – *azas kekeuargaan* – having a wife and children (McNally et al., 2015).

Thus, Indonesian MSM tend to live within an unresolved dichotomy; their socially acceptable, heterosexual family life, and their life as an MSM where they can seek pleasure, romance and participate in the gay scene. The venues used by members of the gay community in Indonesia often include night clubs and bars, online gay sites and community-based organisations as well as shopping malls, public parks at night, salons, and private karaoke rooms. Specifically referring to gay bars and night clubs known as *tempat ngeber* – places to gather or mingle Boellstorff (2003), such venues are almost exclusively gay and provide a safe, accepting atmosphere where MSM can be open about their sexuality, free from any judgement (McNally et al. (2015). In Bali, one of the most famous gay areas is Jalan Dyanapura, a street which hosts many gay bars (GDF, n.d). Subsequently, this development of Indonesian gay culture has led to the coining of a new ‘gay language’ based on the Indonesian national vernacular (Boellstorff, 2009) and is known as *Bahasa Gay*. Its importance to gay Indonesian culture is examined next.

Like slang Bahasa Indonesia (known as Bahasa Gaul), Bahasa Gay is often used by the MSM community, and a dictionary detailing its vernacular was first published online in 1999 and is frequently updated (Ibhoed & Wahono, n.d). Bahasa Gay was formed through modifying local dialects such as Javanese and Balinese as well as Bahasa Gaul in order to create a new vocabulary with which the gay community could express itself (Oetomo, 2001). It serves to ‘stabilize social relations, creating a sense of similarity and to invoke a sense of gay community’ (Boellstorff, 2009). Based on an analysis of Bahasa gay’s phonology, morphology, syntax, semantics and pragmatics by Boellstorff (2009) it is widely understood outside of gay circles and has also been widely adopted by non-gay speakers and thus, is not considered to be a ‘secret gay language’, rather it

us used as a means by which homosexuals can both identify themselves as gay and identify others as members of the gay community (Oetomo, 2001).

2.4 The Indonesian political response to the HIV epidemic

One important aspect in social determinant of health is the health policy which has role in driving the implementation of the HIV prevention. Indonesian response to HIV epidemic can be understood in terms of the effect the epidemic has had upon the nation, as well as the country's political situation and the global commitment to countering the spread of HIV. In terms of the Indonesian response, this took shape in 1985 as part of the Association of South East Asia Countries' (ASEAN) commitment to reducing the spread of HIV. ASEAN consists of ten South East Asian countries including Malaysia, Singapore and Thailand, which agreed to monitor the development of the HIV epidemic in the region (Mboi, 2006). The first reported case of HIV appeared in Bali in 1987.

This spurred the Indonesian Ministry of Health to introduce legislation which requires that every province is legally obliged to report new cases of the disease (Hidayana, 2012). At the same time, the government formed *Komisi Penanggulangan AIDS* or the National AIDS Commission (NAC), chaired by the Directorate General of Centre of Disease Control and Environmental Health (CDC & EH), although this limited AIDS prevention programmes to the health sector only. In 1994, a multi-stakeholder collaboration was established by presidential decree no. 36/1994 to broaden the response to HIV to include the welfare sector and the lead for HIV prevention programmes shifted from being the responsibility of the Ministry of Health to the Ministry of Welfare. This was accompanied by the appointment of a multitude of government ministers from the Health, Tourism, and Justice departments to the NAC (Ibrahim, Songwathana, Boonyasopun, & Francis, 2010; INAC, 2010). At this time, HIV was categorised as a low-risk public health issue and consequently, the Government response was limited to minimal HIV surveillance at selected brothels in high-risk areas and monitoring cases of HIV in regular blood donations to the Red Cross Blood Transfusion Service (Mboi, 2006).

Then, between 2000 and 2001, the rising tally of HIV cases began to draw the government's attention, and it was reassigned from a low-risk category to a 'concentrated category' especially among IDUs. During this period, there was also a

significant shift in the implementation of HIV prevention programmes due to Government decentralisation. As a result, the implementation of HIV prevention programmes and the related budgets shifted from central to local Government (Mboi, 2006). In addition, Indonesia signed the United National General Assembly Special Session Declaration of Commitment on HIV/AIDS in June 2001, which is part of the global consensus framework to reach the Millennium Development Goal to reverse the HIV epidemic by the year 2015 (Mboi, 2006).

In response to the rapid growth of the HIV epidemic in this period (2000-2001), the Indonesian Government established a harm-reduction programme targeting high-risk groups such as IDUs called *100% condom use* in a collaboration between Government and civil health groups (INAC, 2003). This programme harnesses multi-stakeholder cooperation among the Ministry of Health, the National AIDS Commission, the Ministry of Internal Affairs, and NGOs, as well as those involved in running the sex trade. However, the evidence suggests that the *100% condom use* programme was not as successfully implemented in Indonesia as compared to Thailand – where it was first trialled – as condom use among high-risk groups was still below expected rates and this was accompanied by high rates of STIs including HIV. The causes of this disappointing outcome are related to issues with the programmes' implementation in terms of a lack of support from brothel owners and an unwillingness to act on the part of Government departments due to the stigma and discrimination associated with HIV and sex workers. In addition, those responsible for promoting the take up of this initiative were lacking in the necessary skills to do so effectively, and hindered by moral issues over promoting condom use (Spratt, Fahir, & Surjadjaja, 2007).

By 2004, the government became aware that the HIV epidemic had spread from Jakarta and Bali to other previously unaffected provinces. This prompted initiatives to build stronger collaboration between multi-governmental agencies and NGOs to fight the spread of HIV, as exemplified by the signing of the Sentani Commitment in Papua, which had been identified as one of the areas worst affected by HIV. This agreement sets out a comprehensive seven-point programme to provide an integrated response to HIV (Mboi, 2006):

1. Promoting condom use in every high-risk sexual activity.
2. Preventing HIV among IDUs.

3. Providing access to treatment including antiretroviral (ARV) treatment to at least 5000 people living with HIV (PLHIV).
4. Reducing stigma and discrimination toward people living with HIV (PLWH).
5. Establishment and empowerment of provincial and district AIDS commissions.
6. Development of law and legal regulations conducive to HIV prevention, care and support programmes.
7. Broadening information, education and communication about HIV including collaboration with religious groups.

The Sentani Commitment has significantly raised awareness about HIV and prompted local-government action relating to prevention and education programmes. Through this commitment, the Deputy of Governors was simultaneously appointed as chair of the Provincial AIDS Commission, local Government budgets funding HIV education programmes were increased, and collaboration between the Government and NGOs concerned with HIV prevention was strengthened (Mboi, 2006). However, the Sentani Commitment is not legally binding; rather, it is an expression of interest in preventing the spread of HIV (Spratt et al., 2007). As a result, the implementation of this agreement relies heavily on the goodwill of local Government officials who are not obliged to implement its principles. As HIV in Indonesia is a sensitive topic and is subject to considerable stigma and discrimination, even under pressure from high-level public health officials, the grassroots implementation of the Sentani Commitment still leaves a lot to be desired (Spratt et al., 2007). For instance, in order to request funding to implement the Commitment's principles, local Government must first pass *Peraturan Daerah* (*Perda*, or local regulations) which requires strong support from elected officials. Several provinces, including Bali, have shown leadership in this respect by successfully passing the necessary *Perda* although this has not been the case in many other provinces. Despite this, in the absence of any alternative national frameworks for HIV prevention, the Sentani Commitment has become an important foundation which allows the National AIDS Commission to work more assertively with Government to slow the spread of new infections through the implementation of HIV education, testing and treatment services (Mboi, 2006).

Following the Sentani Commitment, the Government passed a presidential decree (no. 75/2006) in 2006 to scale up HIV prevention programmes across 100 districts in all 33 provinces of Indonesia based on the scale of the HIV problem in each (INAC, 2010).

This served to strengthen the National AIDS Commission's political position through expanding its membership to 12 Government ministers including the Home Secretary, the Tourism Minister, the Chief of the Military, the Head of Police, and other HIV-related professionals and NGOs (INAC, 2010). Although in legal terms, this presidential decree represented a very strong response to the growing HIV epidemic, on the ground, its implementation remained weak at the local level. A range of factors explain this, including an insufficient range of practical mechanisms to support the programmes' aims; weak planning, implementation and evaluation at the local level. Other aspects are mixed levels of commitment from local governments; a lack of resources for delivering HIV programmes in a sustainable way. In addition, the tension between public health activists and opposition groups particularly surrounding the promotion of condom use; and harm reduction strategies based on stigma, discrimination and gender inequality, are also determined the implementation of the HIV prevention in local level (INAC, 2010).

The current national Indonesian HIV strategic action plan focuses on the implementation of a combined approach to fighting the disease (INAC, 2015). This is based on a framework of HIV prevention strategies including behavioural and biomedical approaches such as positive prevention, treatment as prevention, the administration of ARV prophylaxis before and after unprotected sex, harm reduction for IDUs, circumcision, counselling, and promoting gender equality. The programme aims to reach 70% of the key affected population in 141 districts to increase the use of condoms, reduce STIs, and implement harm reduction programmes for IDUs. As well as targeting the key affected populations, it also aims to reach YMSM and young heterosexuals at low risk (INAC, 2015).

Alarmingly, under a presidential decree (no.124/2016) released in December 2016, the National AIDS Commission will be decommissioned at the end of 2017 due to government efforts to curb public spending. Accordingly, the role of the National AIDS Commission will be embedded within the remit of the Ministry of Health, where the Director General of Communicable Disease Control and Environmental Health was appointed to become secretary of the National AIDS Commission (Dewi, 2017; Waworuntu, 2017). Although this new regulation is viewed by some as ensuring the future sustainability of the national HIV prevention programme (Waworuntu, 2017), it

has been widely criticised as it limits Indonesian response to HIV only on the health sector which could potentially interfere with the implementation of a US\$ 50 million grant for HIV prevention from an multilateral international global finance institution for HIV, TB and Malaria disease called the Global Fund (Dewi, 2017).

2.4.1 The Indonesian response to the HIV epidemic in relation to MSM and YMSM

The overarching Indonesian framework tasked with preventing the spread of HIV/AIDS among MSM, *PMTS Paripurna* (Program Pencegahan HIV Melalui Transmisi Seksual, or the sexually transmitted HIV prevention programme) targets all categories of MSM. It aims to protect sex workers of all kinds; both commercial sex workers and those working in venues such as massage parlours (INAC, 2014b). In implementing this initiative, a multi-stakeholder partnership consisting of local health departments, community-based MSM organisations, gay entertainment venues and the National and local AIDS Commission was established (INAC, 2014b).

With its focus on outreach work, HIV testing, care, and treatment, *PMTS Paripurna* appears to have strengthened MSM's participation and sense of agency in terms of responding to HIV. This can be seen from its four components: (1) building an advocacy and network between MSM and stakeholders; (2) strengthening the outreach programme to MSM through peers, the Internet and mobile services and involving stakeholders at gay hotspots such as gay bars and massage parlours; (3) building and strengthening the network of STI clinics and providers; (4) monitoring and evaluation of the programme by conducting routine surveys on knowledge, attitudes, and behaviour toward HIV every 1-3 years (INAC, 2014b). Meanwhile, the 2015-2019 National Action Plan specifies strategies to address the HIV epidemic affecting YMSM and other at-risk populations which consist of outreach projects, empowerment of YMSM and other young key affected groups, psychological support and the use of technology including providing HIV prevention information specific to young people (INAC, 2015)

Separate to the 2015-2019 National Action Plan Currently, a project called LOLIPOP (Linkage of Quality Care for Young Key Affected Populations) has also been targeting young key affected populations, including YMSM. This project represents a joint

programme between the National AIDS Commission, The Ministry of Health and *Fokus Muda* (Youth Focus) an HIV organisation set up under the umbrella of Gaya Nusantara to prevent the spread of HIV in young key affected populations. The first pilot project began in 2014 in Bandung, and since 2016, it has been scaled up to include three more cities; Surabaya, Denpasar, and West Jakarta. Its aim is to increase access to HIV prevention, testing, and treatment services for young people at risk of HIV by creating youth-friendly health clinics. The conceptual framework of this project employs a comprehensive HIV prevention programme which emphasises enabling individuals to take responsibility for their sexual health, increasing young key affected populations' access to HIV services, increasing the quality of health services offered by community health centres and using IT to deliver the programme (Sumiwi, 2016).

The LOLIPOP project uses an SMS-based approach called location-based advertising (LBA) to promote the project's aims and inform young people about HIV services in their area. LBA represents a new form of communication with at-risk groups that integrates mobile advertising with location-based services. The service is used to promote HIV testing to at-risk young people in the vicinity of specific local health services. Such health services are also promoted via social media where local *Puskesmas* (community health clinics) are supported in creating Facebook pages offering advice and testing. This project encompasses training for *Puskesmas*' staff about the youth-friendly services offered, provides workshops for HIV outreach workers, and offers support in designing online communication platforms and best use of Information, Education and Communication (IEC) material (Dewayanti, 2016). Overall, the LOLIPOP project has achieved great success – a 6-month evaluation found a 66% increase in HIV testing (compared to the baseline %) in young key affected populations, and a 67% increase in those receiving ART (Nevendorf et al., 2016).

2.4.2 HIV prevention and MSM and YMSM in Bali

Historically, the Indonesian Government has been judged to be inadequate in distributing HIV-prevention information to the MSM community (Abigail, 2012; Muhammad & Muhammad, 2006). This view is supported by Burnet Indonesia (a research and training centre to strengthen the community response to HIV based in Bali), which found that only 2% of MSM in Bali had been reached by the Government's HIV-prevention programme in 2006. Further, only nine NGOs in seven areas of

Indonesia – including Bali – had implemented HIV prevention programmes by 2006 (Muhammad & Muhammad, 2006). Although the NGOs' aims to conduct outreach programmes, disseminate HIV-prevention information and run STI and HIV clinics were commendable in principle, the quality of care provided varied considerably – from those offering well-developed, internationally recognised programmes, to others which had to contend with inadequate human resources and woefully insufficient funding (Muhammad & Muhammad, 2006).

Encouragingly, state action targeting HIV prevention in MSM and transsexual individuals has seen an improvement since 2012, when, for the first time, the Government's National Strategy and Action Planning (2010-2014) invited gay organisations to contribute to the National Forum. Specifically, the GWL-INA (Gay Waria Lesbian Indonesia Network), was afforded membership of the Indonesian National AIDS Commission. Further, as part of the Government's HIV prevention initiative, the implementation of HIV prevention initiatives has been scaled up to include 37 districts and municipalities across 10 provinces (Abigail, 2012). This organisation is focused implementing HIV- prevention programmes targeting YMSM, MSM, and transsexuals.

However, despite these seemingly positive moves by the Government, it was not until 2013 that HIV prevention programmes for YMSM in Bali were provided with support from the National AIDS Commission. Linked to this, the Gaya Dewata Foundation (GDF, a Bali-based gay foundation) has received additional state support in recruiting several YMSM as outreach workers and peer educators to disseminate information about HIV prevention and encourage other YMSM to undergo HIV testing. Further, in 2013, a working group called *Pelangi Muda Dewata* (Bali Rainbow Youth) was formed to provide YMSM, young transgender individuals and other LGBT groups with a safe and supportive place to gather and build networks and advocacy groups. However, this group has been inactive since 2014 due to a lack of assistance and funding from the GDF (Supriadinata, 2015).

2.4.3 The Gay Community's Response to the HIV Epidemic

One of the best examples of the gay community's response to the HIV epidemic is GWL-INA which was established in 2007 and aims to support the scaling up of HIV prevention and care programmes for gay men, MSM and transsexuals in Indonesia (Abigail, 2012). The network has been a member of the National AIDS Commission since 2012 and a Global fund sub-recipient since 2010. The network has become a resilient forum for the MSM community – enabling them to voice their concerns as well as offer guidance on matters relating to HIV prevention to The Ministry of Health and The National AIDS Commission. In addition, the network has provided clear guidance for the development and implementation of HIV/ AIDS prevention initiatives targeting the gay, MSM and transsexual communities in Indonesia as a whole, and Bali in particular (Abigail, 2012).

In terms of Indonesian YMSM's response to the HIV epidemic, a national network of young, key affected populations in Indonesia, named *Focus Muda* (Youth Focus) has been actively involved both at the national and international level in preventing HIV among young people. The network, initiated as an informal group in 2012, has since introduced in international podium during the Global Fund Youth-Guide, the pre-youth events during the International AIDS Conference 2014 in Melbourne, Australia (Gurung, 2016). In addition, *Focus Muda* is involved in the empowerment of young people in relation to HIV prevention through actively providing training and workshops to build young people's leadership. The organisation has also been involved in advocacy, networking, and technical assistance to ensure that YMSM and other young at-risk individuals are given greater and more meaningful participation in the movement for HIV prevention and sexual and health reproductive rights (SHRH). Some of the national and international events initiated by *Focus Muda* to respond to the needs of young key affected populations in relation to HIV include NewGen (an organisation which offers young people leadership training in HIV prevention), the HIV-SRHR (HIV and sexual and reproductive health and rights) consortium, the KATALIS (young advocates) programme, the LOLIPOP pilot project, and the Global Fund. This network has successfully integrated the issues of key affected populations namely IDUs, MSM, transsexuals and sex workers into Indonesia's strategic HIV and AIDS plan (NSP) 2015-2019, which has been sensitive to youth issues and is used as a significant basis for Global Fund advocacy (INAC, 2012a).

In Bali, the Gaya Dewata Foundation has been actively working to address the HIV epidemic among MSM. The organisation is focused on delivering information about HIV prevention, testing, and providing support to MSM living with the disease (GDF, n.d). In Bali, the Gaya Dewata Foundation has been responsible for collaborating with the owners of gay bars to implement an initiative called *Condom Man* which distributed HIV prevention information to patrons and encouraged them to get tested (Karya, Barker, & McDavid, 2014). Currently, the Gaya Dewata Foundation an active sub-recipient of the Global Fund New Funding Model for the period 2014-2017.

2.4.4 HIV prevention funding

Since the beginning of the HIV epidemic to the third stage which Indonesia is currently experiencing, responses to the disease have been predominantly funded by international donors including the Global Fund, a Geneva-based international financing organisation that aims to reduce AIDS, tuberculosis and malaria globally (Nadjib, Megraini, Ishardini, & Rosalina, 2013). Based on the latest National AIDS spending report (NASA) which was current when this paper was written, the Indonesian Government financed 42% of the total HIV spending in 2013 which went on educating the general population about HIV/AIDS and funding ARV (Antiretroviral drugs) (PKMK, 2016). The remaining share of international funding was spent on HIV prevention for key populations such as condom distribution programmes, opioid substitution therapy (OST) for IDUs and HIV testing care and treatment (Nadjib et al., 2013). Figure 6 (page 44) shows the total combined spending on HIV prevention and treatment by the Government and international organisations from 2006-2012. This shows that Government funding has increased three-fold from 2006-2012, from US\$15M to US\$35M, respectively. Similarly, over the same period, spending by international organisations has increased from \$50M to \$87M.

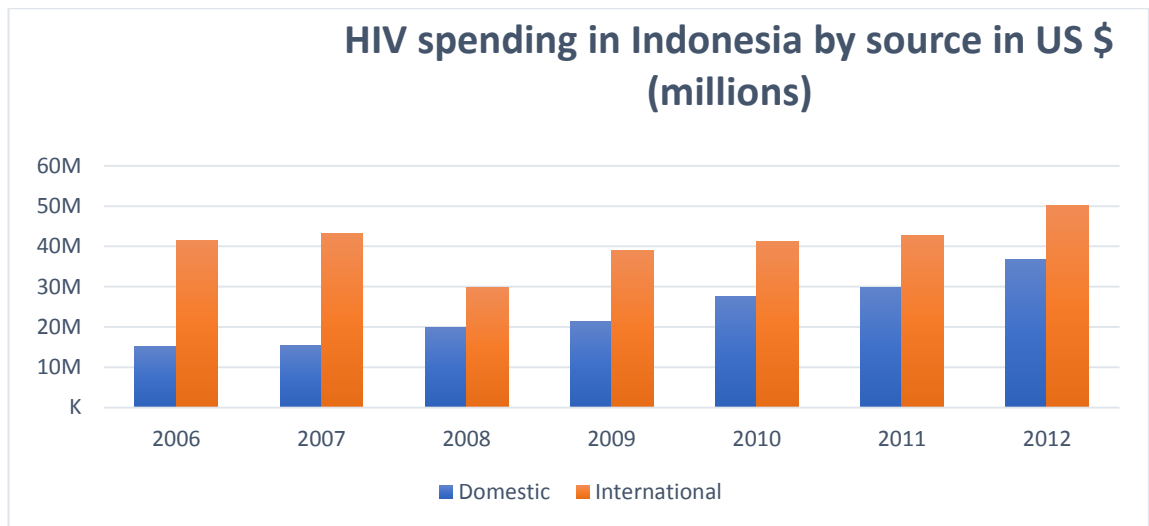


Figure 6: Indonesia HIV spending 2006-2012

Source: AIDS info (Nadjib et al., 2013)

As Indonesia is currently classified as a middle-income country by the World Bank, this has reduced the level of HIV response investment it may apply for. Currently, the Government is preparing a funding application for the Global Fund for AIDS, TB and Malaria or GF-ATM for 2018-2020 that should reflect its strategy for 2020. This is crucial to the country's transition to independent funding, as, by 2020, Indonesia needs to fund its own HIV response in full (Pardede, 2017). One strategy under consideration is integrating an element of HIV-prevention-programme funding into the National Health System (PKMK, 2016), and strengthening collaboration among multi-governmental organisations such as the Tourism, Religion, Manpower and Family Planning departments as well as enlisting NGOs and private clinics (Subuh, 2017).

2.5 Summary

In the 30 years since the first case of HIV was reported in Indonesia, policymakers have worked to control the epidemic. However, preventing HIV among YMSM has been subject to significant obstacles in the form of social, cultural, economic, political, and health considerations. In particular, the strong stigma surrounding HIV and homosexuality continues to present a considerable barrier for YMSM who wish to access HIV prevention and treatment services. This underscores the importance of the present study which aims to research innovative strategies from YMSM to prevent the spread of HIV among YMSM in Bali.

Chapter Three

YMSM AND OPPORTUNITIES FOR INTERNET-BASED HIV PREVENTION: A POLICY REVIEW

3.1 Introduction

This chapter presents a review of the background to HIV prevention in relation to YMSM, and the role of the Internet for HIV prevention specifically targeting YMSM. The aim of a policy review is to explore the administrative context relating to an area of study using governmental or organisational documentation and published, peer-reviewed, and institutional, historical and current literature to discuss and analyse the nature and direction of the policy area.

The literature relating to the Internet as a medium for HIV prevention in YMSM was selected on the basis of relevance using search strategy amongst a wide range of databases and publications in both English and Bahasa Indonesia. BioMed, EBSCOhost, ProQuest, Elsevier, Bio Med Central and other relevant databases were used to identify literature using the following terms: "HIV prevention", "MSM", "young MSM", "YMSM", "the Internet AND HIV prevention", and a combination of terms such as "Behaviour AND MSM AND Asia", "HIV AND YMSM" and "Young MSM and the Internet", "HIV prevention AND MSM AND policy". Publication dates range from 1992 to 2017. The search included five types of publications: research articles, books, media articles and grey literature such as institutional reports. Historical literature is included selectively to provide a background to early studies on HIV intervention and the early use of the Internet among MSM, and relevant articles are included in the review. Ultimately, this process produced 116 sources – 86 journal articles and 30 from a combination of books, reports and conference papers.

This chapter is divided into five sections: 3.2 explores the role of global policy in HIV prevention for MSM; 3.3 discuss the HIV prevention models; 3.4 provides a discussion of the digital divide among MSM youth; 3.5 explores literature about the Internet and MSM's lifeworlds, and finally 3.6 discusses barriers to employ Internet-based HIV prevention strategies.

3.2 The role of global HIV policy in HIV prevention for MSM

Acquired immunodeficiency syndrome or AIDS is described as a syndrome allowing opportunistic infections and diseases to develop as the immune system is weakened by the progression of the disease. The disease was first detected in Los Angeles in 1981 among gay males and was thus named Gay Immune Deficiency Disease (GRID). However, later the same year, the disease was also identified among non-homosexual IDUs in the United Kingdom, and, one decade after the first case was reported, every country in the world, has acknowledged and reported HIV infection in their populations (Merson, O'Malley, Serwadda, & Apisuk, 2008).

HIV prevention policy has been informed by the influence of both governments and international NGOs as well as the shifting geopolitical situation. In many countries, HIV prevention is not *value-free*; influence over funding for HIV prevention and control over HIV prevention campaigns often lies in the hands of politicians and religious faith-based organisation who overwhelmingly have their own particular agenda in relation to HIV and the issues surrounding it (Boyce et al., 2006). For example, such the USA policy which fuelled by the faith-based organisations has endorsed designed and promoted the ABC message (Abstinence, Be faithful, and use a Condom) in Sub Saharan Africa which has been so pervasive throughout the world (Boler & Archer, 2008).

In 1985, the WHO launched a special programme targeting the spread of HIV and AIDS, which later became the Global Programme on AIDS (GPA) in 1987. This aimed to direct and coordinate the global response to the HIV pandemic and was the very first global action to do so. However, due to its failure to meet the necessary targets in both HIV-affected and donor countries, GPA was discontinued in 1998 and was then replaced by UNAIDS – a United Nations joint program in 1996. Over the past 25 years, HIV prevention policy in many countries has historically been informed by international organisations such as UNAIDS and PEPFAR (the United States President's Emergency Plan for AIDS Relief). Further, certain international NGOs and local action groups also played a role in HIV prevention in developing countries at the beginning of the epidemic. For instance, in 1986, the American Foundation for AIDS Research (AmFAR) funded Family Health International (FHI), launched HIV prevention initiatives in several African countries such as Cameroon, Ghana, and Mali. Furthermore, a modest fund raised by Brazil's middle-class gay community supported

local HIV prevention for MSM in response to restricted of funding from PEPFAR. In this vein, Thailand has also seen locally financed groups actively supporting sex workers' organisations and rights (Merson et al., 2008).

In order to ensure funding availability to address HIV epidemic globally, the G8 summit, a meeting of the eight richest countries in the world (France, Germany, Italy, Japan, United Kingdom, the United States, Canada and Russia) in Genoa, Italy, had approved an initiation of the Global Fund to fight AIDS, tuberculosis and malaria (GF), in 2002. The GF is a private-public partnership aiming to meet a global commitment on 'Millennium Development Objectives' where reduction of the HIV, AIDS, Tuberculosis and Malaria was part of the commitment (Maciocco & Stefanini, 2007). Currently, the Global Fund to fight AIDS, Malaria, and Tuberculosis (GF-ATM) has achieved a significant level of influence globally as has the emergence and strengthening of government and other agencies' HIV/AIDS programmes in affected countries. The GF-ATM currently represents the world's largest donor for HIV prevention by providing funding to address HIV in more than 140 countries and has a significant influence in strengthening government and HIV agencies role to address HIV epidemic among MSM (Beyrer et al., 2016; Seale, Bains, & Avrett, 2010).

The GF has imposed specific conditions to be met by recipient countries. Particularly, this consists of a multi-sectoral national stakeholder inclusion process (known as the *country coordinating mechanism* or CCM) which must be submitted alongside an application to the Global Fund. The CCM consists of a representative selection of a government, the private sector, technical partners, civil society, as well as members of communities living with HIV. This mechanism was established to ensure greater inclusion of marginalised communities affected by HIV within fund application proposals (Putzel, 2004). Yet, in spite of this, donor countries still appear hesitant to distribute such funding through multilateral organisations such as the GF, often choosing to fund their own programmes bilaterally. For example, the US government has only contributed \$2,5 billion to the Global Fund, in contrast to initiating \$15 billion worth of funding through PEPFAR, of which \$14 billion is earmarked for direct bilateral aid (Boler & Archer, 2008).

Furthermore, specific, local, social and cultural contexts also play an important role in shaping individual country's HIV prevention policies. For example, research by the

Centre of Health Policy and Management (PKMK) at Gajah Mada University, Indonesia, focusing on eight provinces (North Sumatra, DKI Jakarta, East Java, Bali, South Sulawesi, West Papua, Papua and East Nusa Tenggara) shows that the National AIDS commission has faced many (often insurmountable) issues when promoting condom use for HIV prevention. Specifically, local community forums, religious leaders, and politicians strongly objected to this campaign due to cultural restrictions against pre-marital sex in Indonesia (PKMK, 2015). Furthermore, even when funding has been successfully allocated to address MSM's vulnerability to HIV, those who are willing to implement HIV prevention for MSM face considerable barriers due to the nature of the funding mechanism as described above – many countries where homosexuality is illegal would not wish to access funding for HIV prevention targeting MSM for fear of promoting homosexuality (Griensven et al., 2010). However, to combat this situation, the GF has provided flexibility for organisations applying for Sexual Orientation and Gender Identities (SOGI) funding which excludes the involvement of either Country or Regional Coordinating Mechanisms (Global Fund, 2009).

Current global prevention approaches tend to display a lack of concern for the life experiences of vulnerable communities such as YMSM, their contextual situation(s), and issues of sexuality, gender and sexual pleasure (Kippax & Stephenson, 2012). While global HIV policy focuses on promoting monogamous relationships as a key HIV prevention message, this approach has arguably failed, and, furthermore, it also comes up short in effectively dealing with the social and cultural aspects of human sexuality – the root cause of HIV epidemic (Boyce et al., 2006). In addition, current global HIV policy can also be found lacking in terms of addressing the factors which limit key populations from accessing HIV prevention, such as human right violations which cause social harassment and criminalisation that gay people are often subject to (Chakrapani, Newman, & Shunmugam, 2008).

One failure of current HIV prevention strategies is MSM's lack of voice and a failure to fully address their context in terms of their sex lives and culture. For example, if we consider the ABC message, it fails to address those YMSM may not be able to negotiate condom use due to their vulnerability and lack of power in sexual relationships. The context of sexual practices such as *barebacking* or intentionally rejecting condom use in risky sex among MSM, for example, would not fit with the HIV prevention message of

abstinence, and, therefore, displays a clear lack of knowledge of sexual practices common among MSM. Condom-use policies represent a very simplistic appreciation of the wider context of HIV prevention and ignore sexuality and sex *per se*; while empowerment enables the affected populations to create interventions which will be both appropriate and effective (Boyce et al., 2006).

Thus, global HIV prevention policy needs to acknowledge the community identities as well as the issues which affect them by engaging the YMSM more directly in HIV prevention programmes. This can be done by creating an open and enabling social environment to optimise the health and well-being of the YMSM and reduce the impact of structural barriers to HIV prevention such as social stigma and discrimination (Aggleton & Parker, 2015). Furthermore, lesson from supportive policy and funding from the government Australia to gay community, has indicated an increase of MSM's sense of belonging, emboldening them to discuss the risks and stigma they face, reducing rates of HIV and building a partnership with policymakers and community groups (Gupta, Parkhurst, Ogden, Aggleton, & Mahal, 2008). Another example is the *100% condom campaign* in Thailand which coordinated a massive, multi-sector initiative to encourage condom use among sex workers and other key affected populations. The *100% condom use* campaign is a collaboration between the Ministry of Health, the police, the NGOs, and brothel owners which aims to persuade people to use condoms at each instance of intercourse (Rojanapithayakorn, 2006).

Aforementioned, HIV prevention policy mainly driven by the global HIV policy as well as the local political situation. In fact, there is a lack of space for the community on the HIV prevention policy.

3.3 HIV prevention models

The main HIV prevention models are the behaviour change approach, the biomedical model, the social determinants approach, the combination HIV prevention model. In this section, each prevention model is discussed in terms of its particular strengths and limitations.

3.3.1 The behaviour change approach

The behaviour change approach to HIV prevention was developed in the mid-80s during early stages of the HIV epidemic (UNAIDS, 1999) and most studies cite that it is focused on persuading and supporting individuals to practice safe sex consistently to prevent HIV. In particular, the behaviour change approach is concerned with improving HIV prevention knowledge among at-risk groups, promoting the use of condoms with casual or permanent partners, improving condom negotiation skills, and encouraging the use of pre-expose, anti-retroviral drugs (Hergenrather, Emmanuel, Durant, & Rhodes, 2016; Nugroho, Erasmus, Zomer, Wu, & Richardus, 2017). It also places an important emphasis on encouraging HIV positive individuals to disclose their status to their partners (Chiasson, Shaw, Humberstone, Hirshfield, & Hartel, 2009). Therefore, the behaviour change approach can be characterised as emphasising HIV prevention at the individual level – advocating education, counselling, medical testing, small group skill development and peer-based motivation to encourage safe sex (Sumartojo, 2000).

Behaviour change theory is underpinned by traditional principles of health education which assumes that by simply informing people about what they need to do, they will adopt the desired behavioural changes (UNAIDS, 1999). This notion provides the basis for a range of health models – the health belief model, Information-Motivation-Behavioural (IMB) model, Social Learning Theory, and Reasoned Action theory (Peterson & DiClemente, 2000) (Hergenrather et al., 2016).

However, as discussed in Chapter 2, YMSM's vulnerability to HIV is influenced by multi-faceted biological and social factors that need to be addressed. Some limitations of the behavioural change approach in successfully addressing preventive health behaviour have been identified in the literature (Beyrer, Walker, Sifakis, & Baral, 2011; Chakrapani et al., 2008; Kippax, 2012; Traube, Holloway, & Smith, 2011). For example, the Health Belief Model (HBM) developed by Rosenstock and Di Clementia in 1950, focuses on the single cognitive factors that impact an individual's ability to evaluate their beliefs in terms of changing their behaviour (UNAIDS, 1999). In a similar vein, the IMB model focuses on individual's knowledge of health-focused guidelines and attempts to improve their motivation to adhere to it in practice. However, it largely fails to identify factors which may negatively affect individual's knowledge and/or motivation to engage in healthy practices (Traube et al., 2011). Next, Bandura's social learning theory emphasises the influence of individual's significant others (i.e., peers,

family members, and groups) on effecting behaviour change (Traube et al., 2011). However, this theory falls down in terms of identifying the relevant pathways through which environmental factors impact on group norms and individual beliefs. Although the Reasoned Action theory combines both individual's attitudes and group norms that impact health behaviour, it does not explain which specific external influences could affect a person's choice to engage in behavioural change or not. Finally, the Diffusion of Innovation Theory (Rogers, di Clemente et al 1994, Kelly, 1995) is also widely used in HIV prevention. It claims that a new innovation (i.e., HIV prevention) diffuses through a social system and gains ever-increasing popularity. In terms of HIV prevention, behaviour change is endorsed by specific key opinion leaders or role models. However, fails to offer a credible explanation of the root cause(s) of the HIV epidemic which itself is produced and reproduced within community structures (Blankenship, Friedman, Dworkin, & Mantell, 2006). In summary, behaviour change approaches have been widely criticised for adopting an overly simplistic view of HIV prevention and failing to address the epidemic's root causes.

3.3.2 The biomedical model and HIV prevention

The biomedical approach is seen by many as a more straightforward approach than other HIV prevention model, which primarily focuses on mitigating the transmission of HIV via medical treatment rather than grappling with the difficulty of encouraging MSM to use condoms, and decriminalise the right of vulnerable community such as sex workers and MSM (Padian, Buve, Balkus, Serwadda, & Cates). The biomedical perspective has a great influence on HIV prevention public health policy and practice, and this has been supported by the huge success of antiretroviral drugs in extending the lifespans of those living with HIV (Kippax & Stephenson, 2012; Rotheram-Borus, Swendeman, Flannery, et al., 2009).

The biomedical approach frames the HIV epidemic as a medically treatable disease that requires the prescription of drugs, rather than as a social problem, or indeed one which is intimately linked with the root causes of the HIV epidemic (Aggleton & Parker, 2015; Jönsson & Söderholm, 1995; MacDonald, 1998). For example, the biomedical approach advocates preventing HIV transmission by the use of rectal microbicides³, which are

³ Microbicides are 'compounds that can be applied inside the vagina or rectum to protect against sexually transmitted infection (STIs) and HIV (Miller, 1992) which However, after 20 years of development, rectal microbicides remain in early stages of development and poor acceptability (Miller, 1992)

compounds that can be applied inside the rectum to protect against sexually transmitted infections (STIs) and HIV (Miller, 1992). However, after 20 years of development, rectal microbicides remain largely ineffective and suffer from poor uptake (Miller, 1992). Also, while the use of adult male circumcision for heterosexual males in Africa has achieved positive results in reducing HIV transmission, similar results in MSM have yet to be seen (Beyrer, 2010). One reason for this is that in MSM, circumcision is more effective among insertive partners, compared to receptive partners. Finally, of all of the biomedical treatments available to MSM, daily pre-exposure prophylaxis (PrEP) is the only efficacious treatment in offering protection MSM from HIV transmission (Griensven et al., 2017; Zablotska et al., 2016).

Thus, despite the biomedical approach's considerable efforts in developing effective HIV prevention, it suffers from a number of profound limitations. First, despite having been the subject of extensive research over the last 20 years, the efficacy of rectal microbicide treatments is still unproven and are poorly received among MSM. Further, the results of randomised controlled trials (RCT) of ARV therapy for HIV prevention (such as pre-exposure prophylaxis or PrEP), among high-risk groups show that ARV has lower efficacy in preventing the transmission of HIV than condoms in terms of same-sex transmission (Grant et al., 2010; Kippax & Stephenson, 2012). Thus, PrEP represents the first (and only) efficacious biomedical HIV prevention treatment available for MSM (Griensven et al., 2017). However, biomedical HIV prevention approaches such as ARV tend to be expensive, do not fully cure HIV, produce adverse side effects related to drug resistance, and require high levels of patient adherence to dosing schedules (Cassell, Holtz, Wolfe, Hahn, & Prybylski, 2014). Furthermore, biomedical approaches largely fail to address the surrounding stigma and discrimination faced by MSM and other key affected populations (Zablotska et al., 2016), a shortcoming that is, to an extent, addressed by another key global HIV prevention approach – health interventions based on the social determinants of HIV – which is examined next.

3.3.3 Social determinants of health and HIV prevention

As discussed in Chapter 2, social determinants of health focus on improving the structural factors that support and enable YMSM to perform HIV prevention practices (Beyrer, 2010). Specifically, structural intervention can be defined as 'public health interventions that promote health by altering the structural context within which health

is produced and reproduced' (Blankenship et al., 2006, p. 59). These factors include civil and organisational elements as well as policy and economic determinants. It consists of a range of activities from single policies to national programmes that aim to change the conditions under which people live, such as implementing multiple structural interventions within a community, such as an approach to address decriminalisation and discrimination of homosexual people (Beyrer, 2010). Literature indicated that the HIV prevention efficacy, both behavioural and biomedical approach, improve when HIV prevention addresses the broader social determinants factors such as inequalities linked to poverty and wealth, gender, age & policy and power (Coates, Richter, & Caceres, 2008; Tan, Huedo-Medina, Warren, Carey, & Johnson, 2012).

Although it has been acknowledged that interventions based on addressing social determinants represent the best way of addressing the spread of HIV, this approach is not without its shortcomings – it is undermined by its broad, diffuse nature and the fact that it largely seems to exist externally from the health sector (Blankenship et al., 2006; Sumartojo, 2000). Therefore, the social-determinant approach is unlikely to be adopted as the *modus* of choice by mainstream public health agencies such as governments and donors. Specifically, Gupta et al. (2008) note three challenges in assessing the benefits provided by structurally based approaches. First, such initiatives are usually costly due to the multiple variables involved and do not represent good value for money in terms of health outcome. Secondly, assessing the rigour of studies examining structural interventions in the public health field and generalising them to other contexts remains problematic as such research tends to be conducted by non-academic researchers, NGOs, community groups and governmental agencies, who are not in a position to objectively measure the outcomes of structural interventions in terms of specific social, economic, political and cultural factors. Thirdly, many structurally based assessments are limited in terms of accurately measuring the specific structural variables that they attempt to address, and further, are only indirectly related to examining HIV-related behaviour (Gupta et al., 2008).

3.3.3.1 Rights-based approaches to HIV prevention

Historically, in the early stages of the HIV epidemic, individuals infected with HIV and those living with AIDS were the victims of serious and sustained human-rights violations (Mann & Daniel, 1998). Since then, human-rights violations have been recognised as a root cause of MSM's vulnerability to HIV (Mann & Daniel, 1998).

Human-rights violations due to widespread homophobia in society create structural barriers which reduce the uptake of HIV prevention opportunities among MSM (UNAIDS, 2016b). In many countries, including Indonesia, MSM are criminalised, resulting in insurmountable barriers to accessing HIV prevention programmes.

Therefore, one pivotal strategy to improving the efficacy of HIV prevention initiatives is by addressing human right violations (APCOM, n.d). Such rights-based approaches were first conceptualised by UNDP in the mid-1990s under the human rights-based approach to development programming (Mann & Daniel, 1998). This approach examines the legal policy environment in which HIV initiatives are located. This involves systematically integrating core human-rights principles into policy and programmatic responses at the local, national and international levels in terms of advocating non-discrimination and participation. This approach also encompasses core aspects of the human right to health such as the availability, acceptability, and quality of services delivered; ensuring the most vulnerable groups are reached and ensuring transparency and accountability in such policies and programmes (Gruskin & Tarantola, 2008). The global commitment to improving HIV-linked human rights is shown through the endorsement of ‘universal access to HIV prevention’ as included in the Millennium Development Goal, which re-affirms the concept of ‘no one left behind’ as the key strategy to ending HIV in 2030 as stated in the Sustainable Development Goals (UNAIDS, 2016a, 2017).

One good example of an HIV prevention policy designed to halt human-rights violations is the release of a non-binding statement by the United Nations – *Human Rights, Sexual Orientation and Gender Identity* (2008). The aim of this document is to set out equal rights for access to HIV prevention for lesbian, gay, bisexual and transgender individuals as full and equal members of the human family, and who are entitled to be treated as such (Sheill, 2009). Following this UN commitment, the Global Fund has created an initiative called Sexual Orientation and Gender Identities (SOGI), to address structural barrier caused by unequal sexual rights found in many countries. This funding initiative excludes the involvement of either Country or Regional Coordinating Mechanism in order to guarantee autonomy from structural influences. (Global Fund, 2009).

3.3.3.2 *Community participation as a model of HIV prevention*

The community participation approach advocates the important role of the community in increasing the efficacy of HIV prevention campaigns by encouraging the adoption of culturally appropriate approaches which appeal to members of vulnerable communities (Putzel, 2004). It sees taking advantage of a community's knowledge and expertise in matters associated with HIV, as well as gaining an understanding of their cultural norms as indispensable in overcoming the spread of HIV.

At the beginning of the HIV prevention era in the 1980s, the community played a strong role in HIV prevention, particularly in developed countries such as the US and the UK (Dan, 2000). In the US, for example, HIV prevention was initiated by the gay community in San Francisco who made efforts to mobilise the local community to halt the spread of the disease (Dan, 2000). Similarly, in the UK, HIV prevention was initiated by the Terence Higgins Foundation – a gay community organisation (Keogh, 2008). Similarly, in Indonesia, HIV prevention for MSM has been championed for many years by Gaya Nusantara, formerly known as Lambda Indonesia (Oetomo, 2001).

The role of the community has played an important role in HIV prevention on a global scale. For example, the term *MSM* was coined by a gay community in the early stages of the HIV epidemic in the United Kingdom – not by an epidemiologist, as is widely thought. *MSM* was first used by London HIV activist Peter Scott, who wished to distinguish between reasonably articulate gay men, who were relatively self-confident about their sexuality, and other, more closeted men, who, it was believed, could potentially be reached by HIV prevention methods through a range of community-based strategies (Aggleton & Parker, 2015). Such community participation approaches enhance awareness of marginal community member's sexual health rights and improve engagement and advocacy of stakeholders and power brokers such as the police, bar owners, massage parlour owners and politicians (Blankenship et al., 2006).

There are a number of research that is employing the principle of the community participation in HIV prevention (Gao & Wang, 2007; Moeliono, Anggal, & Piercy, 1999; Rhodes, Vissman, et al., 2011). Two examples of such approaches are outlined in research carried out in China (Gao & Wang, 2007), and the United States (Rhodes et al., 2012). Gao and Wang (2007) develop a gay-themed melodrama on condom use, and Rhodes (2012) develops an HIV prevention education module incorporating

Hispanic/Latino cultural values. Both studies show that providing a space for the community in developing HIV prevention material allows the creation of more culturally appropriate HIV prevention education material which tends to be better accepted by members of the target community. Thus, community participation in the research mentioned above has significantly enhanced the efficacy of HIV prevention approaches, compared with interventions created by ‘experts’ who may have no practical experience in the field aside from purely academic engagement.

One challenge in community participation is related with the silence of the vulnerable community which has structurally embodied in their life. Farmer (2003) points out that the need to strengthen the role of the community by creation a space to break the underlying root of the HIV epidemic is the structural silence about such practices, stemming from social and cultural norms. Therefore, Farmers (2003) argues that solving the HIV epidemic should be via providing a voice to MSM and the creation of spaces where the ‘silence’ can be broken’ (Farmer, 2003). Similarly, Singhal (2003) offers the concept of the creation of a “communicative space” to break down this silence, facilitate expression and raise community engagement. He posits:

‘a safe venue to speak comfortably, to listen and dialogues. A safe communicative space is in which people feel comfortable to listen, talk and dialogue. It is a space in which they can be who they are without fear of being marked, judged, or ridiculed (Singhal, 2003).

Leading on from this notion, one way to create a communicative space for key communities is suggested by De Souza (2009) who suggests creating an indicator to measure community participation in HIV prevention outcomes. Currently, these outcomes are measured based on behavioural and biomedical indicators such as safe sex, number of sexual partners, and HIV testing and treatment, and lack community-participation based indicators such as dialogue, discussion, communication, collaboration, and partnership. In her case study carried out in Bangalore, India, De Souza (2009) found great importance in facilitating specific communicative practices such as dialogues, discussion, and public speaking to allow the previously silenced community to speak up once more. The women in this study reported lacking a discursive space to collectively discuss their worries or problems related to HIV and that the indicators used to assess this programme’s outcomes were medically driven (i.e., HIV medical check-ups, HIV testing and HIV education) and having limited space for public meetings, workshops, and partnership opportunities.

3.3.4 Combination HIV prevention model

The future direction of the HIV prevention model is looking at a comprehensive HIV prevention which combines biomedical, behavioural and structural intervention. Literature indicates that there is no single HIV prevention approach that fully addressed the complexity of the HIV epidemic (Aggleton & Parker, 2015; Beyrer, 2010; Rotheram-Borus, Swendeman, & Chovnick, 2009). There is a need to combined behaviour and structural approach has seen in a review of 46 behavioural intervention studies on the efficacy of behaviourally based interventions in Asia from 1995-2009 (Tan et al., 2012). This review showed that the most efficacious approaches were those which combined structural components, such as focusing on addressing the gender inequality that contributes to women's vulnerability to HIV/AIDS. Yet, from the 46 studies reviewed in this area, only three investigated interventions specifically targeting MSM. Behavioural interventions, for example, although this model has had some success in reducing HIV risk, they tend to suffer from low uptake. Meanwhile, biomedical approaches have been vital for changing a death sentence to that of a chronic disease, have not succeeded in fully addressing the problem and requires a strict adherence to dosing schedules and most crucially is costly. Finally, structural interventions based on addressing the social determinants of health, although vital in reducing vulnerability to HIV infection, are difficult to design and implement and assess (Rotheram-Borus, Swendeman, & Chovnick, 2009).

Therefore, in 2009, UNAIDS released a new HIV prevention model called *combination HIV prevention* which integrates elements of behavioural, biomedical, and structural interventions in order to improve HIV prevention. UNAIDS defines *combination HIV prevention* as:

The strategic, simultaneous use of different classes of prevention activities (biomedical, behavioural, social/structural) that operate on multiple levels (individual, relationships, community, society) to respond to the specific needs of particular audiences and modes of HIV transmission and to make efficient use of communities (UNAIDS, 2010).

In 2009, the National Institutes of Health (NIH) in the US, announced a call for research initiatives on combination HIV prevention approaches. The results showed evidence that the combination approach could be successfully implemented to target different key population groups (Kurth, Celum, Baeten, Vermund, & Wasserheit, 2011). Further,

mathematical modelling shows that if scaled up adequately, the combination of HIV prevention could have considerable population-level effects on HIV incidence in both the general population and the MSM population (Beyrer, Sullivan, et al., 2012).

Another mathematical model of the combination approach in Vietnam showed that active outreach programmes tasked with detecting HIV cases, HIV counselling and treatment, scale up condom distribution combined with the early introduction of ARV treatment were both highly effective as well as cost-effective within settings with concentrated HIV epidemics (Kato et al., 2013). However, at the time of writing, no data is available regarding the efficacy of combination HIV prevention modalities in Asia.

3.4 The digital divide among MSM and YMSM

The Internet is increasingly considered to be a promising medium for delivering HIV interventions to vulnerable individuals facing high levels of stigma such as MSM. Although offline HIV interventions are available, they are often hindered by various socio-structural and personal constraints (Kasatpibal et al., 2014; Wong, Tam, Chan, & Lee, 2015). For instance, MSM may be reluctant to undergo HIV testing to avoid possible stigma during initial counselling (Justumus et al., 2013). Further, the Internet provides access to accurate, up-to-date information on all aspects of HIV prevention, from risk factors for transmission and acquisition, and early signs and symptoms, to HIV testing and treatment. However, accessing such sources is likely to be limited by individual's access to Internet or smartphones and their skills in using such technology. Access to the Internet is unequally spread among populations in terms of education levels, economic status, and geographic location, with those who are socially marginalised being least likely to have access to the Internet. Specifically, women, minorities such as YMSM and those living in poverty represent the community that most likely to be cut-off from the benefit of information technology including the Internet-based interventions on HIV (World Bank, 2016), while this same demographic represents those most at risk of (or living with) HIV.

Although in recent years, access to the Internet has been improved, and nearly half of the world's population has access to the Internet, this does not necessarily guarantee that at-risk individuals are able to take full advantage of Internet-based health interventions (Internet Telecommunication Union [ITU, 2016]). Further, the Internet must not be seen as a panacea for all ills; increased access to the web comes with a growing

number of challenges such as mitigating its negative effects, making it safer and protecting users' privacy. For example, in many cases, spending large amounts of time online has been linked to depression and an increased risk contracting HIV (Guan & Subrahmanyam, 2009)

Thus, although the Internet could provide both a potential means of improving knowledge about HIV in order to reduce its spread, it may present a risky environment for MSM. To illustrate this, early UK and US studies on the links between the Internet and HIV discovered that Internet represented an emerging environmental risk for STI infection among MSM who sought sexual partners online (Elford, Bolding, & Sherr, 2001; Liao, Millet, & Marks, 2006; McFarlane, Bull, & Rietmeijer, 2000). According to those studies, some factors that related with the risk of seeking sexual partners in the Internet was due to have a history of STIs compared with those men who were not seeking their sexual partner online, more casual partners, and more sexual exposure to men and partners known to be HIV positive previous STIs.

Current research on the links between Internet use and the risk of contracting HIV shows that MSM continue to expose themselves to the risk of HIV transmission during sex with partners met in this way. For example, the results of the Asian Internet Study revealed that YMSM in ASEAN countries (Indonesia, Malaysia, Brunei Darussalam, Singapore, Thailand, The Philippines, Burma, Vietnam and Cambodia) who seek sexual partners via the Internet have a high chance of contracting HIV (Guadamuz et al., 2015). Also, compared with older MSM, YMSM examined in the study exhibited low uptake of HIV testing, less frequent use of condoms and less knowledge about the modes of HIV transmission. In addition, YMSM who either avoid or only infrequently undergo HIV testing are very likely not to be using condoms during sexual intercourse. Such YMSM are also unlikely to be socially connected to members of other gay communities and may have experienced stigma and discrimination (Guadamuz et al., 2015). Similarly, several studies in Asia indicated that YMSM who seek sexual partners online admit risky sexual behaviour. In particular, such behaviour relates to having their first sexual experience before 18, infrequent condom use, being versatile (i.e. being both receptive and insertive), having a higher number of sexual partners, engaging in commercial sex with older MSM, use of recreational drugs (Cheung et al., 2014), as well as having little knowledge about HIV, having a high number of sexual partners

(Landovitz et al., 2013; Lelutiu-Weinberger et al., 2015; Phillips et al., 2014), and having never negotiated condom use before sex (Tang et al., 2016; Wei, Lim, Guadamuz, & Koe, 2014).

To date, seeking sexual partners on the Internet continues to be a significant risk factor for contracting HIV. A recent study in Rhode Island by Chan et al. (2016) reported that more than half of the MSM who had been newly diagnosed with HIV admitted to seeking sexual partners via online *hookup* sites (websites and apps used by MSM to meet sexual partners) and reported meeting sexual partners online in the 12 months prior to diagnosis. Many participants believed that they had contracted HIV from someone they had met on an online dating site, such as Grindr, Manhunt, Scruff, Adam4Adam, and Craigslist. In this cohort, several risk factors associated with STI infection include unprotected anal intercourse (Rice et al., 2012), using Grindr at least five times a day or more, using the app after midnight, and those with naked chest/abs profiles (Winetrobe, Rice, Bauermeister, Petering, & Holloway, 2014) as well as drinking alcohol and drug use before sex (Horvath, Rosser, & Remafedi, 2008).

This evidence, however, was countered by Horvath et al. (2008) who surveyed 3,037 YMSM recruited from a popular gay dating site. In this survey, there was no difference in HIV risk among men who sought sex on the Internet and those who find partners in traditional (offline) ways. In this study, a similar percentage those who met new partners in without using the Internet had similar rates of unprotected anal intercourse as those finding partners online. Suggesting that the Internet, particularly gay dating sites, provide an additional venue for seeking sexual partners for men who are already at risk of HIV.

As young people in general, and YMSM in particular, are often the most enthusiastic and earliest adopters of new technologies, this means they become exposed to both the risks as well as the benefits of such advances (Allison et al., 2012). On the positive side, technology provides a powerful means of disseminating information in order to educate and support health concerns affecting young people (Hightow-Weidman, Muessig, Bauermeister, Zhang, & LeGrand, 2015) linking youth to services, facilitating social support and community mobilisation, and promoting risk reduction norms. However, the Internet may also act as a portal which exposes young people to risky environments such as meeting HIV positive partners (who may well be unwilling to disclose their

status), as well as social stigma and prejudice, cyberbullying, and potentially, false information about HIV. Further, the content of material shared among youths on social networking sites, and perception of peer's behaviour may affect off-line sexual risk intentions and behaviours. The Internet can also be a minefield of untrustworthy information and a fertile ground for AIDS deniers and proponents of unproven treatment for HIV (Kalichman et al., 2006).

In addition, issues of social inequality are closely related to the use of information communication technology (ICT) between individuals, households, companies or regions (World Bank, 2016). Recent research on the state of this digital divide in Indonesia reports that access to the Internet, the adoption, and use of mobile Internet services are not influenced by economic status, which that of only related to ownership of a mobile phone (Puspitasari & Ishii, 2016). This research further suggests that having access to the Internet will be ineffective to the life of people including as a health intervention unless users have the related knowledge and skills on how to access the relevant information, a point which calls for improving ICT literacy in at-vulnerable groups.

3.5 The Internet and YMSM's lifeworld

MSM's use of the Internet began after the launch of the prominent website domain and Internet connection provider in the US, America Online (AOL) in the 1990s. This new service introduced online chat room features (Grov, Breslow, Newcomb, Rosenberger, & Bauermeister, 2014) which were soon taken up by MSM to create their own online communities and discussion forums related to political and social issues such as unlawful arrest for homosexual acts and violence enacted against them. The chat rooms also become venues for MSM to find new partners and exchange erotic material for sexual pleasure (Saw, 1997; Tikkanen & Ross, 2000). About the same time, MSM in Indonesia also began to become interested in these new Internet features, and many MSM used chat rooms and mailing lists to find new friends and sex partners (Muhammad & Muhammad, 2006).

Due to its anonymity and the ability to allow users to connect with others from the privacy of their own homes, the Internet offers a much more secure space for YMSM to meet and socialise than offline venues such as parks and gay bars. Added to this, the invention of the chat room has changed the way MSM meet and socialise with other

MSM as it suits those MSM who are secretive about their sexual preferences. Unlike the online world, public spaces and venues in Indonesia place MSM at risk of physical harm such as being physically assaulted, raped, robbed, emotionally harassed or arrested by police, as well as leaving them vulnerable to discrimination. A further point is that the online gay community also spans rural areas where traditional gay meeting places are unlikely to exist (Grov et al., 2014).

Thus, it is clear that the Internet has become an important source of information for YMSM in relation to their sexual identity and as a source of sexual health information; which has not been traditionally available offline due to social taboos in Indonesia. In this way, YMSM have tended to use the web to seek information related to their homosexual identity and socialise with other YMSM. This plays a significant role in allowing YMSM to gain a sense of self-acceptance as members of their minority community in the United States (Kubicek, Carpineto, McDavitt, Weiss, & Kipke, 2011; Brian. Mustanski, Newcomb, Du Bois, Garcia, & Grov, 2011; Ybarra, DuBois, Parsons, Prescott, & Mustanski, 2014). In many settings, sexual health promotion and other sexual information related to intimate sexual practices were simply not available for Indonesian YMSM at school or from parents, and, this is supported by a study on rural YMSM in Vietnam who reported that they indeed were keen to seek such information from the Internet (Ngo, Ross, & Ratliff, 2008).

Internet has been instrumental in transforming how YMSM present themselves and interact with other members of the gay community. The move from static HTML pages (known as web 1.0) to the more interactive and organised web 2.0, enabled MSM to more easily connect socially in real time. Interactivity, as the key feature of this new system, involves users creating a personal profile where they can meet new acquaintances, upload photos, post clip videos, add comments, share news, as well as create discussion forums (Hightow-Weidman et al., 2015). This newly formed social network, as the most striking feature of the web 2.0 allowed MSM to connect across national borders as well as via local networks through geolocation social networking (GSN) (Grov et al., 2014). This feature has been capitalised on by apps such as Grindr which, as well as enabling MSM to view potential partners in their locality, also provides an interesting feature where users can filter who they wish to connect with and those they do not. Such apps typically consist of an individualised profile, pictures and demographic information including age, race/ethnicity, height, and weight. Hence, by

using such apps, MSM can easily search for new friends or casual sexual partners who live nearby (Landovitz et al., 2013; Phillips et al., 2014; Rice et al., 2012). These advances in technology have provided quick and convenient instruments with which YMSM can connect almost instantly with other YMSM nearby (Yeo & Ng, 2016).

One of the function of the social networking and dating sites such as Twitter and Facebook as well as gay dating apps operating GSN is to provide an opportunity for YMSM to build social networks and find dates (Hightow-Weidman et al., 2015). In fact, research by Grierson et al. (2013) showed that MSM visiting gay Facebook groups and gay dating apps such as Manjam and Grindr, did so predominantly to find new sexual partners, spend time chatting with gay friends, seek new long-term relationships. In this context, the Internet could therefore potentially represent an invaluable tool for preventing HIV among YMSM by improving knowledge about how to mitigate the risks of infection and promoting testing and treatment. At the time of writing, Grindr, a GSN-based gay dating app provides YMSM with the opportunity to connect with other MSM nearby who are seeking a sexual relationship. In addition, these apps are also currently used by YMSM to make new friends, find someone to date, kill time, and connect to the larger gay community (Holloway, Pulsipher, Gibbs, Barman-Adhikari, & Rice, 2015; Landovitz et al., 2013; Phillips et al., 2014). Initially, Grindr only was available for the iPhone, although it is now available for Android which has drastically increased the number of users as Android phones are more affordable compared to iPhones. As with other dating sites, Grindr allows users to post photos and select potential partners based on age, race/ethnicity, height and weight which would not be possible in traditional, offline venues such as bars (Holloway et al., 2015; Landovitz et al., 2013; Phillips et al., 2014). Research into the use of Grindr among MSM in Bandung, West Java, reported that users predominantly used Grindr to seek new 'no-strings' sexual partners, and, the assumption that MSM on Grindr are only interested in having 'fun' and releasing their sexual urges was a common one. However, Grindr is also used by YMSM to make new friends and broaden networking, for example, finding information on job vacancies (Alfajri, Purnama, & Aprianti, 2015).

3.5.1 Internet as an HIV prevention approach for YMSM and MSM

Despite acknowledging that the Internet represents a promising medium for HIV prevention in MSM, to date, UNAIDS has not yet released any guidelines on Internet-based HIV prevention strategies or released descriptions of core packages and programmes, and no international guidance regarding minimum standards, training requirements, or measures of success exists (UNAIDS, 2016d). Yet, several institutions such as the National coalition of Sexually Transmitted Diseases (NCSD) in the United States (NCSD, 2008), the Western Australian Centre for Health Promotion (Hallett, Brown, Langdon, & Toussaint, 2008) and the Ohio Department of Health (DoH) (DoH, 2012) have released guidelines for Internet outreach, health communication and partner notification. Also, Gaya Warna Lentera (GWL)-Indonesia, an Indonesian LGBT network, has also released guidelines in 2015 for implementing an Internet-based outreach programme as a part of NGO outreach activities. These guidelines were formed with support from an organisation called ISEAN-HIVOS (the insular Southeast Asian Network on MSM, transgender and HIV or ISEAN & the Humanist Institute for Co-operation with Developing Countries or HIVOS) (GWL-INA, 2015).

The use of the Internet for HIV prevention predominantly aims to scale up the delivery of health and education initiatives compared with the reach of traditional methods. It aims to reduce MSM's risk of contracting HIV by increasing their knowledge, changing their attitudes and raising their skill level by focusing on online outreach programmes and improving HIV testing and treatment rates. The Internet can also be useful in improving access to HIV prevention and treatment, such as increasing HIV testing and supporting ARV adherence. The WHO recommends targeted, Internet-based initiatives to decrease risky sexual behaviour and to increase the uptake of HIV and STI testing and counselling among MSM and transgender individuals.

Thus, the delivery of HIV prevention strategies via the Internet is widely seen as a promising tool for affordable, accessible and anonymous support of the new prevention (Brennan et al., 2015). Internet-based HIV programmes guarantee anonymity, are low cost and are highly accessible. The Internet can increase the delivery of HIV prevention messages to diverse, vulnerable populations, and reduce the barriers to seeking treatment due to stigma and discrimination. Moreover, this new approach can reach a relatively large number of individuals in the target population in a remarkably short period of time (Justumus et al., 2013).

The impact of Internet-based HIV prevention has, to date, been mostly studied in developed countries, such as the United States, Canada, and the United Kingdom. However, the lack of attention this approach has been given in developing countries such as Indonesia is surprising given the huge Internet coverage now enjoyed worldwide, regardless of a country's level of development (Rietmeijer & Shamos, 2007). Therefore, the use of the Internet can be seen as an great opportunity for countries with limited resources and strong taboos against homosexuality and HIV to be able to effectively improve education among YMSM who may have been missed by current interventions such as peer education or general mass media campaign (Lou, Zhao, Gao, & Shah, 2006).

In this vein, a research in Vietnam among MSM (n=230) shows that 76.1% were willing to use the Internet to search for information on HIV prevention and care, of this, 61% has already used Internet for HIV prevention. They used websites, social media (Justumus et al., 2013). Further, in this research, there is a need to develop Internet tools which meet MSM's characteristics, needs, expectations, need to be attractive and easy to use while also being specific and precise. Interestingly, this research found that men who admitted to using the Internet to find sex partners are the ones most willing to use the Internet for HIV prevention, yet this was not the case among those who had had multiple partners (i.e. more than three). This suggests that men who have been exposed to healthcare information in the past are more likely to be willing to seek information in the future. In contrast, men who are unaware of their HIV status and perhaps also unaware of how risky their behaviour is in terms of exposing them to the disease, could be missed by prevention initiatives even with the use of the Internet (Justumus et al., 2013).

Over the last few years, Indonesia has experienced an exponential growth in Internet use. A report by the Internet Association of Indonesia (APJII) claims a figure of 88 million Internet users in Indonesia in 2014, the majority of who are young people (APJII, 2016). In Bali, the number of users was 2 million, with more than half (52%) men living in urban areas, with access predominantly via smartphones. A lower-end Android handset can be purchased for NZD 15, while more advanced units range from USD 46 to USD 1028. The penetration rate of mobile devices in Indonesia increased from 43% in 2016 to 45% in 2017 (We are social, 2017), while Internet penetration is currently at 51% (International Telecommunication Union [ITU, 2016]). Indonesian

Internet users are predominantly interested in entertainment such as watching television and using Facebook and Twitter. Chatting on social networking sites (SNS) such as Facebook is cited as the most popular use, whereas business-oriented activities such as email or news, are less popular (ITU, 2016). In terms of the biggest users, young people and university students make up the vast majority (Sujarwoto & Tampubolon, 2016). Internet access in Indonesia is stratified across social-economic groups, divided along urban-rural, city-countryside, and remote island-mainland island lines across the different socio-economic groups.

Currently, research on the use of the Internet for HIV prevention among MSM predominantly targets users in developed countries such as in the US, the United Kingdom and Australia (Groer et al., 2014). In this vein, several randomised controlled trials have been conducted to test the efficacy of the Internet in changing MSM's sexual behaviour to reduce HIV risk and increase the use of protective steps. Meanwhile, research in Asia predominantly focuses on investigating the sexual behaviour of MSMs who tend to seek new sexual partners online in order to educate them on the risks and their vulnerability to HIV and STIs. For example, a survey investigating the sexual behaviour of MSM who seek sexual partners on the Internet in China was conducted in 2006 (Zhang et al., 2007), and was followed by the Asian Internet MSM sex survey (AIMSS) to examine sexual behaviour of MSM in 12 Asian countries, including Indonesia, Thailand, Singapore, China and Japan (Guadamuz et al., 2015; S. H. Lim, Guadamuz, Wei, Chan, & Koe, 2012).

A review by Rietmeijer and Shamos (2007), divided the use of the Internet for HIV and STI prevention into three categories: a) enhancing the uptake of STI and HIV testing, b) increasing the notification and treatment of infected partners, and c) encouraging behaviour changes to prevent STI and HIV transmission. In general, online HIV prevention strategies mirror those of offline programmes, although the web-based initiatives can range from simple, brochure-like pages to highly interactive programmes that deliver tailored prevention messages based on individual's demographics and risk profiles. Similarly, online interventions encouraging STI and HIV diagnostic testing vary from offering referrals to laboratory services in the user's vicinity to offering the possibility of submitting specimens for testing and receiving their results online. This review concluded that HIV prevention via the Internet is still in its infancy and little information exists on its effectiveness and performance outside the research settings

(Rietmeijer & Shamos, 2007). Further, there is no consensus on the proper place of and priority for online interventions in the spectrum of public-health efforts. In this review, each of the three categories was subdivided into simple online advertisements for offline testing, online initiation, and ordering specific tests. The second category can be divided into a) use of e-mail as an additional mode for notification, b) a chat-room based partner notification system. Finally, the third main category is subdivided into a) STI HIV education; b) stand-alone, more or less individualised behaviour interventions with or without longitudinal components; and c) interventions based in chat rooms and other places where at-risk individuals may visit to recruit sex partners and receive structural, environmental interventions (Rietmeijer & Shamos, 2007). In line with this, an example of a relevant study on the use of the Internet for HIV prevention is presented below.

3.5.1.1 The use of the Internet for behavioural change

Historically, within Internet-based HIV initiatives, the web has been used to reach out to the ‘hidden’ YMSM who are victims of the social norms that are prejudiced against homosexual people. However, scaling up the potential reach of the Internet would be beneficial in promoting the adoption of safe sex practices and instil effective behavioural changes. Current research on the use of the Internet for HIV prevention among MSM has focused on the effectiveness of such approaches to reduce risky sexual behaviour in MSM by increasing their knowledge, motivation and skills in mitigating HIV transmission (Bauermeister et al., 2015; Bowen, Williams, Daniel, & Clayton, 2008; Carpenter et al., 2010; Jaganath, Gill, Cohen, & Young, 2011).

Behavioural approaches to HIV prevention using the Internet have been developed in many forms, ranging from complex computer-generated multimedia programmes that take into consideration tailor-made interventions based on user’s social-demographic information, to simply by posting HIV/STI prevention information on gay dating sites or broadcasting it electronically via text messaging. However, the efficacy of such online HIV prevention interventions remains an ongoing area of intensive research.

Past research shows that the Internet has been used successfully to reduce the level of risky sexual behaviour and incidences of unprotected anal sex among HIV positive MSM. Research by Carpenter et al. (2010) shows that by using seven brief, motivational, informational and skill training modules to engage 112 MSM aged between 18-39 years old, reduces the level of risky sexual behaviour and resulted in

fewer incidences of unprotected sex among HIV-positive participants and those with un-detectable HIV serostatus. Thus, these interactive exercises consisting of multimedia presentations, audio clips of simulated peers, as well as the didactic-based material has been successfully used to improve MSM's knowledge about HIV risks.

Similarly, Bowen et al. (2008) applied an Information Motivation Behaviour (IMB) model to increase condom use among MSM in rural Wyoming. They developed a multi-module intervention consisting of HIV risk reduction education, increasing self-efficacy in HIV risk reduction, and behavioural skill acquisition. The module consisted of three parts, knowledge about HIV, partners, and the context of risk. Each module included two 20-minute interactive sessions and printable feedback tailored to the participants' responses during the intervention. The result showed that a short intervention has the power to directly affect self-efficacy and behaviour; although this outcome may only be short term.

Similarly, the efficacy of using social media such as Facebook to increase safe sex behaviour in YMSM in the US used an intervention known as MiCHAT (Motivational Interviewing Communication about Health, Attitudes, and Thoughts) (Lelutiu-Weinberger et al., 2015). To ensure the privacy of the participants, a secret Facebook page was set up which only allowed selected members to post comments, see other's posts, view the page description, see tags, know the page's location, and search the page. An immediate outcome (after a 3-month follow-up) showed a reduction in the number of YMSM practising unprotected anal sex, as well as less reducing the instances of having sex under the influence of substances such as cocaine, ecstasy, methamphetamine and heavy drinking. The results demonstrated an increase in knowledge about safe sex among the YMSM, although motivation and behavioural skills in relation to sex and substance use remained unaffected.

In spite of this, the overall contribution of Internet-based HIV interventions remains contradictory. For instance, an interactive, one web-based intervention may show a positive outcome although others suggest that no significant difference in outcomes is forthcoming. For example, a research project named Health Mpowerment, a web-based HIV prevention initiative to increase condom use among YMSM (Hightow-Weidman, Fowler, et al., 2011) developed an interactive programme including live chats with an HIV expert, interactive quizzes, personalised health and hook-up/sex journals, and

decision support for assessing and modifying risk behaviour. The outcome of this intervention showed that the majority of participants were satisfied with the content of the website and were interactive, spending 30-60 minutes on the website every week. Yet, despite this, no significant difference in condom use between the experimental and control groups was found, as well as no differences between the two-group's knowledge, attitudes, and self-efficacy toward engaging in safer sex.

The efficacy of Internet-based HIV education on reducing HIV risk behaviour in YMSM has been the subject of much research (Mustanski, Garofalo, Monahan, Gratzner, & Andrews, 2013) such as *Keep It Up* (or KIU!) and *Queer Sex Ed*, an online sexual health intervention for young LGBT individuals aged 16-24 (Mustanski, Greene, Ryan, & Whitton, 2015). Both interventions utilised interactive tools such as video, online chats, soap operas and games and both achieve a high level of engagement from the YMSM participants. Immediate outcomes include increased knowledge on HIV/STIs and reductions in unprotected anal intercourse. The use of multiple modalities in this study such as video, animation, and games allowed the participants learn using different modalities (Mustanski et al., 2013). This study revealed that the effect of such interventions is higher in terms of raising knowledge levels than addressing sexual orientation, connectedness to the gay community and relationships. This suggests an immediate effect on improving STI knowledge, but although aspects related to feelings of connectedness and belonging are likely to require a longer time span.

In sum, from the studies examined in this section, it can be concluded that the Internet can indeed be used to improve take-up safe sex practices and reduce risky sexual behaviour among YMSM, particularly on aspects such as knowledge that show immediate improvements. However, a combination of learning modalities (i.e., videos, animations, and games which attract YMSM's attention) is likely to achieve better engagement than the use of a single modality.

3.5.1.2 Online outreach

The Internet has long been recognised as a tool to provide access to hard-to-reach communities (Elford, Bolding, Davis, Sherr, & Hart, 2004). Many YMSM have little contact with established HIV prevention providers or HIV testing clinics as well as limited access to the MSM community. Several studies have provided evidence that the Internet can remedy this via Internet outreach programmes.

As in physical venues, Internet-based outreach aims to initiate contact with YMSM in order to be able to inform HIV prevention. Online outreach is defined as

a virtual interaction between an STD/HIV prevention professional, such as outreach workers, and a person at risk for STIs or HIV for the purposes of providing STI/HIV related: health information and education, referrals and access to services, recruitment for testing and treatment, and support for reducing risk behaviour (NCSD, 2008, p. 4) .

In developing such an approach, particular aspects need to be considered such as investigating the needs of different segments of the YMSM population, online venues and the best days and times to hold the sessions. In addition, the Internet outreach staff must be Internet savvy, have the requisite computer knowledge and skills and knowledge about HIV and sexuality, have a good typing skills, be familiar with the use of emoticons, be proficient at electronic shorthand and common slang terms used in online communication, as well as having an in-depth understanding of the characteristics of the YMSM themselves (GWL-INA, 2015).

Similarly, the various real-world, physical venues (such as gay bars and meeting places), the online HIV outreach approach is also able to target YMSM via various Internet-based venues. These include online gay dating sites, social or sexual networks and apps, bulletin boards, e-mail groups and other online communities, as well as instant message services (GWL-INA, 2015; NCSD, 2008). Cyber-based gay dating venues represent a very promising medium through which YMSM can be engaged in HIV prevention as they are extremely popular among this cohort for meeting new partners (Card & Kuhn, 2006; Kok, Harterink, Vriens, Zwart, & Hospers, 2006). Specific to Indonesia, online gay networks and chat room such as GAN, GIM for Medan, Boys Forum, Gmaster, and Manjam are the most commonly used (GWL-INA, 2015).

However, each of these online ‘venues’ requires well-thought-out techniques and an in-depth understanding of the gay slang used in order to successfully engage users in HIV/AIDS initiatives, and, perhaps, inviting them to discuss health interventions via private messages would be a good technique here. Generally, online outreach programmes which have appeared in gay chat rooms begin by joining them (or being added as a guest) followed by then instigating an HIV prevention discussion and inviting members to agree to a private chat where they receive advice and support

specific to their individual needs. Other online ‘venues’ such as instant messages and mobile apps such as Skype, AIM, MSN, Yahoo!, ICQ, Facebook, Twitter, Grindr, Jack’D, Growl and Hornet, these apps need to be first installed on user’s mobile phones and can be used in a similar way to the approach outlined in the previous paragraph. Finally, gay dating websites such as gay.com, ManHunt, and MySpace were very popular before the introduction of new social media but have now seen a significant drop in use (Grov et al., 2014).

An evaluation of the Internet-based HIV prevention outreach programmes in Ontario, Canada, shows that it is well accepted among users (Brennan et al., 2015). In addition, research reports that MSM are very keen to use a variety of online mediums such as online forums, web and mobile-based apps, social media networks such as Facebook and YouTube, and highly interactive online virtual environments. However, the evidence on such approaches’ efficacy in reducing the spread of HIV and STIs is lacking as they tend to receive poor ratings and were not frequently downloaded suggesting the need to improve interactivity and inclusiveness (Muessig, Pike, LeGrand, & Hightow-Weidman, 2013). The research in this area also recommends that instead of developing separate apps for HIV prevention, engagement via pre-existing online networks may be more acceptable to MSM, although more research is needed to examine this approach (Brennan et al., 2015; Hightow-Weidman & Muessig, 2014).

However, conducting online outreach via gay dating apps or websites is beset with limitations as it requires health professionals engage with users on a one-to-one basis which automatically limits the number of users who can be reached due to time and staffing considerations. Participation for users is also limited in terms of flexibility due to the working hours of project staff who must standby online (Bowen et al., 2008); likewise, the limited access to the Internet services (Brennan et al., 2015).

3.5.1.3 Improving HIV testing and HIV risk reduction

A randomised control study in the US, project HOPE (Harshening Online Peer Education), showed that it was feasible to increase HIV testing among MSM using Facebook. Specifically, a 12-week randomised control study employed a ‘secret’ peer-led Facebook group, (a type of Facebook group page which only allows members to post comments, search the page, and tag other members). Next, using *diffusion innovation theory* developed by Rogers (Peterson & DiClemente, 2000), sixteen peer-

leaders were trained to communicate with MSM from both the intervention and control groups, on the topic of HIV prevention in the intervention group, and general health such as diet, exercise, and well-being in the control group. The peer leaders used private messages, group chats, group forums posts, and links to websites providing HIV education material. The results show that the Facebook page had the potential to increase safe sex HIV behaviour and testing. This study had a high retention rate; 93% at 12 weeks and 82% at 12 months (Young & Jaganath, 2013).

Recent research on using Internet to endorse HIV testing by Weibin et al. (2016) incorporated online methods to promote HIV testing using two Internet tools (i) an online scenario-based application and (ii) an online HIV risk self-assessment. The latter calculated individualised HIV risk scores by evaluating an individual's risk profile based on their past sexual behaviour. Also, in China, HIV intervention via WeChat application incorporated offline HIV testing by providing users with an online appointment system for testing at a selection of clinics (Weibin et al., 2016).

Another example of such online interventions is a community-based participatory research project named Mhealth (Mobile health), a web-based online intervention developed by (Bauermeister et al., 2015) in Southeast Michigan, USA. A randomised control trial tested the efficacy of a web-based HIV prevention initiative which promoted HIV testing among MSM using tailored content derived from a baseline of YMSM user's psychosocial and demographic characteristics; including information about their previous testing experiences, their motivations for getting tested, potential barriers to testing and resources for testing, and other relevant personal factors. This information was then used to create the baseline for the intervention content, which, at a 30-day follow-up, showed that the participants reported a high level of acceptability. We move away now from specifically designed HIV interventions to consider how existing online networks and apps may be exploited by outreach programmes.

Promoting HIV interventions can also be delivered via existing mobile apps such as Grindr which has, in the past, featured advertising on STI and HIV prevention in Australia on Fridays, Saturdays, and Sundays on three subsequent weeks (Su et al., 2015). This strategy is based on engaging with YMSM within the frame the familiar context of the Grindr app rather than creating separate (and often expensive) health promotion campaigns which may well be less effective in reaching YMSM. In the

Grindr campaign, users who clicked on the advertisement were linked to a website that contained information on syphilis testing and treatment developed by the Northern Territory (NT) Centre for Disease Control collaborating with the NT AIDS and Hepatitis Council (NTAHC). The results were promising, showing an increase in syphilis testing during the course of the advertisement, however, this returned to normal numbers after the campaign finished (Su et al., 2015). In summary, it is clear that leveraging familiar, well-used Internet-based ‘venues’ such as Grindr represents an effective medium to engage YMSM in safe sex interventions, although such approaches tend to suffer from short-term effectiveness.

3.5.1.4 The structural approach to Internet-based HIV prevention

Structural, Internet-based HIV interventions for YMSM by creating a healthy and safe environment in gay dating venue. This approach focuses on reducing HIV risk of the YMSM or without them specifically electing to engage in prevention activities when seeking partners in the online gay dating venue. Several public health offices in the US for example had built a collaboration with providers of online gay dating venues to advertise HIV prevention banners at reduced prices or for free (McFarlane, Kachur, Klausner, Roland, & Cohen, 2005). In Australia, an advertisement of sexual transmission infection (STI) and HIV had been placed in Grindr during STI such a syphilis outbreak (Su et al., 2015). STI is an important pre-condition to HIV transmission accusation. People who suffer from an STI can increase the risk of HIV transmission due to break of the anal (Beyrer, 2010).

To sum up, despite the increased attention that research into Internet-based HIV prevention initiatives has received in recent years, significant gaps in the literature remain, especially in terms of recruiting YMSM themselves to contribute to the development of effective online interventions to prevent HIV in their communities.

3.6 Online HIV prevention in Indonesia

As outlined in section 3.5, many Indonesian MSM began to use the Internet following 1997. Since then, this use has grown exponentially with the advent of apps and social media platforms which provide easy access to new sex partners (Muhammad & Muhammad, 2006). Although no solid data are available on the percentage of

Indonesian MSM who use the Internet, most studies suggest that young people, aged between 18-25 are the main users (APJII, 2016).

The Indonesia National HIV Strategic and Action planning 2015-2019 has recommended the use of Internet as a medium to deliver HIV information and engage MSM, and, in particular, YMSM and those who are reluctant to reveal their sexuality (INAC, 2015). In Indonesia, many NGO-based HIV interventions employ online strategies to reach YMSM, including the Gaya Dewata Foundation in Bali, the GWL INA (Gaya Warna Lentera, Indonesia, a gay, transgender and lesbian-based foundation), and Bali Perduli (Bali Cares). A notable development in this area is the GWL-Ina's recently released guidelines for the implementation of online HIV outreach initiatives (GWL-INA, 2015). However, to date, no evaluations as to the efficacy of such cyber-based interventions or published research about this area have been carried out.

At the time of writing, Internet-based HIV prevention initiatives in Indonesia have mainly been focused on providing information on HIV testing and treatment and improving access to ARV treatment. To date, most of these online programmes are concerned with the distribution of accurate information on HIV and providing the contact details of HIV testing and treatment services. We now examine three of the most notable ones.

First, Indonesia AIDS Coalition (IAC) developed a project named *AIDS Digital*, a mobile phone app in collaboration with the Ministry of Health, HIVOS, UNAIDS and 7Langit, an app developer. As well as providing testing and treatment information, this app also provides a space for users to engage in monitoring and evaluating HIV service providers such as the Ministry of Health for future improvement. However, currently, this programme is not yet engaged with YMSM (Indonesia AIDS Coalition, n.d). The strength of this project lies in the empowerment it offers to MSM at risk of and living with HIV by participating in giving feedback to improve the effectiveness of online HIV initiatives. However, the feedback tools provided by this project appear vague and do not specifically target YMSM.

Next, an initiative called *Teman Teman* (Friends, found at temanteman.org) which, in an approach similar to *AIDS Digital's*, is also focused on distributing correct HIV information and improving HIV testing. This website was set up in conjunction with an

HIV prevention initiative called *Adam's love* (www.adamslove.org), developed by the Thai Red Cross. In particular, *Teman Teman* incorporates HIV testing campaigns aided by celebrity endorsement, venues such as exclusive shopping malls, fashion industry representatives, public relations firms, the print media, and professional photographers to create an appealing outreach platform. For example, temanteman.org features a video of 110 of Indonesian celebrities endorsing HIV testing (Anand et al., 2013). That said, the limitations of *temanteman.org* are that it does not yet support real-time interaction between website visitors and staff, and no individualised support according to user's needs is provided due to the 'one-message-fits-all' approach it employs (Anand, Nitpolprasert, & Ananworanich, 2015).

Third, an online HIV prevention programme called www.brondongmanis.com (lit. young and sweet) was established in 2012 by a group of young transgenders (waria) and lesbian individuals to improve YMSM's self-acceptance of their sexual orientation. The website was developed to specifically target YMSM and young transgender individuals to provide adequate information on sexual and reproductive health rights, improve assertive communication related to drug taking and safe-sex practices, and offer linkages to health services. *Brondong* is a derogative Indonesian term used to define a young male who engages in commercial sex. Brondongmanis.com consists of video stories about YMSM's lifestyles and social lives, offers tips and information on how to be responsible as well as how to empower themselves in dealing with bullying, responding to derogatory jokes and name calling (Abigail, 2012).

Turning now to examine two examples of published research report a development of Internet-based HIV prevention initiatives in Indonesia, first, a project called *Playsafe and Peer support group* was founded in 2011 under the coordination of the Satu Dunia Foundation (One World Foundation). This is an LGBT human-rights foundation funded by the Global Fund and HIVOS, a Dutch-funded NGO working in Indonesia and other South East Asian countries. The *Playsafe and Peer support group* focuses on MSM and transgender individuals who are unwilling to disclose their sexual preference/identity publicly and/or do not wish to interact socially with the MSM community. However, this project encountered technical challenges related to its online user registration system and use of social media to identify whether users are MSM or transgender. As result of the post-test, there is a need to use local images, using links to other websites, and providing user feedback (Nasution, 2013).

Second, in terms of research on improving the participation of those living with HIV in monitoring the uptake of and access to ARV, a Facebook-based method has been developed by Widjaja et al. (2014) which shows great potential. Through the *Monitoring ARV Facebook Group*, time delays in replenishing ARV stock in pharmacies has been reduced from 15-25 working days to 7 days. Members this Facebook group are engaged in monitoring ARV stock and reporting the quality the medication (i.e., generic or branded), amount received, packaging and expiry dates, all of which is then reported to the Ministry of Health, which is also a member of this online group. This study demonstrates how the Internet in general, and social media in particular, can be used to increase MSM's engagement in HIV programmes by empowering them to become proactively involved. Finally, for clarity, a summary of the range of the Internet-based HIV interventions currently available in Indonesia along with their outcomes is provided in table 2 below:

Table 2: Internet-based HIV prevention available in Indonesia

Programme Name	Year	Funding	Coordinator	Content	Area of coverage	Media	Target Community	Outcome
The AIDS digital	2014	UNAIDS	AIDS Indonesia Coalition	Information on the HIV clinics and NGO-based HIV and support groups. Provides details of 1324 HIV clinics in 33 provinces.	National	Apps	General population	N/A
Temanteman.org	2012	Thai Red Cross	Thai Red Cross	Providing video content addressing HIV education, information about HIV services, celebrities to		Website and social media: Facebook	Initially, develop for MSM, but now expand to general population	Never evaluated
Brondong Manis	2012	GF&HIVOS	GWL muda or Youth_LGBT group	Information on sexual and reproductive health and rights (SRHR)	National	Website, Facebook and dating site	MSM, YMSM, young transgender individuals	

Play Safe and peers group	N/A	GF & HIVOS	Satu Dunia Foundation	Incurable STIs & HIV		Created social media <i>PlaySafe and Peer Support</i>	MSM and transgender	Users reported concern with the registration process relating to the need to identify themselves
Monitor ARV Stock	2011	N/A	The Indonesian AIDS Coalition	To funnel user-collected data on ARV stocks and report results to the Ministry of Health	Nation	Facebook	People living with HIV	1) Improved the standard of communication between the AIC and the AIDS sub-directorate at Ministry of Health 2) Reduced delays of ARV deliveries from 15-25 working days to 7 days. 3) Increased community voluntarism and engagement in ARV monitoring. 4) Empowered the gay community by advocating skills in checking the quality of ARV medication, the amount received, packaging and expiry dates.

3.7 Barriers to employing Internet-based HIV prevention initiatives

Due to the extremely high uptake of the Internet and smartphone use in Indonesia, it has been dubbed *the social media capital of the world* (Bollier, 2014), with web access available to almost anyone regardless of their socioeconomic position. However, there is no specific data relating to the exact percentage of Indonesian YMSM who use the Internet; the evidence highlights that young people are overwhelmingly the biggest users (APJII, 2016). To illustrate the number of internet users in Indonesia, was 71,19 million users in Indonesia in the year 2014, with internet penetration was 28%. Bali was one of the top Internet users in Indonesia two million users with 35% penetration. users. Internet users was 84% living in urban area, where the Internet become important part in their daily life, their jobs and to strengthen community action. The majority of the Internet users (49%) are between 18-25 years having jobs in private and public company.

However, despite this, many challenges must be overcome before the Internet can be considered as a viable tool for HIV prevention in the Indonesian context. For example, the slow connection speeds which may be encountered can discourage users, the limited affordability of Internet access for the less well-off, and issues of privacy and data protection are of concern (World Bank, 2016). Further, the Government retains the right to censor any online material that it considers to be in favour of the political culture of political and it is entirely possible that online HIV prevention programmes for YMSM would fall into this category (Hegarty & Thajib, 2016). Also, although UNAIDS has advocated the use of the Internet for HIV prevention, it has not published any guidelines on using ICT in MSM-targeted HIV programmes or on best practice, policies, tools, and methodologies. A recent meeting between implementers, researchers, advocates and the stakeholders using the Internet for HIV prevention for MSM represent the UNAIDS region in Europe, North America, Sub-Saharan Africa, the Asia Pacific presented a series of recommendations to UNAIDS to release guidelines regarding this matter. This meeting also noted that access to HIV information might also be hampered by inequity in Internet access, Internet literacy, and language barriers (Dehne et al., 2016).

Thus, although in theory the Internet has great potential in contributing to the development of multi-modal, interactive and engaging HIV prevention initiatives for YMSM via the use of attractive visuals, interactivity, and customised and localised

support and advice, the reality is that public health researchers do not have the necessary IT skills to develop those tools effectively. In line with this, Cheek et al. (2015) suggest a collaboration between public health researchers and IT experts such as website and computer game developers, as well as the inclusion of game theory, would allow web-based approaches to become more relevant and engaging to YMSM compared to traditional interventions.

Next, in many countries YMSM face a significant stigma and discrimination. This present another challenge to the success of online HIV prevention campaigns, and, in this vein, protecting the identity of YMSM accessing such initiatives users should be of great concern (Muessig, Nekkanti, Bauermeister, Bull, & Hightow-Weidman, 2015). Although homosexuality is not technically illegal in Indonesia, the Government can close any website, social media account, and gay dating App that related featuring gay using violation of decency as tactics (Law number 19, 2016).

Finally, in many non-English spoken countries, such as Indonesia poor Internet literacy (ITU, 2016) represent two more important hurdles. For instance, YMSM's inability to understand English is likely to limit the amount of information. Thus, as access to the Internet is not limited by geographical boundaries, those who do not understand English are necessarily limited in their access to rich and various information presented in English. In Indonesia, access to the Internet is a privilege which means that mainly better-off YMSM with good English skills are more likely to benefit from such online programmes.

3.8 Summary

Six main themes were examined in this chapter: (i) the role of global HIV policy in HIV prevention for MSM; (ii) HIV prevention models; (iii) the digital divide among MSM youth; (iv) the Internet and MSM's lifeworlds; (v) online HIV prevention in Indonesia, and finally (vi) barriers to employing Internet-based HIV prevention strategies. Each of the sections provided a detailed analysis of the issues surrounding the development of Internet-based HIV prevention tailored to YMSM and incorporated an in-depth awareness of existing research and its limitations.

In sum, the HIV prevention policy is driven by the global organisations and public health expert which shift the direction of HIV prevention. The current direction of HIV

prevention relies heavily on the biomedical approach and public health positivist approach which lack space for the community to play a role in HIV prevention initiatives. From the review, the Internet is shown to have both a negative and positive pattern in the daily life of MSM. On the one hand, seeking sexual partners on the Internet has continued to be a significant risk factor for HIV epidemics among MSM. Yet, the future direction of HIV prevention shows that the Internet is a promising mechanism to address HIV. This review indicated that there is a scarcity of knowledge in South East Asia, particularly in Indonesia, on how to maximally use the Internet for HIV prevention among MSM as one strategy relevant in terms of current trends and also in relation to the social lives of young people. This review suggested a strong need to add an understanding of Internet and HIV prevention for YMSM in Indonesia to the body of knowledge. Furthermore, the review indicates that not only are there research gaps in relation to the role of the Internet in HIV prevention in Indonesia, but that there is also a lack of critical and empowerment related type methodology. As discussed in this study, that methodology is important as it provides a space for the YMSM to participate in the research. Whilst YMSM co-researchers in this study were not involved in formulating the question, because it forms the basis of a qualification, they were very much involved as partners in the field process, data collection processes, and ideas for HIV prevention.

Chapter Four

RESEARCH DESIGN FOR DEVELOPING YMSM'S IDEAS ABOUT INTERNET-BASED HIV PREVENTION

4.1 Introduction

The chapter begins with discussion of the researcher position, follow by positing of the theoretical framework and methodological choice of the study, reflection on the fieldwork, trustworthiness of the study, and ethics. Finally, the use of reflectivity and thematic analysis as data analysis methods will be presented.

4.2 Positioning the research study

This study assumes that creating a space for YMSM in HIV prevention has a valuable contribution to the body of knowledge and participation of YMSM in HIV prevention. The research question of the study is: '*How can Bali's YMSM community be empowered to develop Internet-based HIV prevention initiatives?*' Three sub-questions were generated to further guide the research focus and design:

- i. How can YMSM's lifeworlds be described in the context of HIV prevention and the use of the Internet?
- ii. How do YMSMs view the current state of HIV prevention in Bali?
- iii. What are YMSM's ideas for Internet-based HIV prevention strategies?

Thus, the research question posits YMSM and their engagement as central in the process research. This research is subjectivist in nature as it relates to the personal experiences of the YMSM about their life, their views on HIV prevention in Bali and their ideas on using Internet as a potential means to prevent HIV. Research in the public health field is predominantly employed using a positivist stance, with emphasis on objectivity, quantification and generalisation of the results (Crotty, 2013). This study, however, is most concerned with eliciting voices and perspectives of YMSM, and positioning their ideas and language as central to the study. It is considered that subjectivist approach will make the study more relevant to the lives of YMSM, and therefore more likely to be effective in terms of messages and advocacy around HIV prevention.

Critical social theory is seen as a best fit for the research, given the assumption of this research is that social realities, such as social justice, marginalised people, power disparity, political and cultural, are all central dimensions of people's experiences (Giacomini, 2010) and people's daily experience is a better source of information for understanding of health problems (Tremblay & Richard, 2014). It is assumed that the HIV problem among MSM is influenced by a complex situation which is determined by multi-layered factors encompassing biology, behaviour, social and cultural domains (Beyrer, Baral, et al., 2012). The social situations experience by YMSM such as unequal sexual rights and experience of stigma and discrimination, position them became more vulnerable to HIV (Altman et al., 2012; Aziz, 2013; Elford et al., 2010). These social factors can limit YMSM's participation in HIV-related community activities such as meetings and workshops (Guadamuz et al., 2015). Furthermore, critical social theory not only emphasises describing the social situation, but also seeks ways to create action for alternative solutions, hand in hand with people who experience the situation (Giacomini, 2010; Grant & Giddings, 2002). Thus, critical social theory offers a critical lens to examine the lifeworld of YMSM in relation to HIV prevention, their views on HIV prevention, and ideas on using the Internet for HIV prevention, which in turn will create action to address the HIV epidemic among YMSM in Bali.

Critical social theory is a social theory inheritance of Marxism and has many variants (Crotty, 2013). In searching for the best fitting theoretical framework for this study, I looked for a critical social scholar who would speak about the ideas of creating space for the vulnerable people in HIV prevention as well as the ideas of meaningful participation of the local people in the research. In the course of my reading, Habermas's work on theory of communicative action seemed very applicable to the study, since it offered a framework to examine two pivotal aspect that influence HIV prevention outcome: HIV prevention systems and YMSM lifeworlds related to HIV prevention, and how those two aspects may not fit together (Fraser & Robinson, 2004).

Guided by Habermas' theory on communicative action, this research employs Participatory Action Research or the PAR methodological framework. PAR focuses on the social processes of the research, and places great emphasis on collaboration with those researched, emphasising their views, strategies and lives. PAR has been acknowledged as a tool that can create a communicative space, PAR aims to create a

space for mutual collaboration with local people by enabling transformation of the YMSM from being participants to be co-researchers (Baum, MacDougall, & Smith, 2006; Kemmis, McTaggart, & Nixon, 2014). The social process of PAR also aims to reduce barriers between researcher and co-researchers that may occur due to their different social status and background and the social context they live in. Since the conception of the research, I have been made aware of my social position as a female, a lecturer and being older than the YMSM in this study. Further, I assumed that social stigma experienced by YMSM due to the same sex practice might provide inhabitation which could limit their ability to voice their experience and develop their ideas; therefore I choose PAR as a methodology that would allow the creation of a comfortable and safe space for the YMSM to express their ideas (Arreola, Hebert, Makofane, Berk, & Ayala, 2012). Figure 7 illustrates how the philosophical framework interacts with PAR, and nests participatory type methods of data collection and analysis.

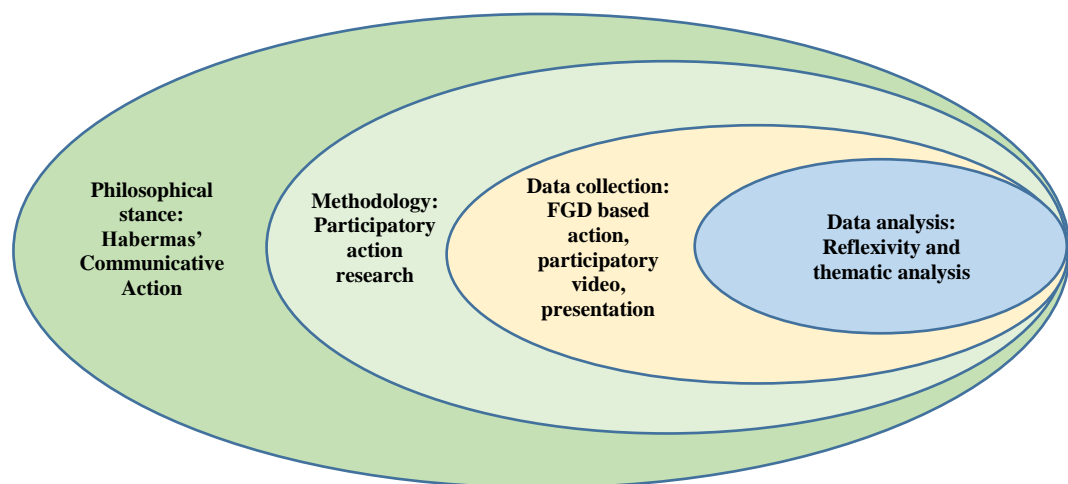


Figure 7: Research onion to describe positioning of the research.

Adapted from research onion (Saunders, Lewis, & Thornhill, 2012)

4.3 Habermas' Communicative action as theoretical framework for the study

According to Crotty (2013, p. 7) theoretical perspective is “the philosophical stance informing the methodology and thus providing a context for the process and grounding its logic and criteria”. Habermas theory of communicative action was used as a theoretical framework to describe the philosophical stance that lies behind the methodological choice of the study and the study’s assumptions. Habermas was born in Düsseldorf, Germany in 1929, from a middle-class family (Finlayson, 2005), a second generation employee of the institute of social research in Frankfurt, which was heavily

influenced by Marxist philosophy. He was one of the critical social theorists who emphasised emancipation of knowledge for empowerment, democracy, and participation (Crotty, 2013; Saidi, 2015).

In his communicative action theory, Habermas posits the importance of communication in the process of democracy (Finlayson, 2005). He argued for communicative action as an ideal situation where people can talk equally without hesitation or fear of rejection by others within a discussion forum (Kemmis et al., 2014), which has been largely destroyed in modern life. Due to the push for productivity in modern life, people have become focused on effectiveness, achievement, success and job accomplishment, which often ignores the rational value of people's lifeworlds such as emotion, feelings, communication, and relationships. Habermas described rationality-focused-action to achieve success as 'purposive rationality'. On the other hand, 'value rationality' focuses on communicative action, mutual understanding, and moral considerations (Habermas, 1984b). The purposive rationality inhabits the system world, while the value rationality inhabits people's lifeworld. Further, in order to achieve its goal, the system world may use deception and manipulation, or distorted practices, through system rationalisation when the system world colonises and dominates the lifeworlds of people (Fuchs, 2016). For Habermas, to regain a balance and push back the advance of system rationalisation, communicative rationality is required. Communicative rationality can be achieved via the medium of ideal speech interaction to reach mutual understanding; harmonisation of plans of action and negotiation of the definition of a situation without the use of coercion and power (Barry, Stevenson, Britten, Barber, & Bradley, 2001).

In the light of Habermas' communicative action, this study assumes that there exist two distinct rationalities in the HIV prevention practices: purposive rationality and value rationality, which has created two clear distinctions of worlds: the YMSM lifeworld and the HIV prevention system, which are not in sync. Communicative action provides a way to reach mutual understanding between YMSM communities and HIV prevention systems. Such an assumption was built upon the fact that there has been an observed gap in the implementation of HIV prevention that has largely ignored the voice of the YMSM and has led to the lack of communication between the YMSM as target group and the HIV prevention system. Further, this research argues for the practice of HIV prevention for YMSM to be closely informed by the lifeworld of YMSM and to be contextually grounded versus an HIV prevention system developed and run by outreach

workers, NGOs, the AIDS commission, the donors and other stakeholders.

Communicative action theory also offers a framework for action to change the situation by creating a communicative space to reach mutual understanding and collaboration to seek consensus (Fraser & Robinson, 2004), to examine ideas to seek the solution, and to bridge gaps between YMSM and HIV prevention systems arguing for an Internet-based HIV prevention.

Communicative action has also been used as research framework in the field of health care practice (Barry et al., 2001; Godin et al., 2007), to examine communication in the patient and doctor relationship. The analysis of system and lifeworld from theory of communicative action provide a useful insight to see the gap between medical and lifeworld communication, thus that of would improve a communication between patient and the doctor which in turn will improve medical service to the patients. Godin et al. (2007) used the communicative action participatory research approach to examine patients' views on the provision of health care services in a forensic mental health facility in the US.

4.4 PAR as methodology underpinning the research

PAR is an umbrella term used to explain a variety of participatory approaches to change-oriented research (Kendon, Pain, & Kesby, 2007). PAR is considered as a subset of action research which is defined as a “systematic collection and analysis of the data to take action and making a change” (Gillis & Jackson, 2002, p. 264). The term action research was first used by Kurt Lewin in the mid-1940s (Gillis & Jackson, 2002) and the socio-technical experiments by the Tavistock Institute (Reason & Bradbury, 2001). Its main aim is to produce practical knowledge that is useful to people in their everyday lives (Reason & Bradbury, 2006). PAR is also a subset of participatory research; thus it combines two approaches: participatory research and action where the PAR combines these two types of research (Foster et al., 2012; Greenwood, Whyte, & Harkavy, 1993; Heron & Reason, 1997). PAR is described as research that involves:

a participatory, democratic concerned with developing practical knowing in the pursuit of worthwhile human purposes, grounded in participatory worldviews. It seeks to bring together action and reflection, theory and practice, in participation with others, in the pursuit of practical solution to issues of pressing concern to people and more general the flourishing of individual persons and their communities (Reason & Bradbury, 2006, p. 1)

Participatory action has been widely used in the education and development fields as a framework to work with marginalised communities with the goal of striving for social justice. Paulo Freire in the 1960s and August Boal at the end of 1970s, both from Latin America, had employed participatory action for social transformation of marginalised people. While Freire is famous for his seminal work 'Pedagogy of the Oppressed', Boal was well known for his drama-based emancipatory work, 'Theatre of the Oppressed' (Rahman, 2008). Since the 1980s participatory approaches had been applied to many community development and international projects (Rahman, 2008). For example, Robert Chambers has developed a participatory type of project in village areas called Rapid Rural Appraisal (RRA), Participatory Rural Appraisal (PRA) and Participatory Learning Action (PLA) (Chambers, 2015). In Asia, the proliferation of PAR started in three countries: India, Bangladesh and the Philippines, with collective action being applied as an approach (Rahman, 2008).

PAR is considered as a best fit with this research as it offers a framework for power sharing and collaboration between researcher and the participants (Grant & Giddings, 2002). In this study, YMSM was seen as a part of the solution in addressing the HIV epidemic (Cahill, 2007). Yet YMSM as part of the youth is perceived as having no capacity in research, rather being condemned as part of the HIV problem, not as part of the solution. YMSM are treated as an attack on the traditional moral culture of heterosexuality in Indonesia (Bennett, 2000); similarly young people are seen as a social burden, given that financially they still depend on their parents (Holzner & Oetomo, 2004; Parker & Nilan, 2013). The daily experience of the YMSM regarding HIV prevention practice, their views on HIV prevention and ideas on the use of Internet for HIV prevention have a pivotal role to play in this study, given they have experience in access to HIV prevention, use Internet in their daily life, and should thus have a say in the development of the Internet for HIV prevention, making a contribution to solving the HIV epidemic problem.

In many societies, due to social hierarchy and power relations, young people have been seen as powerless, lacking the capacity to fully understand their experiences and to address their needs. This assumption is particularly common among marginalised youth such as YMSM (Brown & Rodriguez, 2009). Young people, including YMSM, are members of society who have also experienced social, cultural and policy impacts. Dismissing young people from research on the youth might violate the principle of

democracy that states that every people should have influence over matters in their daily lives. Based on the concept of youth as an asset and having agency, young people's participation plays a vital role in the research. They are believed to have valuable insight into their experiences and perceptions which adults might not be familiar with (Brown & Rodriguez, 2009). Giving space alone to hear the voices of marginalised people regarding their social phenomena might not be enough to solve their problems. Therefore, it is important to give a role to the young people to actively engage in the investigation and intervention regarding the solutions to their social issues (Brown & Rodriguez, 2009).

Participation has been a central tenet to improving health since the World Health Organisation (WHO) released their campaign 'Health for All' (Baum et al., 2006). Participation has been seen as a means to overcome public health professionals' dominance, to improve strategies both in practice and in research, and show a commitment to democratic principles (Baum et al., 2006). Yet, PAR brings rhetorical participation into practice, which has been used to produce knowledge combining the professional and community perspectives (Baum et al., 2006).

However, principles of participation in a group activity might become problematic in a situation where people with different power, status and experience come together in the research (McTaggart, 1991). YMSM experience social inequality, large scale forces and political violence which cause a structural violence (Farmer, 2003). Unequal power in the research space gives more opportunity for those people who want to speak, while it could silence those YMSM who hesitate to express their opinion (Ansell, Robson, Hajdu, & van Blerk, 2012). The experiences of being bully, receiving hatred, and other form of stigma and discrimination might cause YMSM to become reluctant to participate in the community (Ferilli, Sacco, & Tavano Blessi, 2016). Gaps in social status, education, and age between the academic researcher and local people might be a challenge when building local people's participation in the research (McTaggart, 1991).

Employing participatory methods in research with young people has several advantages. PAR enables young people to speak openly about their lives in an informal environment. Rather than focusing on those who are the subject of the research, PAR stresses the use of research methods to engage meaningfully with participants. A safe and informal research space, using various participatory methods such as diagrams,

drawings, dramas, photographs, make the youth feel relaxed and secure enough to express their ideas and participate in focus group discussions and collective data analysis. Social relations that occur during the data collection make the process of research become participatory. The social relationship involves the co-production of knowledge by a group of participants alongside the researchers (Ansell et al., 2012).

Power and empowerment is a crucial concept underpinning PAR (Baum, 2016b). Empowerment occurring in the study is by developing the critical awareness of the YMSM about the influence of social and cultural systems related with being vulnerable to HIV in Indonesia. Further, empowerment can be done through creating a space to improve the knowledge, research skill and practice of the YMSM who participated in this research.

YMSM may carry their biases, prejudices, and beliefs into the research. Although their knowledge can enhance communication and commitment to the research, involvement of locals in the research might cause harm. For example, in research on HIV, due to protection against stigma and discrimination, local people might not be invited to participate given that their participation might potentially cause harm to the community (Cornwall & Jewkes, 1995). Protection of the YMSM co-researchers from prejudice and negative judgements from another member of the community was done by creating an agreement that every discussion in the meeting would not be disclosed outside the meeting.

PAR gives space for a collective commitment between researchers and the co-researchers to investigate an issue or problem. Working collaboratively with YMSM is one stamp of authenticity of PAR. They are seen as experts on the research topic who understood the problems to be researched (Kesby, Kindon, & Pain, 2007). Their participation is needed in order to create effective solutions that fit with the needs of the co-researcher as the focus of the research (McIntyre, 2008). To ensure the collaboration with the local people, PAR facilitates space to those people who find it hard to speak when trying to express their experiences or their stories, by creating a space for them to be listened to and to express their voice (Aragon, Teresa, & Burguete, 2015).

Yet involving the co-researchers from the formulation of the project might not always be possible due to time constraints, particularly in doctorate projects that have a strict

time frame set by the university system (Gibbon, 2002) and lack of access to the community at the beginning of the study. The research might be a personal interest of the researcher rather than of the local people, which may cause lack of interest among the local people to participate in the research and lead to them becoming sceptical about the benefits of the research (Cornwall & Jewkes, 1995). Kesby et al. (2007) posit that a PAR researcher needs to be clear about the degree of participation of the local people in the PAR research.

Through the process of collaboration, PAR can facilitate transformation of practice. During PAR, people become conscious through social construction of what they do and become understood that their daily practices are produced and reproduced in material, social, and historical circumstances. In this research, a transformation of knowledge of the YMSM who participate in the research might occur when they have a critical consciousness of the social and structural situation that puts them at risk and vulnerability of HIV. Similarly, their HIV prevention practices are also socially constructed (Cahill, 2012). Cahill posits that building critical awareness of the social and ecological circumstances analysis with the young KAP in training, using participatory approaches, has built their consciousness regarding the risk and vulnerability to HIV, which is socially constructed rather than individual risky behaviour. This understanding has repositioned them from just being a young key affected population (KAP) to seeing themselves as leaders of their community (Cahill et al., 2015). The transformation occurred through building critical awareness of the social reality that constructs their practice. In the research space, the researchers and the co-researchers collaboratively seek solutions to their risk and vulnerability from HIV, looking from the social determinant lens that allow them to have a broader understanding of the social construction that places them at risk of HIV and makes them vulnerable. Investigation of the social construction which places them at risk of HIV and vulnerability will then create their critical consciousness, which in turn allows them to transform their practice (Kemmis, Mc Taggart, & Nixon, 2015).

As practice without reflection is blind, PAR introduces a cycle of action and reflection. The most important aspect of PAR is a cycle of action and reflection, which is a self-reflective spiral of planning, acting (implementing plans), observing, reflecting, and then re-planning which cycles collaboratively via researchers and co-researchers.

PAR is a cyclical research process from planning, action, and reflection where participants are co-researchers and engage in each stage of the research action. Participants are involved in action by testing the action and gathering evidence. In the reflection stage researchers and participants make sense of the action together and plan further action (Reason & Bradbury, 2008). In PAR, there is a self-reflective accounting of practice, evaluating what works and does not work. The analysis of power dynamics in research with youth is important, especially as many involve marginalised young people (Cahill et al., 2015; Christens & Speer, 2006)

PAR requires time, knowledge of the community, and sensitivity on the part of the researcher to participants. There is also variation of perspectives, values, and abilities among community members, a consensus for determining what social issues require attention and the timeframe anticipated for change might thus be difficult. Local people might have a different research agenda and lose motivation when they find that PAR is not meeting their pre-conceptions (Cornwall & Jewkes, 1995). Further, commitment of the community members in the research needs to be maintained (Gillis & Jackson, 2002).

4.4.1 PAR in health and young people's studies

PAR is increasingly used in health research in the 21st century (Baum et al., 2006)). The common practice in the PAR project was applied to the community action cycle where the problems identified were prioritisation, joint planning, and management of joint planning, and the plan was implemented and then evaluated using the participatory approach (Baum et al., 2006). PAR is particularly popular as it has provided an alternative to the normative public health research which has so much focus on understanding the problem and not so much on seeking solutions (Baum, 2016a).

PAR has been applied in research with high school students, marginalised youth such as young people of colour, and YMSM in many countries. Some examples of studies that have employed PAR are: development of a service learning with undergraduate students using critical PAR (Schensul & Berg, 2004), development of a framework to engage with marginalised young people (Iwasaki et al., 2014), and development of a digital map (Akom, Shah, Nakai, & Cruz, 2016). Dold and Chapman (2012) applied PAR to development of health treatment services for youth. The young people in this research have participated in system change and treatment plans.

An example of PAR in Indonesia is research on HIV risk of Indonesian young people underserved in Jakarta, Surabaya and Manado (Moeliono et al., 1999). In the research, underserved young people such as those among the shrimp-peeler community, ship (dock) labour community, motorbike taxi driver (*tukang ojek*), and fishery workers were trained to be researchers and developed an action plan on HIV risk reduction with youth. There were five phases of the research: 1) three-day PAR workshops in three cities to train the young people and the NGO staff in qualitative research, participatory methods and techniques used in the research; 2) information gathering as part of the action-reflection-action cycles, with data being collected through focus group discussions where youth documented their social work through videos, pictures, poems and maps; 3) analysis of data used a participatory analysis method; 4) following data analysis, youth were given the assignment to conduct case studies, observations, and in-depth interviews with other youth outside the group, formal and informal leaders, and other relevant key informants.

The result of the case study was analysed in the reflection meeting, social analysis, and member checks; 5) the dissemination was done through informal seminars where the marginalised youth shared their media presentation and action plans with experts from various fields. Using reflection data analysis, the researcher concluded that PAR had built the ‘process of self-awareness’, or consciousness and catalytic change occurred in the research that led to behaviour change among the youth. During the discussion, the discourse changed from rather quiet and little mention of HIV or risky sex to greater comfort and increased self-confidence to talk about HIV and sex. Raising awareness of the health issues related to their jobs and sexual behaviour of visiting sex workers was at first thought of as normal practice, to becoming aware of HIV risk through unsafe sexual practice (Moeliono et al., 1999).

The UCLA Council of Youth Research released a publication on using PAR with young people in 2016 and introduced the term Youth Participatory Action Research (YPAR), which refers to a practice of mentoring young people to become social scientists by engaging them in all aspect of the research cycle, from developing research questions and examining relevant literature, to collecting and analysing data about social issues that they find meaningful and relevant (Mirra, Garcia, & Morrell, 2016). The concept is similar to the idea of YPAR by Bozlak and Kelley (2015), as a tenet of PAR aiming to

engage with youth in many aspects of the research process. YPAR points to the need for active engagement with young people at all levels of the research, including in the formation of the research questions, the design and implementation of the study, the analysis, and dissemination of the findings.

The theoretical foundation of YPAR was developed from the PAR movement from the 1940s and the late 1990s by scholar-activists in several locations around the world (Mirra et al., 2016). It came from the movement of British working-class action research, social movement action research in Latin America and the pragmatism of the American civil rights movement initiated by Charles Peirce, William James, and John Dewey in the USA. The British working-class action research strived to change the curriculum to make it best suited for working-class society by improving the practice of teaching in the class. The British action research employed Kurt Lewin's iterative process of planning, action, and reflection to improve practice (Mirra et al., 2016). Further, the action research-social movement in Latin America was particularly based on the work of Paulo Freire on teaching and learning and August Boal on cultural production, and social science research by Morrow and Torres. Adapting the Latin American social movement, YPAR starts from the everyday experiences of the young people and their communities. Next is the civil rights movement YPAR in the USA by John Dewey in early 20th century. The civil rights movement was noteworthy for the role played by knowledge in a real democratic society. During the time of this social movement, the USA was experiencing extreme inequality by race and class which threatened the ideal democracy. Therefore, Dewey called for a process of participatory social inquiry to seek solutions for the extreme inequalities by engaging with ordinary citizens. He called this 'the great community' which shared their knowledge and developed ideas to halt the threat to democracy. The contribution of Dewey's ideas of the democracy into an understanding of PAR highlights the need to honour knowledge production from all corners of society (Mirra et al., 2016).

A combination of theatre and PAR was used to empower a group of young lesbians, gay, bisexual, transgender, queer and questioning (LGBTQQ) in Michigan (Wernick, Woodford, & Kulick, 2014). Combining a quantitative data survey from the Riot, a community-based LQBTQQ, the LQBTQQ and storytelling, the group developed a theatre group called *Gayrilla Theatre*. The LQBTQQ youth performed for adults in school about how they felt to be LQBTQQ in the school, such as feeling uncomfortable

discussing sexual orientation and gender identity with adults. The research concluded that the LGBTQ youth felt empowered through participation in the theatre and the change in the school in response to LGBTQ needs (Wernick et al., 2014).

The evolution of Internet technology has transformed the field of PAR into online PAR. Flicker et al. (2008) introduced electronic PAR (e-PAR) to engage youth in community health promotion through the Internet. In e-PAR, technology is used as a strategy for engaging youth in health promotion. Technology includes various types of communication tools used by youth; for example, the Internet, photography, video and music production software, all of which promote community development, critical literacy, artistic expression, civic engagement and social activity. The application of an e-PAR model included the development of a community art exhibition and website of photos, a drama about youth smoking and health decision, a website, video and interactive workshop on the globalisation of tobacco. Other applications include research in the local community about attitudes towards street youth, participation in political rallies, creation of songs and music, and presentations delivered to over 700 youth and adults, and building a website for young gay, lesbian, bisexual, transgender and transsexual newcomers to Canada (Flicker et al., 2008).

4.4.2 Reaffirming the value of PAR approach in this study

Overall, the use of PAR theory as the theoretical lens informing this study is justifiable on multiple grounds: 1) it validates the knowledge of the YMSM as insiders and with knowledge to determine the truth; 2) it recognises that the action or practice of using the Internet for looking for sexual partners might not be determined solely by individual choice, and the practice might be shaped by a range of social, cultural, and economic and political factor; 3) it provides a safe space for collaborative action between the academic researcher and the YMSM as those with knowledge about developing action for Internet-based HIV prevention.

By employing the PAR methodology, I had an opportunity to ‘create a space’ for the YMSM to share their voice about their experiences in using HIV prevention offline and on the Internet, and identify issues that impacted their willingness to access HIV services. Further, this lens allowed me to engage with YMSM in a safe and informal environment where they could express their views about the use of Internet for sexuality, economic means, and HIV prevention. The YMSM co-researchers in the

study could freely discuss their experience on accessing HIV prevention programme which might relate to oppression of the HIV prevention system towards their lifeworld. PAR also provides a space for the YMSM co-researchers of the study to engage in critical examination of existing HIV prevention services delivered by an NGO-based HIV service in Bali, and clinics which provide health services for YMSM. All of the information will be of benefit in theory building and drawing recommendations for the development of Internet-based HIV prevention in Bali, as the result of the research.

4.5 Research design of the study

This section discusses preparation of the study both pre-fieldwork and in the field. It discusses challenges of recruiting of the co-researcher given the fear of disclosure and desire for privacy of YMSM. It also highlights the importance of creating a comfortable, safe and engaging space for the discussions (Cahill, 2007).

4.6 Pre-fieldwork preparation

As a novice researcher in PAR, at first, I was not confident to run participatory action research. My biggest challenge was how to incorporate the PAR concept during data collection. I challenged myself regarding how I could build participants' critical thinking, how could I encourage them to use creative tools, and how to encourage them to create action during the discussion. I attended a PAR workshop and pre-fieldwork practice with St Andrews youth group, part of an Indonesian congregation in Auckland.

4.6.1 Attending a PAR workshop

In writing up guideline for my fieldwork, I decided to try out the skills that I learned from attending a workshop by Helen Cahill from the Youth Research Centre of the University of Melbourne, entitled the 'Critical Journeys in Applied Theatre', an international symposium on 24-25 October 2013. The workshops were organised by the Faculty of Education of the University of Auckland.

In this workshop, Cahill explored the used of applied theatre techniques to address the strong stigma attached to HIV in the community, which is a hindrance to young people accessing health services. Cahill illustrated her work with marginalised youth communities in South East Asia. She used various participatory approaches to assist young people to think critically about the social, political and economic aspects in

development of their health and well-being and as a tool to think critically about their wider social ecological system rather than their individual health risks, which is a public health norm. In this course, I had the chance to try out and play different games and role plays to enhance participants' engagement in the research and to encourage them to speak up about any sensitive and taboo topics such as sexual issues and practices.

4.6.2 Pre-fieldwork preparation in Auckland

I have published my experience on doing fieldwork on a symposium proceedings entitled "Local Tools for Global Change: The second annual interscholastic student HIV research symposium" (Lubis, 2015).

I was advised by my supervisors to conduct of participatory group discussion before going to the fieldwork in order to familiarise myself with the techniques used in the participatory discussion. This practice was important to involve myself with the participatory techniques given my research experience is largely positivist, with emphasis on the solo role of the researcher, from collecting data to analyse the data. Using PAR would be grounded in empowerment and transformation. Therefore, the practice of conducting a participatory method in real action is important to learn, to understand how to apply the principle of participation and collaboration in creating action and building trust relationships with the YMSM co-researchers.

The co-researchers have a pivotal role in the PAR, because they need to participate fully in the process of data collection and analysis, including presenting the findings to the chosen audience (Baum et al., 2006). Further, PAR uses participatory methods such as mind-mapping, drawing and games as tools for collecting information; essentially methods that allow for maximum expression and choice by the participants. To prepare for this new way of working, I decided to undertake two participatory discussion practice sessions with Indonesian youth in Auckland.

From Herr and Anderson (2005), I learn that in doing PAR practice, the age of the participants in the practice should be a similar age to the potential co-researchers of the study. Thus, five members of the youth group of St Andrew's Indonesian Congregation aged between 19-22 years old were chosen, who had a similar age to my potential co-researchers in Bali. All of the participants were born and grew up in Indonesia. Three participants were still studying at local university and two had worked. I was planned to

have two practice sessions with them. In those practice sections, we aimed to answer two research questions: ‘What do you use the Internet for?’ and ‘What do you think about current Internet-based HIV prevention-based Internet?’. In the first meeting, I used mind-mapping as a means to gather data with the participants. I started by writing the word “Internet” in the centre of flipchart, then asked the participants the first research question.

On my reflection after the first practice, I realised that I was being dominant during the discussion; all work had been done by myself, such as writing the answers of the participants, mapping the participants’ words on the flipchart and taking the role as the leader in the discussion. I missed out on all the ideas of participation, collaboration and building trust endorsed in PAR. I should have ‘handed over the stick’ to the youth and let them lead the process of the discussion (Chambers, 2006). Here, in my first trial, I felt nervous and unsure and missed out the whole idea of doing the research with the participants (Kemmis et al., 2014). In the second meeting, I changed my approach. I placed a number of flipcharts and markers on the table, then continued with the research question ‘what do you think about current Internet-based HIV prevention in general?’ Asking them to draw what would be the answer to the research question. I provided an iPad to give them an opportunity to search from some available web-based materials for HIV prevention as well as showing some current Bali-based HIV prevention information available on the Internet. Surprisingly, the participants started to write their views and draw images on the flipchart while having conversations among themselves.

4.7 Pre-fieldwork preparation in Bali

After a consultation with my supervisors, it was decided to recruit a facilitator from the YMSM community in order to have someone easier to talk with the co-researchers, to empathise and understand the emotions, thoughts, feeling and language of the YMSM co-researchers and relate better to them (Iwasaki et al., 2014; Victoria, 1997). Prior to my fieldwork, I had initiated a consultation with a prominent young gay activist based in Jakarta in order to find someone who could help me to facilitate the discussion but who was also part of the YMSM member. I was connected to an experienced youth training facilitator in Bali named Budi (pseudonym). Budi was the focal point (contact person) of the *Fokus Muda*, a national youth key affected population (KAP) forum and a member of the *Pelangi Muda Dewata*, a YMSM organisation of YMSM, initiated by the Gaya Dewata Foundation or GDF, a gay and HIV prevention-based foundation in Bali. He was also an outreach staff in the GDF responsible to connect with YMSM both

in the field and in online venues. Permission was granted by the Director of the GDF to have Budi involved in this study.

4.8 Selection and advertisement of the research

The inclusion criteria for the potential co-researchers included in this study was those YMSM aged 18-24 years old, who self-identified themselves as men who have sex with men, who resided in Bali, and was able to commit their time to participate in this study. The inclusion criteria were decided on the following grounds. Firstly, this study followed the UNAIDS (Joint United Nation Programme on HIV/AIDS (UNAIDS)) definition of MSM as men who have sex with men regardless of their sexual identity (UNAIDS, 2015). Secondly, considering a fluid definition of the youth in Indonesia where this is not limited by age but by marriage status (Parker, 2008), in this study I refer to the United Nations definition of youth and a consultation with the local people. The WHO define youth is a person aged between 15 and 24 years, which combines adolescents, those aged between 10 to 19 years, and young people, who are 10 to 24 years (United Nations Department of Economic and Social Affairs [UNDESA, n.d]; WHO, 2006). The director of an NGO-based MSM in Bali suggested to include 18-year-olds rather than 16-year-olds in order to be in line with the definition of the YMSM within the Indonesian National AIDS Commission (Personal communication, February 20, 2014). Another reason is that Institutional Review Boards (IRB) request people under 18 to require their guardian's permission to be involved in the research. Many MSM in Indonesia are unlikely to disclose their sexual orientation to their parents, hence asking them to request permission from their guardian to participate in this study might be problematic.

The location of the research was chosen based on the information gathered from the report on the estimated number of MSM in Bali released by the Bali Health Office, as discussed in chapter 2: situational context of the study. This data has been confirmed with the director of GDF to ensure that the chosen location fits with the real situation in the field. The GDF is the oldest NGO in Bali that provides education on HIV and sexually transmitted infections (STI) for LGBT communities in Bali (GDF, n.d).

The content of the flyer to recruit the potential co-researchers of the study was chosen in consultation with local people, the Director of the GDF and Budi, one of the outreach staff in the GDF. I presented the draft. While the GDF's director agreed with the design

and content of the advertisement flyer, Budi suggested that we inserted an image of the rainbow as symbol of lesbian, gay, bisexual and transgender (LGBT) to clearly send a signal to the readers that this study was intended for gay people. I was advised to remove the term *laki laki suka laki laki* or MSM and replace it with a rainbow image. The use of the term was too direct, and some might feel uneasy reading it. Budi was very cautious for the possibility of 'no response' from the Facebook groups if the MSM term were printed, as those responding would be directly identified as MSM. The advertisement flyers can be found in Appendix A.

The advertisements were posted on the GDF's Facebook page and the GDF's staff helped to distribute it to their clients. Within the first two weeks, only two people posted comments on Facebook, and three people sent text messages, including one young girl who was not aware of the participation criteria. With input from Budi and the Director of the GDF, I came up with a strategy, by involving a GDF volunteer, Reza (pseudonym), to spread the word about the research. Reza then used his BlackBerry forum to spread information about the research and within a week 10 YMSM contacted him to join in the research. From this experience, it became clear that the role of local people was vital in spreading the word. I was surprised at the slow response to my advertisement. Potential co-researchers, however, were comfortable with contacting Reza as an intermediary to communicate their interest in the research.

I invited all of the YMSM who had expressed interest to participate to the study through Reza to an information meeting on 11 December 2014, at Reza's place. The venue was recommended by Reza since the location of Reza's place is strategic for participants coming from Badung and Denpasar and it is known as one of the gay hotspots.

The information session was opened by Reza by explaining the purpose of the meeting and to inform the participants about the current study. I was confident in Reza opening up the meeting to help YMSM feel comfortable and to warm up the discussion. After the opening session by Reza, Budi facilitated the introduction session by asking each participant to introduce themselves with their name, age, home town, length of residency in Bali and a discussion of a 'sexual fantasy'. I watched as everyone looked a little shy to share about their sexual fantasy, but they all shared something. The atmosphere was relaxed, and attendees were comfortable to give comments on their peers. Most of them held a sexual fantasy about having sex with someone from

overseas, such as from Thailand, France, and China, or Hollywood stars and rich people:

Hello, my name is xxxx, I am 22 year of old, I have been Bali for around three years, and my sexual fantasy is *ngewong* (having sex in top position) with rich people.

Hello, my name is xxxx, I am 21 years of age. I have only in Bali for less than one year. I love to have sex fantasy with Chinese gay men.

Hello, my name is xxxx, my sexual fantasy is to have sex with Frenchmen because they are so handsome.

Hi everyone, my name is xxxx, and my sexual fantasy is to have sex with newcomers.

Budi and I also participated in this introduction; I shared my name, how long I had lived in Bali, and what my sexual fantasy was. I found that the atmosphere of the focus group was relaxed and informal. People were curious to know what would be the sexual fantasy of other participants and also gave a response when someone explained his sexual fantasy. For example, when one participant said that ‘I have a fantasy about newcomers’, then other members commented, ‘please be careful with him, guys’. Further, when someone said that his fantasy was to have sex anywhere and with more than one person, other participants responded ‘wow, your fantasy was just like SCTV’s motto’ (an Indonesian TV channel). With this relaxed environment, I felt that I was accepted by the group. The discussion flowed really well and was as I had wished for—the beginning of good relationship-building in the group. Budi deliberately chose the ‘sexual fantasy’ game to build a relationship between myself as researcher with the group and within the group. Although being open about one’s sexual fantasy is taboo and not common in Indonesia society, Budi showed that using a taboo subject could potentially open up communication and invite responses from members of a newly formed group.

4.9 The co-researcher and the research facilitator

Finally, eight YMSM agreed to participate in this research along with Budi, who was recruited as the facilitator. Kemmis and McTaggart (2005) posited that it is possible for facilitators to take the role as co-researchers given his commitment to personal and social change. Further, Langlois, Goudreau, and Lalonde (2014) stated that PAR is interested in practices which are result of the social interaction between people and as social process between practitioners in order to change professional practice. Therefore,

PAR researchers consisted of academic and non-academic background which equally consider as co-researchers (Langlois et al., 2014). The majority of the co-researchers are from outside Bali where five of the nine were not Balinese ethnicity, one of the '*pendatang*' (migrant) was born in Bali of migrant parents, and the other six '*pendatang*' had lived in Bali between 6 months and 6 years. Five of them completed high school; two had attended some years of university. Andi [pseudonym] was 23 years old, and had a background in marketing. He had many casual jobs such as producing and selling perfumes, a laundry business and a part-time dancer. He was originally from East Java and had been residing in Bali for three years. Made [pseudonym] was 24 years old, had been living in Bali since 2009. He owned a creative dance production and worked as casual staff in a café in Kuta, Bali. Budi [pseudonym] had been working as a volunteer in Bali Youth Rainbow since 2013. Doni [pseudonym] was living in Bali since infancy; he was 21 years old, working as a drag queen in a gay bar. Doni was one of the GDF clients and was involved in Bali Youth Rainbow. Komang [pseudonym] was working part-time as a peer educator in GDF and worked as a master of ceremonies (MC) at a Yamaha motor dealer in Bali. He also worked as a casual drag queen in a bar in Seminyak: Toni [pseudonym] was working as a cyber-outreach staff in GDF. He had only been living in Bali for one year. He also worked part-time as a dancer with Made. Adi had been residing in Bali for two years; he was a GDF client and was looking for a permanent job. Frangki [pseudonym] was very new to Bali; he moved from Semarang, of Central Java to Bali in August 2014. He worked in a villa in Bali. A summary of the co-researchers can be found in Table 3 page 103.

Table 3: List of co-researchers

Name (pseudonym)	Age (years)	Length of stay in Bali	Origin	Education level
Reza	24	Most of his life	Balinese	Third year in university
Adi	23	Around two years	Non-Bali	Second year in university
Andi	24	Around five years	Non-Bali	High school
Doni	21	Most of his life	Non-Bali	High school
Komang	24	Most of his life	Balinese	High school
Toni	22	Almost one year	Non-Bali	High school
Frangki	24	Nearly five months	Non-Bali	Diploma III (D3) ⁴
Made	24	Nearly three years	Non-Bali	High school
Budi	22	Three years	Non-Bali	High school

4.10 Creating space for YMSM in research

Referring to Kemmis et al. (2014), the first step of “creating a space” for the YMSM was to set up a comfortable and safe communicative space, where everyone could share their experience in HIV prevention offline and on the Internet, which in turn will contribute to the agenda of transforming the Internet-based HIV prevention in Bali. A safe and secure space has been created for the YMSM co-researchers within this research to ensure their need to be heard, to produce knowledge on the research topic and to develop ideas about HIV prevention on the Internet. Further details of this topic will be discussed in section 4.10.1 and beyond.

One aspect of PAR is that it is characterised as being reflexive, flexible and iterative, in contrast with rigid linear design of most conventional science and contextual studies (Baum, 2016b). In this research, the co-researchers complete one cycle of the PAR, starting with building a research team, sharing concerns, planning, action and evaluation. I illustrate the process of the research in Figure 8 below, which needs to be read with an awareness that the real process was messy and was not as clear or linear as depicted in figure 8:

⁴ Diploma III or *ahli madya*, which is equivalent to an associate degree.

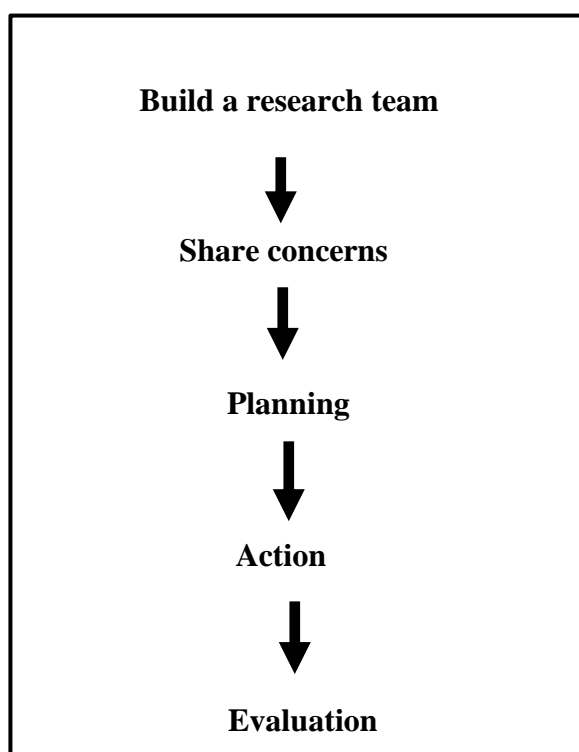


Figure 8: Process of research (Adapted from Kemmis & McTaggart, 2005)

Data was collected using Focus Group Discussion (FGD), which has been noted to be useful in PAR (Olshansky et al., 2005). This is because the FGDs are oriented to a social process and a form of group interview that capitalises on communication between the research participants in order to generate data (Kitzinger, 1995, p.299 as cited in MacDonald, 2012). In FGD, the researchers and co-researchers engage in open discussion about their experiences in relation to the research questions, where the different viewpoints are welcome and participants encouraged to speak (MacDonald, 2012). Typically, the FGD consist of the 7 to 12 people, whereas in this research there were nine co-researchers. There were seven focus groups plus two dissemination meetings held during the data collection. The summary of the FGDs is presented in table 4 below and in page 104:

Table 4: Summary of the FGDs

FGD	Date	Activities	Attended (names are pseudonym)
FGD I	20 Dec 2014	Building research skills Introduce the research design, introduce the YMSM and group agreement	Reza, Budi, Made, Toni, Doni, Komang, Andi, Adi, Naldi
FGD II	10 Jan 2015	Discuss their experience of HIV prevention and their self-prevention initiatives Discuss the perfect HIV prevention for the YMSM	Budi, Komang, Reza, Adi, Toni, Andi, Frangki, Made, Doni.
FGD III	17 Jan 2015	What we have learned in the previous meeting. Discuss their experience of using the Internet for general use and for HIV prevention Discuss and checking the information gathering from the previous meeting Make a list of the Internet channels that they commonly use Discuss ideas to develop Internet-based HIV prevention initiatives	Doni, Budi, Andi, Adi, Komang, Made, Toni, Frangki, Reza,
FGD IV	24 Jan 2015	Review the previous meeting Continued discussing ideas to develop Internet-based HIV prevention Checking the main points from previous meeting Develop two videos to increase condom use Peer checking Plan action for the next meeting	Doni, Made, Komang, Reza, Budi, Toni, Andi, Adi, Frangki
FGD V	31 Jan 2015	Continue working on videos and editing	Toni, Budi, Adi, Reza, Andi, Made, Doni, Komang
FGD VI	7 Feb 2015	Continue working on videos and editing	Doni, Tomi, Budi, Reza, Made, Komang, Frangki, Andi
FGD VII	13 Feb 2015	Evaluate the process of the research Identify was what happened, what was good, and what is needed in future research	Toni, Komang, Made, Reza, Doni, Andi and Budi
Dissemination I	28 Feb 2015	Share experience in the research with Kisara Bali	Made, Reza, Toni, Komang, Andi, Budi

FGD	Date	Activities	Attended (names are pseudonym)
Dissemination II	10 Mar 2015	Share experience and outcomes of the research with the GDF	Made, Doni, Toni, Komang, Reza, Andi, Budi

4.10.1 Building research skill

I was seriously concerned about ‘passing the baton’ to Budi to facilitate the FGD in this study (Chambers, 2006). In my first meeting with Budi, I was made aware that he had never been a facilitator of FGD and had no experience in participatory research. This is not surprising since the mainstream research in Indonesia, particularly in Bali, is based on surveys. Therefore, before starting the first FGD, I firstly trained Budi how to facilitate FGD and to engage with the participants, and how to conduct an FGD.

An FGD rehearsal was conducted every week with Budi to practice how to ask questions and to invite participation of the other co-researchers. We also planned and rehearsed some ice-breaker activities for focus group discussions. At the first FGD, Budi was very nervous, but later after several FGDs, he was able to manage his nerves and started to become more relaxed and confident in facilitating the focus group discussions. The photo in page 105 (figure 9) was taken during rehearsal.



Figure 9: Practice with research facilitator

The co-researcher’s participation is pivotal in this study; however, they might be hesitant to speak in the research space due to the social gap between myself and among the co-researchers. Therefore, in the first meeting I begin the FGD with an introduction of the participants of the study, by asking them to introduce themselves in pairs by drawing pictures of their peers, and asking information about their partners. In turn,

each group would introduce their partners to the other group, including myself. Additionally, I further talked about myself when we had dinner together in a fast food restaurant nearby.

As a way of building trust among the group and with me, the ground rules were formed. The ground rules consisted of appropriate behaviours and conduct and confidentiality issues during the research. We agreed for all sessions and meetings to be smoke free, and mobile phone to be used only for an emergency; to be respectful of others, taking turns and active participation, with no bullying or harassment being acceptable. If any problems were to occur, they had to be solved during the session. The YMSM also wrote down some forms of activities or games on a small piece of paper, stating a fun and light-hearted penalty for any member who failed to follow the agreed ground rules. These pieces of papers then were collected and kept in a jar. In a situation when one of the group members broke the ground rules, he would be asked to pick up one piece of paper from the jar, read it and act out the game written down as his penalty. The forms of penalty were fun and entertaining, and it helped co-researchers to engage with each other. Examples of the types of punishment were to dance in front of other members, use a helmet for the whole discussion and to shake the hand of every other co-researcher.

The use of games and icebreakers was pivotal in this research to engage with the YMSM and to relax the co-researchers so that they could discuss the sensitive and taboo topic (Cahill et al., 2015). In her research with youth-led HIV prevention, Cahill et al. (2015) used games and icebreakers as a useful tool to engage with and establish an inclusive, friendly, and informal research space. Similarly, in this research, games and ice breakers were used as tools to engage with the co-researchers, starting from the introductory evening. Budi ran a game called 'Noah's Boat', a music-based game where players are invited to hop onto Noah's boat (a piece of paper) when the music stops. This game was also aimed at improving the participants' concentration in preparation for the tasks ahead, as well as creating a feeling of fun and friendship. We also played a game called 'Using Hats Together', where people were asked to adjust a hat based on their head circumference before they exchanged hats with someone else. This game raised awareness that everyone has unique needs, which may not be generalised to others. Many of the co-researchers had experience as respondents of surveys, but this study was the first participatory research project for the co-researchers. I explained

clearly the difference between survey and PAR to ensure that they fully understood their role in this research and what the difference between surveys and participatory research is.

In order to prepare the co-researchers with the principle of the PAR, I provided a handbook which was developed from Cahill (2010) entitled “Research toolkit: an introduction to using PAR as an approach to learning, research and action participatory action research toolkit” and a handbook entitled “Facilitating participatory workshop” develop by *seedforchange*. Four videos from YouTube were also shown:

- The first video: https://www.youtube.com/watch?v=Og4BGyZr_Nk, entitled ‘What is research’;
- The second video: <https://www.youtube.com/watch?v=INSI4GMedk8>, on PAR with mother of children in streets of Bolivia;
- The third video: <https://www.youtube.com/watch?v=L25zCvH5y10>, on VOYCE (Voices of Youth in Chicago Education);
- The fourth video: <https://www.youtube.com/watch?v=2aYGbzt6VeA>, on Animation for Transgender HIV/AIDS Outreach and Prevention (English Subtitles) Mplus Thailand, developed by Mplus and Australian Federation of AIDS organisation (AFAO).

By creating a space for the group to be involved in playing games and icebreakers, the researcher learned that games, which initially had been designed to help the co-researchers focus on the session, could also trigger creative ideas. The group started to create more games which were used in later sessions. For example, they agreed to penalise anyone who was bullied or teasing others, who was late, or who turned on their mobile phone. Three of the research team (including the researcher) were punished by being asked to dance ‘*dangdut*’⁵, a popular type of Indonesian music, in front of the group. Using games, like the icebreakers, was important in the process of socialisation and engagement with the group.

⁵ *Dangdut* is a genre of Indonesian traditional popular music partly derived from Malay, Hindustani and Arabic music. *Dangdut* is very popular in Indonesia, because of its melodious instrumentation and vocals; it often features a *gendang* beat.

4.10.2 Sharing concerns

After building the research team, we established a concern sharing session in the second focus group discussion (FGD). The research team met weekly for one to four hours. A total of seven FGDs were held to answer all of the research questions. During the second and third FGDs, the co-researchers shared their views on HIV prevention approaches in Bali, how they used the Internet for both general purposes and HIV prevention, and what ideas they had on developing an Internet-based HIV prevention. All of the FGDs were audio recorded.

The co-researchers came up with different methods to discuss the use of the Internet in their lives. They started by brainstorming different uses of the Internet in their lives, then drew a two-column table to list the general Internet use versus use for specific HIV prevention, sexual health and sexual networking. The co-researchers used drawings to explore the ideas on how to improve HIV prevention in Bali. They firstly worked individually on drawing their ideas regarding an ideal HIV prevention programme in Bali, then had their individual drawings shared with the group.

The co-researchers chose to work in groups of two when exploring ideas for the use of an Internet-based HIV prevention programme. Ideas were presented in the forms of drawings, flow charts, and texts. They also presented their ideas to the whole group. Each group was given five minutes to present their ideas followed by questions and answers. One of the co-researchers, Doni, was at first hesitant and slow to present his ideas to the group. Yet with support from the rest of the group, he finally had a go and executed his presentation quite well.

4.10.3 Planning

Based on their shared concern regarding HIV prevention in Bali and limited use of the Internet for HIV prevention, they decided to make a video campaigning the use of condoms for YMSM. The process of making a video was in this order: develop the ideas, decide the target audience, create the stories, draw a plan, create, present, record the video, edit it, revise it, edit it again, and present and edit the final production. During the planning stage, a storyboard technique was used to plan the videos, and this techniques is considered an integral part of the process of participatory video drama making (Labacher, Mitchell, de Lange, Moletsane, & Geldenhuys, 2012). In producing the storyboard, the co-researchers were guided by several questions to develop the

outcome: deciding on the target groups, identifying the video's themes, contents, and design, and how to distribute the videos. Further, there was valuable discussion on the appropriate language and themes to be used that would be acceptable to the young gay community. For example, one co-researcher suggested focusing on the (sexual) faithfulness of individuals, as a theme for the video. But others argued that it was not possible for young gay men to be faithful. Therefore, this would have been an unrealistic and inappropriate message. Eventually, the co-researchers agreed upon the theme of raising awareness on condom use to protect themselves and their partners from HIV.

4.10.4 Action

The third steps of the study were to create action relating to what had been planned. The co-researchers used tools that were available around us such as smartphones, colouring, and markers combined with amateur video skill. Although I provided an IPAD to take video, they chose to use their own smartphones. Making video using smartphones is a handy method for data collection and it helped us to better engage with the participants (Flicker et al., 2008). I found smartphones to be a powerful tool in this study to enhance group collaboration and creativity, yet there was still a need for additional devices for editing the video. In the process of making video, I observed that the co-researchers automatically contributed to the video-making based on their capacities; for instance, Reza who has skill in video editing and drawing, worked on drawing and video editing. Andi and Doni were chosen to be speakers because they were the best fit with the character in the video. The co-researchers designed four videos in total, and of these edited two videos for final production. Using mobile phones, the co-researchers worked collaboratively to create the story, to choose the message, to draw images that were taboo in the community, to speak out about their identity through images, to deliver messages that might not be part of the Indonesian health promotion norms.

4.10.5 Evaluation

PAR is research that reflects action. Having a discussion to consider and assess the process of the fieldwork gave everyone a chance to discuss what the research team had learned during the research process, and to find the way forward. During the last FGD, a reflection and evaluation of the process of the research was done. There was a list of questions that had been prepared by the researchers and facilitator to guide the discussion, such as:

- Tell me what happened when you discussed your ideas on the use of Internet for HIV prevention. Did you have a debate? Did you change your ideas?
- How did you decide the role in the process of developing the ideas?
- Tell us, what was the background of the ideas?
- What do you like from the ideas? What messages do you want to convey?
- What is the most important aspect of your ideas for HIV prevention?
- What is the message that you want to convey to your target audience? What is the most important aspect from the ideas for HIV prevention among MSM?
- What do you expect from the YMSM after listening to the messages?
- Do you think that the YMSM audience would be attracted by the video? What do you think makes them interested or not interested in your ideas?
- How would you promote the video?
- How would you evaluate the outcome of the video? How do we know whether we have achieved our aim?

A space to evaluate the process of the research was provided for the co-researchers. The voice of the co-researchers is important to improve the future research. The co-researchers choose to use Post-It notes to represent their views on every focus group discussion. The feeling of the co-researchers was checked during every meeting. They were asked to describe feelings on the Post-It notes, and these were placed in view during every meeting. Figure 10 in page 109 is a photograph of the participants' feelings posted on a flipchart.

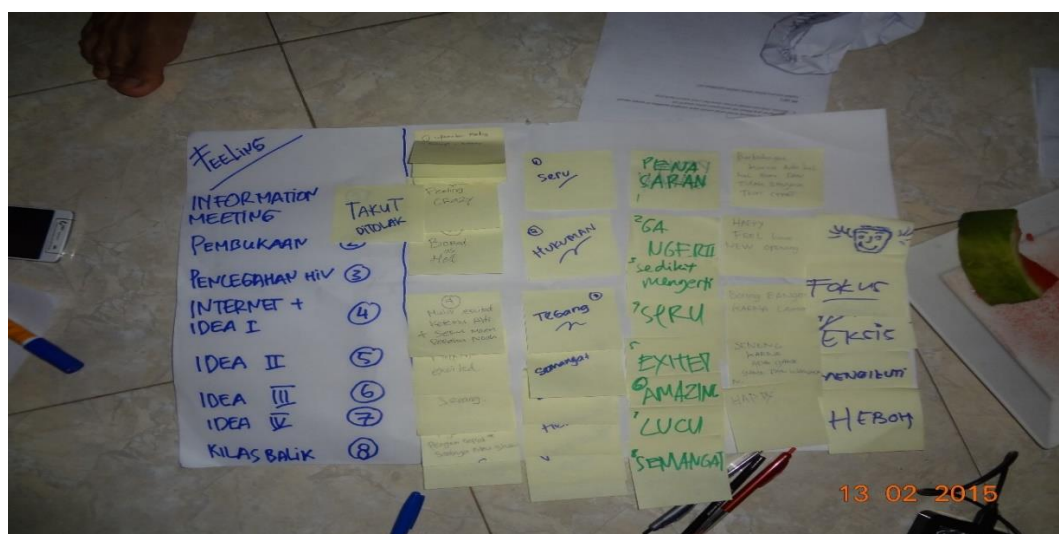


Figure 10: Evaluation Process

Notes: includes ideas, feeling worries, excitement, fund and eagerness

4.10.6 Dissemination

Dissemination of the study was conducted through the presentation in a PowerPoint presentation and presented as a video created by the data collection. The aim of the dissemination was to extend research findings beyond the academic discipline and to publish the results of the study. K. D. Fraser and al Sayah (2011) and Flicker et al. (2008) used video and PowerPoint presentations to disseminate the findings of the study in the venue where the voice of the youth was rarely heard. In this study, the dissemination had been done in the two NGOs in Bali: the Kisara and the GDF. Kisara is an organisation based on youth sexual health. The target group for Kisara is young people at high school. In the dissemination of the study, the co-researchers shared their experiences during the process of data collection and what they felt during the research, in what aspect they felt empowered and how they prepared themselves to take part in future HIV prevention activities.

4.11 Rigour in the study

In general terms, rigour can be best described as the quality of a particular research process in terms of its ability to produce reliable results. Although it is often associated with quantitative scientific research, within the field of qualitative research rigour is employed to ensure that research is appropriate in regard to a particular study's theoretical and methodological underpinnings (Whittemore, Chase, & Mandle, 2001). Therefore, the positivistic and post-positivistic perspective which measure internal and external validity and reliability are inadequate to use in this study in terms of exploring the lifeworlds of YMSM residing in Bali in relation to developing online HIV prevention. Internal validity focuses on how well the procedure of the research conducted, while external validity is looking at how good the study be generalised to other contexts. Thus, those perspectives are inadequate to be applied in this research due to different research paradigm (Whittemore et al., 2001).

In the field of qualitative research, criteria for ensuring rigour are widely employed to represent the rigour or trustworthiness in qualitative study (Lincoln, Lynham, & Guba, 2011). They (2011) developed the following procedure to ensure rigour: (i) credibility, (ii) transferability and repeatability, and (iii) confirmability. However, Creswell and Miller (2000) argue that the different procedures may applied in qualitative studies due to the different paradigm lens researcher use, such as the specific research paradigm adopted by the researcher, the nature of the participants to be studied and the research's

context. In light of this, Creswell & Miller (2000) provide further recommendations to ensure rigour within the critical social research paradigm: (i) researcher reflexivity, (ii) collaboration and (iii) peer debriefing. In terms of ensuring rigour in PAR-based research, Langlois et al. (2014, p. 228) explain that here, rigour refers to ‘historical consciousness as a prerequisite for action stimulus that empowers its participants to collaborate toward their personal and professional transformation’. Here, *historical consciousness* means the capacity of the co-researchers to raise other member previous experience, which in turn will be used as their contribution to the research process. This previous experience is built from their lifeworlds (personal life, social and culture) and system worlds, where practice is both produced and reproduced (C. Cassell & Johnson, 2006; Kemmis & McTaggart, 2005). In summary, the present study ensured that rigour was developed and established throughout the research process by the adoption of Lincoln and Guba’s (date?) *credibility* and Creswell & Miller’s (2000) *collaboration*, as outlined next.

First, in order to ensure the credibility of the current research, the I spent a considerable amount of time interacting with the co-researchers over a four-month period. This consisted of attending seven FGD meetings – one of which lasted four hours – as well as additional meetings outside of FGD with the co-researchers, as required, and two dissemination meetings. Although there are no set rules regarding how much time a researcher should engage in data collection, the extended timeframe over which we convened encouraged a sense of trust and openness in the social interactions between myself and the co-researchers (Creswell & Miller, 2000; Kemmis & McTaggart, 2005) and to improve the quality of data collected.

Next, I paid a considerable amount of attention to developing researcher reflexivity to ensure that the research process was in accordance with the principles of the communicative action approach and PAR. For instance, during the fieldwork, many times during the fieldwork, I went back to Kemmis et al. (2014) recommendations on conducting PAR when evaluating the research process. Further, after each FGD, I carefully read and re-read the main points the co-researchers respondents had written on the flip charts, listened to the audio recordings and ensured that I followed the PAR’s principles as outlined by (Kemmis et al., 2014). In doing this, I found that my understanding of PAR principles improved as well as the quality of information gathered from the co-researchers. A specific example of this was when I was once

reviewing my fieldwork journal, looking at the meeting's flip chart and listening to the audio connected to the first research question: 'What are YMSM's lifeworlds in the context of HIV prevention and the use of the Internet?'. While reflecting on this material, I read Kemmis et al. (2014)'s chapter *A new view of practice: practice held in places by practice architecture*. I was struck by the realisation that in the meetings, it was obvious that the co-researchers were sharing their views of HIV prevention from what they have been taught by NGO outreach workers rather than the actual HIV prevention action they practised personally. When I raised this with them, the co-researchers admitted that this had been the case, and they then began to reveal the details of their personal HIV prevention practices – data which were much more authentically descriptive of their actual lifeworlds.

Still in the vein of researcher reflexivity, since the outset of this research, I have been aware that my own preconceptions of sexuality and my background as a positivist researcher may bias my methodological design (Bourke, 2014). I am aware of my position as a research instrument which is pivotal to the findings of this research (Denzin & Lincoln, 2005). Similarly, I also was mindful that the social gulf, as a mature heterosexual married woman, lecturer and from overseas, which existed between myself and the co-researchers may reduce the quality of social interaction in the research space – an essential aspect of the PAR approach. Therefore, in order to minimise this social distance and mitigate the potential for bias due to my preconceptions of sexuality, I referred back to the literature on gender and sexuality Indonesia in the works of Davies (2010) and (Oetomo, 2001).

The material above opened my eyes to the current understanding of key issues in gender diversity and the importance of respecting sexual rights. Further, in order to minimise the social barriers between myself and the co-researchers, I self-disclosed my assumptions, beliefs and status to them (Creswell & Miller, 2000). In our hang outs in a fast-food restaurant, after the first meeting, the co-researchers raised questions about my interest in doing research with YMSM. I explained to them as a researcher, I concerned on the raise of the HIV epidemic in their community and want to find way to halt it. To reduce our social gulf, I shared my sexual identity and explained to them the key principle of PAR which emphasise co-researchers' equal participation in the research space (Jacquez et al., 2013). Therefore, it is hoped that the strong emphasis I placed on ensuring reflexivity was able to reduce any potential bias in the research design from the

outset and encourage co-researchers to feel comfortable in contributing their personal experiences and heartfelt opinions on HIV-related topics –(Creswell & Miller, 2000).

In addition, I developed the study's credibility by asking the co-researcher to check and confirm the main points highlighted by the data. For example, when facilitating the FGDs, Budi ensured that he captured the co-researchers' true opinions and attitudes by confirming the main points with them and writing these on these on the flipchart. In FGD four, we reviewed the main points raised in FGDs 1-3 asked the co-researchers if they had been correctly recorded. This approach, it is hoped, will improve the accuracy of the data collected from the co-researchers (Creswell & Miller, 2000).

Further, as recommended by Creswell and Miller (2000), the present study's credibility was also supported by scheduling regular briefings with my supervisors during the field work in Bali. I had regular Skype calls report on what I had done in the field and to discuss on further steps. Also, I had regular meetings with my supervisors to discuss the process of data analysis and formulating the preliminary findings of this research. My supervisors asked critical questions to sharpen the research findings.

Finally, *collaboration* was used to ensure the trustworthiness of the present study's findings within the critical paradigm (Creswell & Miller, 2000). In this research, the credibility of the data is based on my close collaboration with the co-researchers. Collaboration was key in deciding on research methods, how to respond to the research questions, and what action was required in order to proceed (Langlois et al., 2014). Finally, as advocated by the 'action' part of PAR, the co-researchers took part in dissemination events at two HIV-focused NGOs in Bali. A co-researcher took a role as facilitator of the study, the FGD discussions and designing icebreakers to build trust in the research group and work together well, and share their views of the study topic. In summary, the effective collaboration among the co-researchers was essential given that this project was based on respecting and supporting the YMSM co-researchers and providing each of them with an equal opportunity to participate in all group discussions.

4.12 Research ethics

Ethics approval was received from the Auckland University of Technology Ethics Committee [AUTEC] on October 29th, 2014 under reference #14/360 (Appendix B). The health research ethics regulation in Indonesia is under Government regulation

number 39, 1995, regarding health and development research. Research conducted in Indonesia needs ethics approval to ensure no harm is caused to the participants.

Since the research involved a group of YMSM who are vulnerable to experiencing discrimination from wider society due to their sexual identity, this research ensured that respect for their vulnerabilities was reflected in the information sheets (Appendix C), and confidentiality and privacy of the participants were explained at the beginning of the data collection process. Informed and voluntary consent were described and obtained through the use of signed consent forms (see Appendix D). All the participants who agreed to participate in this research were asked to sign a consent form before the data collection process.

4.12.1 Participation by the co-researchers

HIV/AIDS is a stigmatised issue in Indonesia. YMSM are identified as a marginalised community. Considering and providing safety guards, I needed to minimise the stigma and discrimination that they might face after participating in this research. Information about the research was shared with the co-researchers. PAR is an empowerment methodology appropriate for working with a marginalised community. Co-researchers of this study were asked to provide written consent before starting data gathering. Consent included use of researcher fieldwork notes, audio tape recordings of group discussions, participant-generated data, and transcripts in the thesis, following publications and conference presentations. Participant information sheets and consent forms were distributed to the co-researchers.

The study sought methods to empower YMSM regarding developing Internet-based HIV prevention and was committed to reducing co-researcher risk through upholding privacy and confidentiality. Safeguarding participation was essential as participants face possible stigma and discrimination if identified as participating in a study on HIV prevention. Members' privacy was upheld through the removal of identifying member details to ensure anonymity in research findings, subsequent publications, and conference presentations. Additionally, each participant had a unique pseudonym. Although confidentiality was involved within focus groups, both the information sheet and consent form emphasized the importance of not discussing 'who said what' with anyone outside the group. Furthermore, the importance of keeping shared information within the group was emphasised at the start of each focus group. Confidentiality of all

participants was ensured through limiting access to fieldwork notes and member-generated data, audio recordings and interview transcripts to the doctoral supervisors and myself.

4.12.2 Ensuring consultation with the research project stakeholders

Following the ethical principle of PAR, consultation needed to be done with all relevant research stakeholders and partners. The development of the work must remain visible and open to suggestion from others throughout the research process. The relationship between the GDF and the YMSM is one in terms of clients and HIV information providers.

I also consulted with two YMSM activists in Jakarta and Bali regarding this project in November 2013, one of whom was a key person at Youth Lead in Indonesia. Youth Lead is an international organisation working with young people who are either directly affected by HIV or at high risk of HIV infection. I introduced myself to Satrio (pseudonym), who gave me link to other YMSM activists involved in social media-based HIV prevention in Jakarta and Bali. He also suggested a couple of names that became focus group discussion facilitators, including Budi. He further introduced me to some people involved in *forum muda* or youth forum, an Indonesian young key population based in Jakarta. I also shared with him the kind of tools that would be used as part of the project for participatory data collection.

Another consultation occurred with the Programme Director of the GDF who provided a letter of support (see Appendix E). He also offered a room at the GDF premises to conduct the study, but the participants preferred a more informal setting. He suggested that the research should include YMSM from 18 years because it is in line with the national AIDS commission definition of YMSM. His expertise and knowledge of the local context had helped with the final decision on the recruitment process and research location. which include recruiting the co-researchers from two areas - Denpasar and Badung as priority areas for HIV prevention targeting of MSM in Bali.

4.12.3 Protection of the participants

I had planned to conduct the research in a GDF office, with the Kerti Praja Foundation's venue as an alternative. Kerti Praja is an HIV-focused NGO based in Bali which supports comprehensive approaches to youth sexuality. However, the co-researchers

decided to conduct focus group discussions at Reza's place due to their familiarity with the place and easier transportation. Reza's home was located in the middle of Denpasar and Badung where the majority of the co-researchers were domiciled. The place was a two-storey building which consisted of many units to rent. Reza's place was in the corner of the second floor, which provided privacy from other neighbours.

Printed participant information sheets were provided to members interested in the study, outlining the research purpose and level of involvement required. Participants were encouraged to ask questions about the study throughout the research process. Recruited members were reminded and given freedom to withdraw from the study at the start of each group session and informed that doing so would not disadvantage them in any way. Consent from parents or legal guardians were not required from the co-researchers as all of them were over the legal consent age of 18 years of age.

No individuals from the group will be identified in the final report and publication because pseudonyms have been used when reporting the views and statements of the co-researchers. Any personal identifiable information, such as address and date of birth, was not collected in this research. Access to the data was limited to the researchers and primary supervisors. The electronic copy of the transcript was stored as a secure file on my personal laptop and AUT computer. Identification is required to access the AUT computer, and a security code was created to access the file.

4.13 Reflective analysis

Data analysis in PAR, a collaborative, iterative and reflexive process, is discussed in this section. In this study, there are two stages of data analysis. First, data collection and analysis are an integrated approach taking place during co-researchers' discussions in the field and involving critical reflection on the work that was done. The second stage of data analysis took place in Auckland. This reflected on the nature of the project as a doctoral study, and involved some interpretation by the researcher using a critical reflexive approach. However, this process aimed to forefront YMSM's voices from the perspective of the research importance of voice in PAR data analysis (Olshansky et al., 2005).

4.13.1 First stage of reflective data analysis in Bali

The basic principle of PAR data analysis is collaboration with co-researchers (C. Cahill, 2010). PAR data analysis process is aimed at sharing power between the co-researchers, as an underlying philosophy (C. Cahill, 2010). Literature on PAR data analysis indicates that the common practice of PAR data analysis is as follows: 1) the researcher initiates the data analysis, performs analytic coding and critically reflects on those codes with the participant researchers (Blas et al., 2010; Frisby, Reid, Millar, & Hoeber, 2005); 2) the researcher does a critical reflection to confirm and check the key points of the data, and then does a further analysis of the findings/content (Nicholson, 2013).

A basic principle of PAR data analysis is data analysis collaboration with participants or co-researchers (C. Cahill, 2010). The PAR data analysis process aims to share power between the co-researchers as a basic philosophy (C. Cahill, 2010). In order to ensure the voice of the YMSM of this research, Budi confirmed the main points stated by the co-researchers. Further, I offered to do data analysis collaboratively with the co-researchers from the beginning of the study, which was included in the transcription of the discussion. Due to work commitments and lack of time, there was no one from among the co-researchers available to do data analysis. I decided to transcribe two of the communications during the discussions, made key points from the two transcriptions and combined these with other key points from the rest of the discussion. I then combined key points created by myself and the key points confirmed by the co-researchers during the FGD. Then I presented those key points to the co-researchers for a critical reflection on those key points.

4.13.2 Second stage of reflective data analysis in Auckland

On returning to Auckland I completed all of the FGD transcription. Before starting data analysis, I immersed myself in the information gathered after the discussion. My aim was to absorb and dwell in the data, jotting down reflections and hunches, but reserving judgements. After discussion, I listened to the recording multiple times to familiarise myself with the discussion and to make key points. I asked myself, what was happening during this discussion, what struck me during the discussion? I asked myself what was the key story during the discussion? I read the flipchart written by the facilitator consisting of the key points of the co-researchers. I compared my notes with the content of the flipchart and used the information to refresh the research process.

In reflecting on my data, I use the Braum and Clarke (2006) guidelines in analysing the data. I read and reread the transcripts multiple times to understand the emerging data. I paid attention to what each word presented, to the activities, and to what processes occurred within the data, in order to create descriptive codes. I read and reread the codes and synthesised these to make meaning. I asked myself what the meaning of this code was and how this was related to another code. I had a conversation with myself and critically reflected about the code to make meaning in the data. I created several mind maps to see the relationships within the data. I reflected on the themes that emerged from the data on practices related to HIV prevention, on the use of HIV prevention services, the use of the Internet for general and HIV prevention, and how this is related to social construction. I reflected on how their experiences in using HIV prevention services transformed their practice related to HIV prevention. I also considered how all of these experiences transformed action towards developing ideas and producing the video. Lastly, I reflected on my research questions '*how can Bali's YMSM community be empowered to develop Internet-based HIV prevention initiatives?*' I merged the categories, and further reflected on the data to construct the emerging themes.

Initially, I used NVivo 10 to manage the data; however, this did not work with my data, so I decided to change to conduct a manual data analysis. In doing the manual analysis, I coded all of the data available, such as transcripts from FGDs, images, video and scripts created by the co-researchers, in a code book. Each code was then combined with similar codes to create categories. I created a table of categories with each code. Emerging themes from the categories were combined into similar categories (appendix F). The final themes were constructed around YMSM social and sexual life, HIV prevention systems and ideas about Internet-based HIV prevention. In the final themes, Habermas' theory of the *lifeworld* and *systemworld* and communicative action were used to frame the data. The *lifeworld* of the YMSM was identified in the social and sexual life of YMSM, the *systemworld* is seen in the HIV prevention strategies. Communicative action is a bridge between the *system* and *lifeworld* which are the ideas of the YMSM about Internet-based HIV prevention.

4.14 Summary

The discussion on methodology employed in the research on 'creating a space' for YMSM to explore and develop Internet-based HIV prevention for YMSM in Bali has been presented. Situating the research in the critical social paradigm was best suited to

this research as knowledge was socially constructed. The PAR methodology became a powerful tool for conducting the research with YMSM. PAR has given space to the YMSM in this research to creatively engage in exploring and expressing their ideas about Internet-based HIV prevention. Using participatory techniques such as games, drawing, and creating video has increased the engagement between academic researchers and the YMSM co-researchers of this study – breaking the social barrier between the academic researcher and the YMSM co-researchers.

The co-researchers also reported that they use the Internet to watch videos on YouTube and SocialCam (a social media video platform). None of the co-researchers had used other video blogs such as Vine, Vimeo and Bambuser which can be used to also to create, edit and videos. Although all of the YMSM had recorded and shared videos on social media platforms, only Reza had learned about recording and editing videos.

Chapter Five

YMSM'S LIFEWORLDS IN THE CONTEXT OF HIV PREVENTION

5.1 Introduction

A detailed examination of the YMSM co-researcher's lives within the context of Bali and a detailed examination of the nature of their same-sex relationships and private sexual practices were key to understanding YMSM lifeworlds within the context of HIV prevention. This involved careful research of the factors which attracted them to move to Bali, their employment preferences and circumstances, the coping mechanisms they employ in order to endure the pressures of living within overwhelmingly heteronormative Indonesian society, and their view of current, Internet-based, YMSM-focused HIV prevention initiatives. The findings presented in this chapter are derived from the data gathered in the FGDs in reference the research question "What are YMSM's lifeworlds within the context of HIV prevention and the use of the Internet?"

This and the following chapters present the study's findings in terms of highlighting the importance of achieving an in-depth understanding Bali-based YMSM's life-worlds in relation to HIV prevention. These findings illuminate the co-researcher's ideas for the Internet-based HIV prevention campaign which is discussed in Chapter 7. I will begin by exploring the co-researcher's lifeworlds in relation to the challenges of living as gay men in heteronormative Indonesian society, issues related to their use of gay vernacular and an examination of their attitudes and personal practices in relation to safe sex within same-sex relationships with both new and established partners. Finally, I will present the co-researcher's solutions for effective online HIV prevention initiatives.

5.2 Living in Indonesian heteronormative society as YMSM

In this study, the co-researchers used derogatory terms such as *banci*, *bencong* or gay, interchangeably to address themselves or their gay friends. In Javanese, *banci* means *tidak lurus* or not straight (Andajani et al., 2015), and in general *banci*, *bencong* or *waria*, are derogatory terms for male transvestites. According to Oetomo (2001), *banci* is used not to refer to sexual orientation, but rather as a negative label for behaviour and failure to perform normative, heterosexual, gender roles. Other terms the co-researchers

use to describe themselves are *gay muda* (young gay men), *kawula muda* (youngsters), *anak muda jaman sekarang* (modern youth), *waria* (transgender) and *peres peres* (a slang term used in the LGBT communities referring to a feminine man). The term *kawula muda* seems a more positive connotation in comparison to derogatory terms such as *bencong* and *banci*. In contrast, the National AIDS Commission (INAC, 2012b) does not use any of the above terms to refer to MSM; they prefer *laki laki suka laki muda* (or LSL muda), an Indonesian translation of YMSM. This is a term mostly used by public health professionals, HIV activists and other health service workers to categorise MSM aged between 16-24 years old regardless of their sexual identity (Boellstorff, 2011). In this study, only two co-researchers used the term LSL *muda* frequently during discussions.

For many co-researchers in this study, being YMSM, they believe, has been natural to them since birth, as Doni expresses here: *“I have been like this [homosexual/banci] since I was born, so what should I do? I cannot change. I knew that I liked other boys when I was a little boy in primary school.”* Another participant, Toni, claims that he had a crush on his boyfriend when he was at high school and has never felt any sexual attraction to females. Adi explained that being MSM was internally driven. He never wished to be gay because he knew that being an MSM would be condemned by society, as he describes below:

Adi: Being gay came from my heart; we have feelings and our own choice. People think that we will be attracted to every man that we meet, but I’m not. People condemn being gay as a deviant behaviour and insult and humiliate us. I don’t want to be gay and I don’t want to have the desire to be gay. If I was asked before I was born, I would have chosen to be normal. I don’t want to be gay. Many people say that being gay is a disease and can be healed. But, they don’t understand that being gay cannot be healed. They [gays] would only forbear their desire for the same sex, it is not healing. Being gay comes from the heart, it is impossible to cure, even though we get married [to women], we still have desire, especially in this modern era. Those high school students don’t look *ngondek* (feminine), but many of them like their same-sex peers. I have lots of friends like that. Their family and friends would not know about his sexual orientation. Only God, them, and their friends would know about that. Maybe you (the researcher) only see us as gay men who are *ngondek*. But most of my friends are very manly and gay. They protect [hide] their sexual orientation from their friends and family. I have lots of friends like that. Most of my friends do not let their family know they are gay, they hide their gayness from family and heterosexual friends. I think

this is common for Eastern people⁶, we rarely disclose our true selves to our family.

As Adi's quote reveals, for many YMSM in Indonesia, gay life, social life and family life are separated. They tend not to reveal their sexual identity to their family and friends, and disclose their sexual orientation only to their gay friends. Adi uses the term *orang timur* or Eastern people to describe the Indonesian social norm which favours heterosexuality as a barrier to disclosing his sexual identity to his family and friends. He is deeply aware of the community's insults and humiliation of gay people. He refuses to 'come out' as gay, but at the same time, he cannot run from his gayness.

Most of the co-researchers are migrants to Denpasar; only one of them is originally from Denpasar, two are from other parts of Bali and the other six participants are from Java. They said that moving to Bali and living separately from their families has given them the social freedom to express their sexual identities. The following conversation among the co-researchers reveals insights about moving to Bali and entering the gay community:

Adi: Did you say that you just came from a city in Java [name of city in Java], Frangki, I have visited your city. So, why did you have no courage to come out (as gay) in your city, but you did in Bali?

Made: Because here, he is living far away from his family.

Budi: Guys, let's listen to Frangki. What do you think Frangki?

Frangki: When I was in my hometown, I wasn't able to wander around like I do in Bali. I have the courage to wander in Bali because no one knows me in Bali. I feel freer in Bali compared to my hometown. I had a girlfriend who was a widow with one kid at home. When I was with her in Java, she always checked on me, what I did, who I was with. During that time, I told myself 'why I should think about that (being gay) because I already had a girlfriend?' But when I was made redundant from work, I decided to move to Bali. At first, I had two alternatives – either moving to Bali or Batam. I chose Bali as I believed that Bali had more job opportunities in the tourism industry, which is relevant to my background.

Made: Wrong decision. If you want to be away from a gay life, you need to go back home.

Adi: So, I was correct then that you were not even thinking of being gay back home? I asked this question because I want to prove that there is a relationship between the social environment – being gay and

⁶ Easter people in this context refer to Indonesian traditional morals that uphold religion, cultural and national value as the way of life

being at risk of HIV infection. Your answer proves my earlier comment that being gay may be related to the social environment.

In this conversation, co-researchers Made, Adi and Frangki describe how being far from home gave them the social freedom to express their sexual identities and enter the gay world. Adi and Made make the assumption that there is a relationship between coming to Bali and being gay. The social environment in Bali provides more opportunities to network with other YMSM. As stated by Toni, many YMSM migrate to Bali due to job opportunities within the tourism industry. They can find jobs that match their skills more easily compared to other places in Indonesia. Many of the co-researchers had been working in the tourism and entertainment industries (i.e. as professional dancers). In Bali, they felt more welcome and could easily locate gay bars, gay friends and other online venues that connect them with the wider gay community.

Bianchi et al. (2007) described that when one's sexual identity might be denied in mainstream culture; a gay man might decide to migrate to gay epicentres overseas (or other places) to find greater opportunities for sexual expression and avoid the discrimination and prejudice that they might experience in their hometowns. For those co-researchers who came from outside Bali, living in Bali was seen to offer greater job availability, and as a place to reclaim their sexual freedom. Bali, particularly the Kuta and Seminyak areas, are attractive places and are seen as the 'gay hub' for most participants, as Adi explains next:

Adi: I did not plan to stay in Bali; I only wanted to travel in Bali. But during my visit, I felt that Bali was not as crowded as my hometown and people did not mind much about me being gay. I also found a job as an engineer here, so I told my family that I wanted to move to Bali.

However, despite the relative freedom found by MSM in Bali, LGBT communities are still highly stigmatised. Continuous discrimination, social harassment and violence have been directed at them by the state, community, and family, influencing the way they live their lives, negotiate their relationships, and access the means to protect themselves from HIV and AIDS (Ariyanto & Rido, 2008). Nearly all of the co-researchers admitted to suffering verbal insults, bullying, and harassment from the community. On many occasions, they were teased and mocked by their peers or even strangers. Budi often felt hurt and insulted when strangers shouted at him *'bencong'* when he stopped at the traffic light: *"I think, they called me that because I bike like a girl, with my legs closed"*. In addition, Komang said that he *"felt annoyed, when a girl looked at me from*

head to toe but suddenly she turned her face away in disgust, maybe because I was a little bit feminine”.

Komang: Yes, I had a similar experience, being insulted by people, especially when I walk ngondek (in a feminine manner). Some people shout at me ‘banci ...banci’ but, when I walk like a ‘real’ man using my muscle, no one looks at me or calls me banci.

Being gay can be worrying for the co-researchers, as explained by Reza and Doni “...one thing that we are afraid of being gay was being raided by the FPI [Islamic Front Defenders]”. The FPI is a religious vigilante group which frequently carries out raids on hotels, boarding houses, discos or gay bars ‘to protect traditional Indonesia morality’ which favours heterosexual norms and sex before marriage. This is part of what the government terms morality surveillance (Andajani et al., 2015). Although anti-gay raids do not occur as frequently in Bali as in other Indonesian cities, this feeling of insecurity is embedded in the life of YMSM as expressed by Reza and Doni.

When Doni and Andi admitted that they happened to like the same man, Made’s response to them was quite a surprise. He said that it would better they did not fight, because otherwise their fight may be highlighted by the media, attracting a headline such as “*Bencong saling cakar memperebutkan pacar*” (Gays fight to compete for a boyfriend). Made’s comment highlights how the Indonesian media is guilty of portraying homosexuals as sexual deviants, almost analogous to being criminals, physiologically deviants, and suffering from the ‘disease’ of being gay (Nugroho et al., 2013).

Practicing religion in Indonesia is generally perceived to be a very important as part of Indonesian community norms and could be used as a means to avoid social condemnation. For example, Christians go to church services every Sunday; Muslims pray at the mosque every Friday. The co-researchers in this research also practice their respective religions. Although the religious prohibitions against homosexuality are clear in all of Indonesia’s religions (UNDP & USAID, 2014), some of the co-researchers simply continued practising their religions and simply ignored the conflict between these teachings and their sexual preferences. Toni, for example, is Muslim; he fasts almost every week and was fasting on the day we conducted the research discussion, as well as faithfully attending Friday prayers (*jumatan*). However, Budi simply ignores the contradiction between being gay and the Islamic prohibitions against homosexuality.

Andi, a Christian, often talked about his Christianity during the discussions and quoted verses from the Bible. Andi believed that he needed to be open with people, to share his sad story in order to heal from his disappointment, saying '*keterbukaan adalah awal pemulihan*', (openness is the beginning of healing). On another occasion, he related an upsetting story about the discrimination he had experienced due to being gay with a quote: '*segala rencana Tuhan adalah rencana damai sejahtera dan bukan malapetaka* (God's entire plan is good and not a disaster).

Further, Reza prayed according to his Hindu faith during full- moon ceremonies. He said that he often had to return home for religious and cultural ceremonies. Boellstorff (2003) used the concept of *incommensurability* to explain religious practices among gay men in Indonesia. In the church and mosques, homosexuality is always described as immoral, a disgrace, a social illness, and something to be eradicated. Therefore, there is no space for MSM within Islam or Christianity or Hinduism. Thus, in order to overcome this seemingly impossible situation, Indonesian MSM tend to manage this incommensurability by trying to maintain their identities as heterosexual men (despite their homosexuality) by expressing the desire to marry female partners and maintaining their religious practices.

Thus, due to strong stigma from the community towards homosexuality present in Indonesia, it is therefore important for MSM to protect their sense of well-being and normalcy. One strategy to achieve this is by ensuring the secrecy of their homosexual nature by establishing secret 'gay' Facebook or gay app profiles, in addition to their 'heterosexual' profiles. To illustrate this, Toni explained that he has two Facebook pages; a heterosexual one using his original name, and a gay one using a fake name. Doni also has two accounts; one for connecting with his heterosexual friends, and one exclusively for his gay friends:

Doni: I have already registered my Facebook page account under the name ****@gmail.com. But I also have another Facebook page to use for my gay friends. Many of my friends do it this way. Let's say I am a 'homo-discreet' who doesn't want people to know my sexual orientation. Then, I can use my new account with a fake name and new email address. My profile usually only shows my body without my face or if I show my face, it uses a fake name, not my real one. Therefore, I will only use this account to connect with other gays and use gay chat apps.

Adi recognised that fabricating an identity on social media is not exclusive to YMSM and that many other people use this strategy to protect their identities and sexual orientations in order to keep the veneer of their heterosexually intact, as Adi explains:

Adi: On FB, many people use fake photos on their profiles. Some of them have wives and children, but they are also gay. They may feel more secure because the group's membership is private. Non-group members will not have any access to our conversations.

Fabricating of identity in social media is not only common practice among for MSM. Young people from mainstream sexual also fabricate their identities in social media for maintaining privacy in public. Young people often use fake identification such as name, age, school, and location to protect them from strangers as well as from the watch of their parents (Boyd, 2007). They also fabricate their list of interest such as music, favourite movies, books and other in order to create impression of their network (Liu, Maes, & Davenport, 2008).

5.3 YMSM's vernacular and lifestyle

This section outlines YMSM's use of language including slang terms, their lifestyles, and occupations as the key manifestation of their identity and the acceptance to the gay community. The co-researchers tended to use an informal dialect; a combination of 'gay' language, Balinese, and Bahasa Indonesia. Depending on their length of stay in Bali, some were fluent in Balinese. The gay language (*bahasa binan* or *bahasa banci*), is commonly used among members of the gay community to signify their belonging to it (Boellstorff, 2004b), and it was found that the co-researchers were fluent in it except Frangki, who was new to the gay community and not yet familiar with it. Examples of the terms and utterances used during the discussions are presented in Table 5 in page 127:

Table 5: Terms commonly used by the co-researchers

Gay Words	English
Cuus M	Let's go
Akika	I am or Me
Brondong	A young attractive and handsome man. This word has a derogatory meaning as young men who commit to sexual commercial activities with older rich women
Cocok	Matching
Giling	Crazy
Rumpi / rempong	A chatty or nosy person
Ngondek	Feminine guy
Peres	Has variation of meanings depending on the context. Could be used to express <i>banci/bencong</i>
Hemong	Homo
Kenti	Penis
Meong	Having sex

The use of these terms to create a sense of community is also found among a group of *tombois* or masculine females who identify as men in Padang, West Sumatra (Blackwood, 2014). The *tombois* and their girlfriends use linguistic strategies to negotiate their non-normative sexuality and create intimacy and enhance in-group relations. Another reflection of the use of gay language relates to the use of playful terms which reflect the light-hearted, fun-loving nature of the gay community (Oetomo, 2001). In relation to HIV prevention, this finding indicates the importance of using such language to deliver HIV prevention messages to YMSM. Using gay language in HIV prevention material such as safe sex promotion, and HIV and STI testing would serve to make it more accessible and better accepted by YMSM since it creates a sense of familiarity, belonging and closeness to their community.

This analysis of YMSM's life-worlds led the researcher to reflect on the importance of the values of being young and attractive. The value of 'being young' was likely to be defined by 'how attractive a gay man looks' and the 'freedom' one has to experiment with sex, to travel, to socialise with peers and to express one's self. Adi loves being young because it gives him the freedom to have sex, he explains: "[I am] *free to have sex because there are lots of people who will be still attracted to us.*" He also expressed

his free spirit, high energy and curiosity to explore, travel and meet new friends. For Made, the freedom for self-expression was at the core of 'being young'.

Made: I have a positive energy, [I am] free to express myself as long as I do not disturb anyone. I have the freedom to do what I like as long as it is for good, I reckon. I do not want to spoil my time for unnecessary things.

It is interesting that the co-researchers did not see themselves as a representation of their families or the next generation of the nation, which is how Indonesia's young people are generally encouraged to view themselves (Bennett & Davies, 2015). Perhaps this sense of separateness from this national discourse and the concentrated focus on their own life-worlds is a result of the discrimination YMSM face for being gay from family, friends and society in general.

In addition to the value attached to being young, the co-researchers also valued attractiveness. According to them, attractiveness is related to being glamorous. Being glamorous was the nexus of the life, the value of being an entertainer; demonstrative and performative. *"I need to look menter [glamorous] during my performance,"* said Komang. Doni continued, *"I need to wear heavy makeup, wear female clothes, breast supports, wigs, jewellery and high heeled shoes when performing. I need to impress my clients, but in day-to-day life, I am just like other casual young men"*. Along with Komang and Doni, Made and Reza, who are professional dancers, claimed that when performing, they need to be at the centre of the stage where all of the attention is focused on them.

Being attractive is also related to wearing fashionable clothes, and wearing branded apparel can give a sense of being attractive. *"When going out with a friend, I will use branded clothing; hat, pants, t-shirt and shoes. I want to look cool,"* said Reza. *"I am a brand maniac"* added Toni. They use clothing to demonstrate their attractiveness and fashion sense. However, while being trendy, cool, and wearing the latest designer clothes might reflect Indonesian youth in general and Indonesian youth popular culture, this appears to be especially pronounced in the YMSM community and among the co-researchers.

Being well groomed and feeling 'hot' and sexy are very important for the YMSM. However, the criterion for attractiveness varied across the YMSM co-researchers and related to how long they have disclosed being gay to their circle of friends. They used a

slang term *menter*, a shortened version of *mentereng* (classy). *Menter* was used interchangeably as an adjective meaning ‘being attractive or classy’ or a noun meaning ‘a show off’. *Menter* constitutes not only one’s physical appearance and attire, but also how one can stand out in the crowd either by one’s look, popularity, or achievements. Komang liked to dress up, look glamorous, show off, to stand out and be the centre of attention. Meanwhile, Andi saw his liking for sunbathing and shopping for nice stuff as part of being *menter*. Andi liked wearing bright colours (pink, blue, yellow) to attract new YMSM friends or potential partners. The term *menter*, when combined with an adjective like *keras* (hard), may reflect one’s bravery or heroism, for example, ‘*menter keras*’ used to appraise a YMSM who had decided to come out and be open about his sexual identity.

In a study of heterosexual youth in Solo in Central Java, Parker and Nilan (2013) reported that being observant of young people’s lifestyles (such as their clothes, favourite celebrities, songs they listen to, and the movies they watch) can reveal volumes about current popular culture. In this vein, the young gay co-researchers in the present study also reported that they loved to search for information on the Internet about celebrity news and gossip so that their friends would not see them as ‘outdated’.

Andi: I always hunt for latest information, like the current news, such as Air Asia Flight Crash news QZ 805, celebrity gossip, new movies and songs, so I have some things to chat about with friends, I don’t like them saying that I am kuper (kurang pergaulan or not up-to-date / a hermit).

The data found by the present study also uncovered evidence of the tight-knit and strong social networks among the various gay communities in Bali. Almost all of the co-researchers work in the entertainment industries. Andi, Toni, Reza and Made, work in the same dance club, *Starlight Dance*, while Doni and Komang work as drag queens in various gay bars. Budi works as a permanent staff member at a local NGO where Toni, Reza and Komang also work as volunteers. Toni and Made come from the same hometown in West Java. Toni came to Bali to look for employment, and he was then introduced by Reza and Komang to the NGO. Reza, Made and Komang were also flatmates and rented a house together with one of Made’s nephews. Budi’s roommate was also gay. Toni lives in Seminyak where many migrant men live and work in the entertainment industry and provide commercial sex services from time to time (Alcano, 2016). These findings suggest that they feel comfortable living within the YMSM community.

In accordance with the co-researcher's obsession with perfection in terms of appearance and wearing latest clothing brands, all of the YMSM co-researchers used the latest models of mobile phones, Android tablets, and their own latest model, flashy motorbikes. They were also financially independent from their families. In Indonesia, it is common for young people aged 18-24 to still be financially dependent on their parents. Specifically, the co-researchers had more than one job. Made and Reza co-owned a dance club and received lots of contracts from local clubs in Bali and overseas. Toni and Andi work as part-time dancers but Andi also works in a local Laundromat and sells his home-made perfumes.

Made: I think, if you compare the life of the city workers with dancers, I think the dancers' lives are more pleasant. We can travel overseas every year because of work. I don't want to be arrogant, but we need to be realistic that only because the city workers are more prestigious than us and choose that [type of work] and look down on those people who work based on their hobbies. We can compare and think what our potential is. If you work in a sector that you like, I feel like I'm at play when I work, I work hard, play hard, I also feel that I am travelling during my work. For example, when I was overseas, I felt like I was on a travelling holiday and we always had fun at break times in the night.

Frangki works as a villa receptionist in Kerobokan, Bali. Adi was the only one who was unemployed at the time of this study. He had just quit his job in construction and from a hotel in Kuta. Doni works as a casual hairdresser and makeup artist and occasionally as a drag queen in several bars in Seminyak. For additional income, Andi sometimes resorted to sexual gratification of paying customers, explaining “...*when I feel lonely or when I run out of cash, I find partners through gay social media.*”

Physical attractiveness is also related to the negotiation of condom use and the price of sexual favours in commercial sex transactions. It was highlighted that YMSM who were assessed as having poor physical attractiveness also have low bargaining power in respect of these two aspects.

Made: The bargaining position [for using a condom] of YMSM is related to their physical appearance. If you meet a handsome man, it is okay to have sex without a condom if he [the good-looking man] asks for this. In contrast, if you are a *jelong* (a physically unattractive man), you don't have much choice of sexual partners and bargaining power. You just follow your partners' wishes such as not using a condom, and if you are a commercial sex worker, you will often end up with a low price [for sex].

YMSM's attractiveness is also related to how others see them online. The co-researchers used their judgements of other YMSM's online profiles to choose who they wanted to connect with. Komang explains, *"it is normal that he loves to see attractive men and other men also want to find attractive men that match their criteria."*

Therefore, they needed to have an attractive photograph or profile to attract attention from other YMSM seeking sexual partners online.

Thus, YMSM with attractive profiles (i.e. topless, showing off their muscles) are likely to be perceived as physically attractive which may result in greater sexual arousal in those viewing their profiles. However, this heightened sexual desire may undermine their consideration of risk and lead to unsafe sexual practice (Epstein, Klinkenberg, Scandell, Faulkner, & Claus, 2007).

The co-researchers were highly sociable and participated in various activities within their community. They spent time hanging out with friends in gay saunas, gay bars or other venues:

Budi: Most of the YMSM spend their leisure time hanging out with friends in gay bars and at Kuta beach. They enjoy chatting, a light drink and sometimes looking for sexual partners. Some of my friends also spend their time in the sauna; they sometimes have threesomes when relaxing in the sauna on the weekend. In saunas, there is a mix of YMSM and mature MSM.

Andi: During my free time, I like to create a banci's dream (khayalan bencong) such as window shopping, chilling out with friends, working, teasing friends, ngerujak (making an Indonesian fruit salad with peanut sauce), ngewong (having sex), and cooking. I also like to hang out with friends, swimming with them and spending time at Kuta beach.

The majority of co-researchers shared common interests in doing things together and spending time together. They loved to sing, hang out with friends in gay bars and relax at Kuta beach and Seminyak, which seem to form the centre of their social and leisure activities. However, Doni also regularly met with his hobby club at Kuta beach: *"I meet regularly with my friends from the Reptile Lovers' Club in Circle K (a convenience chain store in Bali), Kuta beach. The store provides seating areas for the consumers to hang out, which convenient for us to chat and relax."*

The co-researchers also used the Internet for socialising. They love to connect with their friends, update their status on Facebook, Path and other social media platforms. Reza,

loved being involved in this research because he could post the photos of our activities which also linked to his other social media platforms. He loved to make people curious by continually posting about what he has done, eaten and places he has visited. How gay men in Bali spend their leisure time seems to be very different to those in mainstream, heterosexual Indonesian society.

5.4 YMSM's sexual health practices in terms of preventing HIV

A range of answers on how to prevent HIV were given by the co-researchers; for instance: Reza highlighted: “not engaging in casual sex, or with risky sex partners such as not having multiple sexual partners without using condoms and lubricants”. Next, according to Tomi, HIV can be prevented through the ABCDE approach, (A for abstinence, B for be faithful, C for using condoms, D no Drugs, and E for education). However, it was evident that although the YMSM in this study knew about safe-sex practices to prevent HIV transmission, in practice, they tended not to follow such advice. In reality, the extent to which they engaged in HIV prevention practices is related to their level of sexual desire, tendency to engage in open relationships, and views on safe sex. To highlight this theme, this section begins with the following excerpt:

Made: We are gay, we are surely interested in other men.

Dinar: Do you think it is possible to be absent from sex?

Reza: It is not possible, I can't go a day without sex. I will get a headache

Made: We can roadshow from Nusa Dua to Jimbaran for a day.

The excerpt above reveals that sex is an important element in the co-researchers' lives. The use of the metaphors “*I will get a headache*” and “*we can roadshow from Nusa Dua to Jimbaran in a day*” shows that having an outlet (i.e. ‘road showing’ or traveling to meet their sexual desires) is crucial to their wellbeing. Perhaps Reza's point is related to the notion that the fulfilment of sexual requirements is an important part of human's intrinsic needs, as highlighted by the WHO's contention that sexual health is a state of physical, emotional, mental and social well-being:

Sexual rights embrace human rights that includes the right of all persons, free of coercion, discrimination and violence to choose their partners; to decide to be sexually active or not, consensual sexual relations, pursue a satisfying, safe and pleasurable sexual right (Aceijas et al., 2006, p. 5)

Interestingly, Budi explains that he has tried to curb his sexual desire by practising abstinence and only having sex once a month:

Budi: Alhamdulillah (Arabic to express thanks to God) only [sex] with one partner. I tried to be faithful. Making love once a month is enough for me.

Dinar: We previously discussed that it is impossible for YMSM to be abstinent, YMSM can 'roadshow from Nusa Dua to Jimbaran', but, you have a different opinion, can you please explain how you do this?

Made: Only with one partner or multiple partners?

At this point, the others gave him a round of applause, saying that this was '*the best example!*' although this appeared to be mocking response from the group. Others seemed to think that Budi was not being honest.

Doni: Give applause... the best! The best! Give him a hand... [Other members clapping hands]

Dinar: Guys, we listen to him first, because he has a different opinion about this. Let's listen to him...

Budi: That's it for now; I don't have any further explanation.

Feeling pressured and uncomfortable by the reactions of the others, Budi abruptly decided not to continue his explanation. However, the following day, he sent me an image of the sex toys for gay men he used (called *cub sex*) with which he used to masturbate in order to maintain his abstinence from sex. Here, it is clear that Budi's choice of using sex toys is seen by him as a safe alternative to quell his sexual desires. Indeed, the use of such toys for enhancing sexual pleasure was not new among the co-researchers; Andi's explained his preference was to use a vibrator and condoms during casual sex.

Andi: I met someone I like... when he chased me, I finally melted down. I am now more faithful to my partner, but previously I was not. From now on, I will try to be faithful to my sexual partner and have safe sex all the time. If I want to cheat, I will use a condom whether for anal or oral sex (blowjob). So, I collect a range of flavoured condoms like durian, banana, mint and I also use a vibrator to enhance pleasure.

Here, being faithful with a partner was related to protecting the partner he (Andi) loves by using condoms continuously. In terms of other, more adventurous sexual behaviour,

the YMSM were quite open about having threesomes. Reza and Made admitted practising threesomes for some time to both satisfy their sexual desire as well as to protect them from HIV transmission:

Reza: My partner and I, together we look for 'sexual partners' [laughs with a bit of embarrassment] ... so my partner knows that I had sex with others too. We always use condoms, so, we play it safe. What we have done may seem like a strange sexual practice, but it is our way to protect ourselves from HIV. Rather than cheating behind his back and vice versa and never knowing whether he uses condoms or not, so we decided to be open to each other, so if we want to *selingkuh* (cheat) we look for another sexual partner together and we have a threesome. For others, we may look like *liar* (wild), but we are gay, we are definitely attracted to other men.

The quote shows that open and honest communication is important in negotiating safe-sex practices. Open relationships, such as having a casual partner and multiple sex partnerships, was seen as a common practice in the gay community.

5.5 The role of the Internet

The question on how to best reach members of the YMSM community with safe-sex education has been raised by many HIV activists, policymakers and researchers across the globe, including Asia (McNally et al., 2015). This reflects the challenges faced by HIV prevention programmes in reaching YMSM as often, they are typified as representing a 'hidden' community (McNally et al., 2015). However, based on the data, the present study shows that although YMSM are somewhat hidden from mainstream venues, they do have a physical existence in virtual gay spaces and venues. The following section shows that, in contrast to the prevailing discourse, the YMSM community does have an ostensive existence and is not, in actuality, hidden, as a multitude of offline and online venues and spaces are available for YMSM to connect with others both socially and sexually.

The co-researchers used the term *komunitas* (community) to refer to a group of YMSM and MSM who gather in a specific place either online or offline. The co-researchers talked about a group of young gays named *D'brondong* as a community, then on another occasion, they referred to the gay community who mingle in gay bars in Seminyak, seeking sexual partners via Grindr and other apps including those provided

by gay-based NGOs that provide education, support and social venues for the YMSM and LGBT communities.

The YMSM in this research tended to meet in *gay hotspots* or other similar venues. From the data gathered, the most famous *hotspots* in Bali are Bali Joe bar and Mixwell bar. These venues host drag shows and go-go boy dances [a kind sexy dance to entertain patrons] as part of their regular entertainment schedule. Several beaches in Bali such as Batubelig, Cantina, Kumala and Kuta beach are also favourite places for YMSM to hang out. According to Budi, who was involved in YMSM mapping (an initiative by the National AIDS Commission to record gay venues), MSM used to gather in parks such as in *Puputan Badung* and *Lumintang*, although now it is hard to find gay men in these parks. Reza commented that the term *gay hotspot* is used by the National AIDS Commission to identify a venue where two or more gay individuals mingle. YMSM hotspots can also be gay hangouts such as malls, parks, workplaces (i.e. massage parlours and sex venues) or private flats and houses (Gay waria lesbian-Indonesia [GWL-INA, 2015]).

The majority of the co-researchers agreed that there had been a shift in terms of the spaces where YMSM tended to socialise – from offline, physical spaces to online venues. The respondents reported that they now typically use the Internet to connect with other MSM both socially and sexually, as it provides convenient facilities (i.e. mobile apps) that are changing the way YMSM communicate and interact with other members of the gay community. Specifically, various virtual platforms are offered by both mobile apps and computer-based Internet sites that can be used for chatting with other YMSM. For example, there are a number of gay groups and forums which have been created using mobile apps such as Blackberry Messenger, Whatsapp, etc. A well-known Singaraja-based (a northern part of Bali) gay chat group previously used MiRC, an Internet relay chat platform, which has now migrated to an Internet-based social media network. Currently, a Blackberry-Messenger based chat group created by the staff of one local community-based organisation is used to exchange HIV prevention information. For example, Toni receives a daily reminder from this group on the importance of using condoms.

5.5.1 Access to the Internet, Internet-based apps and gay dating apps

In recent years, Internet technologies have allowed for a huge rise in opportunities for communication and interaction among both individuals already known to each other as well as those who have never met in real life. In this respect, all of the co-researchers admitted using their smartphones (iPhone 5, Samsung and HTC), to access the Internet, while Budi was the only co-researcher who used a tablet. All of the co-researchers had Internet apps on their phones including Whatsapp, Wechat, Line and Blackberry Messenger. They also used social media networking apps such as Facebook, Path and Instagram. None of them used Google+, a social media platform from Google.

For gay dating, they used more than one gay dating app, such as Grindr, Hornet, JackD or Beetalk.

Made: there is not much difference in terms of the use of the feature of the gay apps. The apps can show the distance between the persons from us. The only difference is the number of users. Grindr and Hornet have more users compared to JackD and ... In terms of the technology, the convenience is similar.

The co-researchers use the Internet on a daily basis. Made said, *“I access the Internet for almost 24 hours, but I only access social media alay alay”* (Alay alay is a metaphor for *anak layangan* or kite-flyer – a term used to stereotype Indonesian youth sub-culture as being ‘cheesy’).

The co-researchers also reported that they use the Internet to watch videos on YouTube and SocialCam (a social media video platform). None of the co-researchers had used other video blogs such as Vine, Vimeo and Bambuser which can be used to create, edit and videos. Although all of the YMSM had recorded and shared videos on social media platforms, only Reza had learned about recording and editing videos.

5.5.2 Chatting

All of the co-researchers used Internet predominantly to chat with their YMSM friends via their mobile phones. Chatting is central to their social lives and social functioning, as Reza explains: *“chatting is my life. I cannot live without chatting and my mobile phone.”* Various gay dating apps are available for mobile phones which use location-based data that can show the users’ distance to other gay men using the app.

Komang explained that *“there are many gay dating apps such as Grindr <http://www.grindr.com/>, Hornet <https://hornetapp.com/>, and other apps such as Beetalk*

<http://www.beetalk.co.id/>, and Badoo <https://badoo.com/>.” All of these gay dating apps can be installed on both Android and Apple phones. Doni goes on to explain, “YMSM predominantly use Grindr because it is very popular for gay men.” Doni’s friends are now using Indonesian gay dating apps such as Beetalk and Badoo. According to Reza, there is no difference in terms of how the apps are used. All of them have similar features such as filters by age, sex role, distance and ethnicity.

In addition to gay dating apps, social media can provide a multitude of interactive, real-time venues for YMSM to engage with other men who are looking for sexual partners. Andi reported that he has seen several group pages created to connect MSM who wanted to find new sexual partners. Andi: *“I saw gay groups categorised as ‘public’.* So, everyone can follow the conversation in the group and know the members of the group.” Budi added, *“Yes, some of the gay groups are public, but some of them are closed and secret categories”*. In our discussion, we talked about the meaning of these public, closed, and secret group categories. Andi presented a gay group page called ‘Gay Denpasar’ which had 2,343 members. It was a public group. We learned that this Facebook page was also used by new YMSM and those who wanted to come to visit Bali. Although the group had lots of members, Andi said it was never used it because it was too public and did not satisfy his need for privacy and protecting his sexual identity. Andi also presented gay Facebook pages which had both closed and secret access. In the closed groups, new members were required to ask an administrator in order to join, and one can only join the group with the administrator’s approval. For secret groups, membership is based on an invitation from an administrator. Andi explained: *“I choose to be a member of the closed and secret groups to protect my privacy.”* Therefore, in relation to this study’s aim of developing an Internet-based HIV prevention programme, ensuring that users’ privacy concerns are taken seriously seems to be of crucial importance.

In addition to mobile-based apps, the co-researchers in this study also reported that they chatted with other MSM via Internet-based messaging apps. In order to be able to chat with friends, the co-researchers reported that they needed to install more than one Internet app on their phones or tablet because a friend used a similar app. The most popular messaging apps were Blackberry Messenger, Whatsapp and Line. Respondents

classified the types of chatting they engaged in based on the name of the platform they used:

Made: We usually have more than one app on our phones just to make easier to chat with friends. We then say to our friends, ‘let’s chat on this app or that app such as Bbman⁷ (if we chat on Blackberry Messenger), WhatsAppan (on WhatsApp), Linean (on Line messenger), Wechatan (WeChat) and gay dating apps such as Grindr, Hornet and Badoo.

Made explained that the Internet has provided virtual spaces for YMSM to connect with their friends both socially and sexually, including Blackberry Messenger (BBM) and WhatsApp; while for establishing a new romantic relationship, they use gay dating apps such as Grindr and Hornet. The implication of this information in terms of the present study’s aim of creating an online HIV prevention initiative is to create an attractive online chat venue for YMSM using various types of Internet apps in order to reach those who use different types of smartphones and access (i.e. laptop, tablet).

Thus, using the Internet opens up a whole new realm of opportunity to create an appealing, wide-reaching online network due to its power to reach, and be accessed by people worldwide. In terms of YMSM, the Internet facilitates an alternative medium which addresses the social limitations which impact on their ability to connect with other YMSM in physical venues. From the data, the present study learned that through chat, YMSM can connect and communicate with old friends and partners as well as meeting new ones. The web facilitates a ‘shortcut’ to connecting and enhances social contact among YMSM, as highlighted below.

Komang: Chatting is a shortcut to interact with friends, a highway to send messages to friends, sharing stories and meet with new friends in a short time.

Komang describes chatting in terms of a locally created ‘*gay hotspot*’ which provides alternatives to the traditional meeting venues such as parks or gay clubs, where they are free to communicate with friends, share stories and meet new friends. According to Anand et al. (2013) the Internet can also potentially provide a space for social

⁷An is a suffix in Bahasa Indonesia that is used to form a noun. In this context, suffix *an* is added to explain names of the online messenger or social media platforms.

connection and HIV education for YMSM. Co-researchers had much to say about the use of chatting for seeking sexual relationships, in addition to the use of chatting for social networking. Made explained that such chatting was often viewed negatively.

Made: Generally speaking, chatting has a negative connotation in Indonesia. Chatting is an idiom used during online chatting which leads to negative directions such as seeking sexual partners. Only a small percentage of users use Grinder and Hornet for other things; the role of the apps has become negative. Bule (western people) not only use chatting for that [seeking sexual partners]. But here, people even use WeChat and Beetalk to seek sexual partners. I think because they have just learned about this technology, that is why they became kalap (go crazy) and use chatting predominantly for seeking sex compared to its actual role such as communication and sharing stories with friends.

Made's statement seems to be related to the sexual norms of Indonesian society. His comment also suggests his belief in the discourse that the use of technology among young people can be harmful. Many Indonesians assume that Information Technology such as television, smartphones and the Internet can pose a threat to the future of the nation as they can exert a negative influence on young people, offering the temptation to try casual sex, leading to premarital pregnancy, and other sexual immorality (Holzner & Oetomo, 2004).

However, despite this, all the co-researchers had experiences of using the Internet for sexual purposes. Tony, Adi and Andi used to chat quite frequently to find sexual partners. Doni rarely used any gay dating chat for sexual purposes because he did not find it useful and he also got bored with the normative questions:

Doni: I don't use gay chat much; I am not that smart at using them. I also got bored chatting because they only ask similar questions like 'where do you live? What is your sexual role?' I got bored.

Further discussion with the co-researchers related to whether they were 'smart enough to use gay dating apps' linked with creating photo profiles and statuses to attract new partner's attention. This includes the ability to begin online conversations with new people, which is a skill to be learned when accessing gay dating apps. Posting attractive photos is also important in order to attract the interest of other users on gay dating chat apps, as well as having the skills to begin conversing with men who are online.

The co-researchers used photo profiles as a parameter to decide with whom they wanted to chat:

Adi: I get interested in someone else through browsing his photo profile. The person who initiates the chat usually is the person who first gets interested in someone else's profile posted on the gay apps. He will firstly say 'hello, where do you stay, where are you from?' They will also ask the type of role play, are you top or bottom in order to find sexual compatibility and pleasure potential.

This shows that the representation of chatting users is mainly achieved through images on their profile photos. Profile photos can play a role as a 'brand' and a tool to impress and attract other people. After judging the image, one will then validate ones' assumption by asking general information about that person including his sexual role.

Chatting is particularly attractive to the co-researchers because it relates to the desire to find a good looking potential partner:

Adi: For me, one thing that I like from chat is meeting new people, particularly when I meet someone that I thought he is *cakep* (good looking) and I like him. This is just like a chatting, "normal" chatting, we introduce ourselves then we ask general information such as address, age, hobby, a boyfriend or not. The difference is we always ask about sexual roles (*posisi saat bercinta*). And the most extreme question is whether I can have sex with him.

According to Adi, for MSM, it is important to seek sexual compatibility, such as physical attractiveness and sexual role. However, one might also break his agreed sex role position; as evident in a *versatile* person. Once Doni admitted that he had sex with a versatile casual sex partner which ended up in a fight and sexual abuse.

Doni: I meet with a *bli* (older brother, in Balinese) online, we have agreed that I am top and he is bottom, but after we had done, he asked me to change my role play, became the bottom position. He forced me to have anal sex. Because his body was far bigger than me, I could not fight with him.

Also, compatibility relates to roles in anal intercourse. In the sexual life of YMSM, agreement on their sexual role needs to be settled first before continuing their relationship. Another requirement of the sexual relationship is whether or not they have strong feelings for each other. However, this not always the case;

Adi: If we are both attracted to each other and our sexual roles are matched (*posisi saat bercinta*), we would then meet offline. But if only one person had the feeling, there would no further meeting.

Budi: ... if we agreed about the roles (*posisi bercinta*), we will meet. If not, I will refuse to meet him. However, it may also depend on my sexual desire at that moment in time. If I am horny I don't care about the physical appearance, as long as it fits with our roles.

The desire to meet someone to fulfil one's desire is what Penney (2014) describes as the *gratification of chatting*. In a study on the use of Internet chatting in youth culture in Jogja, Indonesia, Slama (2010) noted that Internet chatting is deeply related with a range of emotions, feelings, fulfilling ones' needs for intimacy, jokes, and having someone listen. Thus, these chat rooms serve as meeting points connecting to emotions which seems to make chatting especially attractive to young people.

5.5.3 Developing personal skills

Six of the nine co-researchers worked in the entertainment industries. They mainly use Internet for updating and promoting their business and seeking new ideas and watching latest news. Reza co-founded the Starlight Dance club with Made, and he loves to write on his blog <http://starlightdancebali.blogspot.com/> to promote it.

Reza: I use the Internet to promote our Starlight Dance blog. I created a blog <http://starlightdancebali.blogspot.com/> in 2011. I was so tired with my activity at university, so I created this blog. I love music and dancing, they are part of my life. I write about my dancing activities on the blog and also promote my dancing group, Starlight Bali. I post photos and video of our group. I read about new albums from my favourite singers and then post them on my blog.

Made relied on the Internet for look new ideas and like formulating new dancing projects, designing the dancing costumes and promoting the club:

Made: We use the Internet to find some ideas on creating dance performances. As a dance performer, I needed to keep presenting different dance styles to the audience. We also need to promote and share our club activities on Instagram, we keep updating our activities as one way to promote our club. Jobs are frequently from people who see our posts on Instagram.

Komang and Doni, work as drag queens and they watch and learn through viewing new songs, makeup advice, clothing designs and news about the world of entertainment from the Internet.

Komang: Although in singing as a lip-sync singer, I don't really need to fully memorise the song, I need to learn the style of the actual

singer in delivering the song. Therefore, I need to learn and try to memorise many songs. I use YouTube to watch celebrity singers. I learn, practice and improvise the style.

Doni: I search for designs of my costumes from the Internet; show it to the tailor. She can make any design as long as we show her a picture. The Internet has been an important resource for my work.

Not all of the co-researchers used the Internet to support their profession. Andi and Toni, who work as part-time dancers in the Starlight Dance group, reported that they never search for dance moves on the Internet because they rely on Made and Reza for choreography.

Thus, the Internet is seen as a valuable source of information for these YMSM to access new ideas and learn new skills. The Internet also offers them the social freedom to access and interact with their gay peers, increase their networks, and to promote their businesses. The next section discusses the role of the Internet in the sexual lives of YMSM.

5.5.4 Seeking HIV prevention information on the Internet

Searching for HIV prevention information is not the main use of the Internet for most of the co-researchers. For instance, Andi has never sought information about HIV on YouTube. Only one co-researcher, Adi, had sought HIV information on the Internet. *“The most common HIV information that I look for is about the physical signs of the people who are living with HIV”* (Adi). Komang, Toni, and Budi use the Internet to access information on HIV because it is required in their jobs as HIV outreach staff. The reasons as to why they never sought HIV information on the Internet included being satisfied with the information received from the outreach workers.

Doni: I feel that I am safe from HIV, I know the information about safe sex already. I know the safe sex information long before I had my first sex, so I know how to protect myself from HIV. In addition to that, I give less attention to my health. My basic nature is like this, I don’t consider that maintaining my health is important.

Komang believed that the information from GDF (Gaya Dewata Foundation), a gay-focused NGO in Bali, was enough for him to understand how to protect himself from HIV, how to have safe sex and how to use condoms. *“I found that the information from GDF is easier to understand and it has enough detail for me to understand how to have safe sex and use condoms”* (Komang). Further, Adi added that the reason he did not

seek HIV information on the Internet was because of a lack of new information online, reporting that he *'only found similar information. No new information found'*.

However, this contrasts starkly with Komang's claim that his clients have a serious lack of knowledge on HIV, particularly on how the virus is transmitted from one person to other, how anti-HIV drugs work and how to seek support if one is diagnosed with HIV:

Komang: I always find my clients say that they already know about HIV information from the Internet, they use Google to search for information about HIV, but when we discuss further about basic knowledge on HIV, I realised that they just simply know what HIV stands for and that condoms are a tool to protect you from HIV. They don't have a basic knowledge about the virus, how it transmits, what the drugs are, how the drugs protect someone, and what we should do if we are HIV positive.

Since most of the co-researchers had never accessed online HIV prevention information before, the researcher showed them some HIV-based NGOs' websites from Indonesia and overseas, such as GWL-Ina, gayadewata.com, and www.endinghiv.com. None of them had seen these websites. We then compared three websites: brondongmanis.com, endinghiv.co.au and gayadewata.com. Here are their comments on the websites:

Doni: I think the GDF's website looks old and unattractive. I like the colour - very attractive pink colour. I like to look at the *brondongmanis* and endinghiv websites. The GDF is dark and black, so scary looking.

Made seemed to be sceptical about the GDF's website. He said, *"...GDF was only liked by three people or a maximum of 15 people. I never wanted to post, like or comment on their status, there is one thing that prevents me from liking their site"*. Toni has been involved with the cyber outreach initiative in GDF but strangely, said that he did not know anything about the GDF's website. He was never aware of the GDF's web page address. The website was managed by an Australian who had worked as a volunteer at GDF for a year.

None of the co-researchers had ever posted or *liked* statuses on Bali Medika or Gaya Dewata's Facebook pages. If they did not post, *like*, or click notification on Facebook setting, any updated information from these two NGOs would not appear on their page due to Facebook's rules. Made did not like the GDF website: *'it was so boring to see the same HIV information on GDF. No improvement, they only delivered similar*

information from time to time. I don't think many gay men post or like their Facebook page. From my observation, their posts were only liked by a maximum of 15 people.'

Adi is living with someone who may be HIV positive, and he is interested to find out information about the signs or indications of someone suffering from HIV. He wanted to know the physical appearance of HIV patients. Adi wanted to compare the information from the Internet against his suspicion that one of his peers might be HIV positive because this person regularly took medication at 10 pm. He had asked his friend, but he was not satisfied with the answer given. Budi responded to Adi's question.

Budi: Most of the patients who are in the AIDS stage are very thin and have lost weight. Someone who is in the AIDS stage would not be able to move their body. Many people who living with HIV cannot be identified from their appearance. You need to perform an HIV test. About the time to take their medication, many diseases require a punctual time for medication such as diabetes, heart diseases, cholesterol, TB patients etc. Your friend could be suffering from one of these diseases.

5.6 Summary

The data in this chapter revealed a detailed overview of the lifeworlds of these YMSM which are intrinsically related to their sexual identities, their identities as young people, and the role of the Internet as the facilitator of their online YMSM communities in terms of social and sexual networks. The life-worlds of YMSM are illuminated by positioning this data in light of the views of the YMSM who took part in this research during the focus groups and the dissemination. Their position shapes their decisions to migrate, use characteristic language, build friendships, create new social-sexual networks, how to use their leisure time, the types of jobs they choose as well as their links with the wider gay community. The extent to which the co-researchers' sexual health practices were shaped by the Internet was also examined in this chapter. All of this suggests that their identity as YMSM is the single most important factor in determining their life-worlds and practice to prevent HIV.

Chapter Six

YMSM'S VIEWS ON HIV PREVENTION FOR YMSM IN BALI

6.1 Introduction

The Participatory Action Research Kemmis et al. (2014) approach used in the present study provides a space to in which the co-researchers are empowered to create insightful solutions to the HIV epidemic while simultaneously enlightening them about the crucial issues. In this way, through encouraging the co-researchers to share their insights into why existing HIV campaigns have largely failed by allowing them to criticise the quality of the current provision., and empowering them to shape new, online solutions which are designed *by YMSM for YMSM*, the present study consolidates the co-researcher's extensive lifeworld experiences as young, gay men in Bali.

In this chapter, I present the data relating to the research question 'How do YMSM view the current state of HIV prevention in Bali?' The findings presented in this chapter give key insights on how YMSM perceive existing Internet-based HIV prevention in Bali as well providing them with the opportunity to contribute to the formation of new, more effective initiatives (which are discussed in Chapter 7). This chapter presents the data on co-researchers' attitudes towards current HIV prevention campaigns in Bali – the distribution of free condoms and HIV-prevention fliers, and online & offline outreach work. Finally, I will discuss the role of Bali-based YMSM in existing HIV prevention programmes.

6.2 YMSM's views on the factors related to HIV Transmission

The key factors related to HIV transmission among YMSM according to the co-researchers can be broken down into three distinct themes. First, YMSM's lack of awareness and knowledge in seeking out HIV prevention information, as highlighted by Komang who explained that some YMSM tend to rely heavily on HIV prevention staff: *"Usually YMSM are so lazy to seek information by ourselves, [we] depend on the HIV staff and if the person is an introvert, therefore they have a lack of knowledge and information about HIV"*. Further, Komang went on to explain that while being a sexually active YMSM in Bali carries a high risk of contracting HIV, many YMSM lack the necessary information about HIV prevention; they don't understand how the disease

is transmitted, how to prevent it and are often reluctant to access advice from the readily available outreach workers. Thus, Komang affirmed that there is an urgent need to improve the quality of HIV prevention programmes in Bali.

The second aspect concerns two key misconceptions that YMSM have about an individual's vulnerability to HIV infection. The first is that some gay men believe that being weak or physically run down can mean a greater risk of contracting HIV.

Adi: I heard from my friends that someone could get HIV because of his physical condition. If he has a weak physical condition, he would be more easily infected. In contrast, if he has a better physical condition, he would not easily be infected by HIV. If he has a good immune system; therefore, he would be able to tackle the HIV infection. Having sex without a condom several times, HIV would not infect him.

Second, as Made explains, '*HIV could be a genetically inherited disease from pregnant mothers with HIV passing it to her child*'. He makes it clear to Adi that there is no relationship between a persons' physical condition and the transmission of HIV because it is transmitted through sexual intercourse:

Made: But I think physical and immune systems have no big effect on HIV transmission. Because the disease is transmitted through a sexual relationship, particularly when there are genital wounds, the risk of being infected by HIV will increase.

Similarly, such misconceptions about the relationship between ones' physical condition and the risk of getting HIV have been identified in other settings (Epstein et al., 2007). Many YMSM perceive that gay males with bodybuilder-type physiques have less chance of being infected by HIV (Guadamuz et al., 2015). In this vein, Drummond (2005) explains that muscularity has an important role in the perception of an individual's health and vitality. Historically, in gay sub-culture, the influx of gay men wishing to be muscular was largely as a consequence of avoiding looking thin and unhealthy – as the media tended to portray AIDS patients early on in the epidemic (Drummond, 2005).

The third aspect related to HIV transmission among YMSM concerns specific environmental factors – as Adi explains "*The environment has an influence on the risk of HIV*". He went on to point out that Bali's huge number of gay spas and other

facilities where MSM can easily engage in both consensual and commercial sex mean that the risk of getting HIV in Bali are considerably higher than other parts of Indonesia. For Adi, YMSM in Bali are exposed to its vibrant tourist-fuelled gay entertainment and sex tourism industries which may stimulate the spread of HIV in the gay community. This analysis is seconded by both Andi and Adi who state that many YMSM are in need of money, far from the influence and control of their families, and are thus highly likely to engage in commercial sex. Furthermore, Andi added that a psychological aspect related to YMSM's risk-taking sexual behaviour is that *"sometimes YMSM do not care about themselves anymore because they have already given up on their situation and cannot control themselves"*. This was said in the context of explaining that many YMSM engage in commercial sex and are attached to the carefree values promoted by the gay world.

6.3 Existing HIV prevention in Bali

In this section, I will discuss the co-researchers' insights into HIV prevention in Bali. This section is divided into five subsections; (i) the distribution of fliers, (ii) YMSM outreach activities, (iii) HIV testing, and (iv) condom use by YMSM.

6.3.1 Current HIV prevention in Bali: widely promoted but poorly received

While the majority of the co-researchers admitted that current HIV prevention programmes in Bali are capable of delivering HIV prevention material, they highlighted that this does not translate into effective uptake and HIV prevention among YMSM. For example, Made and Komang viewed a monthly discussion-based HIV education initiative called *Diskusi Interaktif Kelompok* or DIK as delivering very good support. This offers interactive learning on preventing HIV infection, routes of HIV transmission as well as support for MSM by collecting HIV test results from clinics.

Another example of good HIV prevention in Bali is the delivery of condoms in gay hotspots and directly to those who need them by the Gaya Dewata Foundation (GDF) an LGBT group that provides HIV education and condom distribution to YMSM in Bali. According to Frangki and Adi, the NGO's staff always ensure that a stock of condoms is available in the gay bars and remind patrons to use condoms in each and every sexual encounter. In a similar vein, Doni explained the significant role of GDF staff in encouraging him to adopt HIV prevention practices as they always encourage him to

use condoms to prevent HIV and STIs. Further, Andi added his views regarding the provision of condoms and HIV education by the GDF, praising the work of the *condom men* – GDF staff who distribute condoms and HIV fliers and reach out to gay bar patrons in the Seminyak and Kuta areas to promote HIV and STI testing. Andi explained (below) that the *condom men* were often seen making the rounds of gay bars in the Seminyak area and on Kuta beach; they wear orange hats and uniforms so that visitors can easily locate them. He also pointed out that condoms are available in gay hot spots and can be ordered privately from the GDF staff who will deliver them to the client's home.

Andi: HIV prevention in Bali is very good because it provides HIV education, particularly in delivering free condoms. The Gaya Dewata Foundation distributes condoms to prevent the spread of HIV among gay men. *Condom men* are very good. They distribute free condoms in gay bars and beaches in the Kuta and Seminyak areas. We can also ask for condoms from other outreach staff. The distribution of free condoms, in my opinion, is very effective to prevent people from having free sex [casual sex] bareback or having sex without a condom.

The veracity of Andi's statement was confirmed by Budi who is both a *condom man* and an outreach worker at the GDF. Although he has a similar role as the *condom men*, the outreach staff are not automatically given this role due to limited project funding. Budi informed us that one of his roles as an outreach worker is to ensure that his clients have enough condoms; therefore, when he receives a request, he delivers condoms straight to the client's front door.

Another positive aspect of current HIV prevention programmes in Bali is the delivery of brochures and printed material on protecting oneself from HIV. According to Reza, the fliers give a basic knowledge about HIV, which is effective at increasing YMSM's knowledge about how to prevent the spread of HIV. This material includes information on HIV transmission and the common myths surrounding it, how to protect oneself from HIV, information about the virus, STIs, and the details of clinics which offer HIV and STI testing. Reza was pleased with the information contained in the HIV-prevention flier he was given by the *condom men*:

Reza: I received the fliers from the *condom man*, and when we read the information seriously, we found the information was really useful, it is *pas* (*correct information*). What I mean is the information in the fliers is good, for example, an explanation about how HIV virus gets

passed from one person to another person, how to prevent the virus, the ARV drugs, how to have safe sex and where to get HIV services such as the clinics and the NGOs. There is information about dos and don'ts regarding HIV prevention practice. In my view, the HIV fliers describe appropriate and accurate information about HIV. HIV prevention in Bali is done through the distribution of the brochures that are related to HIV prevention. We can read the brochure and I think this is good.

According to Reza, providing YMSM with HIV prevention fliers is only useful to the extent that the information is read, understood, and acted upon. Here, Reza highlights a key limitation current HIV prevention initiative in Bali which tend to rely on the mass distribution of such fliers and lacks interactive dialogue with the target group to ensure that YMSM read, understand and are willing to act on the information.

Here, Reza's view is in line with Coates et al. (2008) and Kippax (2012) findings that in order to be workable, HIV prevention tools need to be well-understood and acted upon in correct and sustainable ways by the target audience. This finding suggests that current HIV prevention programmes for YMSM in Bali need to move beyond the distribution of informational fliers, rather, new approaches are required which ensure that the information is read, understood, and acted upon by YMSM. However, encouraging YMSM to interact with HIV prevention material at a deeper level – as suggested by Reza – requires a comfortable, supportive space in which this can be achieved. Based on Budi's and Made's feedback, gay bars are far from ideal for this purpose as MSM patrons are there for fun and entertainment, and thus do not have a chance to read or interact with the information. Also, actually reading the information in such venues could prove impossible because the lighting is usually dimmed, and they would likely be preoccupied with chatting and dance performances as well as under the influence of alcohol.

Gay bars represent popular venues where large numbers of YMSM can be targeted with informational material on HIV prevention and encouraged to take HIV tests. Several GDF *condom men* or outreach workers are located in Bali's gay bars and other gay hot spots to hand out such fliers and inform patrons about HIV testing. Detailed information about the *condom man* project is discussed on page 43. Although gay bars can seem like the ideal place to reach YMSM, important limitations of this strategy are noted by Budi – many fliers are thrown away or left unread on the tables.

Budi: The *condom men* distribute the fliers for IEC (Information, Education and Communication) in bars in order to give patrons HIV information. Sometimes, the men just look at the front then they throw it away. Or, sometimes they don't even look at the content; they just leave on the table.

Made: Yes, I saw some of the men directly throw them away, this is the reality.

Dinar: So, are you saying that distributing these fliers in bars is ineffective?

Reza: Yes, because the venue was not suitable for handing out the fliers.

However, when the GDF staff distribute fliers at the beach when people have time to read, the outcomes are seen as a little more positive.

Made: If we give out the fliers at the beach, they like to read the information. I think it's ineffective to distribute this information in the bars because the men want to have fun – not to read this information. There are still one or two people who put the fliers inside their bags, but I don't know whether they read it or not.

Similar to Budi's experiences, Komang – who is also a *condom man* – stated that only a few MSM wanted to accept the fliers after being approached. Komang explained:

Komang: Many of them do not want to read the fliers and the GDF staff need to approach them, so no wonder many of the YMSM have no awareness of their risky sexual behaviour and the risk of getting HIV, they only accept the fliers but never read the information. Usually, the men do not want to seek information and they feel reluctant about taking it [the HIV information], so, it has to be the outreach staff who approach them first.

Thus, it seems as though the current efforts by GDF staff in Bali's gay bars may not be sufficient to reach and improve YMSM's knowledge about HIV prevention. As the above excerpt from Komang illustrates, his clients do perceive that they are at risk of getting HIV although it appears as though they are heavily influenced by their peers' perceptions (and misconceptions) about HIV from social network sites. When it comes to information seeking on health issues, MSM tend to be reluctant to receive health information due to the stigma attached to having HIV. The co-researchers' views may be strongly influenced by Indonesia's collectivist culture wherein making an important decision tends to be based on what other significant people such as family, friends, or teachers say (Sumintardja et al., 2009).

According to the co-researchers, HIV prevention in Bali is chiefly related to the distribution HIV prevention material, condoms and endorsing HIV testing. The YMSM co-researchers in this study's research space asserted that the GDF play important role in raising YMSM's awareness of the risks of HIV, and they cited that promoting safe sex and endorsing HIV testing are the most important strands of HIV prevention. Komang, an outreach worker, supported this view, stating that that the benefit of HIV education should be to raise YMSM's self-awareness and self-reliance so that they can learn to protect themselves from the disease by undergoing regular testing.

Interestingly, Komang suggested that in order to be more effective, the distribution of the HIV fliers would need to incorporate a more interpersonal relationship with YMSM. The outreach workers would need to build trust first *before* offering HIV testing or support particularly in relation to those who are HIV positive. Komang explains this below:

Komang: I think some staff only deliver the fliers. They do not engage with the burden of their clients related to HIV. In delivering HIV information, an outreach worker needs to be close to his clients, because HIV is a sensitive issue, he also needs to hear all the complaints and hear-to-heart feelings of the clients. The outreach workers became a shoulder to cry on when the clients want to share their stories. So, the clients will feel comfortable and wake their spirit, this is something that clients want from the staff, particularly those clients diagnosed with HIV. It is important to encourage the clients to stay alive and to feel meaningful and that they still have someone to support them.

Both Made and Komang's statements make the point that the distribution of HIV information should go beyond simply handing out fliers, condom delivery and referring clients for HIV testing. Rather, it needs to incorporate a communicative, interpersonal approach, instilling endurance and courage in clients due to the stigma attached to HIV. Here, Made and Komang indicated that even within the YMSM community, HIV is perceived as a disease that is rejected and stigmatised. This poor uptake of HIV information is similar within Indonesian society in general as HIV is perceived as an immoral, sinful disease which deserves to be shunned. Thus, the findings from the YMSM in this study revealed that current HIV prevention is delivered with a focus on achieving a certain number of HIV tests but fails to address the YMSM's psychosocial needs or consider the social values that also influence their responses to HIV prevention. Therefore, in order to overcome this shortcoming, the co-researchers

suggested a more responsive, communicative and psychosocially based approach which targets YMSM within a supportive and non-judgemental environment.

Further, despite the offer of free HIV testing, many YMSM refuse the offer and are sometimes offended at the suggestion. Indeed, outreach worker's endorsement of HIV testing for some YMSM was interpreted as a suggestion that they were HIV positive. As Made highlights in the excerpt below, many YMSM have a poor awareness of the importance of HIV testing, and rejecting testing may be related to a lack of awareness and knowledge of the virus. Made explained that some men felt offended when offered HIV testing:

Made: When we offer them HIV testing in the bars, they are sometimes offended – sometimes furious. They thought that we were accusing them of being HIV positive. We need to be careful and need to know them personally first. For example, we don't ask them to do HIV testing when we first meet them. We build a relationship first, then after meeting 3 or 4 times, we invite them to perform the test. When they become familiar with the information, they have an awareness about HIV risks and their situation; we then invite him to undergo HIV testing. We have to know them first, and then we invite them to do the test. If we invite a person who we have just met in a bar to do an HIV test, he would feel offended and reject us. He would say, 'What do you mean? Do you mean I am HIV positive?' They can respond abusively.

Below, the co-researchers discuss YMSM's lack of understanding of the technical terms used in HIV prevention. The excerpt below took place in the context of Budi talking about his experiences when accompanying a YMSM client for an HIV test. Terms like *referral* and *support* were not understood by Andi and Adi; while Budi, Komang, and Reza – who work as outreach staff and volunteers in GDF – knew these terms very well.

Budi: Another HIV prevention programme is to refer (YMSM) clients to the clinics and to assist them with a peer support programme.

Adi: I never knew about these two programmes and I think I have never been involved in those two.

Reza: You have been referred to the clinic, Adi. I was with you when you went to the clinic for the HIV test with the staff.

Adi: Ooh, understood. So, it was the referral, but I never went to the peer support.

Reza: It was a support programme for people diagnosed as HIV positive.

As the excerpt above illustrates, the GDF staff may fail to provide clear enough information when they refer clients to the clinic. This highlights the staffs' use of technical terms in discussing HIV prevention with clients and the misunderstandings this can cause. This prompted the co-researchers to suggest that it is crucial to use language that is familiar to YMSM. Further, this finding indicates that the distribution of the fliers and other types of HIV information might not be effective in improving YMSM's knowledge if they use such technical terms as *referral*, *outreach*, and *education*. There is evidence of a lack of awareness within the YMSM community as to what constitutes risky sexual behaviour; misconceptions about the routes of HIV transmission, and a reluctance to undergo HIV testing.

Although young volunteers and staff have been recruited to provide HIV prevention for YMSM, to date, no unique programme specifically designed with MSM mind has been created. Toni, explained "*There is no separate programme for YMSM and older MSM. The only difference is that the GDF's staff who reach out to the YMSM are YMSM themselves.*" Made added that most of the GDF staff are older than the YMSM they reach out to:

Made: The Bali youth rainbow was established by the GDF in order to reach young gay men because most of the staff in Gaya Dewata are not young anymore, they are old, we call them 'oma' or grandma. They found a gap in communicating with us, the younger ones.

Made also explained that the YMSM tend to use a different vernacular to older MSM which may also imply that their culture and norms are different to those of older MSM. One more important aspect of HIV prevention is the active engagement of YMSM in the HIV-support community, and engaging with YMSM can be achieved via the establishment of youth organisations. The GDF, with funding support from the Indonesian National AIDS Commission, established an organisation focused on young LGBT in 2014 called Pelangi Muda Dewata (or Bali Youth Rainbow), as explained by Made:

Made: The Bali Youth Rainbow also reaches waria or transgender, lesbian and other youths that look normal, but in fact, they are not [normal], they have sex with males and females [bi-sexual]. The bisexuals felt comfortable mingling with us.

The Bali Youth Rainbow as an organisation was successful in organising a performance in collaboration with another youth organisation in Bali called Kisara, however following this, no further events were organised, as Made explains:

Made: We sometimes arrange a gathering with them to share information. Last year, we organised an event with Kisara and PKBI celebrating international youth day to put on a theatrical drama about the stigma around people living with HIV. The actors were from Bali Rainbow and also members of Kisara. We invited many people from different backgrounds to the play. But, after that, we didn't have other meetings. This is because there was no initiative from our leader and the foundation (GDF).

From this excerpt, it is clear that Bali Youth Rainbow has become inactive is because of a lack of leadership from the Bali Youth Rainbow's management and insufficient guidance from the GDF. Although Made and his team succeeded in organising a play, they failed to offer continuing support, and this shows their dependency on the management and GDF to run and lead the organisation. This dependency may stem from a well-known Indonesian social phenomena where young people tend to rely on more senior or mature leaders to lead them in unfamiliar territory (Sumintardja et al., 2009).

6.3.2 Outreach is only for new people

On many occasions, the co-researchers discussed the range of activities designed to engage with new MSM and YMSM in Bali's gay hot spots and via the Internet. This outreach activity refers to the first contact outreach workers make with YMSM in relation to HIV prevention. According to Toni, such outreach activity is pivotal to the HIV prevention effort because it aims to ensure that all MSM (regardless of age) receive information about HIV prevention and advice on taking an HIV test. This consists of two types of outreach; offline and online. The offline outreach involves the distribution of HIV prevention fliers in gay hot spots such as bars, beaches, and private residences, as explained by Budi:

Budi: We meet new and old clients in the gay bars around Dyanapura Street, Kuta beach and other gay beaches in the Badung area. We also meet them in other places such as apartments, which are frequently used as venues for the YMSM to practice dance, to chit chat or just to meet up. Some YMSM also meet up in some circle K in the Kuta area (convenience stores with many branches in Bali). Before the Internet era, some LSL were also found in the parks around Denpasar and Bali, but not many of them still hang out there nowadays.

Turning now to examine online HIV outreach activities, the co-researchers commented that one great advantage of using the Internet is that it greatly expands the reach and scale of such initiatives. For example, the co-researchers highlighted that many YMSM (and older MSM) use the Internet and mobile apps to meet new sexual partners, and so, the easiest way to reach them (YMSM and MSM) is via this medium. Budi explained that Internet-based HIV outreach is known as *cyber outreach*.

Budi: The online outreach called *cyber outreach*, the strategies involve making interaction with the YMSM who are online on gay dating apps such as Grindr and Hornet. We interact with them online giving an explanation about condoms, STIs, HIV, and to endorse HIV testing.

This *cyber outreach* also involved staff posting HIV prevention information on a Facebook page. Toni, a GDF outreach worker, took information from HIV prevention websites and copied and pasted it onto the Facebook page:

Toni: I do cyber outreach, which gives information about HIV through information posted on the foundation's Facebook page are usually taken from Google and tweaked, then I make minor revisions to the content, then I copy, paste, and post it on the gay community page on FB.

YMSM can also be reached via online gay-dating services such as websites and mobile apps. However, Made was quite suspicious about the activity of the other outreach workers when using these services, saying that they simply wanted 'to seek new YMSM' without giving further HIV prevention information. Also, Made and Andi reported that they sometimes read HIV prevention messages on gay dating apps such as "*If you want to test for HIV, contact me*". This received a cynical response from Made: "*That might be the status of a 'desperate outreach worker' who did not reach his target yet. He might be the most prostitute-like condom man here*".

6.3.3 Seeking HIV prevention information on the Internet

From the above discussion, it was clear that, at present, the Internet is underused by the co-researchers and their YMSM peers in seeking information about HIV prevention on the Internet. For instance, Made stated that '*...it is very rare that young men want to access the Internet to find information about HIV*'. Andi also expressed pessimism about the aim of the present research's focus on developing the Internet for HIV prevention as he pointed out that it often failed to match YMSM's realities and none of

his MSM friends use the Internet to seek such information. Most of his friends use the Internet for fun, seeking sexual partners and accessing social media:

Andi: I think we need to see the reality that not many people would search the Internet for HIV information and education. They only use Internet for fun, sex and for social reasons. People very rarely use the Internet for education like this, and it is hard to encourage people to seek education through the Internet. Not all people would like to access this information. I think only around 50-60% use it for education and positive things. But, this research has some benefit for the YMSM because the Internet can be accessed by people all around the world including in remote areas. The delivery of information is better through the Internet.

This finding is echoed by Doni, who claimed that he never looks for information about HIV on the Internet because he has already received HIV information from the NGO. He feels that he does not require more information from the Internet because he already knows how to use condoms. Komang also explained that even though the YMSM try to seek information on the Internet, they might not understand the content.

Komang: Based on the information I gathered from the outreach workers, their sites were rarely accessed by their clients (i.e. gay men and transgender). Even when someone has been visiting the site, he might not understand the meaning of the information presented. Thus, outreach staff need to give clear information about HIV.

However, Andi's excerpt above highlights that the Internet is, in fact, a promising means to reach YMSM effectively. Budi, Reza, Komang and Toni all agreed with this, explaining that they use *cyber outreach* as a medium to reach YMSM. According to Toni, a cyber-outreach staff member in GDF, *cyber outreach* is defined as a strategy to connect with YMSM and MSM via social media and apps commonly used by the gay community. However, according to Made, the staff only use the Internet when they do not meet their target via other means.

Made: This is the reality that we need to understand. When outreach workers need to meet their monthly targets, they use the Internet to reach out the YMSM in order to achieve [their monthly target]. They [outreach workers] actually did not distribute the HIV information when doing cyber outreach, they only ask for names and introduce themselves or encourage clients to do HIV testing referrals. There was no explanation about HIV information. That was the reason why the youth (YMSM) are rarely accessing HIV information [via the Internet].

However, Budi argued with Made's view, claiming that they do, in fact, follow the programme's *cyber-outreach* code of conduct. This outreach breaks down into several sub-activities such as meeting with new clients, creating profiles on gay apps or social

media, and posting new statuses. There was, however, no requirement to share knowledge about HIV information:

Budi: But, it was a requirement of the task in the cyber outreach activities. I want to argue with Made's statement, not because I am an outreach worker and want to be safe, but I want to clarify about cyber outreach. The aim of cyber outreach is to reach YMSM who are online on social media or in gay apps, to do HIV testing. When I meet someone on social media, as Doni just said, then we introduce ourselves, ask his name, where he lives, this activity is part of the cyber outreach. Indeed, only by asking someone's name online, this is recorded as outreach work in cyberspace. This includes when creates a profile up in Grindr, this is already inputted in our report. When someone asks about us 'where do you work?' then we answer that we work in the NGO, giving HIV information or providing condoms on Grindr, this has been included in the report. Then someone asked us about HIV prevention, and then we respond to the question, this is included as cyber outreach.

Reza agreed with Budi, adding that simply greeting someone on the gay apps was sufficient as constituting cyber outreach: "I agree with Budi! When we meet with other men and introduce ourselves, this is cyber outreach, so if we just greet someone on social media this is categorised as cyber outreach."

Budi went on to state that he never sent links about HIV information to the YMSM he met online and only focused on reaching and endorsing HIV testing. The code of conduct for gay apps also prevented him giving updated HIV information to existing clients. This is the response of Budi and Reza to the question: 'Have you ever sent a link to YMSM? I mean the YMSM who are online?'

Budi: I have never sent any information to my clients. I have never shared HIV information with other YMSM on gay apps including the NGO's website and Facebook. I only introduce myself to them. If I need to give them sexual health information, for example about HIV and STIs, I will give information based on my understanding. Most of their questions are related to health complaints such as 'on my penis, there is a small wound, what does this mean? I found blood when I defecated; I found blood in my anus, what does this mean?' These are some frequent questions from them. I never sent them any link because I doubt and I'm not sure that they would open the link that we sent to them. Also, they use limited data packages which can only be used to access social media.

Thus, the aim of the outreach activities represents a gateway to introduce HIV prevention strategies, to get to know new YMSM, introduce the GDF and endorse HIV testing. In contrast, in order to keep in touch with his clients, Budi only greets them without providing updated HIV information:

Budi: For old clients, we do a follow-up by saying hello. We did not give them information because if we always give them information, they might feel annoyed and delete our account. Many youths (YMSM) are reluctant to receive HIV prevention information.

Dinar: So, this means that the aim of the cyber outreach is to introduce yourself; the organisation, share information and invite new clients to perform HIV and STI tests. So, 'to reach' means to meet with many people online.

Budi: Yes, that is the aim of the cyber outreach.

Reza: Yes, the aim of the cyber outreach on Grindr is like that, to introduce ourselves to new people. That is the only thing that I know.

Reflecting on the themes discussed in the excerpt above, I found that the cyber outreach programme only focuses on reaching out to the new clients without incorporating any systematic health education. There is no discussion of HIV topics, sharing of knowledge, empowerment, or inviting YMSM to engage with HIV prevention activities. The online outreach practice of GDF's staff was shaped by the job description of the cyber outreach programme. Here, I see that the outreach workers do not provide existing clients with updated HIV information because they feel that this would strain the relationships with such clients. The outreach workers feel that the clients might be annoyed at receiving updated information from them which may result in them dropping out of the programme.

From the excerpts above, I learned that cyber outreach is one strategy used by GDF staff to achieve the target number of clients to agree to HIV testing. However, there are no guidelines for the way they should deliver online HIV education. Although the GDF has a website, Reza, Budi and Komang never refer clients to it for HIV information. It seems that the current GDF website simply exists as a library of information which lacks any educational benefit for YMSM due to worker's reluctance to refer clients to it. From Budi, I learned that the indicators used to measure GDF staff's efficacy in cyber outreach are as follows: (i) the number of YMSM that have been reached, (ii) the number of statuses posted, and (iii) the total number of YMSM clients reached. These indicators were designed by the organisation itself and constructed from its

organisational direction; hence, this is likely to be the cause of the health worker's lack of focus on client education and empowerment, as well as promoting social action in HIV prevention through the Internet.

Thus, based on the data analysed above, current HIV outreach is described as one important method of endorsing HIV testing among YMSM. Both online and offline hotspots are used as gateways to reach out YMSM, introduce them to HIV information and encourage HIV testing. However, this topic elicited a cynical response from Made relating to outreach workers who promote HIV testing on gay dating apps. He labels outreach workers who use gay apps (as they failed to achieve their targets) as being 'desperate' and acting like 'prostitutes

6.3.4 HIV testing services

All of the co-researchers stated that HIV testing plays a pivotal part in HIV prevention and all admitted that they had undergone HIV testing. Most of them were encouraged by the outreach workers to take a test. For some, HIV testing can increase self-confidence, as, by knowing the result, they reported that they felt more confident in protecting themselves from HIV. For example, Made, knowing that he is HIV negative, admitted that this made him feel more confident and keen to maintain effective HIV prevention practices to protect himself from future infection. He stated that it was also important to know his partner's HIV status:

Made: I prevented HIV by knowing my HIV status. This was very important. So, when I knew my status, I was more confident about myself. We worry about having sex with random people without knowing their HIV status. If we didn't know our partner's status, it means that we are being careless, but if we know, that means that we are being careful.

However, for some of the co-researchers, HIV testing provoked fear and could be very stressful, particularly before receiving the results. For example, Andi was very worried about the results of his test, although, upon being told he was negative, this encouraged him to maintain his HIV negative status:

Andi: Yes, it was correct, what Made said. I also felt like that before, I was so worried 'OMG, I might have caught HIV' because I didn't know 'the things' before. When my first HIV test result was negative, I was so happy. After knowing my status, I had the intention of keeping my HIV negative status and I do not want to be HIV positive on the next test.

A willingness to undergo HIV testing among YMSM is determined by their overall health condition and their health awareness. Those who have health complaints will easily accept a referral to a clinic, however, if they perceive themselves as being in good health, they tend to delay testing, as Reza explains below.

Reza: Not everyone wants to do HIV testing even though it is free. It depends on whether he is in healthy or suffering an illness or not. When someone experiences burning when urinating, he would know that he needs to go to the clinic. But for someone who is not experiencing any health complaints, it would be difficult to ask him to do the test. He would say ‘I’ll do the test later’. But for some people who have received the information and understood the benefit of HIV and STIs tests, they visit the clinic. They already have an awareness of the importance of doing HIV testing and health checks. So, for someone who already understood that he had a risk of getting HIV and STIs, he would check his health regardless of if he is in pain or not. But for those people who did not have such health awareness would always think that it was not necessary yet to do the health exam. Even if we keep continue to encourage him, he would refuse to go to the clinic.

Reza points out that one aspect of motivating YMSM to get a test is to raise their awareness of the benefits of HIV testing, followed by informing them about the clinics’ opening hours as they may not fit with YMSM’s schedules. Only one men’s clinic opens until late evening in Denpasar – the rest only open from 9am-1pm.

Komang: Some difficulties in asking them to go the clinics are because of the opening hours of the clinic do not suit them. I hope that the opening hours of the clinic can be made longer so it would not conflict with the work and break schedules of my clients. I have told them that if you want to go to the clinic in the morning, you can go to these clinics, and in the afternoon, you go to that clinic. But sometimes my clients have lots of excuses. They say that the times are not in line with their working schedules or break times.

For those co-researchers who want to repeat their HIV tests, they can choose their clinic of preference. Some went to the men’s health clinic in Kuta, some went to the *puskesmas* or (community health centre) and others to a referral clinic. Andi and Reza, for example, went to the men’s clinic in Kuta, while Komang chose to have his HIV test in a *puskesmas*. According to Andi and Reza, the services provided by the men’s health clinic in Kuta were very good. Reza: *“I received good service from the clinic and it is a gay-friendly clinic”*. Andi, who has had more than one HIV test, receives a reminder from the clinic to do a repeat test for HIV and STIs every three months:

Andi: I do repeat HIV testing every 3 months at a men's health clinic in Kuta. The clinic sends reminder every three months, so we know that our HIV test is due. I like the services provided in the clinic, it is a gay -friendly clinic and offers free testing for the *kawula muda*⁸ (YMSM), so we will know our status – whether we have the HIV virus in our body or not.

In terms of the gay friendly services, Made agrees with Andi as he said that most of the clinics in Bali are gay-friendly and offer a variety of opening hours. So, YMSM can choose the clinic that best fits with their availability. While Andi and Reza applauded the services provided at the clinic in Kuta, others were aware of this clinic but deliberately chose not to register there. For instance, some of Komang's clients had refused to do a test at Bali Medika because they were afraid that if someone saw them in the clinic they would find out their sexual identity. Many YMSM are still very secretive about their sexual identity.

Komang: Some of my clients refuse to be referred to Bali Medika because of the gay image attached to the clinic. They don't want people to see or identify them as gay. Thus, although the services were not comprehensive in community health clinics, we will choose to go there.

Choosing HIV clinics, for many YMSM, went beyond the quality of service and opening hours as highlighted by Komang's concern regarding the protection of privacy and identity when seeking HIV and STI services. The label of gay clinic, in turn, might become a barrier to individuals who do not want to disclose their sexual identity. Given the current situation where same-sex orientation is not well accepted by mainstream Indonesian society, I would not be surprised if this sort of view hindered YMSM's access to these much-needed services.

Two of the co-researchers were accompanied by outreach workers for HIV testing at a community health clinic or *puskesmas*. *Puskesmas* are government-funded public health facilities found in many areas of Bali. Adi had his HIV test at a *puskesmas* but shared his complaints about the poor service he received. Once, when Adi was referred by an outreach worker to a nearby local *puskesmas* for HIV testing, he left feeling disappointed as he received neither pre-HIV test counselling or appropriate HIV-test procedures, which should be confidential, based on patient consent, and with the communication of results via counselling and referral to other services.

⁸ English direct translation of *kawula muda* is young people in general. Here, Andi refer to YMSM.

Adi: I had my first HIV test in one of the community health centres. When I entered the examination room, there was a mature female who looked like a doctor. She asked me, what was your health complaint? I said to her, there was no complaint, then she asked me to lay down. To my surprise, she was not the person who examined me but a young nurse about my age at around 20 years old. I felt nervous and ashamed, could you imagine if you were to be checked by a young girl of your age? As you know, dudes, I wouldn't mind having a female adult to do an examination, but not by a young girl ... of my age?! It would be very embarrassing. She took my blood, and then finished...bye! No other words! She said you may come tomorrow for the results. I came back the following day and she told me the result was negative.

Dinar: Did you have counselling before and after the HIV test?

Adi: No, there was no counselling. So, the service was just like that, there was no advice given, nothing from the health staff, no counselling. So, we came there just like I surrendered myself to be examined, to get checked if there was something wrong with my body, then I get the results and finished! Even during the examination, the nurse has gone, and asked me from outside, 'Do you need this test, and do you need that test?' As a patient, we felt hesitant. Yes, during the examination, she asked me out loud from outside, then gossiping from the next room, she asked me, "What was your complaint?" I answered, "I did not have a complaint."

Adi's words show how he felt powerless and weak as a patient and suggested that an unequal balance of power existed between him (as a YMSM patient) and the nurse as the health provider. Adi's description of '*no counselling before the HIV test*' indicates a breach of the national HIV testing guidelines that every VCT should start with pre-counselling before HIV testing, and then the HIV testing will proceed when the person agrees (IMOH, 2013b).

Next, a specific dialogue in the research provided an opportunity to seek a solution for Adi's situation. Made and Budi informed us that there was a monthly meeting to discuss the implementation of the HIV prevention programme in Bali. The meeting would be attended by HIV stakeholders such as NGOs, representatives of the community, health providers (community health clinics, hospitals and other clinics that provide HIV services) and province and district health officers. In this meeting, the NGOs would have an opportunity to convey complaints from their clients about the service received from health providers:

Budi: When did you do your HIV test?

Adi: Last month.

Made: You can check the date and name of the health worker then inform the GDF. They could then report it to the Bali health office during the monthly meeting.

Budi: Yes, you could report your complaint to GDF and we would pass your complaint to the staff of Bali health office. The health services office has a responsibility to provide good services to those people undertaking HIV tests and other people seeking HIV services.

In sum, access to HIV testing ought to consider many factors. For example, first-time clients need to be accompanied to the HIV clinics, and existing clients need to be reminded to come for repeat tests. Next YMSM's preference of HIV clinic(s) consist of more than just if a good service provided; it requires a consideration of the stigma attached to being gay and HIV in Indonesia. And finally, clients' sexual-identity needs to be protected in order to safeguard YMSM from stigma or discrimination.

6.3.5 YMSM and condom use

Based on the information from the co-researchers, HIV prevention in Bali delivered by the GDF's staff focused heavily on the accessibility of condoms for YMSM. However, although free condoms can easily be obtained from local gay bars in Bali, condom use remains low among Bali's MSM community. Based on a 2013 GDF report, 88% of MSM have never used condoms, 54% used a condom during their last sexual encounter, and only 22% used condoms consistently; which is far below the national target of 80% consistent condom use (GDF, 2016). This raises the question, of why the percentage of YMSM who use condoms consistently is so low. From the data, it seems that ensuring high rates of condom use requires more than simply handing out condoms to YMSM. There are other aspects that need to be considered such as quality of the condoms, the prevailing social norms around condom use, and the issues of power and autonomy affecting YMSM themselves.

Andi stated that one aspect that needed to be improved in condom promotion is the quality of the condoms. Although YMSM in Bali have good access to condoms, the condoms provided are of poor quality. Many of Andi's friends refuse to use the free condoms because of their unsatisfactory quality. Specifically, Doni explained that the free condoms are thick, have insufficient lubricant and do not feel comfortable to use. Andi, Doni, and Reza said that they often saw their friends playing with these free condoms – using them for making balloons, hair accessories or filling them with water to make water bombs:

Andi: I think gay men in Bali don't have problems with accessing condoms, we can find condoms everywhere. But not many gay men want to use condoms as they will reduce sexual pleasure. The free condoms are thicker and have less lubricant compared to ones we purchase at the shop. Many gay men use those condoms for games. They fill them up with water to make them look like fake breasts and fake penises, making balloons for party decoration, bow ties and throwing them at friends. Can you imagine how useless the work of those condom men was? They worked day and night to distribute condoms to us, but many gay men use them as toys.

Made was also concerned the misuse of free condoms. He reminds other co-researchers that the condoms are paid for from tax payer's money, so they need to use them respectfully.

Made: Although we don't have to pay for the condoms from the staff, those condoms are not free of charge, many of us use them for playing around, they use them as balloons; they don't know that we actually paid for the condoms through our taxes. The government bought those condoms through our taxes.

Another aspect is that many of the YMSM have misconceptions about condoms. Andi, Reza, and Doni's statements suggest that many his friends believe that condoms are only useful for avoiding pregnancy, and thus do not provide any advantages in a same-sex relationship. Andi claims that many YMSM did not want to accept condoms because of this misconception and they were also embarrassed about taking them from the outreach staff.

Andi: They refuse to use condoms because they think that condoms are only for family planning, for contraception. This thinking is particularly apparent in gay men who come from the village because they think that the use of condoms is to prevent pregnancy, so because he had sex (*ngeweng*) with males, he would not get pregnant. Therefore, men have sex with men would not get pregnant, so he did not need condoms. He might also feel embarrassed about receiving condoms.

The misconceptions of the advantages of condom use in same-sex relationships are frequently found among MSM who have just moved to Bali from rural areas and are new to the gay world.

Reza: But, I think this is not only from those YMSM who come from the village, I met with a *village gay* who had just moved to Denpasar. I wanted to give him condoms, but he refused. Another friend of mine, who worked in a restaurant - he just became a *bencong*. I said to

him, 'Do you want condoms?' But he rejected them, he said that he did not need those. He might think that he is safe from diseases.

Reza's statement shows that many YMSM display poor knowledge about condom use in preventing HIV and STIs. Their statements, in the researcher's view, are in contrast with the promotion of condom use for MSM as discussed above. This was a surprise given the role of condoms as a widely promoted family planning method among married couples and groups at high risk of HIV including MSM, drug users, female sex workers and women living with HIV. Interestingly, condom promotion has to be carried out very carefully in Indonesia due to the restrictions on pre-marital sex where condom promotion can be interpreted as encouraging free sex or sexually deviant behaviour (Bennett, 2000). Many gay men also refuse to use condoms because they are wary of public condemnation as being seen as 'sex maniacs' or 'dirty whores' as illustrated below. This conception may well relate to the national discourse that portrays condom use as reserved for heterosexual family planning.

Reza: I think this is [lack of condom use] because they thought that they would not get pregnant.

Toni: Yes, one thing is that they might think that if they use condoms they are sex maniacs, I heard some said that.

Andi: Secondly, they might think if we have many condoms, we are whores. For example, once Doni lost his wallet. The lady who found his wallet looked at him in an awkward way when she found there were condoms inside.

Dinar: Why did she become so cynical?

Doni: Because she thinks that condoms are dirty. In our society, many people think that way. They will easily relate it with *seks bebas* (lit. free sex). Many people, even though they live in the city, their thinking is still very outdated, like uneducated or people who live in remote areas, who lack information about the dual benefits of condoms.

Reflecting on the discussion above, the response of the lady who found Doni's wallet, and from their peers, show the conception of condom use in the mainstream general population in Indonesia. Condoms are perceived to encourage deviant sexual behaviour (*seks bebas* or pre-marital sex) an accusation often levelled at campaigns which present images, values and sexual ideologies which are viewed as threatening the nation's morality (Bennett, 2000). Further, pre-marital sex is associated with the Indonesian interpretation of liberal western values and the perceived sexual immorality of western society. According to Andi, the misconception about the use of condoms among YMSM

is rooted in Indonesia's social norms enshrined in *Pancasila* which describes Indonesian social norms and specifically, those related to sexuality.

Andi: I think the reason is Indonesia is a Pancasila state, the state with lots of regulations and legal laws to keep our traditions. So, in our country, people don't talk about sex and safe sex – it is a taboo topic. They (the mainstream society) aren't open-minded about topics related to sexuality.

Doni: In principle, Indonesia with eastern tradition thinking considers all of the things that are related to sex as taboo and bad. Condoms are related to sex, so they are taboo. No premarital sex, such social principles like these are not only in the gay world but also in another context.

Toni then shared his experience of when one of his family members found a condom in his bag.

Toni: Once I remember being irritated by my family because they found a condom in my bag. They asked me "Why did you keep a condom?" I got the condom during a discussion with one NGO, this discussion was similar to the interactive discussion group like we have here in Bali. After the discussion, they distributed the condoms and I also just accepted those condoms without thinking too much I know the information about condoms is to prevent STIs and HIV, but my family does not know about that. So, they just blamed me, they asked me a question, 'You like *ngeseks* (sex), don't you?' So, they were like that, because this is the thoughts of laypeople about condoms. This is the real story, my family growled at me. So, I had a big fight with my family.

Further, other factors that contribute to condom use are also related to physical attractiveness and financial reward.

Made: For some of my friends, using condoms depends on the physical appearance, if he is *jelong* (bad looking) he would have low bargaining power –he would agree to his sexual partner's (sexual) requirements. For them, it's ok not to use a condom and agree to a low price, if the sex partner is a good-looking man.

Dinar: Do you mean the negotiation of using condoms is related to money?

Budi: Yes, condom use is related to money. This is because of his job as a sex worker. But sometimes it depends on his sexual partner's physical performance. But usually, if the partner (client) wants to give Rp25, 000 (NZ \$3) extra for not using condoms, meaning that the price without a condom will be an extra \$3. Just like, a male sex worker asked for Rp100, 000 (\$12) with condom, and then his client offered an extra \$3 without a condom, that means his bargaining position is only \$3. That is very cheap.

Dinar: Yes, so this is related to money, what about without money?

Reza: This would be related to physical appearance.

Komang went on to explain that he often meets a gay man who wants to have sex without condoms. The man offered extra money if Komang agreed to have sex without condoms. Komang would then discreetly refuse by asking the man to do sexual acts that were not to his preference.

Komang: They always wanted to *ngewok* (adopt the insertive position) and not use condoms. So, to prevent getting myself infected, first I usually say 'no' and tell the person I am not interested. They might insist on offering more money, but I would tell them it won't work I was not interested at all. But, they might increase their offer again, and I might get tempted to accept it. But, I would still try to refuse them by saying "if you want *nyempong* (oral sex), I also want to have *nyempong* (as well). Usually, they would refuse, because no normal men want to do *nyempong*.

In sum, this section notes that free condoms can be easily accessed in Bali, yet they are often of low quality and are not being used effectively. Although there is good access to free condoms, this is not in line with encouraging consistent condom use among YMSM. Next, the data reveals that being young and attractive is an important part of Bali's gay culture, where physical attractiveness is linked with an individuals' desirability and financial bargaining power related to condom use. In sum, these findings suggest that the distribution of free condoms is overly simplistic as an HIV prevention strategy and that it must be considered in light of the complex factors outlined above.

6.4 Confidentiality for YMSM in HIV outreach work.

Concerns over ensuring strict confidentiality for YMSM clients' disclosures to HIV outreach workers were highlighted by Made, particularly in relation to their HIV status. He voiced a concern that, on many occasions, GDF staff had discussed clients' intimate details, with whom the clients had had sex with and the HIV statuses of the individuals involved. Made argued that it is important to create a secure, confidential environment for YMSM's conversations with staff. According to Made, many outreach workers are keen to gossip about clients, and this is particularly in relation to chatting about client's HIV status in the office. He suggested that staff do not gossip in the office, as highlighted in the excerpt below.

Made: My concern is about the confidentiality of stories shared by the outreach workers. It needs to be ensured that the outreach workers do not spread my stories to other people. I'm sure that most of the outreach staff love gossiping about their clients in the office, talking about some of them. I sometimes hear some of the outreach workers talk about their client's HIV status to other staff in the office and made fun of their clients' stories. I think this is inappropriate and not funny at all. What I tell them should be confidential and not to be shared with other staff.

'Staff love to gossip about their clients', said Made. This example of a serious breach of privacy has made Made reluctant to use the GDF's services again. Made believes that gossiping about the HIV status of clients is *'not appropriate and not funny'* as HIV is a sensitive topic.

Next, the data related to protecting the HIV status of the YMSM clients also revealed that, on occasion, the need to keep one's HIV status confidential overrides the need for financial funding. For instance, many of Budi's clients who are diagnosed with HIV refuse to access treatment funding from the Bali Rainbow Community (BRC), a wealthy gay expat group because it requires the recipient to meet with the donor in person. This requirement is to ensure the financial accountability and transparency. A comprehensive test such as CD4 count, the SGOT/SGPT test and others are needed before starting any HIV treatment. The cost of the health check-up is around \$50 (Rp 590,000) and is not covered by the Government. From the client's point of view, the requirement to meet with *'bule'* (western people) and disclose his HIV status might expose his HIV status to potential sex clients. Meeting with *bule* or foreigners becomes problematic given the fact that many MSM might engage in commercial sex where these *bule* may be potential clients. Thus, this requirement attached to the funding has proved to be a significant barrier for YMSM to access the funding. Next, Budi describes the procedure to obtain funding.

Budi: Many YMSM reject funding from the Bali Rainbow Community because it is very *ribet* (complicated) to request. The YMSM who request the fund has to sign the receipt and directly meet with the donor personally. So, YMSM who are living with HIV refuse the fund and pay the pre-ARV testing from their own pocket. This is because they did not want to disclose their HIV status to the donor. This might reduce his network.

6.5 Relying on incentives

The co-researchers also highlighted the provision of transport money when attending meetings with NGOs and other Government agencies related to HIV prevention. According to them, incentivising clients with transport money may create false participation in HIV prevention, as they may only wish to attend due to the expectation of receiving a payment.

In the discussion of this theme, the co-researchers gave an example about the use of incentives to encourage YMSM to attend a monthly educational seminar – the Interactive Group Discussion (DIK) which is designed to increase YMSM's knowledge about HIV and enables them to practice safe sex. The monthly target of this meeting is 10 clients (old and new). In the meeting, they discuss HIV knowledge such as what HIV is, how to use condoms, and HIV drugs. According to Budi, the target number needs to be met because it is a requirement of their funding proposal. A DIK meeting could be held in a YMSM's house or in other gay hotspots.

As part of the monthly DIK meetings, the YMSM were given incentives which included transport vouchers, meals and snacks. Offering these kinds of benefits is common practice in such meetings conducted by NGOs or other agencies, including Government agencies. However, there was a palpable tension among the co-researchers when discussing DIK. Although all agreed that DIK was useful in increasing knowledge about HIV, improving awareness of HIV risks and the need to repeat HIV testing, they criticised the practice of incentivising participants. As Made explained: *“HIV prevention initiatives in Bali are very good, particularly in providing consistent HIV education.”* Komang even suggested increasing the frequency of the DIK meetings from monthly to fortnightly.

Komang: The monthly interactive discussion was very helpful in giving information about HIV and health. Generally, waria (transgender) work during the night and not many waria wanted to ask questions related to their health to the GDF outreach workers. Therefore, by having an interactive group discussion every month, they now want to open their minds and find out what their needs are. They suggested running a fortnightly meeting rather than a monthly one.

However, at this point, other co-researchers questioned Komang's motives, saying that certain transgender individuals' motives for attending meetings might be related to the

transport money given after the discussion. For instance, at every meeting, transport money of Rp100, 000 (\$15) and lunch would be provided. However, here Made asked, *'What if the money transport was not offered? Do you think that they would still be interested in coming to the meeting?'* Budi commented that the interactive group discussion mostly consists of collecting participant's signatures, a bit of chit-chat and talking about HIV results from the clinics. I attended one of the DIK meetings during my fieldwork. The meeting ran for around 15 minutes, and the facilitator (a GDF staff member) arrived late. There was no clear topic for discussion as the facilitator did not provide any particular theme. Interestingly, I observed a breach of HIV testing procedure when the facilitator distributed the results of recent HIV tests in the meeting. The results should not be distributed outside the clinic and only distributed by the health providers. The reason for giving out the results at the DIK was because the clients did not have time to pick up their own results.

Further, Made added to the argument by saying that incentivisation may actually harm the HIV programme by creating false participation. He argued that transport money should not be given at every meeting and YMSM should be informed that transport money may not be given due to funding limits. Further, the YMSM should also be educated – raising their awareness and building a sense of belonging that they are part of the programme, which would then build their desire to volunteer and champion the cause as active participants rather than passive consumers.

Made: The minus point about HIV prevention in Bali is that the clients (the target groups) are being spoiled with incentives without building their knowledge on HIV and volunteerism. Therefore, when the funding ends, their participation in the programme is not sustained. I think the incentives given when attending HIV meetings attracted them to come; they became reliant on transport money. I think the transport money should not have been provided all the time, it should only have been given only one or two times. In every *penyuluhan* [health education], the GDF staff could remind participants that they would not always receive transport money due to lack of funding. The staff should explain that the *dana* [funding] is not unlimited, therefore one day, the activities would run without transport money and meals. I saw in Bali, in every Government sector/line had a habitual practice of giving incentives at every meeting to attract potential participants. If there was no transport money, they would not come to the meeting.

Next, Made explained that the expectation of receiving incentives for attendance was not only common among clients, but also among GDF's staff themselves, including the director.

Made: This does not only happen among the clients but also among GDF staff. For example, Pelangi Muda (a YMSM group) organised an event last year, but the director of the GDF did not want to stay longer waiting his turn to give a speech because we did not provide him honours and transport money. He asked us to change the order of the events, so he could leave the event early.

6.6 The role of YMSM in HIV prevention programmes

The co-researchers also noted the limited space given to YMSM to participate in the HIV prevention programmes. Although they have been invited to the GDF meetings or other meetings at national level related to ensuring HIV services for YMSM, they feel nervous about the format of the meetings, which are set up to be formal, as Adi experienced. The lack of involvement of YMSM in HIV programmes and activities was also a concern; Adi said that the YMSM were treated as '*pelengkap penderita*' (as passive objects) in many HIV prevention programmes and they were only invited to meet the targets of the programme.

Adi: We, YMSM, were called to fulfil the number of participants, to meet the quota. They [the foundation] never called us for another occasion. For example, in a recent meeting in Denpasar, they called us because not many participants attended the meeting. So, they hoped our attendance could fill up the meeting's participant numbers.

According to Made, every meeting run by the GDF or other HIV-based organisations must meet a set target number of audience members. It is important to achieve this number in order to show the organisation's performance to the donor. However, in Made's view, HIV meetings seem to be designed as big events that require large funding but in reality, only result in low YMSM involvement. In many instances, YMSM are treated as mere audience members.

Made: However, many people in Bali are waiting for big funding, including the Government. They wait for the big funding to run big programmes. Therefore, they keep waiting for this fund until it becomes available. If funding is not available, they would not want to work for YMSM's needs. This practice makes me disappointed. I firstly expect that they (the GDF) want to assist us (Bali Youth Rainbow, an LGBT organisation), but we are faced with the reality that we might have misjudged them, or this is the reality, all of the agencies are like them...we then run our own activities, we don't want to wait for them anymore.

There is a concern about the lack of concern for YMSM's needs. As discussed in page earlier, there is no specific programme for YMSM programmes in Bali. There is a tendency that programmes for YMSM are project-based. Further, Made explained about the domination of older MSM in HIV prevention initiatives:

Made: Yes, that's the reality that we are faced with as YMSM. Who would want to care about us? If ...the current activists are getting older, and we as the young generation are continuously fed with the current practices and we only are able to observe and keep silent. Until when would we stand? If the youth would only be a follower, so the next generation would also follow the current practice?

Budi: Yes, agree an MYP (Meaningful Youth Participation) on HIV prevention.

The Meaningful Youth Participation (MYP) in HIV programmes is noted by Made and Budi as a revolutionary act against current practices that do not fit the needs of the YMSM. YMSM need to strive towards running their own programmes and not wait for older MSM. Budi, Komang, and Reza shared stories about domination of the older MSM in the GDF programme. So far, the programme for YMSM often has been initiated by the INAC and the Fokus Muda, both Jakarta-based organisations. Made; *"...in my opinion, the YMSM need some informal events with not too many audience members with fun activities such as lots of games. Yes, the event needs to be fun and this will depend on the style of people who run the event."* Adi echoed Made's statement, saying that the formal meetings were monotone; lots of discussion which made him feel uncomfortable. Adi: *"I prefer a relaxed meeting where the YMSM and the staff can do small talk while discussing HIV"*.

6.7 Summary

This chapter has examined the views of the co-researchers on the implementation of HIV prevention for YMSM in Bali. HIV prevention in Bali encompasses education about HIV by distributing HIV fliers and free condoms in gay hot spots, a monthly interactive discussion and offering HIV testing. The co-researchers highlight that although current HIV prevention in Bali is widespread, it adopts an overly simplistic approach which ignores the psychosocial factors related to HIV and YMSM, and this dissuades them from making better use of the services.

Chapter Seven

INTERNET-BASED HIV PREVENTION *SO US*

...so, in developing the website it needs to be attractive and unique, something which shows our identity. My suggestion is to develop a website that is So Us (very reflective of who we are), so hopefully they will want to view our website. (Komang)

7.1 Introduction

In chapters 5 and 6, I discussed the co-researchers' lifeworld and their views on existing HIV prevention programmes in Bali. This information was then used to initiate a more engaging online HIV prevention strategy to target YMSM in Bali. However, as this research moved along, I realised that the co-researchers were becoming more active in discussions, taking the initiative and adopting roles in creating Internet-based HIV prevention initiatives to target YMSM. As a part of PAR, the co-researchers developed two video clips about HIV prevention entitled *Real Love* and *Condom Cetar (Condom Spectacular)*, and proposed action on how to target YMSM in Bali via the Internet. They decided to form two groups to ensure that every member would participate actively. Adi, Toni and Komang, and Made comprised the first group, with Doni, Andi, Frangki and Reza in the second group. Adi and Frangki were not able to contribute fully because Adi was away in Jakarta, while Frangki could not attend all meetings because of job commitments.

The data use to inform this chapter also includes excerpts from two initial videos developed by Toni, entitled *Care for your life* and *Safe sex is a real love*. *Care for your life* told the story of two sex workers and an NGO HIV prevention outreach worker who wanted to distribute HIV information. This video was about an outreach worker who wished to promote safe sex to YMSM. The actors in the video were Adi, Toni and Komang, with Made narrating. In the second video, video drawings were used to depict two couples who did or did not use condoms.

This chapter presents an analysis of the third research question 'What are your ideas on Internet-based HIV prevention? From this, four main themes emerged about YMSM ideas on Internet-based HIV prevention. These themes are discussed in this chapter as

follows: 7.2 Internet-based HIV prevention called *So Us*; 7.3 HIV prevention messages; 7.4 Role of the Internet; 7.5 Challenges to the *So Us*.

The YMSM ideas presented in this chapter have evolved through many changes. The PAR cycle process of plan, action, evaluate and redesign has been followed until every member of the group agreed with the final result. The ideas presented by the co-researchers reflected their experiences as a prerequisite for designing a website to attract and engage members of the YMSM community. The co-researchers' personal life experiences in using the Internet and accessing HIV prevention and their expert knowledge about YMSM culture have been used as prerequisites to enable them to judge each other's ideas and thus offer solutions. In light of PAR, this capacity is known as a 'historical consciousness' where co-researchers critically review each other's pre-conceptions, as shaped by their personal lives, access to HIV prevention and social life (Kemmis et al., 2014; Langlois et al., 2014).

The data revealed that the YMSM wanted to see a website with an attractive look and colourful designs, which they called *menter-menter*. Further, the ideas behind Internet *So Us* have been highlighted as an ideal feature of the Internet-based HIV prevention envisioned by the co-researchers. These ideas interlink with the functionality of the Internet to enable people to interact socially in the online environment and to use its functionality to strengthen the role of YMSM in HIV prevention as one strategy to improve delivery of HIV prevention in Bali.

7.2 The Internet *So Us*

According to the co-researchers, the Internet represents a powerful way of reaching millions of people and targeting specific groups. The Internet would make dissemination of HIV prevention information for YMSM easier, faster and more effective than existing methods. All agreed that the Internet has made it possible for YMSM to meet socially and for sexual purposes in the online environment, through sites such as gay dating apps and Facebook. Andi highlighted the power of the Internet as a medium for a myriad of young people to reach out and communicate in cyberspace:

Andi: The power of the Internet is that it can reach millions of people in a short time. It is not easy to collect thousands of people and give education about HIV and AIDS in the field, so, we will reach them through the Internet. Through social media, we can discuss, exchange

the information, chat about other things, and we need to connect with them [YMSM].

In the quote, Andi showed the role of the Internet in enabling YMSM to interact with other YMSM, to exchange information or just to chat. He also acknowledged the use of the Internet to reach both hidden and overt YMSM. Andi's words also implied that the delivery of HIV prevention through the Internet should not be static. Because this needs a two-way communication involving discussion, an exchange of information and chat were essential. Andi focused on Internet-based HIV prevention as a means for interacting and building relationships. Ariel and Avidar (2015) state that the interactivity of social media is created and does not automatically occur by connecting to the Internet. It requires responses from the users to post comments, *likes*, post statuses, and share posts. This interaction does not occur automatically; it needs to be encouraged.

The Internet-based intervention *So Us* is a term coined by Komang to express his ideas on using the Internet for HIV prevention. The *So Us* reflects an Internet-based HIV prevention initiative that is unique to the needs of YMSM in Bali, one which reflects their identity, such as their desire to look at attractive photos of men on the website:

Komang: ...A website that is *So Us kita banget* [very reflective of who we are] is attractive, colourful, updated photos, information so... it needs to be attractive and unique, something which shows our identity...

In Figure 11 on page 184, Komang portrayed his idea of the *So Us* campaign with the following explanation:

Komang: This boat reflects *jati diri* (identity), he follows the river current, he had no courage to go against his own river current, he sold himself for Rp. 5 million (\$550, not a real amount), without a condom. Our task is to encourage them to use condoms. The fish and clouds represent the information available on the Internet. Different types of fish are available in the river as well as on the Internet, there are lots of types of information, so, it will depend on their own choice. Even when someone has been visiting the site, he might not understand the meaning. The *kawula muda* (youth) frequently browse the Internet for general use, they get interested with the content and images. Youths like fresh colours that do not look boring. The drawings or images, should be relevant for the youth. The sun relates to the Internet connection and information, meaning bring light to the new information, Thus, if we create a new *situs* (website), with photo

menter menter ('showing off' photos), then people will be interested in visiting and reading the pages.



Figure 11: HIV prevention in the Internet by Komang and Toni

Komang and Toni used the metaphor of a sailing boat on the ocean to portray the life of YMSM. In the quote they described a story of YMSM life which led a young man to being vulnerable to HIV. Therefore, it suggested the need to create a culturally acceptable Internet-based HIV prevention, which they called *Internet So Us*, to enhance the use of condoms in this population. Details of the *So Us* campaign will be presented in the next section.

7.3 HIV prevention messages preferred by YMSM

In this section, the views of YMSM about the content of the *So Us* and the features that should be in the online Internet-based HIV prevention are presented. The main finding was that the HIV prevention message needs to focus on condom use, be packaged with emotions such as humour, enjoyment, love and romance to appeal to the target audience, and use forthright language and aesthetic sexual images. Furthermore, it should deliver its message in a positive way and show YMSM sexual behaviour as a positive activity.

7.3.1 YMSM views on the content of *So Us*

The co-researchers' ideas about the content of the *So Us* HIV prevention initiative were depicted in the play and video created during the FGD. The first idea was presented in a play entitled *Care for your life*. The message of this play was to raise awareness of YMSM about HIV prevention. Two YMSM who engage in commercial sex were shown: one YMSM ignored the HIV information delivered by outreach workers while the other man did not ignore it. This video was developed from what the co-researchers had seen in reality, that many YMSM tend to disregard the HIV information delivered by the outreach workers, as described by Made:

Made: Our story in the video was about the real lives of the YMSM. Many YMSM did not want to pay attention to their health, particularly among people who sell their bodies for sex. They rejected listening to HIV information and did not want to do HIV tests. I mean, it is impossible to go a day without sex. Particularly for those people who work in this area [the sex industry], his living was from that. But, if we mentioned HIV, some people could accept, and others could not. So, the story is real, we chose the topic because it is a reality of life.

Made, Toni, Komang, and Adi or the first group developed the video and presented an authentic and relevant view of YMSM life stories. They recommended that the HIV prevention message should portray the reality of life faced by YMSM, such as the fact that many YMSM engaged in the sex trade on the street. YMSM had two opposing responses to the HIV prevention material, they either ignored it or paid attention to it. The HIV prevention message is described by Toni:

Toni: This play was about people's response to the outreach staff; who paid attention and who ignored the information (about HIV). There were people who ignored the fliers from the outreach workers and *masa bodoh* (did not care) about their health. At the end of the performance, those who rejected the information were affected by the disease.

They also suggested that the *So Us* should show the adverse effects of HIV. By this, they wanted the audience to know that HIV is a serious disease, deadly if not treated. The play started with a narration from Made, inviting the audience to reflect on whether they ran the risk of getting HIV as a consequence of their sex lives:

Made (narrator): We need to look after ourselves, our behaviour, and care for our chosen way. The HIV infection is around us and we might be already infected by HIV. Before it's too late, test your HIV status.

After the narration, the opening scene showed two young men waiting for their clients. Suddenly, an outreach worker distributing fliers comes and greets one of the men with a rather offensive question, “Are you currently selling sex?” Although the young men show an uncomfortable response, one still acknowledged the NGO worker. Another man (actor B) was reluctant to receive the flier because he was busy trying to attract a potential client. The script of the video is presented below:

Outreach worker: Hi bro

Player A: Hi...

Outreach worker: Are you currently selling sex?

Player A: (shows shock and uncomfortable face, but is still willing to receive the flier)

Outreach worker: (while holding some fliers), I am from an NGO and I want to give you some HIV information.

Player A: (receives the brochure). Thanks bro.

Player B: (who is busy attracting clients) Hi bro... (he greets some of the men who are looking for sex workers).

The outreach worker approaches B, who says...: “Sorry bro, I am really busy now, and I don’t need that information.” He continued calling to a client ... “Hi bro...hi bro...when he was booked by a client, he says goodbye to the outreach worker and A says “Bye *cin* [love]”.

Soon after this scene, the narrator returned to the stage while the other players remained hidden at the back of the stage. The narrator then used persuasive language to engage the audience:

Narrator: We do not directly see the impact of our choice today, so you need to look after yourself (silence).

The play ended with B suddenly falling down and this was commented on by the outreach worker: *‘that’s why, bro, you need to take care and look after yourself.’*

The play not only depicted the lives of YMSM, it also illustrated challenges faced by outreach workers in reaching YMSM. Often, the outreach worker was rejected by YMSM. Strong words were used to illustrate this rejection: “I’m too busy, I don’t need that HIV information”. However, the video clip also highlighted the outreach worker’s prejudice in blaming the YMSM who suddenly fell down: *‘That’s why, bro, you need to take care and look after yourself.’*

In the discussion after the play, Andi asked the group: *“Why did the NGO staff directly blame B? Why he did not come up with another strategy to make B aware of the transmission of HIV and STIs?”* He also criticised B’s sudden fall. According to Andi: *“People who have HIV would not suddenly fall down and act like someone having a convulsion. There would be a progression of the HIV disease.”*

Here, Andi used his knowledge and previous experience to critique the players' performance and suggest changes, because people with HIV do not appear as they were portrayed (Langlois et al., 2014). He also criticised the portrayal of the outreach worker, which showed prejudice toward B. By giving space to the audience (other members of the research group) to suggest improvements to the play, the presenters (Made, Komang, Toni, and Frangki) were empowered to improve their performance. Reflecting on this finding, PAR has provided a mechanism for a member of the research group to give constructive feedback to another group member. Along with this, the co-researchers also played a role as producers to develop the video inspired by their lifeworlds. The story presented here was taken from their daily experiences as clients of HIV prevention workers, which were then used as idea for the *Internet So Us*. The YMSM lifeworld has become a prerequisite, and acts as stimulus to take action for HIV prevention initiatives.

PAR is the process of social interaction to improve practice (Kemmis et al., 2014), hence feedback from other member was taken seriously by the first group. They revised their *So Us* to a new project entitled *Safe sex*. The change included the mode of delivery and the topic of the HIV prevention messages. Figure 12 below illustrates the content of the video. The images used in this drawing are love, men holding hands, bed, sex, a sign without condoms and safe with condoms. The images depict two types of sexual relationships, a sexual partner using a condom and one without.

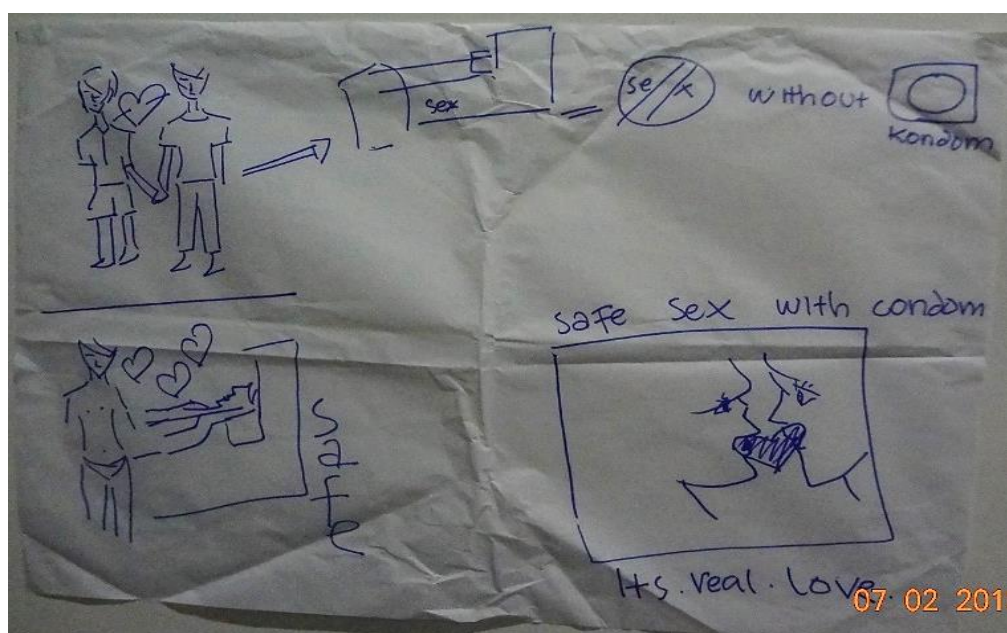


Figure 12: Images of the video entitled *Safe sex*

In this clip, the first group chose to use romance and love to portray the importance of using condoms as an HIV prevention tool, so that the message would appeal to the YMSM audience. They recommended that HIV prevention messages should illustrate the reality of non-monogamous relationships as part of the gay culture, the use of condoms as a tool to prevent HIV, an emphasis on romance and love to encourage use of condoms, and sex as an affirming activity. In this clip, the use of condoms is endorsed as a way of protecting someone who is loved while stressing that sexual pleasure can be achieved when using condoms.

Made took the role of narrator in this clip. The video conveys how important it is for YMSM to maintain safe sex through condom use in every relationship, whether with casual or permanent partners. The narration of the clip can be found in box 1 below:

Every time we meet with someone, whether a new person or someone that we already know. We might just meet or continue further steps to seek pleasure. Stop sex without condoms! We can still enjoy similar pleasure (pause)... Safe sex. Sex with condoms... It's real love.

Box 1: The narration of the Safe sex clip

Reflecting on the message in the video, YMSM co-researchers introduced an idea that is rarely seen in current HIV prevention in Bali. At present, Bali HIV prevention messages have a heavy emphasis on abstinence, monogamous relationships, faithfulness and using condoms, but with no reference to sexual pleasure. It is a norm in Indonesia not to talk about sexual pleasure. In the video, the YMSM tried to push the boundaries of current HIV prevention messages for MSM in Bali to convey a message that is culturally a better fit to YMSM's lifeworld. Further, the group also suggested featuring a homosexual relationship by portraying two men who are in love, holding hands, and protecting their partner from the disease by using condoms. This content might be seen as a rebellion against Indonesian norms that perceive homosexual relationships as a means solely to fulfil sexual desire without emotion or love (Andajani et al., 2015; Badgett et al., 2017).

In a similar vein, the HIV prevention campaign in Australia has been fuelled by the health education aesthetic, a safe sex aesthetic where HIV prevention messages are

packaged in a way that appeals to the target group. They are sexually explicit and homoerotic, sexually engaging, show naked men and present safe sex messages along with contact information. This strategy has been applied since the beginning of the HIV epidemic to address HIV and it has received support from the gay community as culturally appropriate. However, recently this campaign has been subject to attacks from anti-homosexual groups, which condemn it as promoting homosexuality (Leonard, 2012).

The cyclical process in PAR allows co-researchers to reflect on their practice, develop and transform it, and improve their understanding of the practice and the situation where the practice is located (Kemmis & McTaggart, 2005). The first group revised their video again based on the consideration that the 'safe sex' clip might not hold the attention of the YMSM audience. The 'safe sex' drawing on the flip chart had very rough images drawn with a black pen. Thus, they asked me to buy some creative materials they could use to show better their imagination. Consequently, the new video clip entitled *Its real love* was created. Using a similar idea to the previous video, this clip used a colourful presentation developed from the *Safe sex* story by the first group (Made, Komang, Frangki and Toni). This story was developed from Made's love story.

Made: We (my boyfriend and I) initially did not know about HIV information, we never used condoms. After we knew, we then looked for HIV information; we came to the meeting, to the discussion and other activities. We were finally aware of the system we had and that what we had done was wrong. What if one of those partners had HIV? We then had a routine check; thus, we first knew our HIV status. Our first one and until now, our HIV tests have been negative, both of us. Thus, after that we are careful when meeting other people, we would not have sex randomly, I mean without using condoms. After knowing our HIV status, our relationship is better. We now acknowledge that the meaning of love is not just merely saying 'I love you' or, 'I take care of you'. Love also means do not cheat and protect your loved one. Because the effect of cheating could be harmful to our partner, particularly when having sex without condoms with our other partners.

This third video continued the emphasis on condom use as the main content, but it only focused on a couple in a permanent relationship. The storyline was narrated with interactive graphics showing the two men (depicted in cartoon style), a condom and

love (Figure 13). Messages were reinforced with romantic music and the warm voice of the narrator:

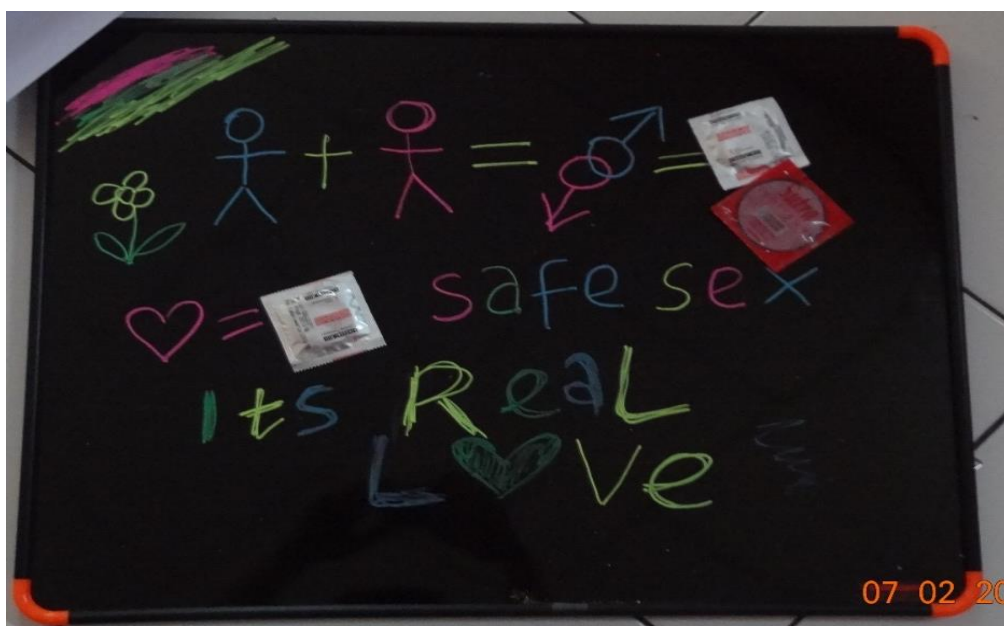


Figure 13: Images of the video *It's Real Love*

My name is Michael, and I realllllllly love Kevin. We need to protect each other with condoms. It is for our own safety. Love with condoms! I really love him so much, and he really loves me so much, it's our sex, real love, how about you?

Box 2: Narration from its real love

Using the new supplies, the first group created images of the two males, the male symbol and used the symbol = to represent the condom. These images are overtly used among YMSM but yet are largely forbidden and hidden from society. Here, the role of PAR was pivotal in allowing the co-researchers to express their ideas, which are not normative images in conservative Indonesia (Y. Nugroho et al., 2013)

The second group (Reza, Andi, Frangki, and Doni) also chose to depict condom use in YMSM relationships as their HIV health promotion campaign. This group produced a video entitled *Condom Cetar* that endorsed use of various types of condoms and lubricants as a way of preventing HIV and STI and to gain pleasure. The idea behind *Condom Cetar* was to show an alternative to the conventional free condoms with less lubricant distributed by the National AIDS Commission.

Approaches encouraging MSM to use condoms have long featured in HIV health promotion and prevention in many places (Hergenrather et al., 2016; Karya et al., 2014; Morisky, Ang, Coly, & Tiglao, 2004). This initiative has been supported by the high efficacy of condoms in halting the transmission of HIV among MSM (Beyrer et al., 2016). However, despite more than three decades of HIV prevention promoting condom use to halt the spread of HIV among the YMSM population, this approach has become challenging for public health advocates. Therefore, several approaches have been adopted to overcome this challenge, such as “negotiated safety” or an agreement to use condoms with permanent partners (Crawford, Rodden, Kippax, & Van de Ven, 2001) and the endorsement of pre-exposure prophylaxis (PrEP) whereby MSM who do not have HIV take an ARV pill every day (Zablotska et al., 2016).

While the group continued with the idea of featuring condom use, one member of the group preferred to follow the current HIV prevention message promoted by the GDF. Andi proposed ‘being faithful’ as the theme of the video:

Andi: Yes, we also have conflicting ideas, for example they wanted to deliver a message about condoms, but I want the message to be about faithfulness. But finally, we are once again back to condom use because this was more relevant to the youth. Being faithful might only be endorsed on the fliers, but in reality, none of my friends are monogamous or being faithful to their partners, especially for the YMSM who engage in commercial sex.

Andi’s idea was rejected by another member of the group because the idea of being faithful was judged to be irrelevant to YMSM. This idea, according to Reza and Doni, did not fit the YMSM culture, although this message has always been written in the HIV prevention fliers given out by the GDF.

The second group chose to present a variety of condoms because they knew many YMSM did not like to use the single-flavour condom *sutra* available free of charge from the government. So, this *So Us* video will inform men that there are various condoms on the market. Further, the group suggested that using condoms should be endorsed in every sexual relationship, with both casual and permanent partners.

Reza: Our group’s idea was to promote various types of condoms, therefore those people who are bareback will understand that there is a variety of condoms, not only *Sutra* condoms (a condom brand distributed by the Government). They would say ‘gee, condom have variations, you know.’ So, if they saw the video, I hope that they

would follow the message and gain condom awareness. He would they know that using condoms is pleasurable? So, the video is so colourful then we show the condoms, indeed they will understand about sex. In the beginning, they do not understand about safe sex, with this video we hope that they will understand about safe sex. So, this is the theme of our video.

To sum up, the co-researchers suggested to a HIV prevention campaign that focus on condom use, particularly introducing the variation of condom. This campaign should be delivered using a target group-focused campaign approach in order to be culturally accepted by the YMSM.

7.3.2 Features of the Internet *So Us*

The Internet initiative *So Us* had several features designed to enhance its appeal to YMSM. The co-researchers suggested using romance, love and emotional appeal as one feature. In the video entitled *It's real love*, the first group used romantic music to appeal to the emotions of the target audience when promoting condom use among YMSM.

Many YMSM think that using condoms reduce sexual pleasure, but the idea of protecting their loved one from STIs and HIV might motivate them to use condoms – it is real love. See Figure 13 above in page 194 for the picture of the *It's a real love* clip.

In HIV health promotion, emotions such as romance, love, happiness, sadness and other feelings are widely used to gain the attention of the target audience. This use of emotion is a cognitive tool that can manipulate the feelings of the target audience towards the aim of the advertisement. Here, the advertisement (the *So Us* video) acts as stimulus to elicit emotions that in turn gain the attention of the target audience to the message conveyed in *So Us* (Soscia, Turrini, & Tanzi, 2012; UNAIDS, 2005).

Another feature was using humour to convey the message. For example, Reza, Doni and Andi used humorous language, voice pitch, and images in their clips. The video *Condom Cetar* used funny language such as '*muah-muah*' (kiss-kiss) at the end of the movie to entertain the audience. The image of love used eyes, nose and a mouth that looked funny, including the style of the narrator in the second part of the story. The use of humour in this video started when Reza was nervous that the images of the penis and condoms were very vulgar, given the video clips would be posted on the Internet. Andi believed using such taboo images was fine because the aim of the video clip was HIV prevention. Andi: "*I think it was OK to use the images because we used them for a good*

reason. Because if we drew something else, people will misunderstand the meaning of the video.” Reza, however, felt: *“I wanted to have funny images in the video, so people will be interested to watch the video.”* Humour can attract and engage people to watch. Doni added: *“The benefit of the humour and funny images is to entertain people, so they will not be too serious when watching the video.”* Using humour, according to Doni, can entertain the audience and at the same time encourage them to talk about sensitive topics such as condoms and sexuality

As with emotions, humour has been widely recognised as a means of gaining the attention of a target audience (Cooper & Dickinson, 2013) and to improve sexual health learning (Fennell, 1993). In Italy, Soscia et al. (2012) tested the role of humour in an HIV prevention campaign. They showed that humour had a pivotal role in getting the audience’s attention, comprehension, liking and persuasion (Soscia et al., 2012). Humour has also been used in other public health social marketing campaigns. (Lister et al., 2015) successfully improved family healthy meal preparation by using online memes, viral photo images and hashtags that showed the humorous side of family meals. A humorous video was more likely to be shared by the audience than a health promotion message that was packed with educational information. Another role of humour is to foster intimacy, familiarity, and companionship, and to act as a gateway to discuss taboo and highly sensitive topic (Fennell, 1993). Humour also makes the audience pay attention to the message and remember it and its content (Gold, Lim, Hellard, Hocking, & Keogh, 2010).

Another feature that was incorporated in *So Us* was the use of forthright language and images. This is particularly arising from the video clips developed by the second group entitled *Condom Cetar*. This video clip tells the story of Mr P, a young gay man. Mr P did not like using condoms with his multiple sexual partners but was afraid of becoming HIV positive. A helpful friend then introduced him to various enjoyable condom types and lubricants that would increase his sexual pleasure and protect him from HIV infection. There were three parts to the story: the first part was the introduction of Mr P and his situation; the second part was the suggestion by his friend about using various condoms; and the third part described how using different types of condoms could give him a different sensation. It starts with a drawing of a penis, two clouds labelled HIV and IMS then the word ‘bareback’ (see Figure 14 page 186), followed by the narration

(box 2), then an illustration of different types of condoms, shown in Figure 15 in page 187.

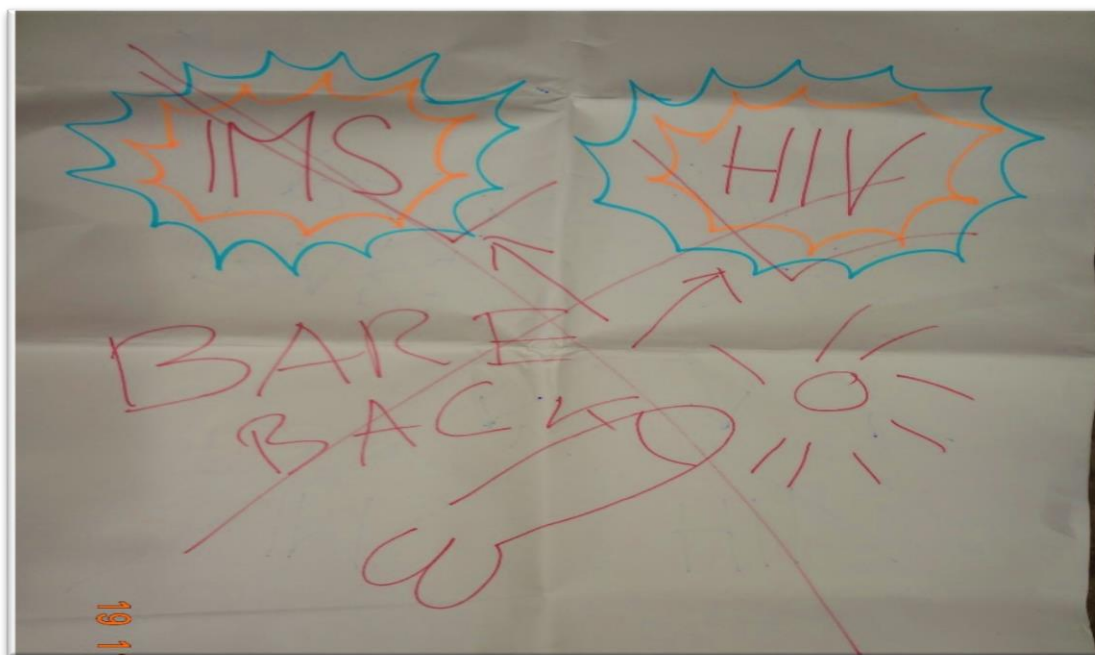


Figure 14: Image from Condom Cetar 1

Narrator 1: Hello, my name is Mr P. I love having casual sex and don't like to use condoms, alias bareback. But, because of HIV/AIDS and STI, I am aware that having sex without a condom carries the risk of HIV and STIs.

Box 3 :Narration from Condom Cetar

The narration used forthright images and language. The image of penis was used to represent a YMSM. Using direct language such as *I love casual sex*, made the meaning of *Bareback* clear. They wrote the abbreviations HIV and STI, and crossed them through to emphasise the fear of contracting these diseases. This was presented in a funny voice and by use forthright language and images to make the message clear for the audience and to grab their attention (Gold et al., 2010)

The aim of this *So Us* campaign was to raise awareness of HIV/STIs in a way that was engaging and appealing to the target audience. The positive images, meaningful outcomes for gay men, conveyed a clear message, and targeted the safe sex aesthetic and sexual pleasure.



Figure 15: Images of Condom Cetar II

Language note:

Types: Thin, *Berasa:* Flavoured, *Beraroma:* scented, *Bergerigi:* ribbed, *Bergetar:* vibrating

Narrator 2: But I have some solutions to prevent you getting HIV and STIs. Use different varieties of condoms: flavoured, ribbed, vibrating and thin. They will increase your pleasure when you use lubricant. You will feel a new sexual sensation. So, by having sex with condoms you will be prevented from getting HIV and STIs. That's safe sex. Thank you. Love you...*muah-muah* (kisses)

Box 4: Narration from Condom Cetar 2

According to the second team, many YMSM have never heard about flavoured or ribbed condoms and the other types shown in their video. As mentioned by Komang above, many YMSM only know *Sutra* condoms that they receive free from NGO staff. According to the team, many YMSM would love to watch the *Condom Cetar* video because of the design, the image and the visuals, particularly with the title *Condom Cetar* (spectacular).

Reza: Yes, indeed, in my place there was no variation of condoms, I would be very curious and want to try. I want to buy them. Our friends will be excited by the title *Condom Cetar*

At the end of the video, they presented images of safe sex; images of smiling faces, penises, no STIs (IMS) or HIV because of using condoms (Figure 16).

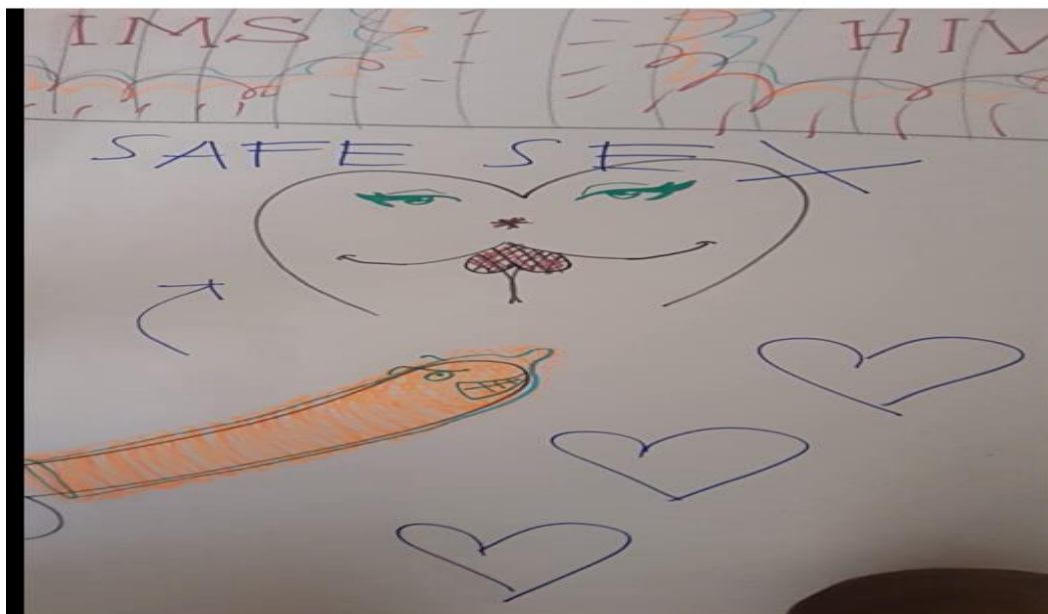


Figure 16: Images of *Condom Cetar* 3

This finding implies that having safe sex is something enjoyable and there is a need for choice between various types of condom. The *Condom Cetar* emphasises the positive message that places pleasure, joy, love and sexual activities in HIV prevention; a choice of condoms is designed to maximise sexual pleasure while lubricants enhance pleasure and add new sensations. Such matters have never been heard in HIV prevention messages in Bali, which focus heavily on the ABC messages, as discussed in chapter 6. *Condom Cetar* tries to push the boundaries of HIV prevention for YMSM in Bali by endorsement of a sexually positive message in HIV health promotion campaigns.

7.4 Role of the Internet

The co-researchers suggested four strategies to deliver the *So Us*: developing a website, using the chat feature in gay apps, developing an online forum, and delivering a public entertainment known as *program hiburan*.

7.4.1 The website is not just a source of information

The co-researchers suggested that the website of *So Us* needed to be attractive to the YMSM audience. The attractiveness was seen as pivotal in gaining attention of the YMSM for *So Us*. The notion of being attractive was mentioned in the group discussion

many times. Komang and Toni highlighted that *So Us* presented their identity as young, vibrant MSM who were also entertainers. Andi added:

Andi: We can build content with information using a short story, entertainment, attractive photos, and the content is not only about HIV knowledge, but still needs to package attractive information which can persuade youths to want to access the website. The content should not only promote HIV prevention but also it could have content about daily life stories of YMSM such as being bullied. I heard that some of our friends are being bullied and sexually harassed. This is including updates about our daily activities on social media.

Linked to this, a study from Vietnam supported the notion that HIV prevention material should be attractive to YMSM to gain their attention (Justumus et al., 2013). Internet tools will need to be adapted to MSM's characteristics, needs and expectations. The new Internet-based tools need to be attractive and easy to use while also being specific and precise.

Budi suggested including basic knowledge about HIV such as the HIV virus, how HIV is transmitted, how it can be prevented, and information about the location of HIV services in Bali, Indonesia. This information would be placed on a website:

Budi: In order to make the idea real, I need a medium that consists of information on how to prevent HIV, knowledge about HIV transmission and information about HIV testing and STI check-ups in Bali and in other places, including ARV therapy. I think it is important to post the updated information about the HIV epidemic in Bali on social media or on websites.

Furthermore, according to Budi, HIV information on the website or other social media platforms needed to be updated to make people aware of the seriousness of the disease and this could be another feature of the *So Us* website. It was easier to update information on a website than on fliers.

Budi: The number of HIV cases on the fliers is outdated and has not been updated frequently. So, people will start to think about how we can prevent this disease. ... By presenting the number of people living with HIV, I think people will ask 'what are physical signs of people who are living with HIV?' Even though the physical signs will only be visible in stage AIDS, the information about HIV therapy might not be compulsory for the website, this could either be included or not. The target group is YMSM that are online.

The use of numbers in HIV prevention messages is not always well received by target audiences. Gold et al. (2010) in Australia revealed a mixed response from the target audience when including HIV statistics in HIV prevention messages. While some of the audience found it important, others did not like it. They were bored by the statistics, did not consider them personally relevant and not worth remembering.

However, Budi highlighted that it was not necessary to include information about antiretroviral (ARV) or HIV drugs on the Internet, because he considered this was not really important. Budi said *“ARV is a sensitive topic among YMSM and mature MSM due to the stigma around HIV. Therefore, people might be reluctant to access the website further because of that”*. This statement highlighted that ARV is a sensitive topic in the YMSM community. Budi’s comment suggested that there remains a high level of stigma surrounding HIV among MSM. In addition, Budi noted that the information in the fliers was outdated and needed updating. Current HIV statistics on social media platforms and websites would make people aware of the HIV situation and make them realise the importance of seeking out accurate HIV information. Budi: *“The information on the HIV statistics has been included on the fliers, we now only need to post this on social media or on the Internet.*

Increasing YMSM’s knowledge about HIV appears to be at the heart of HIV prevention on the Internet. As discussed in chapter 5 page 132 and chapter 6 page 146, many YMSM have a serious lack of knowledge about routes of HIV transmission and also have misconceptions about methods of HIV prevention. This lack of knowledge is likely to affect their self-awareness about HIV risks and their vulnerability, their willingness to undergo HIV testing and it also increases the stigma related to HIV (Guadamuz et al., 2015).

Reza added that the content of *So Us* should not only be about HIV information, but also include short stories taken from the real lives of YMSM such as violence, bullying and other related daily issues, by posting videos of daily activities or selfies.

Reza: On blog or website about HIV prevention, it should not only be about HIV information but our life stories such as love stories about gay men, variations of safe sex, and including bullying and experiences of sexual harassment. And, we can post the video taken from our activities.

The quote from Reza extends the contribution of the YMSM lifeworld for HIV prevention initiatives. Inclusion of short stories about YMSM's life experiences connected to HIV was suggested as a way to encourage YMSM to speak up about their situation, indicating a self-determination about when they can speak, and giving them a safe space to speak about what has happened in their lives (Singhal, 2003).

7.4.2 Using chat as a pathway to engage with the target audience

In the FGD, there was a suggestion from the co-researchers to improve the current cyber outreach implemented by GDF. As discussed in chapter 6, the activity in cyber outreach had focused on endorsement of HIV testing for new clients with little emphasis on behaviour change and structural change. The co-researchers suggested more engagement with YMSM who were online using gay dating apps. This is particularly important for YMSM who are not yet part of any MSM community. A new cyber outreach strategy was suggested, adding more features to the current cyber outreach and engaging with the users of gay dating sites, where they can contact, communicate and disseminate HIV prevention information. Reza and Andi also noted chatting as an entry point for gaining contact with and distributing information to YMSM:

Reza: I suggest, when chatting with YMSM, we share the links to our websites. He might or might not like the content of the sites. The most important part is that he reads the information.

Chatting was considered a potential tool for reaching out to YMSM to spread the word about HIV. The first step was to create an account in a gay dating site app:

Adi: Firstly, I suggest two stages for the Internet-based HIV prevention: staging the information and socialisation. We firstly develop our ideas about the material that we want to upload to the Internet then we create a blog or website that consists of 'HIV information'. After that, we then download gay social media apps, we create a profile on them; post an attractive profile. Then we wait for responses from someone who might be interested in our profile and would like to chat with us. Then while chatting, we send a link to our website or blog.

Next, the co-researchers talked about how to use get the attention of YMSM. They suggested using attractive photographs as a strategy (figure 17 in page 192). They used the term 'trap' to explain a persuasive strategy to attract YMSM to visit and engage with the site. Photo profiles or status profiles can be used as *bait*. The co-researchers

commented that they learned about this ‘trapping’ strategy from NGO staff who placed fake photo profiles and statuses to attract people. Adi said: “We use a ‘trap’ with an attractive picture, exciting feed (status) about HIV information then we publish it on gay social media.” Andi: “We could use a nice looking handsome, sexy man with muscles as a photo profile. Komang: “It is obvious that a YMSM gets attracted by the face on the screen and he uses this to decide whether he wants to chat or not.” Reza: “The YMSM love to see attractive photo profiles, before deciding whether they want to chat with that person”. According to Toni, from his experiences the construction and maintenance of photo profiles on gay apps and social media is necessary to receive positive responses from YMSM. Adi explained: “One thing that he searches for first on the gay social media pages or gay apps is the profile of YMSM who match his criteria; who are attractive.”. Figure 17 below depicts Andi and Reza’s proposal for *So Us*

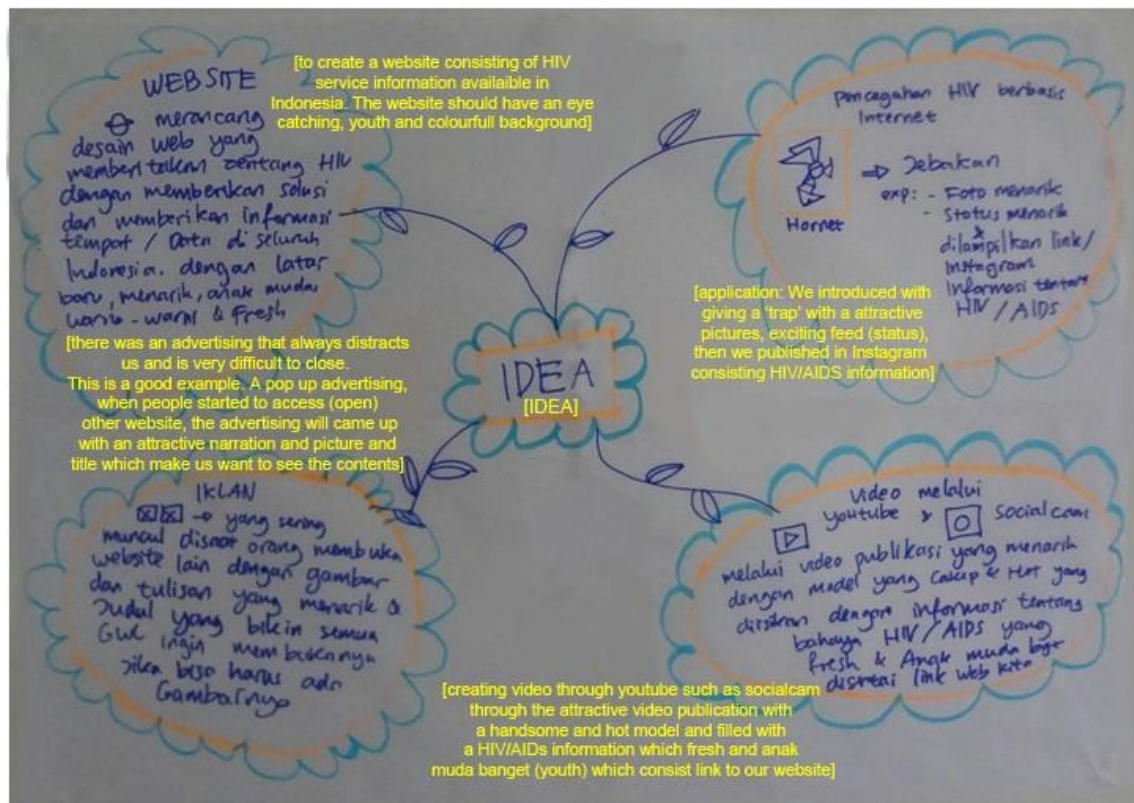


Figure 17: Andi and Reza’s ideas on HIV prevention on the Internet

Following the *trap*, the next step for outreach workers would be to approach the target group and use their communication skills to persuade the audience to engage with the site:

Adi: Then we wait for the response from someone who might be interested in our profile and would like to chat with us. We could also approach someone to chat with us.

Then, while chatting, we send them a link to our website or blog. I think they would like to read the information, even though only at a glance.

This idea was supported by Andi: *After chatting with him, we then refer him to a website. Therefore, automatically, he clicks the link and visits the website. We create the website to be as attractive as we can.*

The *So Us* chatting proposed here was different to the current chatting methods used by GDF staff. In *So Us*, chatting would be used as a medium to engage YMSM and to spread the word about HIV prevention information. Here, the co-researchers saw that HIV information is one important means of improving safe sex practices to prevent HIV. Hence, the online outreach aimed to approach YMSM and deliver sexual health information, including about HIV, online. Reza was aware that not all the YMSM audience would be interested in the education side of the website, but the most important thing was that the information was made available to them online. Two main ideas were proposed to promote the website: producing a short video which linked to information on the website and pop-up advertising linked to the website. Someone who wanted to reach the YMSM hence needed to approach the target group and use his communication skills to persuade the audience to engage with the site.

The co-researchers' decision to use chat forums was based on whether they met someone with the right criteria. A 'good looking' photo profile was suggested to attract other gay dating users. Reza: *"As for the video, it needs to be attractive with good-looking, hot young men as models and the link to the website is provided at the end of the video"*. Andi: *"To attract a person to be interested to invite us to chat, a YMSM should have a good-looking photo profile which is used as 'bait' to attract other YMSM"*.

As discussed earlier in part 7.2, YMSM see online venues, particularly chat rooms, as community assets by Rhodes et al. (2010) for HIV prevention initiatives. In gay culture, users of these rooms focus on physical beauty, attractive and titillating images and sites are largely used for pursuit of sex (Lee, 2007). Brown et al. (2005) explain that MSM in online venues have clear parameters about the person they would like to attract and contact, and use photo profiles to judge people. Therefore, representation of hedonic images, faces and bodies on online platforms plays an important part in generating affection among potential sexual partners (Penney, 2014). In particular, they are looking

for titillating images (Drummond, 2005; Robinson, Bockting, Simon Rosser, Miner, & Coleman, 2002). Therefore, use of titillating images might have a positive benefit in drawing the attention of YMSM in the online venue. This must be balanced against the drawback that hedonic images might be seen as endorsing a perception among YMSM of seduction and being seduced (Lee, 2007).

Another idea about the function of the Internet was to place a profile status that fits the needs of YMSM. Andi suggested a sentence such as *'If you don't want to get infected with HIV, use a condom'*, or write a prompt question in the profile status: *'Do you use condoms correctly?'* In line with Andi, Budi mentioned that the status on the gay dating profile should meet the needs of YMSM. For example, information on how to use condoms was seen as a priority because many YMSM do not know how to use condoms correctly.

Budi: Because there are a lot of YMSM who always use condoms but not in correct way, and many bottoms [sexual position] that have gonorrhoea (GO, a type of sexually transmitted infection) and there are many tops (assertive sexual position) that always use condoms but also have GO, therefore, I think condom education or socialisation could not only focus on condom distribution but also spreading information about how to use condoms correctly. With the caption, above, many young people who are online might ask questions.

The information from Budi related to the need to create a safe and healthy environment for YMSM by promoting this HIV prevention message on gay dating apps. Indeed, as research by Guadamuz et al. (2015) indicates, many YMSM who are seeking sexual partners via the Internet are uninformed, meaning that they never hear about HIV prevention, never undergo HIV testing and have never heard about HIV and STI transmission. However, one disadvantage of using a status related to HIV is that it could cause YMSM to become reluctant when invited to chat. In addition, users of gay dating apps can report other users if they feel uncomfortable with another user's status, as Doni explained: *'Other users might report our profile to Grindr, because they did not feel comfortable with the information on our wall'*. This idea also pushes the boundaries of Internet-based HIV prevention norms, from only focusing on reaching new clients, as discussed in chapter 6, to the need to create healthy and safe gay apps for YMSM.

7.4.3 Creating an online forum

Most co-researchers in this study believed that HIV prevention initiatives on the Internet should use the Internet's functionality, including websites, social media sites, gay dating apps, video postings, and mobile apps. Co-researchers suggested developing a website, blog or video, which could then be posted on gay dating apps and social media platforms. Frangki, for example, suggested *developing a website that links to social media platforms such as Facebook and YouTube*. Andi supported Frangki by saying that, in the future, *Internet-based HIV prevention needs to include a website and other channels that are related to the Internet such as websites, blogs, including social media*. Similarly, Budi suggested developing a website or blog as a source of information, and a video that can be more easily distributed on social media platforms:

Budi: I think we can develop a website or blog which has information and short videos that would be distributed and posted on gay social media such as Grindr, Planet Romeo, WeChat, BBM, Facebook, Twitter and YouTube.

The Internet makes it possible to integrate websites and social media platforms by adding social media symbols to websites. Users can also share information on websites by copying and pasting the links into their social media pages. The web has features that allow users to create an informal and collaborative learning platform, establish peer-to-peer connections, download media content, build networks, enable knowledge exchange, use tags, and allow real-time and in-time responses (Gunawardena et al., 2009).

Another idea to promote *So Us* was to use pop-up broadcast advertisements on gay dating apps and YouTube. The pop-up broadcast message is an advertisement that would pop up when opening a certain apps or website. However, this requires careful thought because such advertisements might not reach the target YMSM group because of the algorithms⁹ that are used. This idea was from Doni and Reza, after seeing pop-up advertisements on Grindr:

Doni: The advertisements need to be effective, using effective and attractive sentences. Then we direct/link into the website or blog about HIV prevention. I saw many pop-up advertisements on the free subscriptions on gay apps and found an opening video on YouTube. There was an advertising that always distracted me and was very difficult to close, this is a good example. A pop-up advertisement, when people access (open) the

⁹ An algorithm refers to a tool in computer science which uses a self-contained sequence of actions to perform sorting functions. Algorithms are used in popular technology such as the Google search engine and Facebook newsfeeds to enable people to search and connect with greater ease.

website – the advertising will pop up with an attractive narration and picture and title which will make us want to see the contents.

Here, Doni offered a solution for *So Us* from his experiences of using the Internet. This showed the co-researchers' expert knowledge on the topic, which arose only from people who have directly experienced a situation. Doni's ideas about placing an HIV prevention advertisement using a pop-up broadcast message extends the application of this technique to current practice. The Northern Territory (NT) Centre for Disease Control and NT AIDS and Hepatitis Council Australia, for example, has conducted a short-term Internet-based HIV prevention using a pop-up broadcast message in Grindr to address an outbreak of the STI syphilis outbreak in Darwin, NT. This strategy was chosen given the popularity of Grindr among the target audience for seeking sexual partners. A positive result of using pop-up advertisement in Grindr has been shown by increased testing for syphilis in MSM clients of the STI clinic (Su et al., 2015)

7.4.4 Education and entertainment

Another suggestion for posting YMSM activities to the online website and social media included a creative performance about sexual reproductive health and HIV prevention on stage called '*panggung hiburan*'. In Indonesia, a *panggung hiburan*, *panggung hiburan rakyat* or people's entertainment is a stage where people perform dance, drama, and cultural shows aimed at entertaining the audience. *Panggung hiburan* are popular, affordable (and sometimes free) entertainment for the lower and middle classes, and are usually funded by local government, companies or a political agency during a campaign. Made and Frangki were thinking of promoting HIV prevention in the form of an entertainment such as dance and/or drama that could be recorded and uploaded to social media platforms. This drawing in figure 18 page 197 depicts their ideas:

An explanation of the drawing by Frangki:

Frangki: We suggest posting our activities such as training and performances on Facebook, YouTube, Instagram or blogs. The activities could be a '*panggung hiburan*' where we deliver sexual reproductive health and HIV information through entertainment such as dance and other performances. We can collaborate with other youth organisations such as Kisara, GDF and schools. The production would be recorded and posted on Facebook, YouTube and Instagram or blogs.

The *panggung hiburan* suggested by Frangki is one way to communicate the HIV information to the wide target audience by delivering the HIV content that entertains

and educates (Do & Kincaid, 2006). This is sometimes called edutainment. An example of edutainment for MSM has been developed by a gay organisation in Solo called *Gesang*. The activities included singing, fashion shows, drama performances and dancing, which were usually presented in gay bars (Demartoto & Sudibyo, 2014). Similarly, a HIV prevention campaign for MSM in China has been developed with a series of melodramas about condom use set in gay bars (Gao & Wang, 2007). While the significance of edutainment has been recognised to increase target audience learning, the implementation of this activity needs to be carefully conducted, particularly in Indonesia. This is because several anti-homosexual agencies have condemned the activity as promoting homosexuality. For example, one edutainment event called G Nite, held in Surabaya on 2016, was cancelled by the police following reports from community, who complained that the activity had the potential to disturb the community (Faizal, 2016).



Figure 18: Internet-based HIV prevention by Made and Frangki

7.4.5 Placing *So Us* in gay dating apps and gay bar social media

As discussed in chapter 3, soliciting sex on the Internet has created greater potential for YMSM to meet sexual partners who are HIV positive (Guadamuz et al., 2015). YMSM who are young and with no experience may place themselves in risk of contracting HIV when meeting mature and experienced MSM (Guadamuz et al., 2015). In realising this situation, the co-researchers suggested a strategy to enhance awareness of YMSM about

the increasing number of HIV cases in Bali. This could be done by building a collaboration with a gay dating app provider to reduce the risk of YMSM from HIV transmission as a consequence of seeking partners online. Co-researchers suggested placing a pop-up HIV awareness campaign advertisement on Grindr, the most popular gay dating app at the time of the study. According to them, no advertisements about HIV have been placed on Grindr. This is because Grindr restricts users from posting profiles, images or any status updates related to HIV information, according to Doni. He also raised the consideration that placing HIV prevention advertisements on Grindr might be costly because Grindr does not facilitate free public service announcements and only allows people to place banners or advertising about HIV in their apps as paid advertisements. This was supporting by Andi:

Andi: We cannot broadcast the video; they will report us as spam. If we made someone uncomfortable, we can be reported to the providers such as Grindr and Hornet, and they will block our profile. If he doesn't like the information that we share, the risk is he will block us.

One week after we discussed this topic, Doni showed us a picture displayed on Grindr (Bali) that endorsed an HIV testing campaign by the Bali Rainbow Community group, a gay expatriate community in Bali which frequently supports HIV prevention activities on the island (see Figure 19 below).



Figure 19: HIV testing campaign in Grindr promote by Bali Rainbow Community (BRC)

Language translation:

Berani? : Are you brave?

Ayo ajak teman tes status HIV: Let's invite your friend to undergo HIV test

Next, Andi and Reza talked about an idea to promote *So Us* by posting the video on existing Facebook pages of gay bars. Three co-researchers suggested the Bali Joe and

Mixwell Facebook pages, two of the most famous gay bars in Bali. Doni suggested that they needed to ask permission from the manager of Bali Joe: *We asked assistance from Bali Joe to share the information, they have lots of friends.* Andi and Reza explained:

Andi: So, we want to upload the video on Facebook by working together with Bali Joe and Mixwell, because they have lots of followers. So, we want to tag Bali Joe, and this would automatically be posted on their wall, so their fans would love to see our video. We had a thought that maybe if we developed a website it would need money and may be a bit expensive, therefore we thought how we could do something without money, but the product can still be seen by the public. That was why we thought about these strategies.

Reza: Yes, I agree if we request that Bali Joe upload the video, so many people can see it. I think we should talk with *bang* Max, the manager of Bali Joe, whether we can post our video on his Facebook page. I think he would agree to post our video, he usually agrees with initiatives like this. I believe if we posted it on their Facebook, our video would be seen by many people.

The Bali Joe Facebook page is a closed group with more than 4000 members, while the Mixwell Facebook page is a fan page with more than 9000 likes. Placing an HIV message on the Facebook page would require permission from the bars' top management or stakeholders. Involving a gay bar manager in posting information on a gay bar Facebook page might help to distribute the message more efficiently.

7.4.6 Engage with YMSM in online campaign in social media

Posting the *So Us* video on personal social media is another strategy to enhance engagement. This could be done by sharing and re-sharing the video, so the video receives many views. This idea was suggested by Doni:

Doni: I think we need to actively share the information. We share the video on many sites or on every social media, such as Path and also on gay sosmed [social media]. We share the link and we upload the video to YouTube then share the link on FB.

Further, Reza had confidence that the video would be culturally acceptable for YMSM.

Reza: *Indeed, people will like this video, we know what they like because we are part of them. The message of So Us is new and many of them had never heard about condom cetar, the images used were eye catching and the sound was so gay. So, I am sure they will like the video.* Following this statement, he confidently predicted a figure of 100

likes in social media platforms, particularly Instagram, was acceptable. ‘Liking’ here has been used as a standard to see whether a post has had an impact on people.

Reza: Our YMSM friends will like to watch the video idea to see if people like the video is by aiming to get 100 people to *like* the post. I think it would be possible to reach 100 likes on Path, but it only has a small chance on FB (Facebook).

Made: On FB, I think we can achieve that number too, on FB.

Reza: Yes, I think we can also achieve that number of likes too on FB.

Reza added another activity: *Share the post, liking the post and place hash-tags on the messages*. Reza further suggested posting trigger question on Facebook, such as ‘Where can I get free condoms?’ to engage with the audience:

Reza: I think, when we upload the video on Facebook, then write comments on the status such as, “where can I get free condoms?” and we can give some information how to contact *condom men* that *bergentayangan* (wander around) in the bars as we know the condom men move from one bar to another

However, sharing and re-sharing HIV information might not be widely acceptable because of reluctance by YMSM to accept HIV information and to protect their sexual identity.

Made: We can post the short online video clips on private social media networks, a YMSM Internet hot spot, looking for Internet channels where the YMSM gather and what they like. We can post our messages there. I have 350 followers.

People’s willingness to share or click *like* on a post in social media page is influenced by the content of post. The likelihood is related to hedonistic attitudes such as feelings of playfulness and entertaining (Chih-Yu, Hsi-Peng, & Chao-Ming, 2015). In a research on sexual health promotion in Australia, the participants stated that they were more likely to share HIV health promotion videos that packaged entertainment with education material (Gold et al., 2010).

The co-researchers’ discussion continued with more detail about how to post *So Us* and who should post the video first. Made confidently told Reza that he would have no problems in posting the video first, because he will write a note about helping friends to spread the HIV campaign:

Reza: Yes, indeed, it would be OK to post the video on my FB page, but what about you, Made?

Made: What would happen if you posted it on your FB?

Made: I think it should be OK. I can make a comment like this: 'Helping our YMSM friends'.

Reza: Let me clarify what I mean. So, Dinar creates the Fan Page, then Dinar uploads the video, then we share the video. This is just like a friend of mine who frequently shares videos. We thought that he is the one who produces the videos but in fact, the videos were created by Bali Joe then shared by him.

For other people, sharing and distributing a video related to homosexuality or HIV or other stigmatised subjects might cause hesitation. This is because posting and liking a particular status will convey the person's attitude to the video. Underlying such hesitation might be fear of perceived threats or of being subjected to hatred or sinister comments from his network. As Chih-Yu et al. (2015) explained, posting a comment on social media might show the reader's attitude toward a post. Similarly, M. Lim (2013) claimed that there are two risks with such actions on social media: low and high risk. Clicking *like* and sharing posts are low risk while uploading material is categorised as high risk. The YMSM might not *like* or share because they do not want to be linked to the video.

Made suggested they establish an online forum on a social media platform such as Facebook, so they can engage more with the YMSM and invite the YMSM target audience to share the message. According to Made, engaging YMSM in online promotion of healthy sex via social media campaigns should include providing a place to them to harness their creativity about HIV prevention by asking them to post material related to the disease and to share the video clip *So Us*. This engagement was essential to ensure campaign(s) were highly relevant and reached a wide proportion of YMSM. Made: *An HIV campaign in social media demands an engagement with the audience, the campaign would be easier to delivery to many people, because social media enable the user to share and interact within the users.* Made gave examples of activities where YMSM can engage, such as updating photos or video, or just posting comments.

Another aspect to consider when establishing an online forum is the skill of YMSM in using the Internet and social media. Budi raised this concern, believing the idea to invite the target audience in the *So Us* campaign might not work well because many YMSM

had low computer literacy for using the Internet and social media. Budi noted that many YMSM were *gaptek or gagap technology* (technologically illiterate) and most of them did not know how to use Internet except for seeking sexual partners. Made used the term *alay alay* for non-useful activity done by YMSM on the Internet. Made: *The youth of Indonesia love alay alay, only use Internet to show up their activities.*

Thus, it was suggested there was the need to enhance the skills of YMSM in using the Internet to harness their creativity and make full use of Internet technology. Internet literacy would enhance their ability to access resources, critically evaluate and produce creative ideas for HIV prevention in online venues (Rahmah, 2015), and help close the Internet divide in HIV prevention initiatives (Kalichman, Weinhardt, Benotsch, & Cherry, 2002). Through skills improvement YMSM would be able to shift their role from being only an Internet user to being the creator of HIV prevention online, which would in turn strengthen the role of YMSM in HIV prevention initiatives (Rhodes, 2014)

Another challenge to YMSM engagement was to break the silence of YMSM, as explained by Made:

Made: I sometimes want to grumble to all of you every time I share information about my work. For example, about the Garlic bar (his working place), there was no one who wanted to take on the information. Do you understand why? Because all of these people are passive. None of my friends want to share.

Again, Made talked about the silence of YMSM in Bali compared with Western people.

Made: I sometimes tag our events to friends overseas; I know they will not be able to come, but at least they share or post those events on their page. Therefore, when there are friends who see the post and plan to visit Bali, they will plan to visit my place. At least, they will say that 'I am curious about the venue, and I want to visit,' so this social media can be used for promotion channels. But Indonesians very rarely want to share the information, they are passive...

The reluctance of YMSM to participate in social media might relate to the structure of silence as explained by Farmer (2003), and has been discussed in chapter 3. Through his experience as a medical anthropologist in Haiti, he concluded that the root of the HIV problem is grounded in structural silence that make people believe they have no ability to participate in the public space or to express their opinion. As discussed in chapter 2,

YMSM passiveness might be a consequence of being young and gay in Indonesia, where the State-sanctioned sexuality norm is heterosexual. Being young in Indonesia means reliance on significant others such as parents, relatives and teachers (Sumintardja et al., 2009), while being YMSM is automatically seen as a deviant form of relationship and therefore vilified (Blackwood, 2007).

7.5 Challenges to *So Us* Internet-based HIV prevention

The co-researchers were realistic about the challenges faced in achieving successful sexual behaviour change in YMSM, from bareback to consistent condom use, and realised that this would require a comprehensive, well-thought-out programme. This was explained by Reza and Doni in their discussion with Andi. Reza stated: *'We need to be realistic, that it is impossible that people will want to use condoms consistently from only watching the video'*. However, they suggested that various methods could be used to measure the behavioural outcomes of the video information. Made and Toni, suggested keeping track of the number of people who shared the video. Doni: *"In my view, we can see from the number of people who share the video. If there are many people sharing it, this would show that this video has been a success. If people share the video continuously."*

They also considered the relevant social contexts relating to YMSM and Indonesian cultural taboos about whether using a drawing of a *kenthi* (penis) was too vulgar. Reza: *"If I use those pictures, do you think this is too vulgar?"* Doni was reluctant to use an image of a penis, but Andi stated that this use was acceptable because the purpose of the message was to provide information on how to prevent HIV. Andi: *"This is related to sexual health, reproductive health, so I think, it isn't vulgar, it is OK to draw the sexual organ in this matter"*.

One barrier to the delivery of this Internet-based HIV prevention was the stigma surrounding HIV and homosexual identity. Users' rejection or hesitation about viewing the video clips could be influenced by this stigma, the cultural taboos about discussing sexuality and homosexuality, and concerns over confidentiality of one's sexual identity in polite society. This issue of protecting YMSM's sexual identity was discussed in regard to posting the video on social media. Reza raised the question: *"Who will be the first person to upload the video?"* He suggested that I should be the person to upload it, because this would protect their sexual identities. Reza stated that if he was the first

person to post the video, the audience might realise that he is gay or think that he is HIV positive. Made offered a strategy to overcome this challenge by posting a status message such as 'sharing this video on behalf of my friend'. Another suggestion from Andi was to post the video only to a secret FB group.

Next, we address barriers to promoting condom use on social media. An important aspect of this is to consider the social norms relating to what is acceptable to online communities. The social discomfort that may be caused to those posting such risky material on social media presents a further barrier, combined with the fact that many new YMSM might not like such video clips because they might think that the images used are too vulgar:

Doni: I believe that there will be many people who would not like the video. For a newbie (YMSM), this video is very full-frontal [vulgar], because there is an image of a *kenthi* [penis]. For those people who are religious, they will say ...*iih gambar kenthi* [gee..an image of a penis]...and those people who have not been exposed to such information before will say, *iih kok kenthi sih?* [why a penis?], especially because the image of the *kenthi* in this poster is long, then those people who have a small *kenthi* [penis] would be envious.

Reza: Yes, those people who have not been exposed to such images before will think that this video is *ngak menarik banget* [not very interesting]. Yes, *manusia manusia anti kondom pasti ndak suka* [people who are against condoms will not like it]. But, I hope they will love it, this is a variation of condoms though, let's *cus cus...* [continue]. I hope everyone will love our video with your *cetar* [spectacular] voice, *cusM!*¹⁰.

In the quotes above, Doni and Reza raised questions about the effect of the video clips on viewers, which was influenced by the social and cultural effects of the message presented to the viewer. Rather than gaining benefit, the viewer might misunderstand the message the health promotor wanted to deliver because of social and cultural barriers, such as using non-normative images in the clips. This might generate reluctance in the audience to view the message and may create a stereotype of YMSM as a hedonist community and a burden on society, because they seem to promote a non-normative health promotion message.

¹⁰ Cuss M! is a gay term which is similar to *Ayo* in Indonesia, meaning let's go or let's continue. This term is only used by the gay community.

7.6 Summary

PAR created a space for the co-researchers in this study to interact socially and demonstrate their knowledge, creativity and authenticity in expressing their heartfelt opinions on ways to promote online HIV prevention messages for YMSM in Bali. Four major themes arising from the data analysis were presented in this chapter; the Internet-based HIV prevention called *So Us*, HIV prevention messages, role of the Internet, and challenges to the *So Us* campaign. The Internet *So Us* was a contribution of YMSM to HIV prevention that was culturally acceptable by YMSM because it was created by their peers. The theme of the HIV prevention messages was to enhance condom use among YMSM and to improve their awareness of HIV prevention. The co-researchers suggested that the HIV prevention messages should be packaged with humour and emotions such as humour, romance and love to capture the attention of the target audience. The use of positive messages about sexual activity and condom use was endorsed. The use of explicit language and aesthetic sexual images was encouraged to improve clarity of the message.

The strategies created by the co-researchers in this study suggested that pushing the boundaries of normative health promotion material with positive sexual messages, refreshing honesty and directness, humour, the authenticity of their lifeworlds and use of language would appeal to YMSM in Bali. The Internet *So Us* was seen not only as a medium to increase condom use but potentially also to strengthen the role of YMSM in HIV prevention in Bali. This could be done by inviting YMSM to engage in the creation of HIV prevention material, posting stories of their daily lives on *So Us*, and sharing information on social media and other Internet channels.

The challenges in implementation of *So Us* were discussed, which included the sexuality norm in Indonesia in which homosexuality is considered deviant. Suggestions for improving YMSM Internet literacy were offered.

Chapter Eight

DISCUSSION AND CONCLUSION

8.1 Introduction

This chapter discusses the present study's key findings in the light of relevant international and Indonesian research on YMSM and Internet based HIV prevention. First, an overview and summary of the main findings are presented. This is followed by a discussion of the methodological implications and recommendations for HIV prevention practice, policy and future research. Finally, the overall conclusion is presented.

8.2 Overview of the study

Habermas' critical social theory on communicative action formed the theoretical framework of this study, while participatory action research (PAR) was employed as its research methodology to address the following research question:

How can Bali's YMSM community be empowered to develop Internet-based HIV prevention? In answering this, a communicative space was created for the nine YMSM co-researchers to share their concerns, create plans for action, and reflect and evaluate the research process. To address the main research question, three sub-research questions were formed:

- 1) What are YMSM's lifeworlds in the context of HIV prevention and the use of the Internet?
- 2) How do YMSM's view the current state of HIV prevention in Bali?
- 3) What are YMSM's ideas for Internet-based HIV prevention strategies?

This research completes one cycle of PAR; starting with building a research team, sharing concerns, planning, action, and team evaluation. When sharing their views and concerns about HIV prevention in Bali and the use of the Internet, there was an indication of the pivotal role of the co-researchers' lifeworlds in HIV prevention, which encompass their personal lives, cultures and communities. Here, Habermas' communicative theory helps to identify the influence of social structures, communities and the personal lives of the YMSM's HIV prevention practices and their use of the

Internet. The data were further analysed and presented using thematic analysis and based on the researcher's reflections on the experience to fully address the research questions.

The findings of the present study strengthen the argument for pushing the boundaries of normative HIV prevention for YMSM in Bali in order to improve outcomes in terms of reducing the spread of HIV. Further, it was highlighted that current HIV prevention strategies in Bali lack sufficient concern about – and understanding of – YMSM's lifeworlds; the personal, social and structural factors which interrelate with YMSM's HIV prevention practices. This research further suggests the importance of improving YMSM's participation in HIV prevention by providing a communicative space for them to voice their concerns, propose solutions which address the issues from their position as YMSM themselves, and be directly involved in co-design and implementation of HIV prevention. This approach not only strengthens YMSM's voice within the HIV discourse as well as providing insiders' views of the issues – transforming the role of the YMSM from mere consumers of HIV-prevention to those who are able to best inform and design its approach.

8.3 Discussion of the main findings

In this section, the findings of the study are summarised and interpreted in the light of the current state of knowledge, as presented in chapter 3. The findings are significant and unique given this study's emphasis on the perspective and designs of the YMSM themselves. Further, it is hoped that the findings of this study will contribute to the body of knowledge within the context of developing HIV prevention initiatives among YMSM in Indonesia as a whole, as well as being applicable to other international contexts.

8.3.1 YMSM's lifeworlds in the context of the HIV prevention

As discussed in chapter 4, Habermas' theory states that in the democratic world, individuals are distinguished by their value rationality and purposive rationality which creates two clear distinctions of worlds – their lifeworld and their system world. This study recognises that significant gaps exist in the HIV prevention offered and delivered by governmental agencies and NGOs in Bali; the dominant top-down approach to HIV prevention ignores the nuanced characteristics and requirements of Bali's YMSM and,

as this study's findings show, this failure contributes significantly to its dismal results – to date – in reducing the spread of HIV.

Thus, in order to find a solution to the failures of this *top-down* approach, this study attempted to invert strategies by employing an *empowerment bottom -up* methodology which places YMSM's lifeworlds at the heart of the solution. This involved encouraging YMSM to discuss their compartmentalised lives – providing a space where they could freely express their sexuality and their authentic lifeworld experiences of their non-normative sexual identity, as well as the difficulties they face in resolving the conflicts between their gay lives and overwhelmingly conservative Indonesian societal expectations (Blackwood, 2014; Boellstorff, 2005; Thajib, 2014). The root cause of this dichotomy in YMSM's lifeworlds can be laid squarely at the door of mainstream Indonesian society's attitudes towards homosexuals which are fuelled by stigma, discrimination and stoked by religious intolerance. It was not entirely surprising, therefore, that the co-researchers reported that they had never disclosed their homosexual identity to family and friends in their hometowns.

For some of the co-researchers, being gay in Indonesia was worrying in terms of their personal safety due to the moral surveillance enforced by so-called religious vigilante groups which treat homosexuals as sexual deviants (Andajani et al., 2015). This strong stigma toward homosexuality in Indonesia impacts on MSM's social interactions both offline and online (Badgett et al., 2017), and especially affects YMSM as they tend not to be as well connected socially with the more established MSM community whose members have a better understanding of HIV prevention and are more likely to undergo regular HIV testing (Guadamuz et al., 2015). The present study has identified that the stigma and discrimination against homosexuals evident in Bali represents a significant barrier preventing YMSM to access available HIV information and care – a finding also supported by (Altman et al., 2012), and Ariyanto and Rido (2008) who outline the forms of direct and indirect discrimination against gays which is rife in Indonesia.

Thus, for the Indonesian YMSM co-researchers in this study, living in a society where heterosexuality is seen as the pinnacle of nation building and moralism by raising the next generation, and being homosexual is subject to derision and social ostracism, it was important for them to seek a space where they can express their non-normative sexual identity–Bali. For the co-researchers who have migrated to Bali, which perceived as

Indonesia's gay island (McNally et al., 2015), Bali represents greater opportunities for YMSM to find employment in the entertainment and tourism sectors as well the social freedom to express their sexuality within the island's well-established gay community. Bali has enjoyed a rapid rate of social and economic growth over the past three decades. Bali, with a human development index (HDI) of 73 in 2015 is categorised as a high HDI in the area. This status shows the high development of Bali, which measured against life expectancy, education (the expected years of schooling and the average length of schools) and decent standard of living (average your purchasing power parity). Yet, Bali has face an inequality gaps between the regions was occurred where the HDI range from 64 to 82 with Denpasar hold the highest HDO and Karangasem region was the lowest in the province (BPSPB, 2016a). Denpasar has a better development compare to other part of Bali. Thus, more than anywhere in Indonesia there is good access for the population to the Internet, and the Internet is widely available especially in Denpasar where this study was conducted.

This more tolerant backdrop for being gay which Bali provides is well-known, as McNally et al. (2015) found when they interviewed gay men who had moved from Java to Bali. This migration of gays to more accepting environments has been widely evidenced in the literature, with a study revealing that tolerance of their sexuality was the main reason for Latino MSM to move from their home countries to the USA in addition to providing them with opportunities to improve their financial and educational circumstances, join other family members, escape from political instability in their country, as well as express their sexuality. Thus, moving to gay epicentres affords MSM with a sense of sexual freedom allowing them to more fully express themselves through living less *compartmentalised* lives (Bianchi et al., 2007). However, this study confirmed this, this new-found sexual freedom among YMSM who find themselves in a more tolerant and liberated context such as Bali's gay scene, brings with it an increased vulnerability to HIV as new are likely to be unaware of the risks and how to protect themselves and poorly integrated into the older – and more knowledgeable – MSM community.

Further, the use of gay lexis by Indonesian YMSM to negotiate their non-normative sexual identity (Blackwood, 2014; Boellstorff, 2004) was also evident in the present study's findings, as co-researchers who were better established in the gay community were able to use the gay vernacular more fluently compared to newcomers. The current

study indicates that being proficient in this vernacular plays an important role in defining the co-researchers' identities within their life worlds. This notion is supported by research on gay people and youth subpopulations, where, for example, the use of Bahasa Gaul among Jakarta's young middle class is used to confirm individual's membership of this community, and strengthen intimacy and inter-group bonds (Smith-Hefner, 2007).

Moving on now to examine the influence current and past HIV prevention effort have had on YMSM's lifeworlds, although the co-researchers were well informed on the ABC message (i.e. Abstinence, Be faithful and always use Condoms) in real life, they revealed that they rarely, if ever, followed this guidance for several reasons related to their lifeworlds. They discussed their non-normative sexual practices such as only using condoms in open relationships and in threesomes involving their partner and a new individual, and the use of sex toys, as strategies to protect them from HIV. The threesome practice, for example, was negotiated by co-researchers with their partners as a strategy to ensure that their loved one used condoms when engaging in sex with new partners. This strategy is in line with *sex-positive* approaches which emphasise the notion of maximising sexual pleasure in consensual sexual relationships (Boyce et al., 2006). This links with the present study's finding that, for the co-researchers, satisfying their sexual needs is important for their mental well-being, although they concur that at the same time, they need to protect themselves from disease (WHO, 2006). This finding suggests that *sex-positive* approaches still have an important place in HIV prevention (Boyce et al., 2006).

Next, the findings also highlight that the Internet plays an important role in Bali-based YMSM's lifeworlds. In comparison to physical venues where stigma or discrimination may be experienced, online meeting places offer safe, convenient opportunities for YMSM to socialise and seek new sexual partners. It was found that YMSM in the present study used social media to connect with their peers in Bali's gay community on a daily basis, to find entertainment by watching videos, read the news, learn new dance styles, communicate with friends and seek new sexual partners. Thus, in common with the overall trend in Indonesia of using the Internet to fill one's leisure time (Parker & Nilan, 2013), the Internet has, for YMSM, become an established alternative to offline gay venues such as saunas, gay bars, and meet-up places, and private residences. In sum, the World Wide Web provides a convenient and easily accessible platform for

vulnerable groups such as YMSM to find entertainment and forge new social and sexual relationships.

In common with the majority of young Indonesians today, the present study reveals that YMSM are active Internet users who mostly use smartphones to access the web (Puspitasari & Ishii, 2016). This finding is in line with a survey of MSM (n=177) recruited from across Indonesia which identified that 95% of the participants were active Internet users (Anand et al., 2013). However, as the current study highlights, although the YMSM in this research are avid Internet users, they display a lack of knowledge about online HIV prevention websites and related social media pages and very rarely search for information on HIV prevention on the web. This is in line with research by Anand et al. (2013), who found that 88% of gay participants admitted a lack of knowledge about any HIV-related information on the Internet.

The present study's careful analysis of the YMSM co-researchers' lifeworlds also revealed that the Internet was often used to seek out new sexual partners, mainly via the use of gay dating apps. For the YMSM in this study, gay dating apps play an important role in allowing them to express their sexuality as they provide a secure, quasi-anonymous space where they can negotiate their non-normative sexual identities and meet other YMSM who are similarly predisposed. Such apps provide an outlet for their personal feelings, emotions and romantic needs, where their sexuality is accepted, not attacked, and they do not need to pretend to be heterosexual. Also, in research among young people in Jogjakarta, Slama (2010) explains that online chatting has become a well-established, rich, and dynamic part of current Indonesian youth culture. The chat room has become the focus for young people to express their feelings and seek to find the support of their peers. This mirrors the current study's findings; chatrooms are viewed by YMSM as a means to express their innermost feelings, achieve personal gratification via finding new partners, and seek love and support among their gay peers, far from the derision their lifestyle by mainstream Indonesian society (Penney, 2014). Further, the gay dating apps enable the connection and circulation of sexually active individuals who can post profiles that display their appearance and preferences (Grov et al., 2014). The Internet, in essence, has become hugely popular with gay men as it provides a private, self-selecting environment with low barriers to disclosing their sexual identities (Graham Bolding, Davis, Hart, Sherr, & Elford, 2005), and locating new sexual partners, as found by research in Taiwan which reported that 37,3% of

MSM in Taiwan sought sex partners via mobile apps (Ko, Tseng, Huang, Chen, & Hsu, 2016).

However, the popularity of mobile apps as a means for YMSM to find new partners isn't always of benefit, as one co-researcher in the present study shared a story about his trust being betrayed by an older sexual partner he met via a dating app. This finding highlights that YMSM, as young people, are vulnerable to HIV due to their lack of life experience, negative power relations in sexual encounters, and their lack of understanding of the risks of contracting HIV from partners met online. Thus, their inability to negotiate safe sex means that they are more vulnerable to HIV than older MSM. This can be illustrated by outlining the typical process a gay online encounter follows. First, the type and conditions of the sexual relations to be pursued are usually agreed online (i.e. before meeting in real life). Aspects such as sexual role preferences and compatibility, physical appearance, user's distance from potential partners, the use of condoms, and possibly the price (if this is a commercial sex transaction) are usually agreed beforehand. However, this is not always the case; aspects of this agreement may be breached by either sexual partner, and this is particularly true of older gay men when they are in need of sexual relations and do not wish to limit the intensity of their sexual pleasure by using condoms. This finding demonstrates that sexual relations between MSM (and particularly between YMSM and older MSM) are a socially structured practice in which power is key, as sexual roles are inherently fluid in relation to individual's social and economic status (Johns, Pingel, Eisenberg, Santana, & Bauermeister, 2012; Kippax & Smith, 2001).

Thus, meeting new partners online circumvents the traditional, offline considerations which come into play when potential matches can meet face-to-face and judge their potential partner directly. In this new online dating world, YMSMs' potential partners are judged based on appearance, and, for the YMSM in this study, physical attractiveness is key to determining if they should meet. Attractive profile photos showing titillating muscles, clean grooming and half-naked poses were preferred by the co-researchers. Interestingly, the YMSM research group also cited that being good looking and muscular was a primary consideration when negotiating condom use – YMSM with less physical attractiveness tended to have much less power in picking potential partners as well as negotiating condom use. Similarly, Epstein et al. (2007) found that there is a relationship between physical appearance and having unprotected

sex; people with more muscular physiques are perceived as healthier and less likely to have HIV and other STIs. In this research, potential partners' physical attractiveness only attracted the co-researcher's attention but did not have a significant effect on if protected sex was agreed upon (Epstein et al., 2007). Furthermore, certain co-researchers in the present study expressed the mistaken belief that slenderer gay males are more vulnerable to contracting HIV compared with more athletic individuals. This misperception may be related to how early on in the epidemic, AIDS awareness media campaigns framed sufferers as underweight (Nugroho et al., 2013). The attraction YMSM feel towards more athletic and attractive males has been explained by Drummond (2005) who found that muscularity is commonly associated with masculinity by gay males which in turn is perceived as demonstrative of physical prowess and dominance. Further, muscularity plays a significant role in the masculine hierarchy within gay culture where it denotes the ability to 'pick up' new sex partners at will. Muscularity is also related to the YMSM's propensity to engage in bodybuilding as a consequence of wanting not to look thin and unhealthy, and this was particularly the case at the beginning of the HIV epidemic, as an individual with a thin or slender physique might be perceived as being HIV positive (Drummond, 2005). This finding indicates how an individual's attractiveness influences YMSMs' safe sex practices and how gay men assess the risks of having unprotected sex with partners whose HIV status is unknown, also known as *serosorting*. This is likely to pose a challenge for HIV prevention, since *serosorting* (based on their partners' seemingly healthy appearance) appears to play a significant role in the likelihood of YMSM agreeing to have unprotected sex and this is especially the case when they have met via the Internet because of the limited time available to get to know about their potential sex partner well (Van den Boom et al., 2014).

Next, the misconception of information from the Internet by YMSM may also negatively affect them in terms of exposing themselves to unnecessary HIV risks (Kalichman, Weinhardt, Benotsch, DiFonzo, et al., 2002; Magee, Bigelow, DeHaan, & Mustanski, 2011) is also pertinent to the present study's findings. For instance, Adi admitted searching the Internet for the physical signs of those suffering from HIV and AIDS in order to be able to *serosort* his potential partners to assess the risk of contracting HIV from them. Further, this type of misconception in assessing HIV risk was found where some co-researchers chose potential sexual partners based on their physical appearance, avoiding those who appeared unhealthy and therefore potentially

HIV positive. Further, Adi expressed a desire to find out the medication schedules of those taking ARV medication in order to identify if a potential partner had HIV or not. In effect, these kinds of misconceptions could potentially increase the stigma against YMSM with slender body types and those who take regular vitamin tablets.

However, while the Internet can provide accessible information to help YMSM avoid HIV infection, one barrier preventing them from doing so is their level of satisfaction with the information provided in terms of how well it relates to their unique lifeworlds as gay Indonesians in Bali. YMSM's lack of willingness to seek HIV information online can be ascribed to the fact that where decisions about important health concerns (i.e. taking an HIV test), as Indonesians, YMSM tend to rely on significant others such as outreach staff (Sumintardja et al., 2009). Apart from this, one further limit of seeking HIV information on the Internet is related to user's ability to speak English. In this study, many co-researchers admitted to being reluctant to search for safe sex information on the web as they claimed that they rarely found new or useful information because they used similar keywords in Bahasa Indonesia. The vast majority of HIV information available on the Internet is predominantly in English and this poses a significant barrier for non-English-speaking Indonesian YMSM to benefit from this rich store of information available. This is an indication of YMSM's lack of skill in using the Internet to improve their knowledge of HIV prevention techniques.

Furthermore, the co-researchers were also reluctant to be involved in predominantly heterosexual online forum groups. One of the co-researchers stated that a '*modus keras*' or *hard line* exists when expressing an opinion in a heterosexual online forum when gay issues are being discussed; YMSM tend to choose not to participate in such discussions on gay issues. Online community forums used by the general population are perceived by the co-researchers as spaces where they cannot negotiate their sexual identities. They reported that they often tended to feel reluctant to discuss gay matters on such forums for fear of discrimination. This is likely to discourage them from becoming involved in online HIV-prevention forums which are also used by heterosexuals. Further, the YMSM in the present study spoke about being silent or choosing not to post any comments about gay issues due to the fear of others assuming that they are gay. This finding is supported by Ramallo et al. (2015) who found that many MSM have compartmentalised online social networks consisting of those who know and accept their sexuality and those who assume that they are heterosexual. Interestingly, Ramallo

et al. (2015) found that this compartmentalisation was due to YMSM's perception that heterosexual members of such online forums have a lack of empathy for gay issues. Specifically, for HIV positive participants, this compartmentalisation included their fear of discrimination and stigma which heavily influenced what they posted on social media (Ramallo et al., 2015). Thus, providing a safe, informative and supportive online venue for YMSM to enable them to contribute to reducing the spread of HIV when meeting new sexual partners on the Internet is vital (McFarlane et al., 2005).

The uptake of mobile-cellular in Bali is high compared to other regions. This might be due to the higher social economic level compared to other areas of Bali, or Indonesia. Digital development is one of the important aspects of the development indicator that ensure people can take advantage of the benefits of the emerging information society and sustainable development. Access to digital has been one factor that can be related to access to health information (Bank, 2016).

YMSM used the Internet for email, chatting, accessing university website, reading online news, testing software, online shopping, entertainment, study-related activities, seeking job vacancy and visiting pornographic sites. Most of the YMSM in this research came from outside Bali, with the majority from East Java.

The digital divide also occurs in terms of geographical locations, with a gap between urban and rural areas where people in urban areas enjoy the technology more than people in the rural areas. The Internet is important for people in the urban area where the Internet has been important in their life, in their works. People in the urban areas depend on the Internet to connect with transportation, they use the Internet for electronic banking, strengthening community network and for education purposes (Edwin & Ross, 2017).

Study of the internet use in Indonesia discovered that the majority of the Internet users in Indonesia was young people. Of the 88 million Internet users in Indonesian, in 2014 more than half of them are young people (APJII, 2016). In Bali, the number of users was 2 million, with more than half (52%) men living in urban areas, with access predominantly via smartphones. A lower-end Android handset can be purchased for around 80 USD, while more advanced units range from USD 100 above. The penetration rate of mobile devices in Indonesia increased from 43% in 2016 to 45% in

2017 (We are social, 2017), while Internet penetration is currently at 51% (International Telecommunication Union [ITU, 2016]).

Indonesian Internet users are predominantly interested in entertainment such as watching television and using Facebook and Twitter. Chatting on social networking sites (SNS) such as Facebook is cited as the most popular use, whereas business-oriented activities such as email or news, are less popular (ITU, 2016). In terms of the biggest users, young people and university students make up the vast majority (Sujarwoto & Tampubolon, 2016). Internet access in Indonesia is stratified across social-economic groups, divided along urban-rural, city-countryside, and remote island-mainland island lines across the different socio-economic groups

8.3.2 YMSM's views on current HIV prevention for YMSM in Bali

The low level of acceptance that the current HIV prevention campaign achieves with members of Bali's YMSM community was a key theme expressed by the co-researchers. The HIV prevention programme in Bali focuses on distributing condoms, providing information on HIV and endorsing HIV testing, all of which are in line with the minimum global HIV prevention package for MSM recommended by UNDP (UNDP, 2009). The YMSM in the present study explained that although HIV prevention material in Bali is widely distributed, it is poorly received by YMSM as it fails to meet YMSM's interpersonal and psychosocial needs. The current HIV programme places little emphasis on building trust, empathy and emotional support which are pivotal to addressing the multifaceted factors faced by the YMSM in practising effective HIV prevention (Traube et al., 2011). Similarly, a report by Perdana (2013) on HIV prevention for young key affected groups in Indonesia supports this finding as it states that current HIV prevention in Indonesia has underestimated the psychosocial needs of YMSM particularly in terms of supporting them to accept and embrace their sexual orientation in order to build higher self-esteem and thus be more aware of the need to protect themselves from HIV. Another study in India suggested that psychosocial factors including skills building and strategies to foster self-acceptance and increase social support are needed to increase MSM's capacity to reduce sexual risk-taking and lower their vulnerability to HIV transmission (Thomas et al., 2012).

Further, current HIV prevention in Indonesia reflects a lack of concern regarding the influence of MSM's significant others and the influence its collectivist societal culture has upon individuals when making important life decisions such as choosing to go for HIV testing (Sumintardja et al., 2009). With this in mind, the present study's PAR approach makes concrete, practical suggestions to improve the inclusion of such lifeworld-based considerations to build trust and improve the interpersonal relationships between MSM and HIV workers to reduce their vulnerability to HIV. This is achieved through pushing the boundaries of current normative HIV prevention strategies aimed at YMSM, which places an emphasis on increasing their knowledge of HIV prevention, increasing the rates of HIV testing and promoting consistent condom use via a communicative, interpersonal approach as well as strengthening YMSM's sense of agency in halting the stigma and discrimination prevalent in Indonesia's conservative, heterosexual majority.

The co-researchers in the present study spoke about YMSM's gaps in knowledge about HIV prevention and their misconceptions about the advantages provided by consistent condom use in homosexual relationships. For example, it was found that condom use was perceived by some YMSM as only useful for contraceptive purposes. Also, the misconceptions that homosexuals who use condoms are 'sex maniacs' and that promoting condom use is tantamount to encouraging free sex were also described by respondents. These misperceptions, according to the co-researchers, are rooted in Indonesia's sexually conservative social norms where discussion of sexual practices is considered taboo. Further, the co-researchers articulated that free-condoms delivered by the outreach workers were misused or unused due to their poor quality. Condoms were often used for making balloons and hair accessories etc. Related to this point, research in China by Hu et al. (2014) found a relationship between the social norms surrounding condom use and positive attitudes towards safe sex; MSM who reported poor condom use were typically poorly educated, unemployed and living in poor conditions. This indicates that condom use transcends merely educating YMSM on why using condoms to protect themselves is important and it is heavily influenced by YMSM's social and educational circumstances (Hu et al., 2014). Further, other social factors such as YMSM's financial circumstances, perceptions of potential partners' sexual attractiveness, the false perceptions of what people suffering from HIV 'should' look like, and their subjective judgements about likely sexual compatibility (Kippax & Stephenson, 2012) also determine their willingness to use condoms. Therefore, such

sociocultural factors must be taken into account in enabling YMSM when devising strategies to increase condom use among this group.

In the current study, the YMSM involved as co-researchers share their criticism of existing HIV prevention in Bali and put forward their proposals for the implementation of Internet-based HIV prevention initiatives. They criticised existing HIV prevention campaigns delivered by NGOs in Bali via their previous experience when people has capacity to criticise other people base on their experiences in the past. Specifically, using their daily experiences, they highlighted the cultural factors which explain the reasons that the existing anti-HIV campaigns in Bali are ineffective at reducing HIV transmission (as outlined in the previous paragraph), and, in response to these failures, advocate the empowerment YMSM by incorporating a deeper understanding of gay men's lifeworlds. For instance, empowering them in order to improve their awareness about the modes of HIV transmission, tackling misconceptions about condom use in preventing HIV, and endorsing safe sex as an embodiment of their love for their partner(s).

Although in the past, the GDF has used *cyber outreach* as a medium to encourage safe-sex practices among YMSM, the co-researchers expressed many reservations about its efficacy and suggested many ways to improve it. Currently, *cyber outreach's* focus on reaching YMSM via the use gay dating apps and social media engagement with new and current clients. The former is encouraged to undergo HIV testing and informed about the risks of HIV through unprotected sex HIV and how to mitigate these, while the latter are encouraged to maintain condom use and undergo regular testing. However, although the Internet was acknowledged to be a potent medium to engage YMSM, and in particular, new clients, the co-researchers expressed cynicism about certain outreach staff using the promise of sexual gratification as a means to encourage YMSM to engage in the programme. This finding indicates that although the outreach workers are focusing on accomplishing the metrics of successful engagement (i.e. achieving the target number of YMSM reached and provided with information on safe sex and encouraged to undergo HIV testing), the way this is done currently is likely to negatively affect the quality of the programmes' outcomes. This is because they only focused on completion of the job, in particularly achieving the monthly number of target.

Although the Internet has been used to successfully engage MSM in HIV prevention in many settings, in the context of Bali, such approaches are of limited use and the whole HIV programme has low acceptance from the YMSM. One possibility is that there is a failure to take into account YMSM's unique lifeworlds, as this study revealed. Thus, the co-researchers in the present study advocate for a new form of *cyber outreach* which, by more accurately taking into account YMSM's lifeworlds, enhances their uptake of STI and HIV testing, and improves the HIV treatment cascade and consolidates behavioural changes which can prevent HIV transmission (Kasatpibal et al., 2014; Rietmeijer & McFarland, 2013; Rietmeijer & Shamos, 2007). In the Indonesia context, present *cyber outreach* is limited to merely providing information on HIV testing and HIV treatment (Abigail, 2012; Anand et al., 2013) and improving access to ARV treatment such as informing them about ARV stocks connecting with YMSM outside of the mainstream gay community (Nasution, 2013).

Furthermore, the co-researchers stated that two particular aspects of existing HIV campaigns targeting YMSM damage their effectiveness in implementing effective HIV prevention, (i) incentivising YMSM to attend HIV information meetings, and (ii) a lack of confidentiality and an unwillingness to protect clients' homosexual identity and HIV status. The former, offering incentives such as transport money and meal vouchers to encourage YMSM to attend HIV-prevention meetings was seen by the co-researchers as potentially 'spoiling' those attending as they may be attracted more by these benefits than actually adopting the safe-sex advice itself. The latter refers to the breaches in confidentiality evident when outreach staff share stories about clients' sex lives in the office and the requirement that in order to secure funding for pre-ARV checks, HIV positive YMSM are required, in some cases, to meet the donors. Therefore, protecting YMSM's HIV status and identity are very important for creating trust and thus, more effective HIV prevention campaigns. New HIV prevention programmes need to ensure that client confidentiality is both respected and guaranteed. Also, the respondents highlighted that although specialist men's clinics provide the best quality care within a gay-friendly environment, many are reluctant to visit them because they are associated with gay men, and therefore, there is a risk of them being identified as homosexual. This concern is supported by Fan (2014), who found that breaches of confidentiality at government-owned HIV testing facilities in China had led to clients being dismissed from their jobs for being gay and/or HIV positive and were thus regarded with fear and suspicion by Chinese YMSM.

8.3.3 The current study's 'So Us' Internet-based HIV initiative

First, the YMSM who took part in the current study indicated that using *cyber outreach*-based HIV prevention strategies would be an effective way of engaging with a significant majority of young, gay males in Bali, as smartphones are highly accessible, cost-effective and extremely popular among this community. Next, they also explained that using an online approach to HIV prevention was effective in reaching YMSM who are hidden from the reach of online HIV prevention initiatives due to compartmentalisation (i.e. separation use of the online venue due to perception of lack of respect from heterosexual member in online venue). Thus, because online gay communities are easily accessible, offer users the benefit of remaining largely anonymous (if they so wish), employ geolocation (Grov et al., 2014) to allow YMSM to easily search for profiles in their immediate locality (Landovitz et al., 2013), and provide instant connection with other YMSM (Yeo & Ng, 2016), they represent an ideal platform via which YMSM can be engaged in new, cyber-based HIV prevention initiatives. Specifically, targeting YMSM via gay dating apps or websites, blogs, and social media represents an invaluable way of improving their engagement in HIV prevention campaign designed to halt the spread of HIV. As the Internet has been acknowledged as a means for the effective delivery of affordable, accessible and anonymous support for those at risk of HIV, such as YMSM (Brennan et al., 2015; Justumus et al., 2013).

The present study proposes that giving socially marginalised YMSM an active voice in the design of Internet-based HIV prevention campaigns will improve outcomes in terms of reducing HIV transmission rates. And, at the same time, this study proposes that it would be hugely beneficial to transform YMSM's role in HIV prevention programmes, shifting from being passive clients to become active *producers and consumers* or *prosumers* (Conn, Nayar, Lubis, Maibvisira, & Modderman, 2017). This term was coined by Toffler (1981) in his book *The Third Wave* where he outlines the blurring of traditional producer and customer roles, resulting in customers becoming advocates of particular brands. Thus, in applying this approach to HIV prevention, the YMSM in the current study were empowered to transform themselves from simply acting as co-researchers, into producers who were able to develop *So Us*, a unique, Internet-based HIV prevention intervention for YMSM.

The unique contribution to knowledge made by the present study is the co-creation of an effective, online strategy to halt the HIV epidemic among YMSM in Bali. The YMSM who cooperated in this research, by reflecting on their lifeworld experiences of the inadequacies of existing online HIV prevention campaigns, were able to devise new approaches which push the boundaries of normative public health campaigns in Indonesia (Baum, 2016b). The YMSM's suggestions for improving the delivery of online HIV prevention was achieved through allowing them to develop an Internet-based campaign called *So Us*. This is based on their lifeworlds – formed from their life experiences, professional knowledge, and personal experiences of the failures of existing HIV prevention initiatives, as well as their position as both Indonesians and gay men. Successful HIV interventions need to consider the cultural norms of the target group(s) as suggested by Rhodes, Vissman, et al. (2011) who showed that such an approach led to extremely successful outcomes in their study of Mexican and Hispanic gay men. For example, the culturally sensitive initiative they examined led to greatly increased HIV knowledge, better condom uses skills, and boosted participants' self-efficacy in communication skills relating to sexual relationships, which in turn increased consistent condom use and HIV testing, and reduced STIs. Therefore, as the present study is informed by the key cultural aspects impacting on YMSM in Bali, it is expected that it will be similarly successful.

In aiming to maximise condom use among YMSM, the present study's co-researchers suggested that the content, features and the function of the proposed Internet-based HIV prevention initiatives should be closely related to YMSM's lifeworlds and concerns. For instance, while the YMSM suggested employing normative HIV prevention messages such as providing regular updates on the number of HIV cases in Bali, information about basic HIV transmission routes, the need to use condoms, the risks of unprotected anal intercourse, and having multiple sexual partners, they also suggested non-normative strategies such as promoting the sexual pleasure provided by using condoms in order to address YMSM's objections to using them. In addition, in terms of improving condom use, the co-researchers suggested that it would be beneficial to emphasise themes of love and romantic gestures to appeal to YMSM's sense of romance as in Hergenrather et al. (2016)'s research.

Next, this research is also unique as it recognises the need to address YMSM's sexual rights and pleasure – a taboo issue within the context of Indonesia. These considerations were depicted on many occasions in the co-researchers' ideas for prevention campaigns. This moves beyond the typical prevention campaign components such as the ABC message, as MSM are encouraged to recognise their own sexual needs as a pivotal aspect in ensuring their well-being. This notion is also expressed in research by Rhodes, Hergenrather, et al. (2011) where YMSM's ideas for HIV prevention initiatives surpass typical, normative strategies. Here, participants suggested that developing interventions to help MSM explore the triggers for their unsafe sexual behaviour and develop ways to manage these so that they are more likely to protect themselves from HIV. This approach requires that we move beyond typical HIV prevention approaches and empower MSM to reconcile their sense of masculinity; family, religious & societal expectations and sense of personal intimacy.

In the present study, the YMSM co-researchers suggested that it is important for new online HIV prevention campaigns to employ 'gay' language items, and use music and images pleasing to gay audiences. Other suggestions were the use of direct and forthright language to refer to sex practices (instead of euphemistic terms) as well as humorous images and narration demonstrating various types of condoms in an attempt to push the boundaries of existing HIV campaigns. For example, in the video produced by the co-researchers, they advocated the use of humorous language; images such as smiley faces, penises, gay couple and love hearts; and narrators varying the pitch of their voices to better engage audiences and push the message home on what is, after all, a very sensitive topic. The use of humour is also advocated in order to entertain the audience as well as providing a way in which to address the taboo topic of safe sex and pleasure, and entertain YMSM viewers. This use of entertainment is supported by Muessig, Pike, Fowler, et al. (2013), who found that such strategies were effective when educating young, black MSM on the risks of HIV. Their research suggests that in order to be effective, participants require tailored health campaigns that take into account their lifeworlds and meet their needs such as the inclusion of creative games, the use of state-of-the-art technology and content that engages them, with less focus on HIV/STIs related content.

Next, the co-researchers suggested that in order to engage YMSM in Bali with HIV prevention, new online campaigns should incorporate a multitude of platforms;

websites, blogs, Facebook, Instagram and gay dating apps. This combination of multiple Internet-based platforms is necessary so that the widest range of YMSM are reached as possible. Further, the co-researchers suggested that it would be beneficial to provide an online forum where YMSM members could post updates and personal experiences of following safe-sex practices, enabling them to perform as not only consumers but also producers of this information. In addition, online HIV prevention also needs to be consolidated via promotion on Bali's main gay bars' social media sites (i.e. Bali Joe and Mixwell) as this would lend welcome support to the popularity of the online campaign. They also suggested employing online chatting for HIV prevention as a way to reach out to YMSM who are not engaged with the gay community in physical venues. However, such use of gay apps and social media platforms must comply with the relevant providers' policies of use as well with Indonesian electronic communication regulations. Thus, chat rooms were identified by the co-researchers as an entry point through which YMSM can be engaged by HIV prevention campaigns, as a potentially very effective way to deliver tailored, evidence-based and culturally appropriate interventions to those YMSM who were overlooked by offline interventions (Rhodes et al., 2010). Finally, the suggestion was also put forward that mobile technology should be used to automatically send signed-up YMSM messages to remind them to use condoms and undergo HIV and STD testing every six months (Rhodes, Hergenrather, et al., 2011), a notion which was inspired by considering YMSM's existing use of social media.

In order to achieve good engagement with YMSM via the Internet, one strategy suggested by the co-researchers was to post profile photos of nice looking, half-naked, muscular men in order to attract their attention. As Penney (2014) describes, such images could provide meaningful affection to the gay apps users, which can gain a sexual gratification. Similarly, Rhodes, Hergenrather, et al. (2011) argue that in order to be attractive to YMSM, they should feature parts of the body in order to stimulate sexual desire. Furthermore, Brown et al. (2005) explain that in the online context of chat rooms, physical appearance was the major factor in influencing users to get in touch with the poster. Thus, this finding suggested the role of physical appearance in gay culture and the fact that MSM prevails physical beauty than inner (Drummond, 2005). Yet, Lee (2007) highlighted an inadvertently effect of such health promotion using hedonistic images as promoting unsafe sex, rather than safe sex. He suggested health

promotion to use a normative role model images such as wiser men, and more intelligent.

The co-researchers emphasised the use of an entertainment approach that mimics an Indonesian performance called *panggung hiburan* (literally entertainment stage) as a vehicle for delivery of HIV prevention campaign. The *panggung hiburan* is also seen as mechanism to increase learning and engagement with the YMSM, where the topic concerning YMSM's sexual health is delivered. The activities in *panggung hiburan* can be undertaken in collaboration with another youth-based organisation in Bali or with gay bar. The activities are then recorded and uploaded to a range of social media platforms. The use of the *panggung hiburan* might be similar with edutainment or education and entertainment which widely acceptable for HIV education. The success of edutainment has been reported to support the social marketing of the *drama down under*, a HIV prevention social marketing project in Australia (Pedrana et al., 2013).

However, in this research, the YMSM were reluctant to include ARV information in the So Us. In contrast, this message is important since the current HIV prevention guideline from WHO and UNAIDS endorse the use of PrEP (or Pre-Exposure Prophylaxis) as HIV prevention treatment for YMSM with HIV negative (UNAIDS, 2015a). Their reluctance was because the use of ARV is perceived as related to YMSM who are HIV positive. For them, discussing ARV treatment is a sensitive topic due to the strong stigma and discrimination within the gay community towards HIV positive individuals.

In spite of the many advantages of using cyber-based HIV prevention to target YMSM, this approach also faces many challenges. For instance, the Government may restrict access to HIV prevention content for YMSM due to perceptions that it runs counter to Indonesia cultural/religious morals and/or electronic communication laws. The Government is likely to reflect Indonesia's broad societal preferences when determining what should and should not be censored (World Bank, 2016). For instance, in 2016, when the Government announced that it was banning several pornographic websites, it also banned a number of sites that featured HIV prevention information and threatened to shut down Grindr nationwide (Mollman, 2016). However, this does not negate the fact that investigating how such widely used media can play a pivotal role in HIV prevention is useful in understanding how to create a healthy online environment for YMSM (Hergenrather et al., 2016). Further, before any practical implementation of an

HIV prevention cyber-outreach programme is undertaken, it is essential that it complies with Indonesian laws on decency and pornography (Badgett et al., 2017; Law number 19, 2016).

Next, the co-researchers also recognised Bali-based YMSM's lack of motivation for using the Internet for educative purposes such as healthcare. Currently, although many of the co-researcher's YMSM peer own high-end smartphones which would enable cyber-based HIV prevention campaigns to be easily accessed, they tend to use their gadgets predominantly for simple operations such as checking and updating their status on social media platforms – as is common in wider youth culture in general. For instance, one of the co-researchers illustrated this, saying that he only used his phone for *alay-alay* (useless activity). However, if new online HIV prevention campaigns were able to both stimulate YMSM to become interested in using their smartphones for accessing health education material via blogs, chat rooms or websites, as well as improving their Internet literacy to give them the necessary skills to do this well, they would be in a much better position to maximise the benefit of using such online material as well as allowing them to critically evaluate and develop HIV prevention information themselves for such online venues (Rahmah, 2015). In this light, the co-researchers suggested improving YMSM's Internet literacy by educating them on how to search for useful, health-related information online and how to better engage with HIV prevention campaigns on social media. Some of the activities suggested included encouraging YMSM to share HIV prevention campaigns on their Facebook pages and with their online networks as well as in creating their own personal HIV prevention campaigns such as posting videos of HIV-education workshops and other related activities. In sum, this was seen by the co-researchers as one way to shift the role of YMSM from passive *consumers* of HIV prevention campaigns to *HIV prevention advocates* in order to secure better overall outcomes for HIV prevention programmes (Rhodes, 2014). However, despite all the innovative ideas outlined above by the co-researchers, they also identified that successfully recruiting YMSM to take part in such personalised online campaigns would be largely determined by the extent to which their sexual identities could be protected online.

8.4 Limitations of the study

First, this current research was designed based on the small scale of research which consists of nine participants, given that the research was action oriented and empowerment oriented the nature of the study was about partnership, it was relational, and about a team effort. This might cause a lack of transferability or generalisability of this research findings into other YMSM context in Indonesia. Whilst participatory research does not aim to be transferable or generalizable the findings often provide important indications of powerlessness and inequity, and must be judged on their level of authenticity, credibility, and reflexivity (Creswell & Miller, 2000).

PAR employs a repeating cycle of *action* and *reflection*, is limited as it completed only *one* spiral cycle within a small group. Yet, the process of study was messy with a repeated planning, action and evaluation, where emphasis on ensuring co-researchers' collaboration in every step. This view has strengthen by Kemmis and McTaggart (2005, p. 277) which stated that the 'aim of the PAR is not in the completion of cycle faithfully, but rather whether they have a strong and authentic sense of development and evolution in their practice, their understandings of their practice and the situation in which they practice'. In which the stages of the cycle were collaboratively undertook by the co-researchers (Kemmis et al., 2014). Further, the absence of the implementation of the Internet *So Us* in the real world is because it is beyond the scope of this research to examine transformation of HIV prevention practice of the YMSM as the result of the *So Us*. This research was designed only to develop ideas of the YMSM on Internet-based HIV prevention given the time constraint of the doctoral study.

Another limitation of this study might be that of not including government agencies such the Bali Provincial AIDS commission, health department, and funding in the group. The PAR's research member according to Langlois et al. (2014) should include practitioners and those are who directly concerned with the HIV prevention in Bali. This is because HIV prevention practice of YMSM are placed, produce and re-produced in social interaction between the agency such as YMSM, the NGO, the AIDS commission, health clinics and the donors. Thus, attempt to change the practice need to engage support from those stakeholders. However, this study recognised the participation of the YMSM in this research which enable them to produce the Internet *So Us* has been became a modality to the future research involving other stakeholder.

As noted by McTaggart (1991), PAR is a social interaction where group dynamics in the focus group discussion are likely to have affected co-researcher's openness and willingness to discuss the topic of the research. The member of the research needs to be honest about their experiences and thoughts, yet this might not always occur due to unbalance of power due to closeness to other research member and experience in HIV prevention in Bali. I realised that not all of the co-researchers were willing to share their heartfelt opinions in the focus group meetings due to a lack of familiarity with certain other members. For example, while the majority of the co-researchers had been part of Bali's gay community for year and were firm friends, one of the co-researcher were newly acquainted and had only recently entered Bali's gay community. Thus, the latter tended to have less experience of gay issues, be less expressive and more guarded in their responses compared to the better well-acquainted and more established co-researchers. Those with more experience were more willing to share their thoughts and ideas and speak up in front of the group – perhaps because of their experiences of working within youth organisations, their familiarity with HIV prevention campaigns and their closeness with the gay community. Therefore, in order to address this issue, I made every effort to ensure each co-researcher had an equal opportunity to be heard by encouraging them to make individual presentations, and produce their own drawings and video clips, as well as encouraging them to speak up in group discussions. However, despite these efforts, it may be the case that certain co-researchers still felt constrained by the group discussion format in terms of expressing themselves. In addition, the group's members lacked consistency – one participant withdrew in the early stages (who was then then replaced by Frangki and another failed to attend the penultimate and final FGDs due to work commitments).

Researcher subjectivity and reflexivity

Another limitation of this research is related to researcher subjectivity. I was necessarily influenced by my preconceptions on sexuality and my research background as a positivist researcher may influence the research process (Denzin & Lincoln, 2018). However, I understood that my subjectivity would likely influence my interaction with the YMSM co-researchers in the research space. In order to maximise my reflexivity, I read and re-read the concept of PAR from several article written about the principle of the PAR, the book of Kemmis and Taggart (2014) and had discussion with my

supervisors. In order to minimise my preconception on sexuality, I refer to current knowledge on sexuality both in Indonesia's literature and overseas, which bring me to learn history of sexuality, sexual right, homophobia in society which lead to stigma and discrimination among LGBT communities.

8.5 Methodological implications

Habermas's communicative action theory has been predominantly employed in social and political studies (Habermas, 1984a). This current study has given an example of application of the communicative action theory in public health research, particularly in research on HIV prevention, which remains a global public health issue. YMSM is a vulnerable community and the Internet, as a new media, has huge potential for HIV prevention tools in the future.

Using Habermas's communicative action theory as a framework, this study examined two YMSM worlds: *lifeworlds* and *systemworlds* in relation to HIV prevention practice, as well as to build collective action. An examination of YMSM lifeworlds' enlightens my understanding of structural factors that place YMSM in a vulnerable position with regards to HIV, while analysis of the HIV systemworld in Bali and Indonesia has given insight into the need to improve HIV prevention for YMSM in Bali. In addition, the communicative action theory has allowed this study to create and explore collective solutions to address the HIV epidemic in Bali by presenting a culturally acceptable HIV prevention based on the Internet, called *So Us*.

The Habermas communicative action theory emphasises the importance of building a safe research space for every member of the current study. In this study, the research space has become a group space where every participant in the research can safely talk about elements that influence YMSM's HIV prevention practices: personal, community and state. They can share views and criticise the current implementation of HIV prevention, criticise friends' statements without hesitation, and feel comfortable in co-designing the *So Us* system. Yet, this study also recognised some barriers for people in participating meaningfully in this research and in HIV prevention practice.

The examination of the YMSM lifeworlds has brought our findings that are beyond social cognitive theory and a biomedical paradigm, which are mainstream public health

paradigms in the Indonesian context and indeed globally. Those research paradigms have limitations in capturing the complexity of people's health behaviours. The current HIV research paradigm emphasises individual risky sexual behaviour and its influence on the HIV epidemic and prevention practice. Thus, the solution offered by these approaches is usually to improve cognitive skills relating to sexual behaviour and access to ARV. Yet, Habermas' communicative action theory deepens the examination of this study into the complexity of the HIV epidemic and prevention practice which has roots in community structures and HIV systems where HIV prevention is practice, produced, and reproduced.

The use of communicative action theory by Habermas has provided insight on giving space to the unheard voices of YMSM (Halkitis, 2010). It provided a conceptual framework for the collaboration and partnership with YMSM, which then positioned them as a research collaborator within the public space of the Internet. Further, the theory is concerned with a better process of social transformation, where it promotes the process of democracy during acting by ensuring a collaboration and mutual agreement achieved within a community during co-design. Yet, one consideration about the process of the social transformation in this study is the high stigma among the LGBT community in Indonesia. Another issue is related to the role of the media, as a public sphere to ensure the democratic process or in this study, with the Internet as a promising media for the YMSM to empower them on available tools for HIV prevention. However, this concept might have limitations in the context of this research since there is a potential of manipulation of information in media, and there are many dangers of going public for stigmatized YMSM. Information in the mainstream media tends to satisfy the majority, which is likely to be negative towards the issue of HIV in the LGBT community.

Another implication of this research is that the use of communicative action as a theoretical concept in this research has strengthen the use of participatory action research methodology choice (Kemmis et al., 2014) The PAR has given insight into how to produce knowledge together with the YMSM in order to improve the quality of the data. The YMSM of this research have been given space as co-researchers, by means of which they contributed to research methods to be used in this current research. The PAR also opened up opportunities to create collaborative action by co-designing the *So Us* HIV prevention initiative for YMSM in the Internet. The *So Us* was

developed based on their experiences, knowledge and wisdom. Furthermore, using PAR as a tool for collaborative research had provided enlightenment on the need to shift YMSM's roles in HIV prevention, from being clients to being collaborators. The transformative role of YMSM is needed in order to strengthen their position in the HIV prevention initiative in Bali. The transformative role is seen as one strategy to ensure their voice is being heard by HIV program and policy makers. This insight relates this study to the concept of prosumers, a concept which was first coined by Toffler (1981, p. 215), who defines it as "someone who blurs the role of producer and end user". Although we do not state that they are prosumers per se, research on Internet-based HIV prevention and sexual health targeting YMSM and other young people has shown that youth has the capacity to be collaborators in the HIV prevention programmes (Brady et al., 2015; Gao & Wang, 2007; Tanner et al., 2016). Potentially, the YMSM can produce their own programme independently and indeed create their own organisational systems, but in this context, there are safety issues in doing so.

8.6 Recommendations of this study

This study offered several recommendations to enhance the creation of space for the YMSM in the provision of HIV prevention programmes, HIV policy agendas, NGOs, and future research.

8.6.1 Recommendations for policymakers

Despite acknowledgment of the use of the Internet to provide material for HIV prevention, to date there are no guidelines on how to use the Internet for HIV prevention released by the UNAIDS (UNAIDS, 2016d) and Indonesian National AIDS Commission (NAC). Currently, the only guidelines available for using the Internet for HIV prevention is for a cyber outreach programme developed by GWL-INA, a gay-based NGO which delivers sexual rights-based HIV prevention initiatives. This current study highlights the urgency to provide such guidelines in order to inform and advocate to NGO and other agencies about how to scale up HIV prevention programmes using the Internet, the challenges and opportunities underpinning use of the Internet, and the nature of these approaches within the context of a 21st century public health industry. It is suggested to invite the YMSM community to co-design the guidelines. Their participation in developing the guidelines would ensure that online campaigns are both

appealing to them and cater to their unique and specific requirements, as covered in the guidelines.

Creating a secure space is pivotal in order to strengthen YMSM's participation in HIV prevention. Yet, this action requires social and environmental changes. The Indonesian government has released national information technology and electronic laws (Law number 19, 2016) to regulate and monitor online activities that cause potential disturbance to the community. As discussed in chapter 2, under this law, any online material that is related to LGBT has become subject to government surveillance (Badgett, 2017). Thus, this study also recommends that HIV prevention policy address this situation by educating other government agencies about online HIV-related activities. This recommendation is possible, as the head of the AIDS commission in Indonesia is the Ministry of People's Welfare, which coordinates with many ministries, including the Ministry of Information and Law.

This study identified that the stigma and discrimination against non-heterosexual people is very strong in the community. Ideally, the stigma towards YMSM and HIV would be reduced through legal reform to protect the sexual rights of LGBT. Yet, this requires lots of effort, is a significant challenge, and takes time. Therefore, it is suggested to explore ways in which other countries and communities facing similar challenges have managed to advocate successfully in relation to sexual rights and freedom to express sexuality (Seale et al., 2010; UNAIDS, 2017). Establishing a local law to protect the sexual rights of LGBT is believed to improve the access of YMSM to HIV prevention and in turn will improve their participation in HIV prevention.

8.6.2 Recommendations for HIV prevention strategies

This study highlights the notion that creating space for YMSM's lifeworlds is pivotal for a better and culturally acceptable HIV prevention for YMSM. Thus, this current study offers a recommendation to open a space for YMSM's lifeworlds in HIV prevention programmes in order to achieve a better HIV prevention outcome. The consideration of the YMSM lifeworld will ensure that HIV prevention delivery is more focused on client-based HIV promotion. This can be done by highlighting concerns about YMSM's daily HIV prevention practices, developing HIV prevention campaigns that use positive messages, and using forthright language and humour.

Another highlight of the current study is a need to create a healthy environment in gay dating apps, which can be done through posting strengths-based HIV prevention campaigns in gay dating apps or in gay social media. The co-researchers suggested to collaborate with two famous gay bars in Bali in order to give permission to posting a *So Us* video in their social media. In addition, an HIV prevention campaign in Grindr was also suggested, specifically to target YMSM who are not on the gay bars' Facebook channels. This strategy is believed to raise awareness among people visiting the bars, to help them to protect themselves from HIV.

This study offers a recommendation to strengthen the role of YMSM in HIV prevention in Bali, particularly as prosumers, who have the role as co-designers of the HIV prevention as well as the clients. This concept has moved away from the current HIV practice, which sees YMSM as clients and recipients of the HIV programme, to that of equal collaborators. YMSM have insight, experience, wisdom and skill which is very useful to contribute to co-designing the online HIV prevention campaigns for YMSM of Bali. Although the *So Us* campaign is in its fledgeling stage, it provides a basis for the development of internet-based HIV prevention strategies which incorporate YMSM's unique and insightful perspectives as *prosumers* (Toffler, 1981), where YMSM occupy dual positions as producers and end-users. This strategy will develop YMSM creativity to utilise the multi-functionality of the technology to improve their role as prosumers (Conn et al., 2017).

This study recognised the need to improve the quality of HIV prevention delivery. One aspect that merits highlighting in this research is the lack of a psychosocial approach in delivering HIV prevention in Bali. Therefore, improvement of the quality of the HIV prevention delivery by addressing the psychosocial factors among YMSM is needed. Further, this study also found that there was poor quality in HIV counselling and testing services for YMSM, particularly in health facilities owned by the government. This poor service potentially will have effects on YMSM's willingness to do HIV testing as one component in HIV prevention. Therefore, improvement of the skill of the nurses and health providers in providing HIV counselling and testing is needed, in order to improve service delivery.

8.6.3 Recommendations for NGO

This study provides key recommendations for NGOs to harness the use of the Internet innovatively in order to scale up HIV prevention material for YMSM in online media. As has been highlight in the literature, the delivery of Internet-based material is more cost-effective and is widely disseminated, making it more likely to reach its audience (Anand et al., 2015; Kasatpibal et al., 2014). The increased popularity of the Internet among YMSM, the decline of a digital divide in Bali, and the multi-functionality of the Internet (such as social networking sites like Facebook and other social media platforms) make the Internet a promising tool for HIV prevention for YMSM. Yet, as discussed in chapter 6, the use of the Internet for HIV prevention in Bali is very limited in terms of cyber outreach.

As discussed in chapter 5, the YMSM who use the Internet are mainly seeking sexual partners, while research in many areas has shown that this activity can increase their risk of HIV transmission. This current study offers recommendations to NGOs to improve the skill of YMSM in using the Internet, by conducting training on Internet literacy. By means of this training, it is hoped that YMSM's skills will be improved and that they gain benefit from the rich Internet functions and facilities (Rahmah, 2015). Therefore, improving YMSM's skill in internet literacy can help them to find information about HIV. In addition to improving their skill, it is recommended to create an app for HIV prevention for YMSM that is culturally acceptable for Indonesian YMSM. This apps will in turn improve access to HIV information and to promote healthy sexual behaviour. In addition, it is suggested to conduct a training on how to deliver online-HIV prevention. This could be about creating HIV prevention campaign, addressing fake news about HIV and doing push back campaign to protect the right of YMSM when they are being bully in the Internet. A digital right training is also recommended for NGO to give them insight on their right when going online as well as how to protect their identity in online venue.

Furthermore, it is recognised that HIV prevention education delivery in Indonesia will face a financial constraint as an impact of the World Bank classification of Indonesia as middle-income country (Pardede, 2017). The major impact of this new classification is the significant reduction by 2020 of funding received from the Global Fund as the largest funding body for Indonesian HIV prevention. This study therefore offers a

recommendation to the NGO to utilise the Internet for crowd funding to ensure sustainability of HIV prevention education for YMSM. Another aspect to consider in seeking independent funding is to enable NGOs to deliver activities that might not fit with the current funding policy. As discussed in chapter 6, the HIV systemworld might push NGOs to deliver HIV prevention by ignoring the YMSM lifeworld. This practice could potentially cause harm to the involvement of YMSM in HIV prevention. Therefore, it is suggested to them to be able to seek funding with the aim to accommodate the specific needs of YMSM in relation to HIV prevention.

8.6.4 Recommendations for future research

Based on the implementation of the PAR cycle in this present study, it is recommended that future research should take these ideas further into a community prototyping of HIV prevention *So Us* ideas, led by interested YMSM. This proposed research could involve other HIV stakeholders as research members such as the Bali AIDS commission and other government agencies, NGOs, HIV clinics, donors, politicians and other stakeholders, in order to examine the transformation of HIV prevention practice in Bali. This further research hopes to engage YMSM as leaders and champions in social change. However, given the stigma and risks involved, this research would need to have a carefully thought through strategy for addressing the context.

The multi functionality of technology provided a rich opportunity to scale up HIV prevention education in the Internet. Yet, research about Internet-based programmes for HIV prevention in Bali and in Indonesia is limited. Therefore, future research is needed to develop HIV prevention apps for YMSM that can be utilised as a source of information and as tools to improve healthy sexual behaviour, which contain reminders for HIV testing, and improve users' confidence in their sexuality.

Lastly, due to the popularity of gay dating apps with YMSM in Bali and in other contexts, it would be beneficial to conduct further research on how to create a healthy environment in new gay dating apps (or modifying existing ones) which advocate sexual positivity and incorporate HIV support and treatment. It is crucial that gay dating app providers are involved in the movement to encourage safe-sex practices among their users. US-based research that examined a collaboration between public health departments and the gay dating site *manhunt.com* to incorporate HIV prevention advice

into its website resulted in a better awareness of HIV among users (McFarlane et al., 2005).

8.7 Concluding remarks

The findings of this study offer two main insights into how YMSM in Bali can be empowered to develop internet-based HIV prevention campaigns which ensure their unique lifeworld experiences play a central role in the HIV prevention effort. The co-researcher's ideas of using the internet for HIV prevention were built on careful examination of – and reflection on – their unique position as a marginalised group. Thus, by creating a non-judgemental, communicative space for YMSM living in Bali to participate in a PAR-based approach, the present study has allowed the co-researchers to create unique online HIV prevention strategies which truly reflect and fully acknowledge young, gay Indonesian's lifeworlds, and capture their existence as an ostracised minority occupying a tenuous existence on the fringes of tolerance by conservative, heterosexual Indonesian society. However, with this in mind, a significant theme identified in the present study's findings was that YMSM in Bali predominantly use the Internet for social and sexual networking, and that using it for seeking information on HIV prevention is uncommon within this community. While international research on internet-based HIV prevention has focused on scientific trials on the use of the internet for HIV prevention by increasing knowledge about HIV, encouraging safe-sex practices, HIV testing and increasing ARV drug referral, the present study has revealed unique insights into YMSM's lifeworlds which advocate encouraging condom use among Bali's YMSM by appealing to their sense of love and care for their sexual partner(s), via the use of online material which encompasses themes of romance, emotional closeness and humour.

In conclusion, this study has identified specific gaps and opportunities for the development of a highly effective internet-based HIV prevention campaign as well as contributing original, evidence-based suggestions to inform official HIV prevention policies for YMSM in Bali. It is hoped that this study's findings will be useful in improving the efficacy of Indonesia's HIV-prevention policies, anti-HIV programmes and HIV service provision to halt the spread of the disease among YMSM in Bali and beyond. This is vital, as, in 2020, Indonesia will be faced with further financial constraints on its HIV-prevention programme because the World Bank is set to classify

Indonesia as a middle-income country, which will trigger funding reductions from global donors. In the meantime, Indonesia has promised to meet global efforts to end HIV/AIDS as a public health threat by 2030, involving testing 90% of people living with HIV and recording their status, and linking 90% of HIV-positive individuals to appropriate treatment services and ARV programmes (UNAIDS, 2016a). Thus, the success of internet-based HIV prevention in driving down infection rates and enhancing the treatment of HIV-positive YMSM in Bali depends on building YMSM's participation as both *producers* and *consumers* of online HIV prevention, in order to enable Indonesia to achieve its global commitment to reducing the spread of HIV in ways which are both effective and financially viable.

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Appendix A: The advertisement flyer



APAKAH KAMU :

berumur 18-24 thn?

mempunyai waktu yang flexible?

seorang laki laki yang menyukai laki laki?

tinggal di Gianyar, Denpasar atau di Badung?

Jika ya, kami ingin mengajak anda untuk bergabung dalam diskusi tentang penggunaan Internet untuk kesehatan

Hubungi:

Dinar Lubis

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Appendix B: Ethic Approval



A U T E C
S E C R E T A R I A T

29 October 2014

Cath Conn

Faculty of Health and Environmental Sciences

Dear Cath

Re Ethics Application: **14/320 Creating a space for young men who have sex with en (YMSM) of Bali to develop Internet based HIV prevention.**

Thank you for providing evidence as requested, which satisfies the points raised by the Auckland University of Technology Ethics Committee (AUTEC).

Your ethics application has been approved for three years until 29 October 2017.

As part of the ethics approval process, you are required to submit the following to AUTEC:

- A brief annual progress report using form EA2, which is available online through <http://www.aut.ac.nz/researchethics>. When necessary this form may also be used to request an extension of the approval at least one month prior to its expiry on 29 October 2017;
- A brief report on the status of the project using form EA3, which is available online through <http://www.aut.ac.nz/researchethics>. This report is to be submitted either when the approval expires on 29 October 2017 or on completion of the project.

It is a condition of approval that AUTEC is notified of any adverse events or if the research does not commence.

AUTEC approval needs to be sought for any alteration to the research, including any alteration of or addition to any documents that are provided to participants. You are responsible for ensuring that research undertaken under this approval occurs within the parameters outlined in the approved application.

AUTEC grants ethical approval only. If you require management approval from an institution or organisation for your research, then you will need to obtain this. If your research is undertaken within a jurisdiction outside New Zealand, you will need to make the arrangements necessary to meet the legal and ethical requirements that apply there.

To enable us to provide you with efficient service, please use the application number and study title in all correspondence with us. If you have any enquiries about this application, or anything else, please do contact us at ethics@aut.ac.nz.

All the very best with your research,

Kate O'Connor

Executive Secretary

Auckland University of Technology Ethics Committee

Cc: Dinar Lubis goarhudinar@yahoo.com

Appendix C: Information Sheets

Participant Information Sheet



Languages: copies of this information sheet are available in English and Indonesia

Date Information Sheet Produced

1 September 2014

Project Title

Creating a space for Young Men Who Have Sex with Men (YMSM) of Bali to develop internet based HIV prevention

An Invitation

Om suwastiastu, Selamat siang, Good Afternoon! Hi everyone, my name is Dinar Lubis, a PhD student in school of Public Health, AUT University. I would like to invite you to participate in my research on developing an internet-based HIV prevention in Bali. This research seeks your view about the internet, HIV prevention and ideas to develop internet based HIV prevention. This research is to fulfil requirement of my PhD study.

I am the main researcher of this project. Other members of the project are my supervisors: Dr Cath Conn and Dr Sari Andajani. Your participation in this research is voluntary and you may withdraw at any time prior to data collection. I do not have any personal interest with any youth based organisation in Bali therefore, if you choose to participate in this study, you will neither advantage nor disadvantage.

What is the purpose of this research?

This research aims to generate knowledge about how to develop the internet for HIV prevention from you. By participating in this research, you will share your views about HIV prevention and your experience in using the internet for HIV prevention. You will be asked ideas on developing internet for HIV prevention. It is also anticipated that you will actively participate in the proses of research particularly in discussing a suitable method in data gathering, in data analysis and in dissemination of findings. Further, this research is a requirement to fulfil my PHD qualification. The output of the research will

produce a thesis, papers publish in conferences, article in academic journals and other types of academic publication.

How was I identified and why am I being invited to participate in this research?

You have been invited to participate in this research through the advertising posted in the Gaya Dewata Foundation (GDF)'s facebook page, office and sites. Further, you were invited by your peers and by GDF'S staffs through word of mouth. The advertising consists of brief information about the research, inclusion criteria of the participants and my email address and mobile phone number. You were selected to participate in the research because you meet the criteria of the research which are age between 18-24 years, live in Denpasar, Badung and Gianyar, and acknowledge as men who have sex with men. Furthermore, you have experience in using internet for HIV prevention and flexible time.

What will happen in this research?

During this research, you may perhaps be flexible with timing of the discussion group. You will be invited to at least in five focus group discussion (FGD) session which took 4-6 hours in every session or 30 hours in total. In the first session, you will be trained about the principles of the participatory action research (PAR), principles, methods and techniques. In the second sessions, we will discuss about your experiences and views of using the internet and HIV prevention. Further, the third up to fifth sessions, we will discuss about developing ideas on the internet-based HIV prevention. You can choose interactive methods such as mind mapping, stories, video, songs, pictures, drama or other way to present your experiences.

The indicative questions to guide the focus group discussion are:

- 1) What are your experiences of using the Internet?
- 2) How do you find out about HIV prevention including on the internet and other sources?
- 3) What are your ideas or an internet-based HIV prevention?

Your participation in this research is voluntary and you may withdraw at any time before at the end of the focus group discussions. However, any information you have shared during the study will still be used.

What are the discomforts and risks?

During the FGS session, we might discuss about sexual practices that related with HIV prevention practices during the FGD sessions. You might find that this topic discomfort or make you feel embarrass. Further, since this research is about development of ideas for HIV prevention, you may find difficulties to express your ideas.

How will these discomforts and risks be alleviated?

In order to minimise discomfort and risk in this research, we will seek methods to allow you express your ideas comfortably. We may use dialogue, storytelling and media and art to express our ideas. Further, you will be given option not to answer or to participate in the discussion if you feel not comfortable with questions. In addition, you will also have right to ask the audio type turn off or to leave the discussion without any reasons. If necessary, a free counselling support will also be provided at no cost at the GDF counselling to ease your discomforts and risk.

What are the benefits?

By participating in this research, you will have experience in participatory action research and to learn about research. You will also have a chance to discuss ideas that important to HIV prevention approach targeting your community. In the end of the research, you will be provided a letter to acknowledge of your participation in this research.

How will my privacy be protected?

All information will be strictly confidential and anonymous. I will not collect your name or address. I will only collect information about your age and town where do you live. You will not be identified in any report. Only researcher immediately involves in the study have access to the information provided in the FGDs. During transcription, names used during the FGDs will be changed.

The FGDs will be recorded, in order to help researcher to write their report. The recording will be stored in locked computer files at my supervisors' office at the School of Public Health and Psychosocial, AUT University. It will be kept for five years from the project's data of completion. Computers files will be accessed only by the project staff and with a password. Your words may be used in the publication, but it will be impossible to identify you. Transcription from FGD will be archived in accordance with

AUTEC and stored for 5 years, at which time they will be disposed of by a confidential service.

Consent Forms will be kept at my supervisor's office at School of Public Health and Psychosocial for 7 years from the project's date of completion.

What are the costs of participating in this research?

There will no cost to participate in this research. We will provide you with transport cost for travelling to the FGD venue and refreshment to appreciate your time.

What opportunity do I have to consider this invitation?

You will be given one week to decide taking part in this study. You can send me text or email to ask any questions or any further information regarding the research.

How do I agree to participate in this research?

Once you agreed to participate in this research, we will ask you to sign a Consent Form. This form shows that you have read and understood about your right in this research project and confidential issue during the research process.

Will I receive feedback on the results of this research?

Yes, you will receive feedback as the results of this research. The results of the research will be examined during the FGDs sections. Further, on the consent form you can chose to receive summary of key research findings.

What do I do if I have concerns about this research?

Any concerns regarding the nature of this project should be notified in the first instance to the Project Supervisor, Dr Cath Conn, cath.conn@aut.ac.nz, 0064 9 921 9999 ext 7407

Concerns regarding the conduct of the research should be notified to the Executive Secretary of AUTEC, Kate O'Connor, ethics@aut.ac.nz , 921 9999 ext 6038.

Whom do I contact for further information about this research?

Researcher Contact Details:

Dinar Lubis, goarhudinar@yahoo.com.

Approved by the Auckland University of Technology Ethics Committee on 29 October 2014 AUTEC Reference number 14/320

Appendix D: Signed consent form



Consent Form

Project title: **Creating Space for Young Men who have sex with men (YMSM) of Bali to develop Internet based HIV prevention**

Project Supervisor: **Dr Cath Conn (Primary supervisor), Dr. Sari Andajani (Secondary supervisor)**

Researcher: **Dinar Lubis**

- I have read and understood the information provided about this research project in the Information Sheet dated.....month...year....
- I have had an opportunity to ask questions and to have them answered.
- I understand that identity of my fellow participants and our discussions in the focus group is confidential to the group and I agree to keep this information confidential.
- I understand that notes will be taken during the focus group and that it will also be audio-taped and transcribed.
- I understand that HIV prevention material using the Internet might be produced in the end of the project
- I understand that I may withdraw myself or any information that I have provided for this project at any time prior to completion of data collection, without being disadvantaged in any way.
- If I withdraw, I understand that while it may not be possible to destroy all records of the focus group discussion of which I was part, the relevant information about myself including tapes and transcripts, or parts thereof, will not be used.
- I agree to take part in this research.
- I wish to receive a copy of the report from the research (please tick one):
Yes ☐ No ☐

Participant's signature:

.....

Participant's initial:

.....

Participant's Contact Details (if appropriate):

.....
.....
.....
.....

Date:

*Approved by the Auckland University of Technology Ethics Committee on 29 October
2014 AUTECH Reference number 14/320*

Appendix E: GDF letter of support

Appendix E



Yayasan Gaya Dewata (YGD) Bali

Jalan Sakura IV no. 8. Denpasar

Telpon : (0361) 7808250

Email : gayadewata@yahoo.com

Website : www.gayadewata.com

Denpasar, 2 September 2014

To whom it may concern at Auckland University of Technology

Re: Research support for Dinar Lubis

This letter confirms that the Gaya Dewata Foundation (GDF) is happy to offer research support to Dinar Lubis, a doctoral student at Auckland University of Technology. GDF will help Dinar recruit young men who have sex with men (YMSM), as participants of the research. Further, we also happy to offer Dinar our office as a research venue, where Dinar can host focus group discussion with the YMSM.

GDF was established on February 1992 with focus of work is in the area of sexual health, HIV-AIDS and sexuality issues among vulnerable and underserved MSM, lesbian, gay, bi-sexual and transgender (LGBT) communities in Bali. GDF aims to increase awareness of LGBT health-especially sexual health, provide advocacy and human right for LGBT. Some of our activities are a one-on-one group information session, STI and HIV-AIDS counselling, referral assistance for STI screening and HIV testing and providing support for people living with HIV. If you need further detail about our foundation, please visit our website at <http://gayadewata.com/>

Your sincerely,



Christian Supriadinata
GDF Director

Yayasan Gaya Dewata (GYD) Bali adalah Lembaga Swadaya Masyarakat yang bergerak dibidang kesehatan, khususnya dalam penanggulangan infeksi Menular Seksual (IMS), HIV dan AIDS.

Appendix F: Final Themes

