

The Relationship Between Social Support and Disturbance Anxiety in Men in Same-Sex Relationships

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ABSTRACT

Introduction: Mental health is an important aspect for men in same sex Relationship population in facing complex psychosocial challenges, including trauma, stigma, and discrimination. Social support is believed to play a protective role in reducing anxiety. And the lack of support from family, friends, and staff compared to Peer Support Groups (PSG) may be caused by the lack of openness of PLHIV regarding HIV status. Many PLHIV choose not to disclose their condition to family or friends because of concerns about stigma and discrimination that are still strong in the family and community environment. Fear of rejection, or different treatment, makes PLHIV tend to close themselves and seek support from PSGs who are considered to have a better understanding of PLHIV's condition. In PSGs, PLHIV feel more accepted, understood, and not judged, so emotional support and motivation are easier to obtain than from families who may not be openly accepting. This study aims to analyze the relationship between peer support groups and anxiety disorders in men in same sex Relationship population in Bulukumba Regency. Quantitative research with a cross-sectional approach. The research sample was taken using an accidental sampling technique from the men in same sex Relationship population. Showed that peer support groups (PSGs) were proven to have a significant relationship with anxiety, $p = 0.001$, and were the most relevant factors in increasing anxiety in the men in same sex Relationship population. This study is that PSGs have a central role in supporting anxiety in men in same sex Relationship risk populations. These findings emphasize the importance of strengthening peer support group programs through counseling, education, and emotional support to reduce anxiety, depression, and the impact of social stigma.

INTRODUCTION

Mental health issues are currently a global concern due to the increasing number of psychological disorders in various population groups, including populations at risk of Sexually Transmitted Infections (STI) and HIV/AIDS. (1) Approximately 50% of adults with HIV experience neurocognitive disorders, and each year there are approximately 700,000 deaths by suicide among adolescents and LGBTI groups. Sexually Transmitted Infections also continue to increase, with an estimated 374 million new cases each year including chlamydia, gonorrhea, syphilis, and trichomoniasis.(2)

This condition is exacerbated by the stigma and discrimination experienced by people with HIV/AIDS (PLWHA) and STI sufferers, which results in a decline in psychological well-being and the emergence of anxiety and depression. (3) emphasizes that individuals living with HIV have a high risk of mental health disorders, so comprehensive and integrated social support is needed from the community and health services.

In Indonesia, data from the Ministry of Health of the Republic of Indonesia recorded 503,261 HIV cases and that 44% of the ten most common diseases were STIs, particularly syphilis. Individuals with HIV and STIs often experience anxiety due to concerns about stigma, discrimination, and lifestyle changes. This anxiety impacts quality of life and adherence to therapy, including antiretroviral (ARV) therapy (4).

Social support has been shown to play an important role in improving quality of life and reducing mental health disorders. Research shows that peer support plays a role in providing motivation and enthusiasm for life for PLHIV without discrimination (5). Family support has also been shown to strengthen self-esteem and mental health of PLHIV by creating a sense of acceptance and love (6). In addition, support from health workers is an important factor in adherence to ARV treatment (7). Peer Support Groups (PSG) have a major role in motivating

and improving adherence to treatment and helping PLHIV overcome social stigma. Previous research has found that peer support can improve quality of life, self-confidence, and mental health in PLHIV (8). Through experience sharing, counseling, and education, PSGs function as a safe space that strengthens the psychological well-being of individuals with HIV and STIs.

However, to date, there has been little research examining the relationship between peer support groups (PSG) and anxiety levels in the men in same sex Relationship population, particularly in Bulukumba Regency (9). Based on data from the South Sulawesi Provincial Health Office (2024), the number of HIV cases in Bulukumba increased by 50 cases in January-October, a significant increase from the previous year. Therefore, it is important to examine how various forms of social support relate to anxiety so that they can be developed more effectively (10).

METHODS

This study employs a quantitative design with a cross-sectional approach to analyze the relationship between peer support group (PSG) variables and anxiety levels in the MSM and HIV/AIDS population in Bulukumba Regency at a single point in time. The research was conducted in Bulukumba Regency, South Sulawesi Province, in July 2025. The population in this study comprised the entire at-risk MSM and HIV/AIDS population in Bulukumba Regency. Accidental sampling was used as the sampling technique, involving respondents encountered during the research period. The sample size in this study was 30 respondents. The research data consisted of primary and secondary data. Primary data were obtained through questionnaires filled out by respondents, while secondary data were obtained from the Bulukumba Regency Health Office, the Regional AIDS Control Commission (KPAD), and related literature. The research instrument used was a structured questionnaire covering respondent characteristics, social support, and anxiety levels, which were measured using the Depression Anxiety Stress Scale (DASS-21) for the anxiety component.

Data collection was conducted through direct interviews with the assistance of health cadres and field workers to reach the at-risk population. Before use, the questionnaire underwent validity and reliability testing to ensure the instrument's accuracy. The collected data were analyzed using univariate and bivariate analyses. Univariate analysis was used to describe the frequency distribution of each variable, while bivariate analysis was performed using the Chi-Square test to determine the relationship between social support and trauma experience with anxiety levels at a significance level of $\alpha = 0.05$. This research obtained permission from the Postgraduate Program of the Muslim University of Indonesia and the Bulukumba Regency Health Office.

RESULT AND DISCUSSION

RESULT

Table 1. Characteristic Participant

Category	n	%
Enough	28	93.3
Not Enough	2	6.7
Total	30	100.0

Based on Table on, the majority of PLHIV, including those in the category support peers, are Enough (93.3 %), whereas only 6.7% who have support peers less. Results test statistics show there is a meaningful relationship between group support peers and level of anxiety ($p = 0.001$). This means that the more tall support peers accepted by PLHIV, then level of anxiety experienced tend more low. PLHIV who follow more group support peers' activities are capable manage pressure. They get room safe. To share experience, receive information about treatment, as well as get emotional support that is not always available in the family and the general public.

DISCUSSION

With anxiety disorders among the men in same sex Relationship population in Bulukumba Regency. These findings reinforce the assumption that social support plays a crucial role in maintaining individual mental health, particularly in key population groups vulnerable to psychosocial stress. Adequate social support can provide a sense

of security, enhance self-esteem, and assist individuals in developing adaptive coping strategies when facing challenges (11,12).

In the men in same sex Relationship population, the social context is often characterized by stigma, discrimination, and rejection from both family and community. These conditions have the potential to cause prolonged psychological distress that can trigger anxiety disorders (13). Individuals who lack emotional, informational, and instrumental support tend to feel isolated, helpless, and have negative self-perceptions. This can worsen mental health and increase the risk of anxiety disorders (12,14).

Conversely, the presence of strong social support, whether from family, peers, partners, or communities such as Peer Support Groups (PSGs), can serve as a protective factor. PSGs provide a safe space for MSM individuals to share experiences, gain understanding, and feel accepted without fear of stigma. Positive interactions within these groups can enhance a sense of belonging and strengthen psychological resilience, enabling individuals to better manage stress and anxiety (15,16).

The findings of this study also align with the stress-buffering theory, which states that social support can act as a buffer against the negative impacts of stress. In the context of the men in same sex Relationship population in Bulukumba Regency, social support is crucial given the persistence of strong social and cultural norms that potentially marginalize this group. Therefore, community-based interventions focused on strengthening peer support groups (PSGs) and social networks need to be a priority in mental health promotion programs (17–20).

CONCLUSION

Results of the study show that group support peers have meaningful relationships with level anxiety on men in same sex Relationship in the Regency Bulukumba, with p value = 0.001 ($p < 0.05$). This confirms that the existence of group support peers plays an important role in lower anxiety, as well as pressure due to the frequent social stigma experienced by PLHIV.

Group support peers becomes receptacle for PLHIV to share experiences, gain information, motivation, and support for difficult emotions obtained from family and the public. Through interaction with positive peers, group support peers help increase strategy coping, sense of connectedness, and strengthen self-reception to improve health. Thus, group support peers functions as a meaningful protective with disturbance anxiety And become pillar in the effort to improve anxiety of PLHIV.

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STM, AA, S, Y, FPI, FAG: Conceptualization, Writing-Original Draft, Review & Editing. STM, AA, S: Conceptualization, Methodology, Manuscript review. AA, S: Supervision. STM: Formal analysis, Writing - Original draft, Manuscript review. AA, S, Y, FPI, Fag: Validation, Manuscript review.

CONFLICT OF INTEREST

The authors declare no conflict of interest

DECLARATION OF GENERATIVE AI AND AI-ASSISTED TECHNOLOGIES IN THE WRITING PROCESS

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REFERENCES

1. World Health Organization. Integration of mental health and HIV interventions. Geneva: WHO; 2022. Available from: <https://www.who.int/publications/i/item/9789240043176>
2. World Health Organization. Infeksi menular seksual. Geneva: WHO; 2025.
3. Joint United Nations Programme on HIV/AIDS (UNAIDS). Mengakhiri ketidaksetaraan, mengakhiri AIDS: Strategi AIDS global 2021–2026. Geneva: UNAIDS; 2023. Available from : <https://www.unaids.org/en/Global-AIDS-Strategy-2021-2026?>
4. Kementerian Kesehatan Republik Indonesia. Perkembangan HIV AIDS dan penyakit infeksi menular seksual (PIMS) Triwulan IV tahun 2024. Jakarta: Kemenkes RI; 2024. p. 1–15.
5. Azizah F, Putri EMI, Nisa FF, Hartatik, Mu'jizah K. Dukungan keluarga penderita HIV/AIDS di Yayasan Pita Merah Kabupaten Bojonegoro tahun 2023. *J Ilmu Ilmu Kebidanan dan Keperawatan*. 2023;14(1):1–14. DOI.722533/v1i2.6786.
6. Handayani S, Sitorus R, Novrikasari. Hubungan dukungan keluarga dengan terjadinya gangguan kesehatan mental pada penderita HIV/AIDS di Kota Jambi. *Jambi Med J*. 2022;10(4):515–525. DOI. 10.22437/jmj.v10i4.20811
7. Kusuma TA, Sidjabat FN, Ningrum BP, Agustina IA, Pratiwi ILA. Determinan kepatuhan pengobatan antiretroviral (ARV) berdasarkan dimensi sosial dan kondisi pada orang dengan HIV/AIDS (ODHA) di Kabupaten/Kota Kediri. *J Kesehatan*. 2024;1(1):1–7.
8. Ayuningtyas S, Wijayati S, Jauhar M. Kelompok dukungan sebaya berhubungan dengan kualitas hidup orang dengan HIV/AIDS. *J Keperawatan Rafflesia*. 2021;3(1):23–34.
9. Aini NN, Indriyani D, Adriani SW. Dukungan teman sebaya meningkatkan adaptasi psikologis pasien HIV/AIDS. *J Keperawatan*. 2021;12:182–195. DOI. 10.55129/jnerscommunity.v12i2.1362
10. Dinas Kesehatan Provinsi Sulawesi Selatan. Situasi HIV/AIDS Provinsi Sulawesi Selatan: kasus HIV yang dilaporkan menurut faktor risiko Januari–Oktober 2024. Makassar: Dinkes Prov Sulsel; 2024. p. 49–51.
11. Siu A, Chan W, Ku HB, Yan E. Exploring discrimination, social acceptance, and its impact on psychological well-being of older men who have sex with men: a cross-sectional study. *BMC Public Health*. 2024;24:1–10. DOI. 10.1186/s12889-024-XXXX
12. Bailey R, Oba EC, Allen R. The role of metacognitive beliefs in generalised anxiety disorder among men who have sex with men living with HIV in Nigeria. *AIDS Care*. 2025;30(10):2661–2678. DOI. 10.1177/13591053251314989.
13. Zhao Y, Khoshnood K, Sheng Y. Social support as a mediator between mental health and stigma among newly HIV-positive men who have sex with men. *Int J STD AIDS*. 2024;35(6):477–486. DOI. 10.1177/09564624241227653
14. Yang J, Zhang Z, Cheng LJ, Chen J, Wu VX. The prevalence of anxiety among men who have sex with men: a protocol for a systematic review and meta-analysis. *BMJ Open*. 2023;13:eXXXXX. DOI. 10.3390/ijerph20021315.
15. Zhou Y, Zhang Z, Xiang F, Xu M, Zhou Z. Assessing psychological resilience and its influencing factors in the MSM population using machine learning. *Front Psychiatry*. 2025;16:1–11. DOI. 10.1038/s41598-025-08551-9.
16. Zhou YW, Li J, Shan CY, Zhou ZM. Assessment of anxiety symptoms with low social support and associated factors among men who have sex with men: a cross-sectional study. *PLoS One*. 2025;20(1):e0329121. DOI. 10.1371/journal.pone.0329121.
17. Tomori C, Srikrishnan AK, Ridgeway K, Solomon SS, Mehta SH, Solomon S, et al. Friends, sisters, and wives: social support and social risks in peer relationships among men who have sex with men in India. *AIDS Behav*. 2016;28(2):153–164. DOI. 10.1521/aeap.2016.28.2.153.
18. Onecha-Vallejo V, Fernández-Espinilla V, Eiros JM, Castrodeza-Sanz J. Psychosocial impact and stigma among men who have sex with men due to monkeypox. *Int J Environ Res Public Health*. 2025;22:1–12. DOI. 10.3389/ijerph.2025.1479680

19. Gasteiger C, Collens P, du Preez E. Community-based support to improve mental health and wellbeing in older sexually and gender diverse people: a scoping review. *Aging Ment Health*. 2024;28(4):692–700. DOI. 10.1080/13607863.2023.2269097.
20. Sharp P, Bottorff JL, Rice S, Oliffe JL, Impellizzeri F, et al. “People say men don’t talk, well that’s bullshit”: a focus group study exploring challenges and opportunities for men’s mental health promotion. *PLoS One*. 2022;17(1):e0261997. DOI. 10.1371/journal.pone.0261997