Stigma and Discrimination Insights from a 2023 Integrated Biological and Behavioural Surveillance (IBBS) Study in Indonesia

Endang Lukitosari¹, Rizky Hasby¹, Nurhalina Afriana¹, Eva Muzdalifah¹, Anggun Latifa Asmi¹, Siti Sulami²

Background

Stigma and discrimination remain significant barriers in the global HIV response, affecting both people living with HIV and key populations at higher risk of HIV infection. While progress has been made in reducing stigma and discrimination, a persistent 10% of PLHIV and key populations continue to face these challenges. Indonesia measures this indicator to assess the prevalence and impact of stigma and discrimination among men who have sex with men (MSM).

Methods

In 2023, a cross-sectional IBBS study was conducted among MSM in 30 districts of Indonesia. Participants completed behavioural questionnaires and underwent HIV, syphilis, B and C hepatitis testing. Stigma and discrimination measures were incorporated into the survey instrument.

Results

The study's total respondent count was 5,254, with an average age of 29.9 years, 57.5% of respondents being in the 25–49 age range, and 84.9% having completed both high school and university education. The overall MSM HIV prevalence was 24.4%. 6.8% of respondents said they avoided seeking healthcare because they were afraid of being stigmatized and discriminated against, while 4.5% of respondents said they had experienced stigma and prejudice from family activities.

Table 1. Characteristic of Respondents

Variable	CI	%
Age Category		
Mean	29.5-30.3	29.9%
15 - 19	10.3-12.4	11.3%
20 - 24	23.9-26.8	25.4%
25 - 49	55.8-58.5	57.5%
50 or above	4.9-6.8	5.8%
Education		
Junior High School or less	13.9-16.4	15.1%
High School/Equivalent	64.5-67.7	66.1%
University/College	17.5-20.0	18.8%
Marital Status		
Unmarried	79.7-82.7	81.2%
Divorced	10.7-13.1	11.9%
Married	5.9-7.9	6.9%

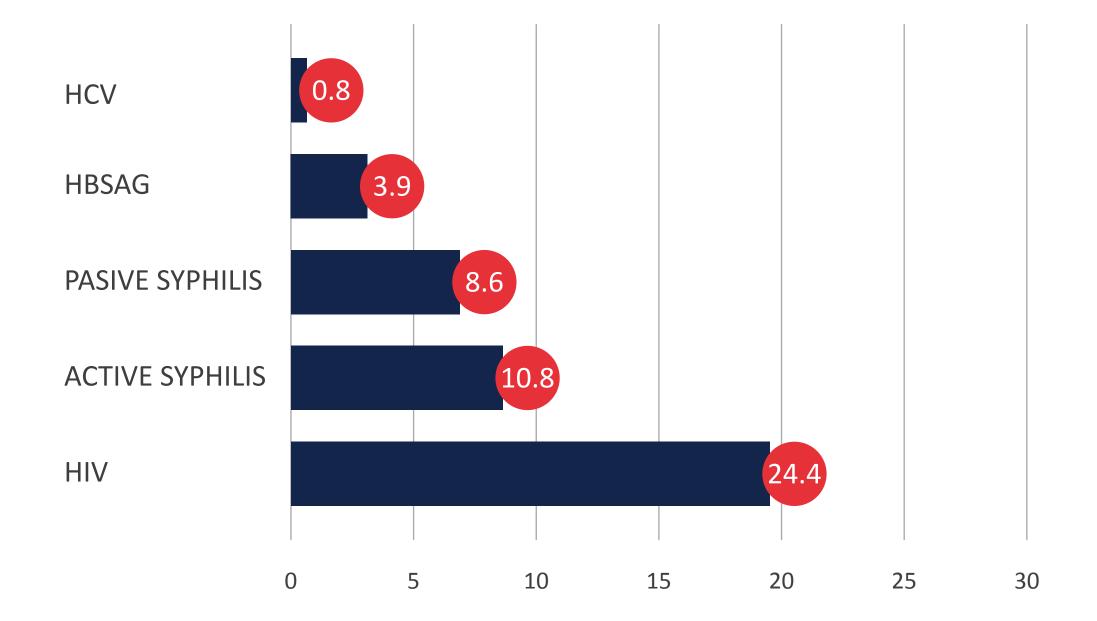


Figure 1. Characteristic of Respondents

Conclusion

The IBBS study exposed levels of discrimination and stigma among MSM, which have a detrimental effect on HIV-related outcomes and health-seeking behaviours. Results highlight the necessity of focused interventions to lessen discrimination and stigma as part of all-encompassing HIV prevention and treatment plans.

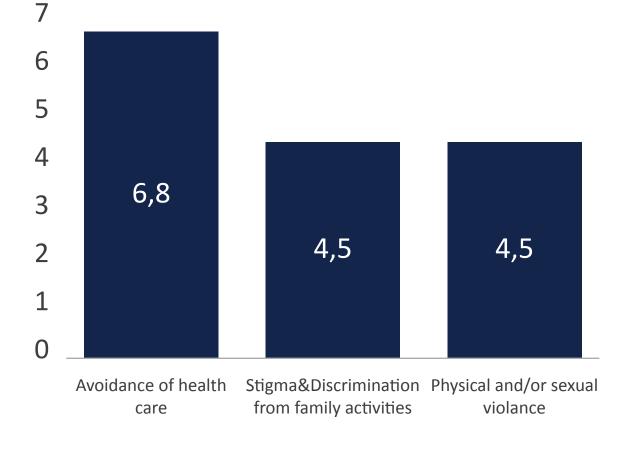




Figure 2. Stigma & Discrimination

Acknowledgement: This project is made possible by the support of the American people through the United States Agency for International Development (USAID) and the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). The contents are the responsibility of the EpiC project and do not necessarily reflect the views of USAID, PEPFAR, or the United States Government. EpiC is a global cooperative agreement (7200AA19CA00002) led by FHI 360 with core partners Right to Care, Palladium International, Population Services International (PSI), and Gobee Group.

The authors would like to express their huge appreciation to the Ministry of Health Republic Indonesia, IBBS, data collection team, healthcare workers, provincial health offices, district health offices, and local community-based organizations, whose contributions and support were instrumental in completing this paper.



¹Ministry of Health Republic of Indonesia, ²FHI 360 Indonesia, Jakarta, Indonesia