

EXPERIENCES AND RISK FACTORS ASSOCIATED WITH TRANSACTIONAL SEX AMONG MEN WHO HAVE SEX WITH MEN: A QUALITATIVE STUDY IN MEDAN, INDONESIA IMPLICATIONS FOR HIV PREVENTION AND SEXUAL HEALTH INTERVENTIONS

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Abstract

Transactional sex between men carries a high risk of transmitting sexually transmitted infections. This study employed a qualitative phenomenological approach through in-depth interviews with homosexual men engaged in transactional sex. Inclusion criteria included men aged 19–40 who were sexually active with heterosexual, homosexual, or bisexual partners. Participants were adults at the time of recruitment but some reported having initiated sexual intercourse during adolescence (as early as age 13), reflecting on their earlier experiences. Data were obtained through observation and semi-structured interviews lasting 60–100 minutes per session. Data analysis was conducted in three stages: data reduction, data presentation, and verification. The results showed that multiple partners, a large number of partners, and the lack of personal protective measures, particularly condom use, were dominant factors that increased the risk of transmission and spread of sexually transmitted infections. Furthermore, transactional sex tended to occur without long-term commitment, thus reinforcing risky behavior patterns. These findings emphasize the importance of condom availability and use as primary prevention measures to reduce the risk of infection. This study highlights the urgency of education-based prevention strategies and health promotion for men who engage in same-sex sex. Therefore, increasing awareness about safe sex behavior is a crucial step in reducing vulnerability to sexually transmitted infections among this high-risk group.

Keywords: *Transactional Sex, Men Having Sex with Men (MSM), homosexuals.*

Introduction

Transactional sex has been identified as a significant driver of sexually transmitted infections (STIs) among men who have sex with men (MSM), with studies highlighting its association with multiple partners, inconsistent condom use, and heightened vulnerability to HIV.¹ This study aims to explore the lived experiences and risk factors associated with transactional sex among MSM in Medan, Indonesia, and to identify implications for prevention strategies. A national survey reported that 48.2% of adolescents aged 10–24 years had engaged in risky sexual behaviors, defined as unprotected vaginal, anal, or oral sex, multiple partners, and early sexual debut.² While this broad age range includes minors, the data reflect population-level survey findings and underscore the importance of addressing child protection and consent issues in discussions of adolescent sexual health. National survey data further revealed that 10% of male adolescents aged 15–24 years were classified as being at risk of contracting sexually transmitted infections, and 29.8% of respondents acknowledged their own vulnerability.³

In addition to being vulnerable to sexually transmitted diseases, risky sexual behavior also causes men to commit sexual violence,⁴ the risk of unwanted pregnancy,⁵ and abortion.⁶ Men who

have sex with men are also at high risk of contracting sexually transmitted diseases due to changing sex partners, especially when working as sex workers.⁷

Transactional sex between adults and young people is common or common where young people have sex with older men to obtain material benefits and other benefits such as food, accommodation, gifts, money and other materials, where there is an exchange to obtain the desired sex.⁸ It is known that the prevalence of HIV transmission is higher for those who have paid sex, have contracted sexually transmitted diseases in the previous year and do not use protection and/or condoms in the sex. Individuals who pay for sex and receive the material are known to have more than one sex partner.⁹ This transactional sex behavior is at risk of transmitting and contracting sexually transmitted diseases

Compared to women, men have more sex partners and the highest rate of unsafe sex or not using condoms.¹⁰ Related to gender issues where men have the freedom to have sex compared to women. Men who have several or more partners tend to have symptoms of depression, smoke, drink, get into fights compared to those who have less than two sex partners. Men tend to be at higher risk of having multiple sex partners and

¹ UNAIDS, 'Global HIV & AIDS Statistics—2020 Fact Sheet', <https://www.unaids.org/en/resources/fact-sheet>, January 2021.

² Fenny Etrawati, Evi Martha, and Rita Damayanti, 'Psychosocial Determinants of Risky Sexual Behavior among Senior High School Students in Merauke District', *Kesmas: National Public Health Journal*, 11.3 (2017), doi:10.21109/kesmas.v11i3.1163.

³ Helda and Nurul Muchlisa, 'Attitudes Concerning Sexual Behavior towards Risky Sexual Behavior of Sexual Transmitted Infections among Male Adolescents in P', *Jurnal Kesehatan Masyarakat Nasional (National Public Health)*, 16.2 (2021), pp. 131–36.

⁴ Wienta Diarsvitri and others, 'Beyond Sexual Desire and Curiosity: Sexuality among Senior High School Students in Papua and West Papua Provinces (Indonesia) and Implications for HIV Prevention', *Culture, Health & Sexuality*, 13.9 (2011), pp. 1047–60, doi:10.1080/13691058.2011.599862; Jiantao Li and others, 'Early Sex Initiation and Subsequent Unsafe Sexual Behaviors and Sex-Related Risks Among Female Undergraduates in Wuhan, China', *Asia Pacific Journal of Public Health*, 27.2_suppl (2015), pp. 21S–29S, doi:10.1177/1010539514549186; Arunrat Tangmunkongvorakul and others, 'Sexual Perceptions and Practices of Young People in Northern Thailand', *Journal of*

Youth Studies, 14.3 (2011), pp. 315–39, doi:10.1080/13676261.2010.522562.

⁵ Mohammed Akibu and others, 'Premarital Sexual Practice and Its Predictors among University Students: Institution Based Cross Sectional Study', *Pan African Medical Journal*, 28 (2017), doi:10.11604/pamj.2017.28.234.12125; Simon Simon and Susan J. Paxton, 'Sexual Risk Attitudes and Behaviours among Young Adult Indonesians', *Culture, Health & Sexuality*, 6.5 (2004), pp. 393–409, doi:10.1080/13691050410001680519.

⁶ Li and others, 'Early Sex Initiation and Subsequent Unsafe Sexual Behaviors and Sex-Related Risks Among Female Undergraduates in Wuhan, China'.

⁷ UNAIDS, 'Global HIV & AIDS Statistics—2020 Fact Sheet.'

⁸ Cheick Haïballa Kounta and others, 'Transactional Sex among Men Who Have Sex with Men Participating in the CohMSM Prospective Cohort Study in West Africa', *PLOS ONE*, 14.11 (2019), p. e0217115, doi:10.1371/journal.pone.0217115.

⁹ Ibid.

¹⁰ Siyan Yi and others, 'Social and Behavioural Factors Associated with Risky Sexual Behaviours among University Students in Nine ASEAN Countries: A Multi-Country Cross-Sectional Study', *S.AHARA-J: Journal of Social Aspects of HIV/AIDS*, 15.1 (2018), pp. 71–79, doi:10.1080/17290376.2018.1503967.

usually occur in men who live independently or live far from their parents.¹¹ Men who have had multiple sex partners in the past year are more likely to have unsafe sex than those who only have one sex partner.¹² The combination of these risky behaviors, where there is no permanent sex partner and no protection at the sex meeting, increases the risk of sexually transmitted diseases transmission.

Transactional sex is generally defined as trade (buying or selling) where there is a medium of exchange and sexual activity to obtain material benefits and desired goods. Transactional sex occurs along a spectrum of participation ranging from casual sex to ongoing professional encounters. Transactional sex behavior that we usually know as homosexual and/or same-sex sex tends to involve anal and oral sex which if unprotected carries a high risk of spreading sexually transmitted diseases for the recipient partner.¹³ Moreover, in addition to the risk of infection to the recipient, there is also a high risk of transmission to other sex partners because there is more than one sex partner. Where men are at risk of transmitting and/or being transmitted.

Male-to-male sexual behavior tends to occur frequently during adolescence when they are more enthusiastic about trying or experimenting with sex, making them vulnerable to risky sexual behavior.¹⁴ Transactional sex can be broadly defined as the exchange of sex for gifts or goods. Same-sex and/or homosexual sexual behavior involved in transactional sex tends to have more diverse experiences such as experiencing violence (physical, psychological, and sexual), inconsistent use of protection, being involved in drug abuse, and experiencing psychological stress. Same-sex sexual behavior between men and men involved in

transactional sex behavior contributes greatly to the transmission of sexually transmitted diseases.¹⁵

Transactional sex in women is quite good and has many explanations. However, data and/or information about men who sell sex for money, goods, and other materials is quite limited. Transactional sex between men is less visible or hidden and stigmatized so that the challenges that occur in obtaining related data and information compared to transactions that occur in women. Transactional sex between men is not seen as sex work or commercial sex and views this transaction as informal professional work. Transactional sex describes a broader proportion, including payment for sex with money, clothing, housing, and health protection. The transactions that occur can differ for each individual depending on the agreement.¹⁶

Issues related to sexual behavior and gender diversity have increasingly gained public attention in Indonesia. Reports of sexual violence, especially against children, have become a serious social concern.¹⁷ Alongside this, greater visibility of lesbian, gay, bisexual, and transgender (LGBT) communities reflects ongoing social change and the need for more inclusive dialogue about sexual and gender identities. Understanding these dynamics requires distinguishing between criminal acts that violate consent and expressions of identity that represent the diversity of human sexuality.

Sexual deviant behavior is sexual behavior that is unacceptable to all types of people in society because it is not in accordance with religious procedures and norms.¹⁸ Sexual deviation against minors can be carried out in various forms of verbal actions such as real behavior of harassment that is carried out or nonverbal such as words or statements that are uttered.¹⁹ Not only that, sexual harassment against children also includes an act of

¹¹ Ibid.

¹² Marjan Javanbakht and others, 'Transactional Sex among Men Who Have Sex with Men: Differences by Substance Use and HIV Status', *Journal of Urban Health*, 96.3 (2019), pp. 429–41, doi:10.1007/s11524-018-0309-8.

¹³ Eniola A. Bamgboye, Titilope Badru, and Afolabi Bamgboye, 'Transactional Sex between Men and Its Implications on HIV and Sexually Transmitted Infections in Nigeria', *Journal of Sexually Transmitted Diseases*, 2017 (2017), pp. 1–7, doi:10.1155/2017/1810346.

¹⁴ Ibid.

¹⁵ Hang Hong and others, 'HIV Incidence and Transactional Sex Among Men Who Have Sex With Men in Ningbo, China: Prospective Cohort Study Using a WeChat-

Based Platform', *JMIR Public Health and Surveillance*, 10 (2024), pp. e52366–e52366, doi:10.2196/52366.

¹⁶ Javanbakht and others, 'Transactional Sex among Men Who Have Sex with Men: Differences by Substance Use and HIV Status'.

¹⁷ Ratih Probosiwi and Daud Bahransyaf, 'Pedofilia Dan Kekerasan Seksual: Masalah Dan Perlindungan Terhadap Anak', *Sosio Informa*, 1.1 (2015), doi:10.33007/inf.v1i1.88.

¹⁸ Ivo Noviana, 'Kekerasan Seksual Terhadap Anak: Dampak Dan Penanganannya', *Sosio Informa*, 1.1 (2015), doi:10.33007/inf.v1i1.87.

¹⁹ Ibid.

asking or forcing children to engage in sexual activity, as well as giving actions that should not be given to children.²⁰ Sexual behavior encompasses a broad spectrum of expressions and orientations. Within psychological and clinical frameworks, certain patterns such as pedophilia, exhibitionism, and masochism are identified as paraphilic disorders when they involve distress, non-consensual acts, or harm to others. Understanding these categories helps distinguish between consensual variations in sexual expression and behaviors that require clinical attention or legal intervention.

It is emphasized that internal factors (such as low self-esteem) and external factors (such as parenting) play a role in the occurrence of such behavior.²¹ The importance of early detection of deviant sexual behavior, especially among adolescents. The importance of the role of the family and community in prevention is also emphasized.²² The current study aimed to explore the influence of culture and social networks on HIV vulnerability among Men Who Have Sex with Men (MSM) in Yogyakarta, Indonesia. A qualitative inquiry using in-depth one-on-one interviews was conducted with 24 MSM participants in July 2015. Data were analyzed using framework analysis and guided by Social Network Theory (SNT) as a conceptual framework. Findings suggest that cultural perspectives that prohibit and conflict with same-sex marriage norms lead them to hide their sexual orientation and thus engage in clandestine unprotected sex that increases their likelihood of HIV transmission. Cultural prohibitions also play a significant role in the formation of MSM sexual networks that provide a supportive environment for HIV risky sexual practices among network

partners. These findings provide information that can be used to improve HIV/AIDS service practices and policies. However, further research with larger numbers of MSM is needed to improve understanding of other determinants of HIV vulnerability, the unique needs of MSM, and what and how programs can be implemented to reduce HIV vulnerability among MSM populations.²³

The AIDS crisis has devastated large segments of the population including the gay community and those who inject drugs. HIV has spread to other groups including prostitutes and those with other sexually transmitted diseases. We studied adolescents in a large city in the Northeast where there is a large HIV/AIDS epidemic. Despite high levels of knowledge about AIDS, these adolescents reported high levels of sexual risk behavior. Furthermore, our data show that even moderate alcohol or marijuana use predicts high sexual risk behavior. These data demonstrate the urgent need to develop HIV prevention strategies among inner-city youth based on relevant predictors of risk behavior. The combination of HIV in an inner-city population with high rates of risk behavior among adolescents demands an immediate public health response.²⁴ Risky sexual behaviors are associated with failure to disclose HIV status and alcohol consumption. Health care professionals should educate HIV-positive patients about risk reduction measures such as disclosing their HIV status to their sexual partners and avoiding alcohol use to encourage consistent condom use.²⁵

Methods

This study uses an Interpretative Phenomenological Analysis (IPA) approach to explore the life experiences and perspectives of

²⁰ D. Humaira and others, 'Relasi Pelaku Korban Dan Kerentanan Pada Anak', *Http://Repository.Uin-Malang.Ac.i*, 2007, pp. 5–10.

²¹ Eve E. Reider, Elizabeth B. Robertson, and Belinda E. Sims, 'Does Early Intervention Prevent Health-Risking Sexual Behaviors Related to HIV/AIDS?', *Prevention Science*, 15.S1 (2014), pp. 1–5, doi:10.1007/s11121-013-0455-x.

²² Jejaw Berihun Worede and others, 'Risky Sexual Behavior among People Living with HIV/AIDS in Andabet District, Ethiopia: Using a Model of Unsafe Sexual Behavior', *Frontiers in Public Health*, 10 (2022), doi:10.3389/fpubh.2022.1039755.

²³ Nelsensius Klau Fauk and others, 'Culture, Social Networks and HIV Vulnerability among Men Who Have

Sex with Men in Indonesia', *PLOS ONE*, 12.6 (2017), p. e0178736, doi:10.1371/journal.pone.0178736.

²⁴ Steven E. Keller and others, 'HIV-Relevant Sexual Behavior among a Healthy Inner-City Heterosexual Adolescent Population in an Endemic Area of HIV', *Journal of Adolescent Health*, 12.1 (1991), pp. 44–48, doi:10.1016/0197-0070(91)90040-S.

²⁵ Temesgen Gebeyehu Wondmeneh and Ruhama Gebeyehu Wondmeneh, 'Risky Sexual Behaviour among HIV-Infected Adults in Sub-Saharan Africa: A Systematic Review and Meta-Analysis', *BioMed Research International*, 2023.1 (2023), doi:10.1155/2023/6698384.

homosexual men who engage in transactional sex with fellow men. The study was conducted in Medan, Indonesia in the period 2023 (March-December), after obtaining ethical approval from the homosexual community. Participants were selected using the purposive sampling technique, with the inclusion criteria being adult males (ages 19-40 years and older) who self-identify as homosexual and are currently or in the past year engaged in transactional sexual activity. The recruitment of participants is carried out through community networks and referrals from peers until reaching data saturation, that is, when no new themes emerge from additional interviews.

Data collection was conducted through in-depth interviews and non-partisan observations to obtain verbal data and the social context of the participation experience. This is done to improve the Cognitive, Affective, and behavioral aspects of understanding participation in transactional sex activities. The interview is conducted in a private and secure place, known as a partition agreement, then translated verbatim. Data analysis was conducted based on the stages of Interpretative Phenomenological Analysis (IPA) described by,²⁶ including:

Read and re-understand the transcript to gain an in-depth understanding, Record important statements relevant to the participant's experience, Developing early themes (emergent themes), Connecting themes between participants, and Synthesize superordinate themes that reflect the shared meaning of their experiences. To maintain the validity and reliability of the data (trustworthiness), researchers perform reflexivity by noting the potential bias and the position of the researcher during the research process. In addition, peer debriefing and member checking are carried out to ensure the credibility and authenticity of the findings.²⁷

Results

Table 1. Participant Description

<i>Initias</i>	<i>Age</i>	<i>Sexual Orientation</i>	<i>Age of Initiation Anal Sex</i>	<i>Number of Sexual Partners</i>
HS	31 yo	<i>Homosexual</i>	17 yo	>1
MR	38 yo	<i>Homosexual</i>	13 yo	>1
MY	33 yo	<i>Homosexual</i>	17 yo	>1
RN	34 yo	<i>Homosexual l</i>	14 yo	>1

Participants' Sexual Identity and Early Sexual Experiences

Participant RN realized that from the beginning he did not like and/or was not interested in the opposite sex but liked the same sex or fellow men. RN explained that he had gone through a fairly long process to get to know himself and dare to state that he was a homosexual. RN's condition of realizing that he was homosexual and/or a homosexual occurred since he was young. The following is the explanation of participant RN:

IR : How did you first know yourself?

I know myself, I like men, not women. So no matter how beautiful a woman is, naked in front of me, I don't like it, it just makes me ticklish (RN: 105).

IR: Since when did you know yourself as a homosexual?

Since childhood. Since childhood, I have liked men. Like there was an interest in looking at men, why are those guys so handsome. It's been like that since childhood (RN: 107).

IR: Since when did you know yourself as a

²⁶ Lucy Tindall, J.A. Smith, P. Flower and M. Larkin (2009), *Interpretative Phenomenological Analysis: Theory, Method and Research* ?, *Qualitative Research in Psychology*, 6.4 (2009), pp. 346–47, doi:10.1080/14780880903340091.

²⁷ J.W Creswell, *Research Design: Qualitative, Quantitative, and Mixed Methods Approaches*, 4th ed. (SAGE Publication, Inc, 2013); Tindall, J.A. Smith, P. Flower and M. Larkin (2009), *Interpretative Phenomenological Analysis: Theory, Method and Research* ?

homosexual? Since childhood, I have liked men. Like there was an interest in looking at men, why are those men so handsome. It's been like that since childhood (RN: 107).

RN participants who engaged in transactional same-sex or male sex tended to have their first sex at a very early age and/or young age. RN participants' first anal sex was initiated out of curiosity and this curious behavior was usually without preparation. Here is an RN participant's explanation of having first anal sex during school:

IR: When did you have sex for the first time? I had sex in 2nd grade of junior high school. The first time. Just trying it out. Curious. Curious about a friend, but he was older, above me, 3 years or so. After that, it was only once at that time. Anal. Anal and oral. At that time, I was in 2nd grade of junior high school. (RN: 31-33).

One participant reported engaging in his first sexual experience during the second grade of junior high school with an older adolescent, approximately three years his senior. Although the participant described this encounter as driven by curiosity, the age difference indicates a potentially unequal power dynamic and raises concerns about possible exploitation or coercion. Such age-discordant relationships during adolescence highlight the need for comprehensive sexual education and protective measures to ensure that young people are able to make informed and consensual choices in safe environments.

Participant MR also realized that he liked other men when he was a child and he emphasized that his homosexuality was not just a fabrication. Here is MR's explanation of knowing that he liked other men:

IR: How was the process of getting to know yourself? So, if the background from

the beginning, there were people who said that I was a fake transvestite. I'm not. Since I was little, I was really like a woman and my family understood that. Eee, so when I was growing up in the 5th grade of elementary school, I understood that you liked men (MR: 04).

MR participant had his first anal sex at a very young age. Here is MR's explanation of his first anal sex and his condition as a homosexual since he first knew it continued and did not change.

IR: How did you know about sex?

That's when I understood holding my friends' penises, I did oral sex even though I was still a 5th grader (MR:05). Several participants described their first sexual experiences at a very young age, occurring during late childhood or early adolescence. One participant reported engaging in oral and anal sexual activities before the age of 13. These early experiences indicate exposure to child sexual abuse, rather than consensual sexual exploration. Such narratives highlight the vulnerability of boys who experience same-sex abuse and the urgent need for stronger child protection mechanisms, comprehensive sexuality education, and community awareness to prevent exploitation of minors.

Participant MY had her first anal sex, with someone close to her, her brother-in-law or her sister's husband. Here is MY's statement when having her first anal sex:

IR: When did you have your first sex? Yesterday, it was a rainy night when my brother wasn't home. When my brother wasn't home, we were left alone. The bedroom door wasn't locked, he came in. We were telling stories, chatting and stuff like that. After a while, what we wanted happened (MY: 11).

Based on the explanation of participants RN, MR and MY, since the beginning and or since childhood, participants knew their condition as homosexuals, not liking the opposite sex, regardless of their physical form. This attraction to the same sex occurred from the beginning when they had feelings of liking other people and not just themselves. This started since they were children and they assured that this was not artificial but was what they were.

Working as a Professional

Transactional sexual behavior with people you just met and in the name of professionalism seems simpler because participants only need to come to a chosen prostitution, choose a partner, make a price agreement, have sex, and finally the relationship is over. Participants are not bound by commitment and/or serious relationships that will involve future responsibilities. The following is an explanation from participant HS regarding his transactional sex experience:

IR: How is your sexual experience?

Until now I don't know the names. Because the goal is to feel, to be happy, to release (HS: 158-159).

This statement illustrates the participant's engagement in anonymous sexual encounters, where emotional connection is minimal and physical gratification is prioritized. Such encounters may increase the risk of sexually transmitted infections (STIs) due to challenges in partner notification and contact tracing. This finding underscores the need for targeted health interventions, including confidential testing services and education on the importance of post-exposure awareness and partner communication in preventing STI transmission.

Participant RN also shared her experience that she initially became a sex worker just for fun, not to gain material gain or to fulfill her life. The following is an explanation from participant RN regarding her initial start as a sex worker:

IR: How did you initially start as a sex worker? At first, it was just for fun. Someone invited me and gave me

money. Well, from giving me the money, it was like, "Oh, I've got something good, I've got money too!" That's when she started (RN: 20-21).

Participants offering sex services explained that having sex was only based on material. Participants provided the need for sex from their 'guests' and the sexual behavior that occurred adjusted to the desires of the 'guests' because it was considered that the diversity of each sex lover who varied from one to another could not be equated and standardized. In addition, as a sex service provider, participants need to make more efforts so that the clients and/or customers who were present could be satisfied and even though the participants did not receive the feeling that was given back to them. The participants and/or clients of the participants enjoyed the sex that occurred and if they felt comfortable and enjoyed the sex services that were given and received, there tended to be further sex transactions. As a sex service provider, participants must be able to serve their customers so that they can be called back. The following is an explanation from participant RN regarding her experience with a customer:

IR: How was the experience and process of sex with your client? Yeah, she just kept quiet. Not taking turns for a while, she was tired. There was no resistance. Very quiet. It's like this if we sell ourselves to people, most of us who are paid, we are the ones who work, right? He was just like this at least. Okay. I got paid. At that time, it had been a long time since I got paid habaha! At that time, it was 200 thousand, 300, once!. Once he went out. At that time, 200 was quite a lot! (RN: 87-93).

Another experience shared by MR participants explained that there was no pleasure in being a sex worker. The profession of

participants as sex workers led them to be able to serve several guests who came every night or day without also enjoying the sex. The profession as sex workers requires them not to feel pleasure because they tend to be more tired and need some time to rest and calm down until they can serve other new guests. The following is the explanation of MR participants:

IR: How is sex different with people we know and when selling to new people? In the past, when we were prostitutes, there was no longer any desire to enjoy or anything different. What was important was money, money, money! Every day! For decades, I was on the side of the road, every day I had sex! That's what we call selling, right?! (MR: 72-73).

This statement reflects a profound emotional disconnection from sexual activity, indicating that for participants engaged in long-term transactional sex, physical intimacy becomes detached from emotional meaning. The repetition of “money, money, money” underscores the economic compulsion driving their engagement, transforming sex into an occupational routine rather than a personal choice.

The participant's reference to being “on the side of the road for decades” suggests involvement in street-based sex work, a setting known to heighten exposure to occupational risks, including physical and sexual violence, health hazards, stigma, and police harassment. These findings highlight the need for policy and community-level interventions that ensure safety, access to healthcare, and legal protection for individuals involved in sex work.

The joys and sorrows of MR participants as sex workers are expressed in their statements in the interview session. MR participants who work as sex workers have been in their profession for decades and have experienced various joys and sorrows, such as when serving customers, MR participants are required not to enjoy it and in fact there is no pleasure during the transactional sex process because the participants believe that they do this only to obtain material things. The

following is an explanation from MR participants regarding their lives as sex workers:

IR: How does it feel to be a sex worker? If we become prostitutes like this, the important thing is money, it's over, that's it. We don't enjoy it (MR: 117).

This transactional sexual behavior is making an agreement and deal at the beginning of the meeting between the two parties, namely the buyer and the sex worker. Determination of the nominal price, goods, services, and what kindnesses will be given and received are communicated and/or negotiated at the beginning before the sex meeting takes place. After a mutual agreement is reached, then we can enter the next stage. The following is an explanation from the RN participant:

IR: What is the difference between sex with a lover and with someone we just met? Yeah, he just kept quiet. Instead of taking turns for a while, he was tired. There was no resistance. Very quiet. It's like this if we sell ourselves to someone, most of us who are paid are the ones who work, right? He just did this at least. Okay. I get paid. At that time, I haven't been paid for a long time habaha! at that time it was 200 thousand, 300, once!. Once he came out. At that time 200 was quite a lot! (RN: 87-93).

There are facilities to provide a number of materials that are an attraction for participants to do transactional sex. The need for sex and/or money is the main factor for participants to be willing to do sex transactions to many of their customers. Feeling pleasure is an added value besides receiving a number of facilities offered. Offering a number of materials to their potential sex partners is an attraction in itself so that they get their favorite potential partners. Sex with sex

workers seems simpler because participants only need to come to a prostitution, choose a partner, make a price agreement, have sex, and the relationship ends. Participants do not need to be bound by commitment or a serious relationship. Therefore, a relationship without ties and/or commitment is considered the best choice.

Offering Material as a Transaction Media and Attraction

Sexual behavior with mutual agreement or agreement between the seller and the buyer, namely there is a medium of exchange such as money, goods, certain goodness, facilities that are desired, and certain desired materials are usually often found in transactional sex behavior. There is a medium of exchange to obtain the desired sexual encounter with sex workers who provide selective sex services. Especially for transgender participants, having transactional sex usually occurs when they idolize, are interested, want other men to have sex with and the men are not necessarily homosexual or the men they want are heterosexual. By offering certain materials, gifts, money and facilities that heterosexual men feel will be interested. So, the materials offered to homosexual and/or heterosexual men as an attraction or lure to have sex with homosexual men. Participant HS who claimed to be heterosexual but had been paid a certain amount of money for sex by a transgender or homosexual man admitted to receiving the money to perform oral sex. The following is an explanation from participant HS of how the transactional sex process occurred:

IR: How did the agreement and/or deal come about? They were the ones who gave the oral. I was given 10 thousand (HS: 111).

Material offers are usually the attraction to seduce their potential sex partners. Some transactional sex opportunities occur without any planning or have been planned in advance. There is a participant in this study who is a transvestite who wants a man, either young or old, will usually make an offer as an attraction for their potential sex partners. This is common among transvestites who 'maintain or care for' their male lovers who are often found to be heterosexual, who like the

opposite sex. Homosexual men who crave and want to have a male sex partner will usually risk some material. The following is an explanation from participant RN about how he started and/or got to know transactional sex:

IR: How did you first get to know about bartering and/or bargaining for sex? At first, it was just for fun. Someone invited you and gave you money. Well, from giving you the money, it was like, "Oh, you've already gotten something good, you've got money too!" That's when you started to get involved (RN: 20-21).

MR participants as homosexuals also include sex workers in certain places, they are also known as transvestites, men who dress up like women. When MR participants want men who they find attractive and usually the men are heterosexual (like the opposite sex). As their potential sex partners, usually MR and RN participants will offer some money as a way to have them and if the price is not in accordance with the interests of their potential sex partners, usually there will be bargaining until an agreement is reached on how much money will be given and received. Therefore, in transactional sex behavior, there is a known bargaining activity before the sex meeting takes place. The bargaining process is an agreement on how much payment will be given and received from MR and RN participants after the sex meeting takes place. In the bargaining process, it is also discussed how many times to go out in one sex meeting, once out or more depending on the agreed nominal. The following is an explanation from MR participants regarding their experience when offering money to their potential sex partners::

IR: How is the process or method for you to get the man you want? ... how much will you pay? Yes, how much? Later we will say 50 thousand. Ah, not enough. Later we will negotiate there. We really

have to be observant, "how much do you want to pay me?! That's the man. Yes, how much do you want to pay me. Okay, I'll pay you." Most other transvestites are like that too. Sometimes, men nowadays need pocket money, eh, want to smoke, or want to do drugs. Those are the gaps that we can enter! (MR: 30-31).

A number of materials, gifts, goods and so on that will then be offered, are as an attraction for participants to get the potential sex partners they want. Among transvestites it is well known that they finance their male lovers. This relationship usually tends to last quite a long time, it could be a year, two years, and or several years to come until whoever provides the facilities is still able to provide and or give the privileges and luxuries. If the participants are not willing and or are no longer able to provide and fulfill the requests of the 'pet or collection' men, they will immediately leave and the agreement, deal, and agreement that has been going on will end by itself. Here is RN's explanation of her experience:

*IR: How is your life with your boyfriend?
Well, when you come home from clubbing at night, you definitely do that. And I also used to sell things from the application and have a boyfriend too. For example, going to a nightclub, meeting with the community. If you like each other, then you do it (RN: 23).*

Participants transacted sex both as sellers and buyers. Participants who 'sold' sex had also been buyers to get sex from the person they wanted.

Participants 'sold' in various ways, such as at transvestite bases, through applications, and bloggers searching for friends or lovers. The following is an explanation from participant RN:

*IR: How do you get sex partners?
Yes, with friends you meet from social media, there are lots of dating apps, clubs. Bluth, bormet, walang birds. In the club you meet, and that's it, with a girlfriend (RN: 63).*

Participants offer sexual services in exchange for money, buying goods, internet packages, pocket money, money for daily needs, and even health funds, and other good things they want.

Discussion

The findings of this study reveal the complex social and psychological dimensions underlying transactional sex among men who have sex with men (MSM) in Indonesia. Consistent with prior research, participants reported high-risk sexual behaviors such as inconsistent condom use and multiple anonymous partners, which contribute to the ongoing vulnerability to sexually transmitted infections (STIs), including HIV.^{28 29} However, beyond behavioral risks, this study highlights deeper themes related to economic survival, emotional disconnection, social stigma, and the criminalization of same-sex behavior that shape how these men experience and negotiate sexual encounters.

Transactional Sex as Economic Survival

The study found that many participants engaged in transactional sex primarily as a means of financial survival. This aligns with previous literature indicating that socioeconomic inequality and unemployment drive individuals to exchange sex for money or goods.³⁰ The repetitive reference to "money, money, money" underscores how

²⁸ Hong and others, 'HIV Incidence and Transactional Sex Among Men Who Have Sex With Men in Ningbo, China: Prospective Cohort Study Using a WeChat-Based Platform'.

²⁹ Javanbakht and others, 'Transactional Sex among Men Who Have Sex with Men: Differences by Substance Use and HIV Status'.

³⁰ Bamgboye, Badru, and Bamgboye, 'Transactional Sex between Men and Its Implications on HIV and Sexually Transmitted Infections in Nigeria'.

economic pressures override personal agency and emotional intimacy, transforming sexual activity into a coping strategy within structurally constrained conditions.

Emotional Disconnection and Psychological Adaptation

Participants often described emotional detachment from sexual acts, which can be understood as a psychological adaptation to repetitive transactional encounters. Similar to findings by, this emotional disconnection serves as a protective mechanism that helps individuals manage internal conflict, guilt, and social judgment. This highlights the intersection between economic vulnerability and psychological resilience among MSM sex workers.

Stigma, Criminalization, and Structural Vulnerability

The narratives also reflected how pervasive stigma and criminalization exacerbate health risks. Fear of being exposed or arrested discourages consistent condom use, HIV testing, and engagement with health services. This aligns with global studies showing that punitive laws against same-sex relations contribute to hidden sexual networks and limited access to prevention programs. Addressing these risks requires policy-level changes that protect sex workers' rights and reduce institutional discrimination.

Implications for Child and Adolescent Protection

Several participants reported sexual initiation during childhood or early adolescence, often involving older partners. These experiences constitute child sexual abuse and highlight the urgent need for comprehensive child protection policies, early sexuality education, and community-based interventions that prevent exploitation of minor.³¹

Health Implications and Partner Notification Challenges

Anonymous sexual encounters and the absence of emotional connection pose challenges to partner notification and STI management. Consistent with ³², these behaviors make epidemiological tracing difficult and necessitate targeted, confidential health outreach tailored to the realities of MSM engaged in transactional sex.

This study contributes to the limited body of literature on MSM transactional sex in Indonesia by providing phenomenological insights into how men interpret and adapt to their experiences within social, economic, and moral constraints. Unlike previous quantitative surveys, this research highlights lived experiences emphasizing identity negotiation, emotional survival, and the intersection of stigma, economics, and health.

This study has several limitations. First, the small sample size limits generalizability. Second, the sensitive nature of the topic may have influenced self-reporting accuracy. Third, the study did not systematically assess alcohol or substance use, which could be relevant for understanding HIV vulnerability. Future research should explore these variables through mixed-method approaches to deepen understanding of behavioral and structural determinants.

The spread of sexually transmitted diseases is reported to occur frequently between sex workers and their clients, especially male sex workers. Sex workers are a population at high risk for transmitting sexually transmitted diseases.³³ This is in line with the behavior of men who have same-sex sex with men who engage in transactional sex behavior contributing greatly to the spread of sexually transmitted diseases including HIV. Transactional sex behavior that begins at a very young age or adolescence until they are adults and this behavior usually continues. Same-sex sex behavior between men who engage in transactional sex is at higher risk of exposure to and transmission of sexually transmitted diseases including HIV.³⁴ Transactional sex behavior that

³¹ Probosiwi and Bahransyaf, 'Pedofilia Dan Kekerasan Seksual: Masalah Dan Perlindungan Terhadap Anak'.

³² Javanbakht and others, 'Transactional Sex among Men Who Have Sex with Men: Differences by Substance Use and HIV Status'.

³³ Cheick Haïballa Kounta and others, 'Transactional Sex among Men Who Have Sex with Men Participating in the CohMSM Prospective Cohort Study in West Africa', *PLOS ONE*, 14.11 (2019), p. e0217115, doi:10.1371/journal.pone.0217115.

³⁴ Hong and others, 'HIV Incidence and Transactional Sex Among Men Who Have Sex With Men in

begins at a very young age or adolescence until they are adults and this behavior usually continues. Same-sex sex behavior between men who engage in transactional sex is at higher risk of exposure to and transmission of sexually transmitted diseases including HIV. This behavior is based on attraction, mutual consent between men, and without coercion. Sexual behavior between men who engage in transactional sex tends to be at higher risk related to unprotected anal sex or condoms which have been shown to spread sexually transmitted diseases including HIV.³⁵

Male-to-male same-sex and transactional sex behaviors that are less experienced in sexual relations and have difficulty in accessing information about safe sexual behavior tend to be more vulnerable to HIV. Research explains that drinking alcohol can reduce awareness of safe sex behavior. This can mean that during the process of male-to-male same-sex behavior where oral and anal sex is performed there is no protection or the use of protection is very rarely available. Male-to-male same-sex and transactional sex behaviors face their own challenges, namely social relationships, stigma from society, drug abuse, low condom use, and much older sex partners. Not only is condom use low, male-to-male same-sex behaviors involved in transactional sex tend to have many sex partners.³⁶ Moreover, the behavior of changing sex partners has the potential to spread sexually transmitted diseases..

The use of protection and/or condoms is important to be available during the process of male-male same-sex sexual behavior involved in transactional sex. Safe protected sexual behavior, namely the availability of protection and/or condoms, needs to be applied consistently and with discipline. The use of protection and/or condoms not only protects against the spread of sexually transmitted diseases. However, safe protected sexual behavior is able to control the widespread spread of sexually transmitted diseases and is able to protect oneself from exposure to the disease and not infect others. Safe and healthy sexual behavior can reduce the potential for the spread of sexually transmitted diseases.

Individuals who engage in sex at an early age tend to not use protection, have more than one sex partner, and have sex with strangers or people whose sexual health status is unknown.^{37,38} Having sex with a partner whose health status is known can minimize the spread of sexually transmitted diseases.⁴⁰ Both men and women have the potential to have sex and are at risk of being exposed to sexually transmitted diseases. However, men are equally at risk of contracting and transmitting.⁴¹ Men consistently engage in more risky behaviors, when viewed from the characteristics of each gender.⁴²

Young men tend to be more prevalent and free to have sex than women.⁴³ Men tend to engage in more risky sexual behaviors such as low

Ningbo, China: Prospective Cohort Study Using a WeChat-Based Platform?.

³⁵ Javanbakht and others, 'Transactional Sex among Men Who Have Sex with Men: Differences by Substance Use and HIV Status'.

³⁶ Hong and others, 'HIV Incidence and Transactional Sex Among Men Who Have Sex With Men in Ningbo, China: Prospective Cohort Study Using a WeChat-Based Platform?.

³⁷ Maryam Ahmadian and others, 'Risky Sexual Behavior among Rural Female Adolescents in Malaysia: A Limited Role of Protective Factors', *Global Journal of Health Science*, 6.3 (2014), doi:10.5539/gjhs.v6n3p165.

³⁸ Azwihangwisi Helen Mavhandu-Mudzusi and Teka tesfay Asgedom, 'The Prevalence of Risky Sexual Behaviours amongst Undergraduate Students in Jigjiga University, Ethiopia', *Health SA Gesondheid*, 21 (2016), pp. 179–86, doi:10.1016/j.hsag.2015.11.002.

³⁹ Tangmunkongvorakul and others, 'Sexual Perceptions and Practices of Young People in Northern Thailand?.

⁴⁰ Upli Amaranganie Pushpakumari Perera and Chrisantha Abeysena, 'Prevalence and Associated Factors of Risky Sexual Behaviors among Undergraduate Students in

State Universities of Western Province in Sri Lanka: A Descriptive Cross Sectional Study', *Reproductive Health*, 15.1 (2018), p. 105, doi:10.1186/s12978-018-0546-z.

⁴¹ Adigun Folasayo and others, 'Assessing the Knowledge Level, Attitudes, Risky Behaviors and Preventive Practices on Sexually Transmitted Diseases among University Students as Future Healthcare Providers in the Central Zone of Malaysia: A Cross-Sectional Study', *International Journal of Environmental Research and Public Health*, 14.2 (2017), p. 159, doi:10.3390/ijerph14020159.

⁴² Alisa R. Garner, Laura C. Spiller, and Patrick Williams, 'Sexual Coercion in the College Population: A Form of Risk-Taking Behavior', *Journal of Interpersonal Violence*, 35.23–24 (2020), pp. 5276–91, doi:10.1177/0886260517720736.

⁴³ Farideh Khalajabadi Farahani and others, 'Hiv/Sti Risk-Taking Sexual Behaviours And Risk Perception Among Male University Students In Tehran: Implications For Hiv Prevention Among Youth?', *Journal of Biosocial Science*, 50.1 (2018), pp. 86–101, doi:10.1017/S0021932017000049.

⁴⁴ Wahyu Rahardjo, 'Perilaku Seks Pranikah Pada Mahasiswa: Menilik Peran Harga Diri, Komitmen

condom use and a large number of sexual partners.^{45 46 47} explained that biologically men are more easily stimulated and socially men are more aggressive. Men are more likely to display negative behavior than women.⁴⁸ Men tend to be more likely to have their first sex at an early age, without any commitment, and are at higher risk of contracting HIV/AIDS.⁴⁹

The underlying sexual motives of individuals who behave sexually show that the highest level of motive is an intrinsic motive such as a high sexual desire drive integrated with higher sexual behavior.⁵⁰ There are three dimensions of motives for having sex; a) intimacy, reasons focused on partners and relationships such as having sex to achieve intimacy with others; b) enhancement, reasons for physical satisfaction and pleasure, such as having sex to increase physical or emotional pleasure; c) and coping, to escape from negative circumstances, such as having sex to overcome threats to self-esteem or avoid negative emotions.⁵¹

Men tend to report their motives for having sex as more dominant regarding enhancement and coping than women. While regarding the motive for intimacy, men and women report equal levels for the motive for having sex.⁵² Therefore, individuals are motivated to seek out and engage in sexual behavior and individuals tend to repeat

the behavior when in a sexual urge. Sexual behavior is likened to the only vehicle that can pass through sensations that can provide physical pleasure and satisfaction. The motive for having sex confirms that appetite drives such as food, water, and even sex partners play an important role in motives and are included as dominant in playing a role.⁵³ Individuals enthusiastically initiate sex when they get access. Individuals tend to choose to prioritize having sex even when hungry rather than food that is already available.

Research shows that 66.1% of adolescents have adequate knowledge about HIV.⁵⁴ Moreover, high levels of knowledge about HIV do not guarantee that individuals will practice safe sex and avoid the risk of HIV/AIDS transmission.⁵⁵ Individuals who are knowledgeable about HIV tend to have a higher proportion of having two or more sexual partners and are less consistent in using protection during sex.⁵⁶ Comprehensive knowledge about HIV means a lot in preventing sexually transmitted diseases by implementing safe and healthy sexual behavior. Research explains that in general individuals have a good background knowledge about HIV. However, there are still misconceptions about infection and transmission. These misconceptions can lead to various types of risky sexual behavior and increase vulnerability to infection.⁵⁷

Hubungan, Dan Sikap Terhadap Perilaku Seks Pranikah', *Jurnal Psikologi*, 44.2 (2017), p. 139, doi:10.22146/jpsi.23659.

⁴⁵ Anette Agardh, Elizabeth Cantor-Graae, and Per-Olof Östergren, 'Youth, Sexual Risk-Taking Behavior, and Mental Health: A Study of University Students in Uganda', *International Journal of Behavioral Medicine*, 19.2 (2012), pp. 208–16, doi:10.1007/s12529-011-9159-4.

⁴⁶ Etrawati, Martha, and Damayanti, 'Psychosocial Determinants of Risky Sexual Behavior among Senior High School Students in Merauke District'.

⁴⁷ Jiun-Hau Huang, Durand F. Jacobs, and Jeffrey L. Derevensky, 'Sexual Risk-Taking Behaviors, Gambling, and Heavy Drinking Among U.S. College Athletes', *Archives of Sexual Behavior*, 39.3 (2010), pp. 706–13, doi:10.1007/s10508-009-9521-7.

⁴⁸ Yulianti Eka Purnamaningrum and others, 'Factors Related to Adolescent Behavior towards HIV/AIDS Prevention', *Kesmas: National Public Health Journal*, 13.4 (2019), p. 197, doi:10.21109/kesmas.v13i4.2698.

⁴⁹ Guspratiwi Syahdinar Abadi and others, 'Perilaku Berisiko Hiv/Aids Pada Remaja Sma Di Wilayah Kerja Uptd Puskesmas Harapan Raya Pekanbaru Tahun 2018', *Photon: Jurnal Sain Dan Kesehatan*, 9.2 (2019), pp. 35–47, doi:10.37859/jp.v9i2.980.

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⁵² Megan E. Patrick and Christine M. Lee, 'Sexual Motivations and Engagement in Sexual Behavior During the Transition to College', *Archives of Sexual Behavior*, 39.3 (2010), pp. 674–81, doi:10.1007/s10508-008-9435-9.

⁵³ Simon and Paxton, 'Sexual Risk Attitudes and Behaviours among Young Adult Indonesians'.

⁵⁴ Purnamaningrum and others, 'Factors Related to Adolescent Behavior towards HIV/AIDS Prevention'.

⁵⁵ Siti Chodidjah, Nur Agustini, and Titin Ungsianik, 'Hubungan Antara Pengetahuan Tentang Hiv/Aids Dengan Perilaku Seksual Pranikah Pada Remaja', *Jurnal Keperawatan Indonesia*, 8.2 (2014), pp. 50–53, doi:10.7454/jki.v8i2.147.

⁵⁶ Etienne Rugigana, Francine Birungi, and Manassé Nzayirambaho, 'HIV Knowledge and Risky Sexual Behavior among Men in Rwanda', *Pan African Medical Journal*, 22 (2015), doi:10.11604/pamj.2015.22.380.6661.

⁵⁷ Khalajabadi Farahani and others, 'Hiv/Sti Risk-Taking Sexual Behaviours And Risk Perception Among Male

There is stigma which is an indicator of poor quality of life, while higher religiosity is associated with better quality of life. An interdisciplinary approach is needed in health care planning and social services, to improve the quality of life of HIV-positive MSM.⁵⁸ Men Who Have Sex with Men (MSM) is used for men who engage in sexual activity with other men who are increasingly online to show their identity. Men who have sex with men (MSM) have a higher risk of contracting sexually transmitted infections, especially being infected with the Human Immunodeficiency Virus (HIV). The purpose of this study was to determine risky sexual behavior in men who have sex with men at the Sentani Papua.⁵⁹

The essence of safe and healthy sex is not just to avoid unwanted pregnancies, but individuals who have sex to be more physically and psychologically prepared to face the impacts of such risky behavior. Safe and healthy sex practices develop with better hopes, intending to be the key to changing previously unprotected sex activities into protected ones so as to avoid or reduce the negative impacts that occur. Comprehensive knowledge about transmission should be able to prevent individuals from practicing unsafe sex. In fact, there is a misconception about the process of transmission of sexually transmitted diseases and preventive efforts made by risky sex actors. In other words, that men who have risky sex who know about safe and unsafe sex information, but make inappropriate prevention efforts so that they still place individuals in the impacts of such risky sexual behavior. On the other hand, risky sexual behavior among men who have risky sex is considered a positive thing, namely, self-proof by starting first sex early, having sex with several different sex partners and the unavailability of protection. Therefore, in line with the question of this study to explore the motives and forms of

risky sexual behavior carried out by heterosexual and homosexual men.

This study deepens the understanding of sexual identity formation and adaptive behavior among men engaged in transactional sex within a stigmatized and criminalized context. By using an Interpretative Phenomenological Analysis (IPA) approach, it contributes to the theoretical discourse on how marginalized individuals negotiate meaning, agency, and morality under structural constraints. The findings expand existing theories of structural vulnerability⁶⁰ and sexual scripting⁶¹ by illustrating how economic necessity and social stigma shape personal narratives and sexual decision-making among MSM in Indonesia.

Examined transactional sex practices among men who have sex with men (MSM) in the Latin American region.⁶² The study involved more than 24,000 participants from 17 countries, using online surveys to identify economic, socio-demographic, and psychosocial determinants associated with engaging in transactional sex. The results of the analysis showed that involvement in this practice is closely related to unfavorable socio-economic conditions, such as unemployment, low levels of education, as well as income instability. In addition, psychosocial factors such as depression, experiences of discrimination, and social alienation also reinforce individuals' tendency to engage in material exchange-based sexual relationships. These findings indicate that transactional sex in this context is not solely motivated by sexual preference, but rather is often a form of adaptive strategy to the structural limitations and social exclusion faced by MSM groups. The authors recommend a comprehensive intervention approach, encompassing stigma alleviation policies, the provision of psychosocial support, as well as access to inclusive employment and health services. Thus, this study makes an important

University Students In Tehran: Implications For Hiv Prevention Among Youth'.

⁵⁸ Ni Luh Jayanthi Desyani, Agung Waluyo, and Sri Yona, 'The Relationship between Stigma, Religiosity, and the Quality of Life of HIV-Positive MSM in Medan, Indonesia', *Enfermería Clínica*, 29 (2019), pp. 510–14, doi:10.1016/j.enfcli.2019.04.077.

⁵⁹ Lisma Natalia Br Sembiring and Susi Lestari, 'Risky Sexual Behavior in Men Who Have Sex with Men at Sentani Public Health Center', *SEEJPH*, 2024.

⁶⁰ Kounta and others, 'Transactional Sex among Men Who Have Sex with Men Participating in the CohMSM Prospective Cohort Study in West Africa', 2019.

⁶¹ S.Psi., M.Si. Dr. Rr. Setyawati, *Sexual Script Remaja (Bagaimana Internet Membentuk Cara Pandang Tentang Seks)*, 1st Ed. (Inovasi Publishing Indonesia, 2025).

⁶² Catherine E. Oldenburg and others, 'Transactional Sex Among Men Who Have Sex With Men in Latin America: Economic, Sociodemographic, and Psychosocial Factors', *American Journal of Public Health*, 105.5 (2015), pp. e95–102, doi:10.2105/AJPH.2014.302402.

contribution in expanding the theoretical understanding of transactional sex as a phenomenon influenced by multidimensional factors in the context of a stigmatized society.

The results underscore the need for community-based, harm-reduction interventions tailored for MSM sex workers.⁶³ Practical steps include:

1. Establishing confidential STI/HIV testing and counseling services accessible without fear of stigma or legal consequences.
2. Implementing peer-led education programs emphasizing safe sex, emotional well-being, and support networks.
3. Developing mental health and trauma-informed care programs that address emotional disconnection, internalized stigma, and histories of childhood sexual abuse.

At the policy level, the findings call for:

1. Decriminalization of consensual same-sex behavior to reduce barriers to healthcare access.
2. Inclusion of MSM and sex workers in national HIV prevention and mental health programs.
3. Strengthening child protection frameworks to prevent and respond to sexual exploitation of boys.
4. Integrating comprehensive sexuality education into school curricula to promote informed, consensual, and safe relationships from an early age.

This study provides one of the few phenomenological accounts of transactional sex among MSM in Indonesia. Its strengths include:

1. Deep, narrative-based data offering insights into lived experience rather than behavioral patterns alone.
2. Use of reflexivity to acknowledge researcher positionality and minimize bias.
3. Ethical sensitivity in handling vulnerable participants and sensitive topics.

Several limitations must be acknowledged.

1. The small, purposively selected sample limits the generalizability of findings.
2. Selection bias may have occurred, as participants willing to discuss their

experiences may differ from those who remain hidden.

3. Recall bias may affect accuracy of childhood and early-adulthood narratives.
4. Researcher bias is possible given the interpretive nature of IPA, though reflexivity and peer debriefing helped mitigate this.

Future studies should:

1. Explore intersectional factors such as religion, migration, and class in shaping transactional sex experiences.
2. Include mixed-method designs to quantify structural determinants of risk and resilience.
3. Investigate intervention effectiveness, such as peer-led harm-reduction models or psychosocial support programs for MSM sex workers.

Numerous studies have shown that homosexual men and other minority groups experience higher rates of mental health disorders than the majority population. In this systematic review, researchers highlight that key contributing factors include social discrimination, internalized stigma, family rejection, and limited access to safe and compassionate psychological services. The strain created by chronic social pressures whether at work, in social settings, or within the healthcare system triggers depression, anxiety, social isolation, and even suicidal ideation. Furthermore, the experience of being a minority with multiple identities (such as being homosexual and belonging to a particular racial or ethnic group) further exacerbates their psychological vulnerability. This study emphasizes the importance of an intersectional perspective and the use of a social justice-based approach in mental health services. Concrete efforts are needed to build support systems that are inclusive and sensitive to diverse identities, both in policy and clinical practice.⁶⁴ This research is an important contribution to understanding mental health disparities as a result of complex structural dynamics, not simply a personal issue for the individuals experiencing them.

Conclusion and recommendation

⁶³ Freya Brunswig and others, 'Sex Work Stigma and Psychological Distress—A Mixed-Methods Analysis of an International Sample of Sex Workers', *Sexuality Research and Social Policy*, published online 1 May 2025, doi:10.1007/s13178-025-01133-4.

⁶⁴ Muhammad Hadi Malik and others, 'Mental Health Disparities Among Homosexual Men and Minorities: A Systematic Review', *American Journal of Men's Health*, 17.3 (2023), doi:10.1177/15579883231176646.

This study reveals that transactional sex among men in Indonesia is not merely a matter of individual behavior but a reflection of broader structural inequalities, stigma, and economic vulnerability. The experiences of emotional disconnection, early sexual initiation, and hidden sexual networks highlight how social exclusion and criminalization deepen public health risks, particularly for HIV and other sexually transmitted infections. From a public health perspective, interventions must extend beyond individual-level behavior change and address the structural and psychosocial determinants of risk. This includes developing confidential and stigma-free health services, improving mental health support, and implementing comprehensive sexuality education that emphasizes consent, respect, and safety.

Stakeholders-including government agencies, public health institutions, NGOs, and community-based organizations must collaborate to design inclusive, harm-reduction-oriented programs that protect and empower men engaged in transactional sex. Decriminalization of consensual same-sex relations and protection against violence and discrimination are essential policy steps to ensure that sexual health initiatives are effective and equitable.

In conclusion, transactional sex among men reflects a complex intersection of identity, economics, and social structures. Responding effectively requires a multisectoral approach that integrates human rights, health, and social justice. By transforming stigma into understanding and vulnerability into empowerment, Indonesia can move toward a more inclusive and health-conscious society

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