



Sexual Experiences of Generation Z Men Living with HIV

Khalisha Ramadhini¹, Akhmad Faozi¹, Ria Inriyana¹

¹Department of Nursing, Universitas Pendidikan Indonesia, Sumedang, Indonesia

Correspondence author: Khalisha Ramadhini

Email: kaalishha.93@upi.edu

Address: Jl. Desa Licin, Margamukti, Cimalaka, Sumedang Regency, Jawa Barat 45353, West Java Province, Indonesia Phone: +62 896-8722-3856

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Abstract

Introduction: HIV remains a major public health issue, particularly among men who have sex with men (MSM). Gen-Z constitutes an increasing proportion of new HIV infections and is characterized by openness toward identity, sexuality, and digital engagement. Despite this, limited research has explored the sexual experiences of HIV-positive Gen-Z individuals with homosexual orientation, especially within the Indonesian context.

Objective: This study aimed to explore the lived sexual experiences of HIV-positive Gen-Z patients with homosexual orientation who are undergoing antiretroviral treatment at RSUD Umar Wirahadikusumah.

Method: A qualitative study with a phenomenological approach was conducted to capture participants' subjective experiences. Three HIV-positive Gen-Z MSM receiving antiretroviral therapy were recruited using purposive sampling. Data were collected through in-depth, semi-structured interviews and analyzed using thematic analysis to identify recurring patterns and key themes.

Result: Five main themes emerged from the analysis: (1) changes in the meaning of sexuality after HIV diagnosis; (2) fear of HIV transmission and rejection; (3) negotiation of sexual safety and intimacy;

(4) experiences of stigma and discrimination; and (5) resilience and self-acceptance shaped by Gen-Z characteristics such as openness, authenticity, and digital literacy. Participants described significant emotional, social, and behavioral adjustments in their sexual lives influenced by health status, social responses, and access to information.

Conclusion: The sexual experiences of HIV-positive Gen-Z MSM are shaped by interconnected biological, psychological, social, and generational factors. Gen-Z values contribute to adaptive coping, yet stigma remains a major challenge. These findings highlight the need for holistic, inclusive, and non-discriminatory nursing care, as well as targeted sexual health counseling and stigma-reduction interventions to improve quality of life among HIV-positive Gen-Z MSM.

Keywords: generation Z, HIV, MSM, sexual experience, qualitative study

Introduction

Human Immunodeficiency Virus (HIV) remains a major global public health concern due to its long-term effects on morbidity, mortality, and quality of life. The virus attacks the immune system by targeting CD4 cells, leading to progressive immune suppression and increased vulnerability to opportunistic infections. Although the widespread availability of antiretroviral therapy (ART) has transformed HIV into a manageable chronic condition, people living with HIV continue to face complex medical, psychological, and social challenges. These challenges extend beyond viral suppression and include issues related to stigma, mental health, interpersonal relationships, and sexuality, all of which significantly influence overall well-being.

Globally, men who have sex with men (MSM) are among the populations most disproportionately affected by HIV. The World Health Organization reports that MSM are more than twenty times more likely to acquire HIV compared to the general population. In the Asia–Pacific region, MSM contribute substantially to new HIV infections, reflecting persistent structural and social vulnerabilities, including stigma, discrimination, criminalization, and limited access to inclusive healthcare services. In Indonesia, national surveillance data indicate a consistent increase in HIV prevalence among MSM over the past decade, particularly in urban and semi-urban areas, underscoring the urgency of context-specific research and interventions.

A significant proportion of new HIV infections occurs among adolescents and young adults aged 15–24 years, a group commonly categorized as Generation Z. Generation Z is characterized by early and continuous exposure to digital technology, social media, and rapidly evolving norms surrounding sexuality, identity, and relationships. As digital natives, Gen-Z individuals have unprecedented access to information, online communities, and dating applications, which may enhance awareness of sexual health but also facilitate risky sexual behaviors. These generational characteristics suggest that Gen-Z MSM may experience HIV, sexuality, and healthcare engagement in ways that differ substantially from older cohorts.

Sexuality is a fundamental dimension of human well-being and an important component of quality of life among people living with HIV. For MSM living with HIV, sexual experience is often negotiated within a complex interplay of physical health concerns, psychological adjustment, fear of HIV transmission, treatment adherence, disclosure dilemmas, and social stigma. Previous studies have demonstrated that HIV-related stigma negatively affects sexual confidence, intimacy, and relationship satisfaction, often leading to avoidance of sexual relationships, anxiety during sexual activity, or unsafe disclosure practices. As a result, sexuality among people living with HIV cannot be understood solely as a behavioral domain but must be viewed as a lived experience shaped by emotional, relational, and social contexts.

In Indonesia, several studies have explored issues related to HIV stigma, identity construction, and coping among people living with HIV. Research has highlighted persistent stigma within families, communities, and healthcare settings, which contributes to secrecy, delayed treatment seeking, and social isolation among MSM living with HIV. Other studies have focused on HIV prevention behaviors, risk reduction strategies, and access to healthcare services among MSM populations. While these studies provide valuable insights, they often treat MSM as a homogeneous group and rarely attend to generational differences in how sexuality and illness are experienced.

Recent international research emphasizes the importance of understanding the psychosocial and sexual experiences of MSM living with HIV to inform person-centered and

holistic care. HIV-related stigma has been shown to negatively influence emotional intimacy, self-esteem, and mental health, with long-term implications for quality of life. However, much of the existing literature focuses on adult or mixed-age populations and prioritizes risk behaviors and prevention outcomes over subjective experiences. Consequently, the voices of younger MSM, particularly those from Generation Z, remain underrepresented, especially in low- and middle-income countries.

Generation Z represents a distinct cohort with unique values, communication patterns, and approaches to identity formation. Increased visibility of sexual diversity, greater reliance on online peer communities, and more open discussions of mental health and sexuality may shape how Gen-Z MSM perceive intimacy, negotiate sexual safety, and cope with a chronic illness such as HIV. At the same time, these individuals continue to navigate entrenched stigma and discrimination within social and healthcare environments. Understanding how these intersecting factors influence sexual experience after an HIV diagnosis is essential for developing responsive, youth-centered HIV care services.

Qualitative phenomenological research offers an appropriate methodological approach to explore these issues, as it allows for an in-depth examination of subjective meanings and lived realities that are often overlooked in quantitative studies. By focusing on personal narratives and lived experiences, phenomenology provides insight into how individuals make sense of their sexuality following an HIV diagnosis and how this process is shaped by generational identity, stigma, and healthcare engagement. Such an approach is particularly relevant for exploring sexuality, which is deeply personal, context-dependent, and embedded within broader social relationships.

Despite growing recognition of the importance of psychosocial dimensions of HIV, limited research has specifically examined the sexual experiences of HIV-positive individuals from Generation Z within local hospital settings in Indonesia. Generational differences in values, digital engagement, and identity negotiation suggest that findings from older populations may not adequately capture the realities of younger MSM living with HIV. This gap highlights the need for qualitative research that foregrounds lived sexual experiences and situates them within specific clinical and cultural contexts.

Therefore, this study aims to explore and understand the lived sexual experiences of HIV-positive Generation Z patients with homosexual orientation receiving treatment at RSUD Umar Wirahadikusumah. By examining sexuality as a dynamic and meaning-laden experience rather than solely a site of risk, this research seeks to contribute evidence that can inform holistic, inclusive, and youth-friendly nursing care and HIV services. The findings are expected to enhance understanding of how Gen-Z MSM renegotiate sexuality after an HIV diagnosis and to support the development of more responsive and person-centered healthcare practices.

Objective

This study aims to explore and understand the lived sexual experiences of HIV-positive Generation Z men who have sex with men (MSM) receiving antiretroviral therapy at RSUD Umar Wirahadikusumah.

Method

Design and setting

This study employed a qualitative phenomenological design to explore the lived sexual experiences of HIV-positive Generation Z men who have sex with men (MSM). The research

was conducted at the Teratai Polyclinic of RSUD Umar Wirahadikusumah, a regional referral hospital providing comprehensive HIV care and antiretroviral therapy services.

Population and sampling

The study population consisted of HIV-positive Generation Z MSM receiving antiretroviral therapy at RSUD Umar Wirahadikusumah. Inclusion criteria were male gender, age between 18 and 28 years, self-identified homosexual orientation, confirmed HIV-positive status, ongoing antiretroviral treatment, and willingness to participate in the study. Individuals who were medically unstable or unwilling to provide informed consent were excluded.

A total of three participants were recruited using purposive sampling, as this technique allowed the selection of individuals who were able to provide rich and relevant information related to the research phenomenon. The sample size was considered sufficient to achieve data saturation, consistent with phenomenological research principles that prioritize depth of understanding over numerical representation.

Participants were selected based on specific characteristics relevant to the study objectives, including generational cohort, sexual orientation, and treatment status. Recruitment was conducted in collaboration with healthcare staff at the clinic to ensure eligibility and voluntary participation.

Instrument and measurement

Data were collected using a semi-structured interview guide developed by the researchers to explore participants' sexual experiences, perceptions of intimacy, stigma, disclosure, and coping following HIV diagnosis. The interview guide was reviewed for content relevance and clarity prior to data collection. Interviews were conducted in a private setting to ensure confidentiality and encourage open discussion.

Data collection and analysis

Data collection was carried out through in-depth, face-to-face semi-structured interviews lasting approximately 30–40 minutes. All interviews were audio-recorded with participants' informed consent and transcribed verbatim. Data analysis was conducted using thematic analysis, following stages of familiarization, coding, theme development, and interpretation. To enhance trustworthiness, bracketing was applied to minimize researcher bias, and credibility was ensured through member checking and peer debriefing.

Result

Analysis of data obtained from in-depth interviews with three HIV-positive Generation Z men who have sex with men (MSM) revealed several key findings related to their sexual experiences after HIV diagnosis. The results are presented thematically to describe participants' lived experiences without interpretation.

Theme 1: Early Sexual Experiences and Emotional Vulnerability

Participants reported that early sexual experiences were closely associated with emotional needs, family disruption, and, in some cases, traumatic events. These early experiences influenced subsequent sexual behaviors and partner relationships.

Theme 2: Emotional Dependency and Power Imbalance in Sexual Relationships

Sexual relationships were often characterized by emotional dependency and unequal power dynamics. Participants described difficulties in refusing sexual activity or asserting personal boundaries within intimate relationships.

Theme 3: Negotiation of Sexual Safety

Patterns of condom use varied among participants. Some consistently practiced protected sex, while others reported inconsistent condom use influenced by partner expectations and emotional closeness.

Theme 4: HIV Diagnosis as a Turning Point in Sexual Life

All participants identified HIV diagnosis as a major turning point that altered their sexual activity, perceptions of intimacy, and expectations for future relationships. Sexual activity generally decreased following diagnosis.

Theme 5: Acceptance and Resilience

Participants described a gradual process of acceptance after diagnosis. Engagement in antiretroviral treatment and support systems contributed to improved self-acceptance and changes in how sexuality was perceived.

Discussion

This study explored the lived sexual experiences of HIV-positive Generation Z men who have sex with men (MSM) receiving care at a regional hospital. The findings highlight that sexuality among HIV-positive Gen-Z MSM is shaped by a complex interaction of early life experiences, emotional vulnerability, stigma, and generational characteristics, and is significantly altered following HIV diagnosis.

The results indicate that early sexual experiences among participants were often associated with emotional deprivation, family disruption, and traumatic events. These findings are consistent with previous studies showing that adverse childhood experiences and unmet emotional needs can influence sexual identity development and increase vulnerability in intimate relationships among MSM (Meyer, 2003; Mustanski et al., 2014). Such experiences may predispose individuals to emotionally dependent relationships and limit their ability to negotiate sexual boundaries effectively.

Emotional dependency and power imbalance emerged as central features of participants' sexual relationships. Participants frequently described difficulties in refusing sexual activity or asserting personal boundaries due to fear of rejection or loss of emotional support. This finding aligns with earlier research indicating that relational power dynamics play a critical role in shaping sexual decision-making among young MSM (Schnall et al., 2019). These dynamics underscore that sexual behavior is not solely driven by individual knowledge or intention but is deeply embedded within relational and emotional contexts.

The negotiation of sexual safety, particularly condom use, was found to be inconsistent and strongly influenced by partner relationships. Although participants demonstrated awareness of HIV transmission risks, emotional closeness and partner pressure often undermined consistent protective practices. This finding is in line with studies suggesting that knowledge alone is insufficient to ensure safe sexual behavior when emotional vulnerability and power imbalance are present (Earnshaw & Chaudoir, 2009; Turan et al., 2017).

HIV diagnosis was identified as a major turning point in participants' sexual lives, leading to reduced sexual activity, heightened fear of transmission, and concerns about disclosure and rejection. This experience reflects the concept of biographical disruption, where chronic illness alters individuals' self-perception and future expectations. Similar findings have been reported in studies documenting how HIV-related stigma and internalized fear negatively affect intimacy and sexual confidence among MSM (Herek, 2009; Mahamboro et al., 2020).

Despite these challenges, participants demonstrated processes of acceptance and resilience over time. Engagement with antiretroviral therapy, access to healthcare support, and personal coping strategies contributed to improved self-acceptance and a reframing of sexuality that prioritized health and emotional stability. This adaptive process is consistent with literature highlighting the resilience of Generation Z individuals, who often leverage digital information, identity awareness, and openness toward mental health to cope with chronic conditions (Dimock, 2019; Poláková & Klímová, 2019).

From a nursing and clinical perspective, these findings have important implications. Nurses play a critical role in providing holistic HIV care that addresses not only biomedical outcomes but also sexual health, emotional well-being, and stigma. Trauma-informed and youth-friendly nursing interventions are essential to support HIV-positive Gen-Z MSM in navigating intimacy, disclosure, and self-acceptance. Incorporating discussions of sexuality, consent, and relationship dynamics into routine HIV counseling may enhance person-centered care.

Several limitations should be considered when interpreting the findings of this study. The small sample size and single-site setting limit the transferability of results to other contexts. Additionally, the sensitive nature of the topic may have influenced participants' openness during interviews. Despite these limitations, the phenomenological approach provided rich and in-depth insights into lived sexual experiences that are often overlooked in quantitative research.

Overall, this study contributes to the growing body of literature by highlighting the generationally specific sexual experiences of HIV-positive Gen-Z MSM. By situating sexuality within psychosocial, relational, and generational contexts, the findings emphasize the need for inclusive, stigma-free, and youth-centered HIV care services.

Suggest Future Research

Based on the findings and limitations of this study, several directions for future research are recommended. First, further qualitative studies involving a larger and more diverse sample across multiple healthcare settings are needed to enhance transferability and capture broader variations in sexual experiences among HIV-positive Generation Z MSM. Comparative studies between Generation Z and older cohorts may also provide valuable insights into generational differences in coping, sexuality, and healthcare engagement.

Second, future research may adopt mixed-methods or longitudinal designs to examine changes in sexual experiences, stigma, and resilience over time following HIV diagnosis. Such approaches would allow researchers to explore how treatment adherence, viral suppression, and psychosocial support influence sexual well-being in the long term. Additionally, studies focusing on the role of digital platforms, online communities, and telehealth services may be particularly relevant given the strong digital engagement of Generation Z.

Finally, intervention-based research is needed to evaluate the effectiveness of youth-friendly, trauma-informed, and stigma-reduction programs within HIV care settings. Research that incorporates perspectives of healthcare providers, particularly nurses, may further

inform the development of comprehensive and inclusive sexual health services for young MSM living with HIV.

Conclusion

This study aimed to explore and understand the lived sexual experiences of HIV-positive Generation Z men who have sex with men receiving treatment at a regional hospital. The findings demonstrate that sexuality among HIV-positive Gen-Z MSM is shaped by early life experiences, emotional vulnerability, stigma, and generational characteristics, and is profoundly altered following HIV diagnosis. Despite these challenges, participants showed resilience through acceptance, treatment adherence, and reframing of sexual identity. These findings underscore the importance of holistic, inclusive, and youth-centered HIV and nursing care that addresses both biomedical and psychosocial dimensions of health.

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