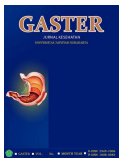

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Original Research

Exploration of Lived Experiences Among LGBT Individuals Living With HIV/AIDS: A Phenomenological Study

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ABSTRACT

Background: *Lesbian, gay, bisexual, and transgender (LGBT) individuals remain a key population vulnerable to HIV/AIDS and often encounter* layered stigma *related to both HIV status and sexual/gender identity. Evidence describing how these intersecting stigmas shape daily life in the Indonesian sociocultural context is still limited.*
Objective: *This study explored the lived experiences of LGBT individuals living with HIV/AIDS in Lampung Province, Indonesia, using a phenomenological approach.*
Methods: *A qualitative phenomenological design was employed involving 15 LGBT participants diagnosed with HIV/AIDS through purposive sampling in Lampung Province. Data were collected through in-depth interviews conducted during September–October 2025. Analysis used in vivo coding to maintain participants' original meanings, and reporting followed COREQ guidance.*
Results: *Three interrelated themes emerged: (1) living in the shadow of layered stigma (social, family, healthcare, and internalized stigma), (2) negotiating identity and self-acceptance after diagnosis (initial shock and fear, identity conflict, and gradual acceptance), and (3) building meaning in life and resilience (reinterpreting life, survival strategies such as selective disclosure and treatment adherence, and sustaining hope and future goals).*
Conclusion: *LGBT individuals living with HIV/AIDS experience multidimensional challenges spanning social, psychological, and existential domains, shaped strongly by intersectional stigma. Findings highlight the need for inclusive, stigma-sensitive HIV services that integrate psychosocial support and affirming care to strengthen well-being and resilience.*

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INTRODUCTION

HIV/AIDS continues to represent a major global public health challenge with far-reaching health, social, and economic implications, particularly for populations classified as key populations. Although substantial progress in antiretroviral therapy has shifted HIV from a fatal disease to a controllable chronic condition, the epidemic remains unevenly distributed, disproportionately affecting groups exposed to structural vulnerability and social marginalization. According to the most recent UNAIDS report, approximately 39 million individuals worldwide are currently living with HIV, with more than one million new infections recorded each year. A considerable proportion of these new infections occurs among key populations, including men who have sex with men and transgender individuals (1). These trends suggest that biomedical advancements alone are insufficient to effectively suppress HIV transmission in contexts shaped by enduring social and structural inequalities.

Lesbian, gay, bisexual, and transgender (LGBT) populations are repeatedly identified as bearing the highest risk of HIV infection, with prevalence levels significantly exceeding those found in the general population (2). This elevated risk cannot be explained solely by individual behavioral factors. Instead, it reflects the cumulative effects of stigma, discrimination, restricted access to inclusive and affirming healthcare services, and broader social exclusion. In many healthcare settings, LGBT individuals encounter substantial obstacles to HIV prevention, testing, and treatment, often driven by fear of disclosure, anticipated negative reactions, and discriminatory attitudes within health systems (3, 4).

Within the Asia-Pacific region, the HIV epidemic remains largely concentrated among key populations, contributing to more than 60% of new infections in recent years. Indonesia is among the countries experiencing a rising HIV burden within LGBT communities, particularly among men who have sex with men and transgender populations. National surveillance data reveal that HIV prevalence in these groups may surpass 20% in certain subpopulations, emphasizing the need for targeted and context-specific responses. In Lampung Province, reports from regional health authorities show a steady annual increase in HIV cases, with a significant share linked to key populations. These local patterns mirror national challenges while simultaneously underscoring the importance of generating localized evidence to guide effective and responsive interventions.

Beyond epidemiological indicators, LGBT individuals living with HIV/AIDS face complex forms of stigma and discrimination that extend beyond clinical outcomes. HIV-related stigma is frequently accompanied by moral judgments, while diverse sexual orientations and gender identities that deviate from dominant norms continue to be contested in many sociocultural contexts (5). Consequently, LGBT individuals often experience layered or intersectional stigma, whereby multiple stigmatized identities intersect and amplify vulnerability. Existing studies demonstrate that such compounded stigma adversely affects mental health, weakens engagement in HIV care, disrupts treatment adherence, and ultimately reduces quality of life among people living with HIV (3, 4, 6). These psychosocial effects may persist even when biomedical treatment is available, highlighting stigma as a critical social determinant of health (7).

Despite these conditions, HIV research addressing LGBT populations in Indonesia has largely relied on quantitative methodologies, focusing on prevalence estimates,

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behavioral risks, and clinical outcomes. While these studies provide important epidemiological insights, they offer limited understanding of how LGBT individuals perceive and interpret their HIV diagnosis, reconstruct their sense of self, and navigate everyday life within stigmatizing environments. Quantitative measures alone are insufficient to capture the emotional, moral, and existential dimensions of living with HIV, leaving the subjective meanings of illness, identity, and survival insufficiently explored (8).

Phenomenological qualitative research that prioritizes the voices and lived experiences of LGBT individuals living with HIV/AIDS remains scarce in Indonesia, particularly in specific local settings such as Lampung Province (2, 3). This lack of in-depth qualitative evidence constrains the development of culturally sensitive and person-centered interventions that address not only biomedical needs but also the psychosocial and existential realities of living with HIV.

This gap underscores the necessity of phenomenological inquiry to explore the lived experiences of LGBT individuals living with HIV/AIDS. Gaining insight into how individuals make sense of their diagnosis, negotiate identity, and cultivate resilience within particular sociocultural contexts is essential for informing inclusive HIV services and nursing-based interventions. Accordingly, this study aimed to explore the lived experiences of LGBT individuals living with HIV/AIDS in Lampung Province.

METHOD

Study Design

This study adopted a qualitative phenomenological design to explore and understand the lived experiences of lesbian, gay, bisexual, and transgender (LGBT) individuals living with HIV/AIDS (9). A phenomenological approach was considered appropriate as it enables an in-depth examination of participants' subjective experiences and the meanings they attribute to their life situations. This design is particularly relevant for capturing how individuals interpret layered stigma and adapt to living with a chronic illness within specific sociocultural contexts (10, 11).

Participants and Research Setting

Participants were recruited using purposive sampling to ensure the inclusion of individuals who had direct and meaningful experience with the phenomenon under investigation (12). A total of 15 participants were enrolled in the study. Eligibility criteria included individuals aged 18 years or older, self-identifying as lesbian, gay, bisexual, or transgender, having a confirmed HIV diagnosis, and being willing to share their experiences through in-depth interviews. This sampling strategy allowed for the collection of rich and diverse data reflecting variations in age, sexual and gender identity, occupational background, and duration of living with HIV.

Research Location

The study was conducted in Lampung Province, a culturally diverse area with a mix of urban and semi-urban populations, which provided a unique context for understanding the individual with key population key (LGBT).

Data Collection

Data collection took place between September and October 2025. In-depth, face-to-face interviews were conducted at locations agreed upon by both the participants and the researchers to ensure privacy, comfort, and safety. Semi-structured

Gaster, 24 (1) 2026, 92-105
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interview guides were used to facilitate open-ended discussions while allowing flexibility to explore emerging issues relevant to participants' experiences (13). Each interview focused on participants' experiences following HIV diagnosis, perceptions of stigma, identity negotiation, coping strategies, and meaning-making processes. All interviews were audio-recorded with participants' consent and complemented by field notes to capture non-verbal cues and contextual observations. All participants agreed to participate in the research and agreed by filling out the informed consent form.

Data Analysis

Data analysis was carried out using an in vivo coding approach to preserve the authenticity of participants' expressions and ensure that interpretations remained grounded in their narratives (14). The analytical process involved repeated reading of interview transcripts to achieve immersion in the data, followed by initial coding using participants' own words. Codes were then compared and grouped into categories, which were subsequently organized into subthemes and overarching themes. This iterative process continued until conceptual clarity and thematic coherence were achieved. Regular discussions among the research team were conducted to refine interpretations and enhance analytical rigor.

Trustworthiness

The rigor and trustworthiness of the study were ensured through the criteria of credibility, dependability, and confirmability. Credibility was enhanced by incorporating verbatim quotations from all participants to support the identified themes. Dependability and confirmability were maintained through the use of an audit trail documenting methodological decisions, analytical steps, and reflexive notes throughout the research process. These strategies ensured transparency and consistency in data handling and interpretation (15).

Ethical Considerations

Ethical approval for this study was obtained from the Research Ethics Committee of the Faculty of Nursing, Universitas Indonesia (Approval No. KET-251/UN2.F12.D1.2.1/PPM.00.02/2025). Prior to participation, all individuals received detailed information about the study and provided written informed consent. Participants were assured of confidentiality and anonymity, and all identifying information was removed from transcripts and reports. Participation was voluntary, and participants were informed of their right to withdraw from the study at any stage without consequences.

RESULTS

Participant Characteristics

A total of 15 individuals living with HIV/AIDS residing in Lampung Province participated in this study. Participants' ages ranged from early adulthood to middle adulthood (21–52 years), reflecting a demographic spread that allowed exploration of experiences across different life stages. The majority of participants were engaged in informal sector work, including freelance jobs, small-scale trading, service-related occupations, and self-employment. A smaller proportion lacked stable employment entirely, highlighting the socioeconomic precarity commonly experienced by LGBT individuals living with HIV/AIDS. This variation in occupational status underscores the intersection of economic vulnerability with HIV-related health challenges and social marginalization.

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Participants' relationship statuses were diverse: some were unmarried and living independently, whereas others were either currently involved in long-term partnerships or had experienced previous relationships. Such diversity in relational contexts provided a broader understanding of how interpersonal dynamics influence coping mechanisms and social support. Duration of living with HIV also varied substantially among participants, ranging from one year to over a decade. This allowed for capturing experiences from the initial period following diagnosis through longer-term adaptation and identity negotiation processes.

Notably, all participants reported that they had not fully disclosed their HIV status to their broader social circles. Most had chosen to disclose only to healthcare providers or a limited number of trusted individuals. This partial disclosure pattern likely reflects pervasive fears of stigma, rejection, and discrimination, consistent with existing literature on HIV and LGBT populations. The diversity observed in age, sexual and gender identity, employment status, relationship status, and time since diagnosis contributed to a rich dataset from which multiple dimensions of stigma, identity negotiation, and survival strategies could be explored. Table 1 displays the demographic profile of the 15 participants, showing patterns in age group, LGBT identity, employment, relationship status, and duration living with HIV.

Table 1. Demographic Characteristics of Participants (n = 15)

No	Participant	Age	LGBT Identity	Employment	Relationship Status	Duration with HIV (Years)
1	P1	20s	Gay	Freelancer	Single	2
2	P2	30s	Lesbian	Self-employed	In partnership	5
3	P3	40s	Gay	Small trader	Single	7
4	P4	30s	Transgender	Salon worker	Single	4
5	P5	20s	Bisexual	Unemployed	Single	1
6	P6	30s	Gay	Online driver	Single	3
7	P7	40s	Gay	Factory worker	In partnership	8
8	P8	30s	Lesbian	Self-employed	In partnership	6
9	P9	20s	Gay	Street vendor	Single	2
10	P10	30s	Bisexual	Social worker	In partnership	5
11	P11	30s	Gay	Driver	Single	4
12	P12	40s	Transgender	Private employee	In partnership	9
13	P13	20s	Gay	Construction laborer	Single	1
14	P14	30s	Lesbian	Food seller	In partnership	6
15	P15	30s	Gay	Informal worker	In partnership	7

Analysis of the demographic profiles reveals that most participants were in their 20s and 30s, indicating that young to middle-aged adults constitute the primary group affected within this sample. Such age distribution aligns with national and regional epidemiological data showing higher rates of HIV infection among sexually active age groups. Additionally, gay participants comprised the largest subgroup, followed by lesbian, bisexual, and transgender participants. This pattern may reflect both demographic trends within LGBT communities and recruitment dynamics specific to the study setting.

The array of employment types from self-employment and informal labor to unemployment mirrors the broader socioeconomic instability that often accompanies marginalization due to sexual and gender minority status and HIV

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stigma. Participants' relationship statuses varied, with both single and partnered individuals represented. This variation provided insight into how social support structures influence psychological coping and engagement with healthcare services. Thematic analysis identified three main themes from the interviews. The themes and their corresponding subthemes are summarized in Table 2**.**

Table 2. Themes and Subthemes Identified from Thematic Analysis

No.	Theme	Subtheme
1	Living in the shadow of layered stigma	Social stigma toward HIV and LGBT
		Family stigma
		Healthcare stigma
		Internalized stigma
2	Negotiating identity and self-acceptance	Shock and fear at diagnosis
		Identity conflict
		Process of self-acceptance
3	Building meaning in life and resilience	Reinterpreting life
		Survival strategies
		Hope and future goals

The first theme illustrates how participants' Living in the shadow of layered stigma. The second theme reflects negotiating identity and self-acceptance. The third theme highlights how participants Building meaning in life and resilience.

Theme 1: Living in the Shadow of Layered Stigma

This theme illustrates how participants' daily lives were shaped by overlapping forms of stigma arising from both their HIV status and their LGBT identity. Stigma was not perceived as a singular or isolated experience, but rather as a persistent condition embedded in social interactions, family relationships, and institutional encounters. Participants described how these intersecting stigmas influenced their sense of safety, self-worth, and decisions regarding disclosure.

Subtheme 1a. Social Stigma toward HIV and LGBT

The first subtheme highlights participants' experiences of social stigma rooted in moral judgment and negative societal perceptions toward HIV and LGBT identities. HIV was commonly associated with deviant behavior, generating fear of rejection and social exclusion. Participants expressed concern that disclosure would lead to avoidance and negative labeling. One participant explained that HIV status immediately triggered moral assumptions and social distancing:

> "*When people hear HIV, they immediately think the worst. I'm afraid of being avoided, so I choose to remain silent*" (P4).

This perception was intensified when HIV status intersected with an already stigmatized sexual identity. Another participant emphasized the compounded burden of being both gay and living with HIV:

> "*My identity as a gay man is already difficult to accept, let alone when combined with HIV—it's like a double burden*" (P7).

These accounts demonstrate how social stigma operates at multiple levels, reinforcing silence and limiting participants' engagement with their broader social environment.

Subtheme 1b. Family Stigma

The second subtheme reflects the emotional dilemma participants faced regarding disclosure within their families. Family, which is often expected to function as a

Gaster, 24 (1) 2026, 92-105
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primary source of support, was instead perceived as a space of potential rejection and shame. Participants described fears that disclosure would not only provoke anger but also bring disgrace upon their families. One participant stated:

> "*I've never told my family about HIV. I'm afraid they won't just be angry, but also ashamed of having a child like me"* (P12).

Another participant highlighted the protective reasoning behind concealment, prioritizing family harmony over personal disclosure:

> "*It's better I keep it to myself than see my family fall apart because they cannot accept it*" (P2).

These narratives indicate that family stigma contributes significantly to emotional distress and reinforces participants' decisions to remain silent about their HIV status.

Subtheme 1c. Healthcare Stigma

The third subtheme describes participants' experiences of stigma within healthcare settings. Although healthcare services are expected to provide safe and nonjudgmental care, several participants reported encountering subtle yet impactful forms of discrimination. These experiences included changes in healthcare workers' attitudes and communication styles after learning about participants' HIV status and LGBT identity. One participant recounted:

> "*There was a healthcare worker whose attitude changed immediately after learning I'm LGBT and HIV-positive. His manner of speaking became cold*" (P9).

Another participant described feeling blamed for their condition:

> "*I felt treated differently, as if this disease was my own fault*" (P14).

Such experiences highlight how stigma within healthcare environments may undermine trust and contribute to feelings of marginalization among LGBT individuals living with HIV.

Subtheme 1d. Internalized Stigma

The fourth subtheme captures the internalization of stigma, whereby repeated exposure to negative societal attitudes led participants to develop negative self-perceptions. Participants described feelings of shame, self-blame, and diminished self-worth that persisted even when they rationally understood that these judgments were unjustified. One participant expressed:

> "*Sometimes I feel dirty and unworthy, even though logically I know that isn't true*" (P6).

Another participant conveyed a sense of hopelessness linked to self-blame:

> "*I often blame myself and feel my life is already finished*" (P11).

These narratives demonstrate how external stigma becomes internalized, shaping participants' emotional experiences and self-concept.

Theme 2: Negotiating Identity and Self-Acceptance

This theme reflects the internal processes participants underwent following their HIV diagnosis, marked by emotional upheaval, identity conflict, and gradual efforts toward self-acceptance. Diagnosis was described as a turning point that disrupted participants' existing sense of self and required renegotiation of identity.

Subtheme 2a. Shock and Fear at Diagnosis

The initial response to HIV diagnosis was characterized by intense shock and fear. Participants described the moment of diagnosis as emotionally overwhelming, often

Gaster, 24 (1) 2026, 92-105
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accompanied by thoughts of death and the loss of future possibilities. One participant recalled:

> "*When the doctor said the result was positive, it felt like the world stopped. I immediately thought about death*" (P1).

Another participant expressed similar fear regarding the future:

> "*I was afraid my future was over, there was no hope left*" (P8).

These reactions illustrate how diagnosis was experienced as a sudden rupture in participants' life narratives.

Subheme 2b. Identity Conflict

The second subtheme highlights the tension participants experienced between their sexual or gender identity and their status as people living with HIV. For many, accepting an LGBT identity had already been a complex process, which was further disrupted by the HIV diagnosis. One participant explained:

> "*I had already struggled to accept myself as a lesbian, but HIV makes me have to start from zero again*" (P10).

Another participant described confusion regarding their sense of self:

> "*Sometimes I'm confused—who am I really now*?" (P3).

These accounts reflect identity conflict as an ongoing and emotionally demanding process.

Subtheme 2c. Process of Self-Acceptance

The final subtheme describes participants' gradual movement toward self-acceptance. Acceptance was framed not as resignation, but as an active strategy for survival and adaptation. One participant stated:

> "*Gradually I'm learning to accept, not because of resignation, but because I want to survive*" (P5).

Another participant reflected on integrating HIV into their life narrative:

> "*I realized HIV isn't the end, but part of my life now*" (P13).

This process illustrates the dynamic nature of acceptance and identity reconstruction over time.

Theme 3: Building Meaning in Life and Resilience

This theme captures participants' efforts to endure adversity and reconstruct meaning in life despite ongoing stigma and uncertainty. Participants demonstrated resilience by redefining priorities, developing coping strategies, and maintaining hope for the future.

Subtheme 3a. Reinterpreting Life

HIV diagnosis prompted participants to reassess their values and life priorities. Several participants described a renewed appreciation for life and authenticity. One participant stated:

> "*Now I appreciate life more; I don't want to waste time anymore"* (P15).

Another participant expressed a deeper sense of self-awareness:

> "*HIV made me realize life must be lived more honestly with myself*" (P4).

These reflections indicate that diagnosis functioned as a catalyst for existential reevaluation.

Subtheme 3b. Survival Strategies

The second subtheme highlights adaptive strategies developed to manage fear, stigma, and uncertainty. Participants described selective disclosure and strict adherence to treatment as key coping mechanisms. One participant explained:

Gaster, 24 (1) 2026, 92-105
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DOI: https://doi.org/10.30787/gaster.v24i1.2402

"I chose to share my story only with people I truly trust; that makes me feel calmer" (P6).

Another participant emphasized the importance of treatment adherence:

"*I focus on taking my medication and maintaining my health; that's how I fight my fear*" (P9).

These strategies reflect active efforts to maintain control and stability.

Subtheme 3c. Hope and Future Goals

The final subtheme illustrates participants' orientation toward the future. Despite living with HIV/AIDS, participants continued to articulate hopes and aspirations for a meaningful life. One participant stated:

"*I still have dreams of living a normal and independent life*" (P7).

Another participant affirmed optimism grounded in treatment adherence:

"*As long as I'm compliant with treatment, I believe there's still a future*" (P12).

These narratives demonstrate that hope and future-oriented thinking remain central components of resilience among LGBT individuals living with HIV/AIDS.

DISCUSSION

This study explored the lived experiences of LGBT individuals living with HIV/AIDS in Lampung Province through a phenomenological lens. The findings indicate that participants' experiences are shaped by intersecting HIV-related stigma and sexual or gender identity stigma, influencing social interactions, identity negotiation, and meaning-making processes. These findings extend existing literature by illustrating how stigma operates simultaneously at social, familial, healthcare, and intrapersonal levels within a specific Indonesian sociocultural context.

The theme *living in the shadow of layered stigma* demonstrates that stigma is experienced in an intersectional manner, where HIV status and LGBT identity mutually reinforce vulnerability. This finding aligns with intersectional stigma theory, which posits that overlapping marginalized identities produce compounded psychosocial consequences.(16). Similar patterns have been reported in previous studies showing associations between layered stigma and psychological distress, social withdrawal, and reduced engagement in HIV care among key populations(17).

Family-related stigma emerged as a central concern influencing participants' disclosure decisions(18). Consistent with Earnshaw and Chaudoir's HIV stigma framework, fear of enacted and anticipated stigma led participants to conceal their status, particularly within family settings (19). In collectivist societies such as Indonesia, family honor and moral conformity intensify the emotional burden of disclosure, as also documented in prior Indonesian studies (2).

Healthcare-related stigma highlights the persistence of structural stigma within health systems. Participants' accounts of judgmental attitudes from healthcare providers echo previous findings that discriminatory practices undermine trust and discourage service utilization among LGBT individuals living with HIV (20). These experiences further contribute to internalized stigma, wherein negative societal messages are absorbed into self-perception, resulting in diminished self-worth and emotional distress, as described in internalized stigma theory.(21, 22).

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The second theme, *negotiating identity and self-acceptance*, reflects the profound identity disruption triggered by HIV diagnosis. This process closely mirrors Bury's concept of biographical disruption, in which chronic illness fundamentally alters an individual's life trajectory and self-narrative. For participants in this study, HIV diagnosis represented a critical turning point that destabilized both personal identity and social positioning. This finding is consistent with Sujianto et al. (2025), who reported that people living with HIV often experience identity crises during the early stages of diagnosis, particularly when HIV intersects with pre-existing stigmatized identities.

The theme *negotiating identity and self-acceptance* reflects the identity disruption triggered by HIV diagnosis, consistent with Bury's concept of biographical disruption. While many participants had previously navigated acceptance of their LGBT identity, HIV diagnosis initiated a renewed and often destabilizing identity negotiation process. This finding aligns with social identity theory and prior qualitative studies demonstrating that identity reconstruction among LGBT individuals living with HIV is non-linear and shaped by stigma exposure and social context (3),(23),(24).

Finally, *building meaning in life and resilience* illustrates participants' adaptive responses to adversity. Resilience was expressed through selective disclosure, adherence to antiretroviral therapy, and existential meaning-making (25). These findings are consistent with contemporary resilience theory, which conceptualizes resilience as a dynamic process rather than a fixed trait, and with Indonesian studies emphasizing contextually grounded coping strategies among people living with HIV (5). The persistence of hope and future-oriented goals among participants challenges dominant deficit-based narratives surrounding HIV and underscores the importance of recognizing strengths alongside vulnerabilities (26).

The findings underscore that the experiences of LGBT individuals living with HIV/AIDS extend beyond biomedical concerns to encompass social, psychological, and existential dimensions. HIV services that prioritize clinical outcomes alone may fail to address the pervasive effects of stigma and identity-related distress. For nursing and public health practice, the results highlight the importance of stigma-sensitive, inclusive, and psychosocially oriented care.

Healthcare providers should be trained to deliver nonjudgmental, affirming services that acknowledge intersecting identities and lived experiences. Integrating psychosocial support, stigma reduction strategies, and identity-affirming approaches into HIV care may enhance engagement, adherence, and overall well-being among LGBT individuals living with HIV/AIDS.

This study has several limitations. First, the research was conducted in a single sociocultural setting, Lampung Province, which may limit the transferability of findings to other regions with different cultural or healthcare contexts. Second, the sample size, although appropriate for phenomenological research, may not capture the full diversity of experiences among LGBT individuals living with HIV/AIDS. Third, reliance on self-reported narratives introduces the possibility of recall bias and selective disclosure, given the sensitive nature of HIV status and sexual or gender identity.

Future research should explore lived experiences of LGBT individuals living with HIV/AIDS across diverse regions in Indonesia to capture broader sociocultural variations. Longitudinal qualitative studies are recommended to examine how

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identity negotiation, self-acceptance, and resilience evolve over time. Additionally, incorporating perspectives of family members and healthcare providers may provide deeper insight into relational and structural dimensions of stigma. Mixed-methods approaches could further integrate phenomenological insights with quantitative measures of mental health, treatment adherence, and quality of life.

CONCLUSION

This phenomenological study shows that the lived experiences of LGBT individuals living with HIV/AIDS in Lampung Province are shaped by layered stigma related to HIV status and sexual or gender identity. These intersecting stigmas influence social interactions, disclosure decisions, identity negotiation, psychological well-being, and engagement with HIV care. Despite ongoing stigma, participants demonstrated resilience by reconstructing meaning in life through adaptive strategies such as selective disclosure, adherence to antiretroviral therapy, and reorientation of life priorities. These findings indicate that living with HIV among LGBT individuals is not only a biomedical condition but also a complex social and psychological experience that requires holistic attention. This study is limited by its single sociocultural setting and small sample size, which may affect the transferability of findings. Future research should explore lived experiences of LGBT individuals living with HIV/AIDS across diverse contexts and employ longitudinal approaches to examine changes in stigma, identity negotiation, and resilience over time..=

AUTHOR'S CONTRIBUTION STATEMENT

Conceptualized and designed the study, conducted data collection and qualitative analysis, led manuscript drafting, and critically revised the manuscript for intellectual content. NAY: contributed to the study design, provided methodological guidance, participated in data interpretation, and critically reviewed the manuscript. MAA: assisted in data analysis, supported interpretation of qualitative findings, and contributed to manuscript revision. AW: [4] provided conceptual supervision, methodological oversight, and critical appraisal of the manuscript. AYN: contributed to theoretical framing, interpretation of findings, and substantive revision of the manuscript.
All authors reviewed and approved the final version of the manuscript and agreed to be accountable for all aspects of the work.

CONFLICTS OF INTEREST

The authors declare that there are no conflicts of interest associated with this study

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

During the preparation of this manuscript, the authors used generative artificial intelligence tools to assist with language refinement, paraphrasing, and improvement of grammatical clarity. The use of these tools was limited to enhancing readability and coherence and did not involve the generation, analysis, or interpretation of research data. All content was critically reviewed, verified, and approved by the authors, who take full responsibility for the accuracy, originality, and integrity of the manuscript.

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