MALAYSIAN ONLINE JOURNAL OF PSYCHOLOGY & COUNSELING

ONLINE COPING STRATEGY AMONG PLHIV WITHIN THE LGBTQ PEOPLE IN MALAYSIA: A QUALITATIVE STUDY

Muhammad Ashraff Ahmad[1], Harris Shah Ahmad Shah[2] & Azmawaty Mohamad Nor[1*]

ABSTRACT

Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) and HIV continue to be sensitive topics in Malaysia. The stigma around the subject that interweaves elements of health, social-cultural, religion, and morals within the society became the stress factor for PLHIV within this community, causing a great deal on their mental health and well-being. The ongoing stigma and discrimination led them to adopt various types of coping strategies depending on how much it impacts their view of self and surroundings. This study aimed to explore the experience of HIV and sexual identity stigma and how online coping strategies influence their mental well-being within the Malaysian context. Six LGBTQ participants living with HIV were studied using interpretative phenomenological analysis (IPA) to enable a detailed exploration of the complex phenomenon. Eight key themes emerged within the four master themes of HIV stigma, sexual identity stigma, online coping strategies, and mental health highlighting the complex portrayal of their experience. The findings revealed that HIV diagnosis and sexual identity stigma experienced compounded their ability to accept who they are. Socioemotional and problem-focused coping strategies via various online platforms assisted the participants to activate coping strategies by attempting to problem-solve their issues or obtaining social and emotional support from others. The experience of double stigma was found to influence their mental health outcomes negatively and the use of online coping strategies to deal with the stigmas improved their emotional strengths and the way they frame the stressors to generate a positive outlook on their mental health. Findings from this study would enhance the understanding of how online platform supports LGBTQ people living with HIV in Malaysia to cope with the double stigma and manage their mental health and well-being.

Keywords: *Online Coping; Stigma; LGBTQ; PLHIV; HIV; Coping Strategy*

Volume 9 (2), December 2022

[1] Faculty of Education, Universiti Malaya, MALAYSIA

[2] Faculty of Management, Education and Humanities, University College MAIWP International, MALAYSIA

Corresponding Author:
azy_mn@um.edu.my

INTRODUCTION

Despite the advancements in managing and treating the disease, HIV/AIDS remains to be strongly stigmatized by the community till today due to misconception of public opinion on the disease that relates HIV to death, fear of contagion (Flores-Palacios & Torres-Salas, 2017) and social-cultural factors such as homophobia, religion and moral deviation (Arístegui et al., 2018; Smith et al., 2017). According to UNAIDS (2019), there are 36.9 million PLHIV globally in 2017, 5.2 million of which were recorded in the Asia-Pacific. Key populations and their sexual partners account for 47% of new HIV infections globally. Among which homosexual, bisexual, transgender, and other men who have sex with men (MSM) continue to have a higher prevalence of HIV infection (Beyrer et al., 2016; Centers for Disease Control and Prevention, 2018).

Processing the diagnosis of HIV can be a very stressful experience for PLHIV. This is due to HIV being heavily stigmatized and the magnitude of associated stigma either internalized or externalized is bigger for those who fall within the lesbian, gay, bisexual, transgender, and queer (LGBTQ) community (Cramer et al., 2017; Lowther et al., 2014). The societal perception of HIV as a punishment for being homosexual and living a sinful life has a negative impact on their acceptance of the diagnosis, ways of coping, and well-being (Liboro & Walsh, 2016; Voisin et al., 2013). One study had found that those who discriminate against homosexuals are 3.49 times more likely to discriminate PLHIV (Aminnuddin, 2019).

In the 2014 Annual Report, Malaysian Aids Council reported 105,189 cases of HIV in Malaysia with 88,093 people currently living with HIV, 3517 newly reported cases, 28% contributed by homosexual and bisexual and 77% of newly infected people fell in the 20-39 age group (Yee & Jalil, 2017). An increase of concentration is seen among the homosexual and bisexual group in 2017 latest statistic with 51% (1,697) out of 3,347 newly HIV cases reported, a 23% increase from 2014 statistics (Malaysian AIDS Council, 2019), and young men continue to be the biggest group affected by HIV to date (Burch et al., 2018).

Internalized and externalized stigma resulted in denial of homosexuality, concealing their status as HIV-positive to others (partner, family, and community), isolation, and change in size and intensity of social relationships (Kamarulzaman, 2013; Liboro & Walsh, 2016). To cope with such stressors, people living with HIV/AIDS employ various coping strategies, both adaptive and maladaptive in nature. Studies had shown that people chose to be secretive about their status and live a dual life as a self-defense act against internalized stigma (Lim, Brown, et al., 2018).

The effect of an adaptive coping strategy employed has a significant impact on their mental health such as an increased sense of autonomy, better emotional stability (Ahmad et al., 2021), and better management of stress, anxiety, and depression (Berg et al., 2017; Ahmad et al., 2021) whereas maladaptive coping strategy will yield higher psychological distress and lower psychological well-being such as higher level of anxiety, stress, depression and emotional detachment (Berg et al., 2017; Flores-Palacios & Torres-Salas, 2017). Many studies conducted thus far in Malaysia either target the wider sample population who live with HIV such as women (Zain, 2013), young couples (Sern & Zanuddin, 2014) and drug users (Lim, Akbar, et al., 2018) or focusing on specific coping strategies such as substance use or religious coping instead of a wider scope of coping strategies employed when MSM or LGBT is sampled (Burch et al., 2018; Lim, Akbar, et al., 2018; Lim, Brown, et al., 2018; Shaw et al., 2018).

Available findings indicated that PLHIV adopted coping strategies such as religious coping (Lim, Brown, et al., 2018; Shaw et al., 2018), some form of active coping through adherence to ART medication (Velvanathan et al., 2016; Zain, 2013), use of emotional support (Zain, 2013), planning by focusing on activities that would generate financial resources or utilize personal abilities (Zain, 2013), and acceptance of current condition and self-care (Zain, 2013). A recent study indicated that PLHIV were unable to obtain optimum support from mental health providers in Malaysia due to a lack of knowledge, training, and stigma on the disease (Tuan Abdullah & Mat Min, 2021) made it more challenging for PLHIV to cultivate a helping coping strategy to deal with their daily challenges.

In Malaysia, the Ministry of Health aimed to achieve the 90-90-90 target (UNAIDS, 2014) of 90% of all PLHIV knowing their HIV status, 90% of all people with HIV diagnosis receiving sustained anti-retroviral treatment (ART) and 90% of all people receiving anti-retroviral treatment will reach viral suppression to end the AIDS pandemic by 2030 (Suleiman & Ramly, 2018). Such limited findings on how PLHIV among LGBTQ individuals cope in Malaysia may cause a gap in creating a better-suited intervention program to help them address their health and social functioning including increasing the effectiveness of treatment compliance and prevention toward realizing the goal of 90-90-90.

There is a paradigm shift in how people communicate these days where the use of virtual channels, and information and communication technology such as social media and reliance on the internet to obtain information and reach out to others as compared to physical connections in the past. The LGBTQ people are known to exercise this channel for social connection and seeking information (Lim, Brown, et al., 2018). The existence of online sources provides PLHIV within the LGBTQ community another avenue to exercise various coping strategies as opposed to offline or physical coping strategies.

However, it is uncertain how online platforms are being used in generating coping strategies for the said population. A recent study had shown that online platform is more likely to be used for sexual connection as a form of mental disengagement coping in Malaysia with additional findings indicating a low level of HIV knowledge, especially among the Malay-Muslim where the information-seeking behavior on prevention and the disease were usually ignored (Burch et al., 2018; Lim, Brown, et al., 2018). This strikes a worrying thought where such coping strategy may lead to a greater threat of HIV transmission for LGBTQ people, risking the eradication of HIV infection goals by 2030 in Malaysia.

At the point of this writing, there is limited research done on the use of the online platform to explore online coping strategies for PLHIV among the LGBTQ community, and this research intends to further investigate the area, in hopes to extend the current understanding of coping strategies employed in Malaysia. Therefore, creating an opportunity to explore further the use of social media and online information seeking in providing social and emotional support including the source of information toward helping PLHIV obtain better knowledge about the disease, improve self-care and prevention of HIV as part of a sustainable solution to support the 90-90-90 aspiration. This post heavy importance to understand this group better towards providing better care, treatment, and prevention of HIV infection in Malaysia.

LITERATURE REVIEW

Stress Factors and the Choice of Coping Strategy

Being subjected to internalized and externalized stigma such as promiscuousness, characterized them into low visibility and powerless social minority group, making the LGBTQ community continues to be subjected to immense marginalization because of their sexual identity. This led to a higher risk for depression, anxiety, substance and alcohol abuse, and other risky behaviors such as unsafe sex (Arnold et al., 2014; Berg et al., 2017; Cramer et al., 2015; Flores-Palacios & Torres-Salas, 2017; Wray et al., 2016).

Strong cultural and religious influence in Malaysia also negatively impacts the said population as the community has often been prejudiced because of the association of HIV with sinners and immoral behaviors (Kamarulzaman, 2013; Sern & Zanuddin, 2014; Wong & Syuhada, 2011). Thus, putting more pressure on the affected community and forcing them to either recluse from the society (Shaw et al., 2017) or may adopt poor health-seeking behavior (Abdul-Qadir & Nighat, 2017; Njuki et al., 2014; Prabawanti et al., 2015; Wong & Syuhada, 2011) due to lack of knowledge acquired by the society members, including people in the health care providers and authorities (Godwin, 2010; Takács et al., 2013; Teh, 2008).

The minority stress model provides an explanation of the interactions of various factors in creating higher levels of psychological distress in the LGBTQ population (Meyer, 2003). The model suggests that social stigma felt from the surrounding environment (Meyer, 2003) causing increased psychological distress which leads to the experience of victimization, prejudice, and discrimination that becomes a chronic stressor, on top of general stressors experienced by others. This chronic stressor is being referred to as min ority stress (Meyer, 1995). Minority stress is a subset of circumstances in the environment where it overlaps with each other depending on factors such as socioeconomic status (Meyer, 2003). The minority status (e.g. race, age, sexual orientation, gender, HIV) is highly related to environmental circumstances (e.g. poverty, education level, etc.) which will then determine the exposure to stress and coping resources (Diaz et al., 2001).

The environmental circumstance will then drive stressors exposure such as general stressor (e.g. job loss, death, loss of income) and minority stressor unique to the minority group (e.g. discrimination in employment, discrimination in treatment, physical violence). The stressors are also depicted as overlapping to represent its interdependency (Pearlin, 1999), as such the event taking place because of the minority stressor will likely induce an increase in expectation of rejection, concealment or openness and internalized stigma; often leads to personal identification with one's minority status (e.g. LGBT, HIV) (Meyer, 2003) and feeds as an additional stressor to the individual's perception on stigma and devalued minority. Although minority identity is not the sole source of stress, it is characterized as an important modifier to the stress impact (prominence, valence, integration) (Meyer, 2003) or a source of strength to develop opportunities for coping and social support towards easing the stress impact (Branscombe et al., 1999).

The internalized and externalized stigma felt by PLHIV within the LGBTQ community had caused them to adopt various types of coping strategies depending on how much the stigma impacts their view of self and their surroundings. Positive coping such as social support and active coping (Arístegui et al., 2018; Liboro & Walsh, 2016) and negative coping such as safety behavior and substance abuse (Arnold et al., 2014; Berg et al., 2017; Cramer et al., 2015) are among the common strategies adopted, each of which comes with its own issues and impact onto their mental well-being,

both positively and negatively. The right adoption of coping strategy will influence the individual responsiveness towards treatment compliance, obtaining a healthier lifestyle, and improving social functioning (Dale, Cohen, Kelso, et al., 2014; Dale, Cohen, Weber, et al., 2014; Garcia et al., 2016).

Online Coping Strategy Among the LGBTQ People

Similar to conventional offline coping, online coping is defined as the thoughts and behaviors used by people in managing a stressful situation through an online platform such as the Internet (van Ingen et al., 2016). The use of the online platform as an avenue to cope with various forms of stressors and events had been studied by many researchers in recent years (Kanter et al., 2019; Sriwilai & Charoensukmongkol, 2016). The researches done in this area had been shown to focus on the role of the online social network and the internet in obtaining emotional support (Brummette & Fussell Sisco, 2015; Kanter et al., 2019; McLouglin et al., 2018), information gathering (Cao et al., 2017; Kanter et al., 2019; LeGrand et al., 2018; McLouglin et al., 2018), landing point to seek for physical connection and building new friendship or relationship (Grov, 2006; Rhodes et al., 2007) and building resilience (Jurgens & Helsloot, 2018; McLouglin et al., 2018; Watson, 2018).

Ever since the emergence of the Internet and Online technology, the LGBTQ community had been actively using this platform widely to obtain information, social connection, and even sexual relations (Lim et al., 2018; Mohamad Shakir et al., 2019). Online coping is not a new concept as it has been widely studied in fragmented pieces. Online emotional support, social media sites support and health information seeking on the internet were some of the online coping strategies that have been studied previously in a specific manner instead of an integrated approach under one online coping umbrella (van Ingen et al., 2016).

In Malaysia, the 2018 data reported that 97.7% of individuals have access to ICT through the use of mobile phones and the most popular Internet activities are participating in social networks (96.5%), finding information about goods or services (83.1%) (Department of Statistic Malaysia, 2019). According to Malaysian Communications and Multimedia Commission, (2021) there are 88.7% internet users in Malaysia, and just like other Malaysians, Malaysia's LGBTQ people uses the Internet in their daily lives especially as a platform for self-identification on their sexuality and allowing information exchange and creating accessibility for them to support each other despite the social, legal, cultural and religious restrictions (Jerome, 2019). Having said that, as illustrated above, there is limited study being done on online coping strategies that specifically explore the LGBTQ people in Malaysia.

A systematic review done on LGBTQ people living with HIV revealed that LGBTQ people tend to employ helpful coping strategies instead of unhelpful coping strategies (Ahmad et al., 2021) when dealing with stressors in their life. Having said that, the prejudice and discrimination faced by LGBTQ people in Malaysia created an additional layer of stressor because of their minority status as explained by the minority stress theory by Meyer, (2003). The policies in Malaysia are not LGBTQ-friendly, leaving them with minimum legal protection against discriminatory acts or penalized for their identities (Zay Hta et al., 2021). This may cause the LGBTQ individual to experience a higher risk of mental health issues such as stress, depression, and anxiety due to the prejudice in the legal, societal, and religious influences (Berg et al., 2017; Flores-Palacios & Torres-Salas, 2017).

Malaysian LGBTQ individuals have lesser support to form helpful coping strategies due to cultural and religious restrictions (Brown et al., 2016). The discrimination faced by society generated fear

and internalized stigma which reduces their quality of life (Brown et al., 2016; Cheah & Singaravelu, 2017). Accessibility and availability for these individuals to seek support are limited as they sometimes get referred out by professionals to various places as there are limited professional mental health providers who are comfortable working with this population and potential negative reactions and stigma towards the community (Zay Hta et al., 2021). This would limit their choices in effectively coping with their daily stressors.

Thus, this study attempts to explore the use of online coping in dealing with HIV and sexual identity stigma and how the coping strategies impact their mental well-being within the Malaysian context. The findings of this study are expected to enhance the understanding of how the PLHIV among the LGBTQ people in Malaysia cope with the double stigma faced in their daily life.

METHODOLOGY

A qualitative study using interpretative phenomenological analysis (IPA) was conducted on PLHIV, within the LGBTQ community in Malaysia to enable detailed exploration of a complex phenomenon (Halcomb & Hickman, 2015). Six voluntary participants within the age range of 21 to 35 representing Malay, Chinese, Indian, and Bumiputera, sexual identities, and different types of occupations. The participants' real names were not used to provide anonymity and participants were recruited through the online platform by using social media (Twitter, Facebook, Blued) and through the help of Community-Based Organizations (CBOs). To ensure the quality, trustworthiness of the data obtained, and protect the interest of participants for this research, the semi-structured interview protocol was reviewed by the University of Malaya Research Ethics Committee (UMREC).

Data Analysis

The first process was to transcribe and code the recorded interview sessions using MS Word software. Next, was to read and re-read the transcribed data to familiarize with the captured data to ensure the focus on the participant was established to avoid any misconceptions or prejudgment of the phenomenon (Akers et al., 2011). Thirdly, was the development of emerging themes through the researcher's interpretative and analytic view taken from the participant's original words and thoughts (Wilde & Murray, 2009). Fourthly, themes were established by mapping how the themes could be best fit together. Fifthly, the same process was repeated for another interview case before moving on to the final step of determining patterns across interview cases.

Table 1 indicates the detailed demographics of the interviewed participants.

Table 1
Participants Demographics

Pseudonym	Race	Sexual Identity	Age	Occupation
Resh	Indian	Gay	29	Salesperson
Dodie	Malay	Queer	21	NGO Social Worker
Ad	Malay	Bisexual	26	Executive
Gee	Chinese	Gay	24	Oil & Gas Executive
Akif	Malay	Gay	23	Student
Afzan	Bumiputera Sabah	Bisexual	35	Security Guard

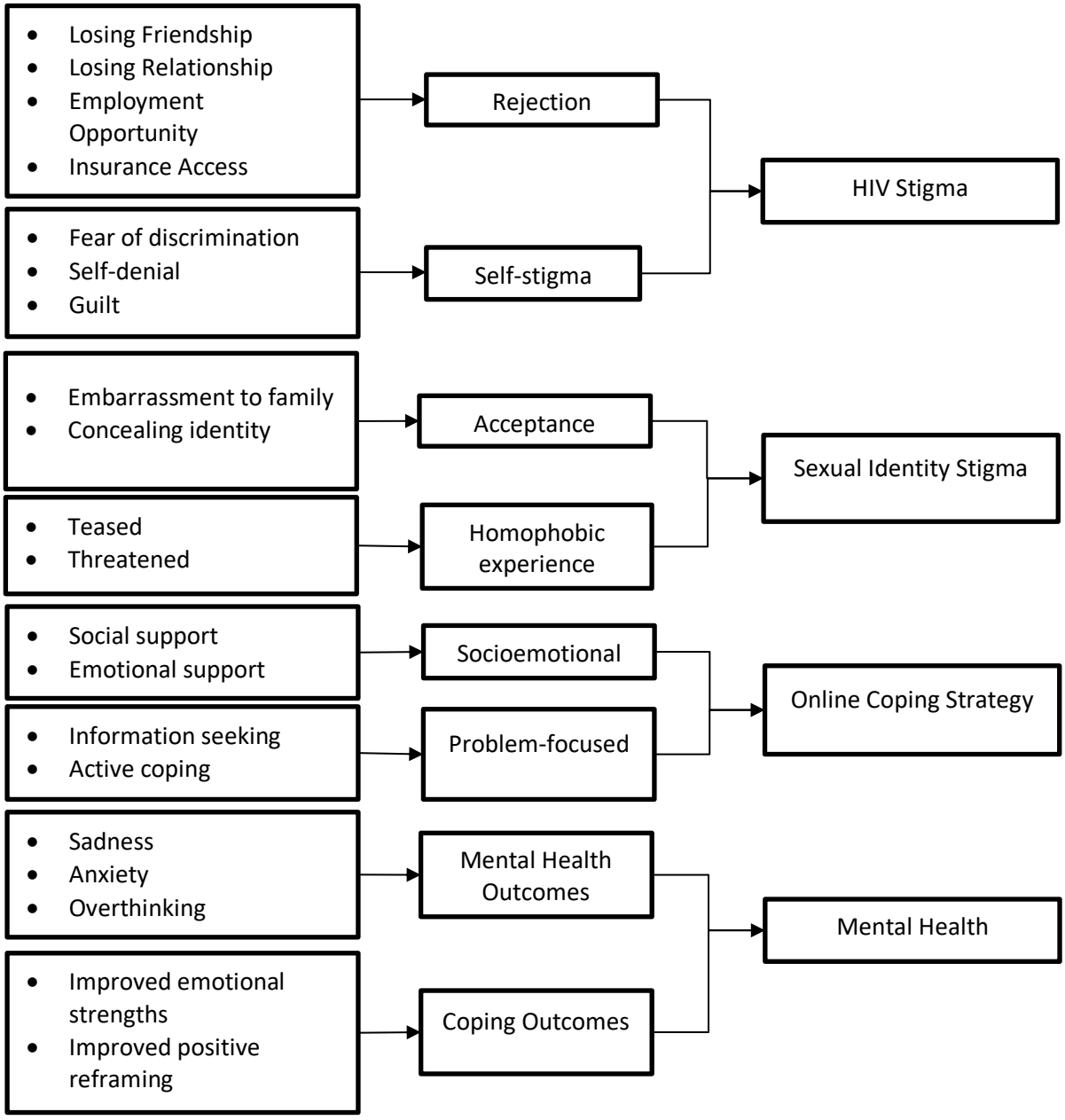

Figure 2
Development of coding based on major themes, key themes, and sub-theme

Master Theme 1: HIV Stigma

The theme for HIV Stigma was illuminated across all participants in this study. The participants made sense that their HIV status has influenced their life histories to the present situation. Their status of being HIV-positive had caused them to face rejections from friends, partners, and opportunities in

life that limits them from obtaining an ideal life compared to other people. The self-stigma around the disease had also made them cautious in behavior and making connections with people.

Key theme 1: Rejection

The following participants experienced losing friendships due to poor acceptance towards PLHIV and understanding of the disease. This is noted by Gee:

"Yes it is very difficult, to be honest from my point of view there is a lot of ... our community, especially the gay community isn't aware of this kind of HIV virus thing. So when meeting someone, I used to explain to them my current situation and I want to get to know more and telling you that I have HIV and the conversation stops because of our current status, they are not aware. If we have medications then it is suppressing the virus so they don't have the knowledge"

Gee, line 20, page 2

Losing friendship over their HIV-positive status are also experienced by Resh as noted below:

"There was a time I lost contact with my family and friends and most probably it's my style because I lost many friends, so I don't have people to give me advice except for my foster brother."

Resh, line 27, page 5

The HIV stigma had also caused rejection in a love relationship as experienced by Gee where his relationship ended when his partner found out about his HIV-positive status:

"When I was diagnosed in May 2019, I was in my first relationship with my partner, he was a doctor somewhere and we broke off because I was diagnosed with HIV but before I met him few months back 2008 December I guess, I was having sex with this Chinese guy. So I trust him ; he said we should be fine but when I got my 1st relationship with my partner, less than 3 weeks everything escalated and I was diagnosed with HIV and yeah, it was difficult for me to cope actually."

Gee, line 25, page 2

It is found that the stigma around HIV had made them unable to sustain their friendship and relationship as the subject of HIV is so taboo, making their friends and partners not wanting to be associated with people who have it. It is also the case when trying to build a new friendship with others where people would reject to be friends with them due to the stigma around the disease. Poor understanding of HIV itself amplifies the possibility of securing friendship with people.

Key theme 2: Self-stigma

One of the sub-theme that emerged under self-stigma is fear of being discriminated against by others surfaced as the main concern by the majority of the participants. Five participants reported that they might not be accepted and discriminated against by family members, friends, colleagues, and the general public because of their HIV status.

The associated moral judgment on HIV being attributed to sex and sexual identity made it difficult for the participants to disclose their status to others fearing being judged for their actions and accepted by others.

This is captured in the interview with Afzan:

"When I first told my sister, I used the keyword, what I have now, the stigma is really bad. My sister and I work at the same place at that time, when I went back from work, I took a breath and I confessed that I have RVD. It was quite a while that we stood in silence because it was unexpected. I lied to my sister, telling her that I got RVD from drug injection, not sexual relation"

Afzan, line 120, page 4

The nuance is also supported by Gee in his interview:

"Those kinds of things should not be happening in the office actually because not everyone can come out especially with our gay status, living with HIV that is the worst part and I can guarantee that they will say 'that is a disease that you should have because you are having this kind of 'sexuality'."

Gee, line 8, page 4

The fear of being discriminated against perpetuates the internalized stigma of thinking that people will judge them because of their health condition as stated by Ad and supported by Akif in the interview:

"It's just over time I cannot hide la kan, over time getting more ill so off course that time family already worried but I didn't tell them of course because I don't want them...there is a lot for me to accept *lah*, we are already ill after that we have to experience mentally from the angle, you know people will judge about it no matter how so that is why I keep it to myself."

Ad, line 18, page 2

"Ya, kind of living in fear, feel like there is a bubble around me, so when I go out people will talk so want it or not I sit inside that bubble, no need to come out of it."

Akif, line 5, page 9

It was noted the presence or absence of knowledge on HIV infection does not help make the participants accept their health condition due to the heavy stigma around HIV itself.

Master Theme 2: Sexual Identity Stigma

The second master theme identified in this study is Sexual Identity Stigma. The participants shared their experiences on how sexual identity stigma had impacted their life. Their sexual identity is not positively welcomed by their surroundings where they are met with various homophobic experiences such as slurs, teases, and threats from others, and fear of not being accepted by their loved ones and society members. Making sense of their experience, the participants realized that their sexual identity is not something that is well accepted by society. They have to exercise caution on to whom they should be open to avoid judgment or discrimination and learn to face ill-treatment from people who cannot accept their sexual identity.

<u>Key theme 1: Acceptance</u>

To live openly as an LGBTQ member in Malaysia is challenging as the society at large frames heterosexuality as the only acceptable sexual identity. This posed difficulty for those who do not fit

into the heteronormative ideals set by society. Participants in the study shared the need to conceal their identity to blend in and obtain social acceptance as mentioned by Resh:

"If I want to say living as LGBT gay boy I feel from not informing other people and showing it physically, ok fine to live in Malaysia. If want to be in love, from emotional side, it's quite difficult because Malaysia doesn't accept it right?"

Resh, line 26, page 2

The perceived stigma on sexual identity that requires them to conceal their identity is shared by Ad in his experience where he had to be cryptic about his sexuality when asked by his friends about the topic:

"This I have struggled la to identify my sexuality along the way, I never tell truly even to my close friend in how I see this. I just say what is my interest indirectly, sometimes for me I'm like heterosexual which I like the person because of the person themselves, not because of gender. So that is why I didn't think of it as... in my case, people might see me leaning towards homo because of my experience towards guys is more la which is I have dated with girl but me with guys are a lot more… but me I have interest in both ways."

Ad, line 1, page 4

A similar experience is shared by Akif where he chose not to disclose his sexuality and wouldn't confirm suspicions people had on him, hoping that it would remain as a kept secret:

"They all [friends]… because I am the type that didn't let people know [about his sexual identity], so if they expect I am it, so I feel like ok then if you know then let it be, keep it to yourself, no need to let others know."

Akif, line 14, page 3

Embarrassment to the family is the second sub-theme that emerged from the interview sessions. Not fitting into the heteronormative expectation is seen as an embarrassment to the family as experienced by Resh where his siblings are expecting him to fight his sexual identity:

"Like [being] gay, for my side, I can say that of course early times they said [siblings] its an embarrassment to the family, embarrassment to the gender and all and I can fight it…"

Resh, line 14, page 3

For Afzan, the feeling of embarrassment comes from within himself as he reflected the shame and embarrassment it would cause for his family and being empathetic towards them for not wanting them to go through the stigma:

"How do I say it ya, that is my own problem when I too have feelings towards women but I'm afraid…how to say it, I'm sorry if this is unacceptable but I'm afraid. When it comes to women I'm afraid because I have a younger sister, I have an older sister and mother so I thought, rather than I get involved with women, better I get involved with men…I know this cannot be accepted [being bisexual]…I'm afraid if I'm with a woman and it comes back to my family, I don't want that. I know how painful that is"

Afzan, line 64, page 2

Key theme 2: Homophobic experience

Being teased is the first sub-theme that emerged from the homophobic experience key theme.

"During childhood also… because I'm so used to get teased by people [for being gay] and all so that thing became not bothersome much"

Akif, line 21, page 11

The teasing had made Resh became self-conscious about himself that he needs to control the way he behaves to avoid being teased by others:

"From young it happened [being teased], back then I cannot control, then I felt if I can control my soft behavior a little bit, I will become gay, I'm influenced from other people, so back then people do tease me. But now I'm older, they had teased me lesser and I can control my level, I'm not as soft as before."

Resh, line 22, page 3

From the experiences of the participants, it was noted that exposing their sexual identity poses a great risk to their well-being, career, and relationship with others. Concealing their identity, and normalizing the ill-treatment became the best course of action taken to help them from risking themselves for greater stigma and discrimination from others.

Master Theme 3: Online Coping Strategy

The third master theme identified is the online coping strategy. The participants shared during the interview how do they cope with both HIV and sexual identity stigma using the online platform. Access to an online platform such as the internet, chat applications, and social media created an avenue for the participants to activate coping strategies by attempting to problem-solve their issues or obtaining social and emotional support from others.

Key Theme 1: Problem-focused Coping

The first subtheme that emerged is the information-seeking coping strategy. Participants reported that they would use the online platform to seek information about their health condition to help gain a better understanding of managing their health and psychological well-being. This was shared by Gee where he uses social media applications and the internet to obtain information about HIV and how to manage and accept the condition:

"There is a good platform like Tik Tok actually where you can get information like how to manage and accepting. So I started to slowly learn from there, how to let go and everything, slowly you can do, it is hard but the past is past and then read on some articles on HIV and how to go get healthy lifestyle and things like that.. it does help a lot"

Gee, line 5, page 5

Afzan shared his experience of using social media applications to build his knowledge about the disease and utilize the search engine to gather further information:

"Information, I'm still zero with this illness so whoever friends in the group… oh in Telegram also have, Telegram also helps me… I'm like a CCTV, just observing because I lack knowledge. So whatever people share in it, I will look at it, I look at what they went through and shared everyday, there are people who shared about the disease too, there are those who informed not to eat this and that at the same time I search on Google too"

Afzan, line 18, page 6

The second subtheme observed is the use of the online platform to help the participant with active coping to change, decrease or modify reactions to the stressful situation or event. For example, Ad explained that the reading and social group participation he had on the online platform had helped him to love himself more:

"I start loving myself a lot la at that stage, I read articles and I joined groups under my association, I'm not that active with that association, I got diagnosed, the association helps me in the process of how to cope with this situation. Without them, I don't know the direction that I should go"

Ad, line 34, page 5

This is also experienced by Dodie where he used his online friends to discuss various topics to process his problems and issues on various topics:

"I say quite often, maybe often I is... there are days where I need someone to talk to, not only about HIV, not only about the disease or whatever is about the stigma or what but I just need someone to talk so quite often la. So, for example, one day the topic I just want to talk about is I have work problem so from the work problem it went to HIV, went to the stigma but there will always be that kind of topic in a different topic. So I can say usually too I often reach out to my fellow online friends."

Dodie, line 11, page 6

For Akif who has lesser social interaction, he used the online platform to modify his psychological state from the information obtained through the search engine:

"Want to say friends, not that many friends, if Google just look at it, look at wellbeing, find positive things to cope with the negative thinking."

Akif, line 22, page 9

It is observed that participants' usage of the online platform to adopt problem-focused coping strategies centered around the use of information to expand their understanding to equip themselves with the right strategy to problem-solve or address their stressors.

Key Theme 2: Socioemotional Coping

Having social support to cope with the stressors of being PLHIV and LGBTQ members is one of the subthemes identified. Participants used the online platform to either make new friends or obtain comfort and support from the online community. For example, Dodie used an online chatting platform to chat with others regardless of whether they come from the same community or not:

"I didn't pick a specific person [to chat online], most of the time it is random, maybe a girl, maybe a boy, they don't have to be gay to come to chat. Don't have to be from community to come chatting."

Dodie, line 24, page 7

Similarly, Resh and Afzan used the online platform to communicate and make new friends that helps them to build social connections:

"I obtained friends from TikTok, they communicate about random stories, no topic so I use it to free up my mind from this blur and they started to have interest in me, so when they are interested, I start to feel good that people like me…"

Resh, line 15, page 6

"My sister knows I don't have friends, I'm a loner, I don't have friends that I hang out with, I don't have one. I have friend when I'm on session over the apps, I will get it on and see anyone, seeing different people everyday… I don't have friends, my friends are those that I met [online]."

Afzan, line 17, page 10

The sense of community is felt when the online platform provided a source of social support to the participants through emotional and thought sharing by others, exchanging advice and reminders with each other. Akif shared his experience of using social media to observe sharing by others and use the chat application to communicate with his friends:

Don't know, just scrolling, look at what people wrote. If on IG [Instagram] just watch it, if Twitter just watch video, sometimes watch people vent out their feelings that's all. WhatsApp also the same, chatting."

Akif, line 8, page 11

The online platform also helped the participants to feel supported in maintaining their health and well-being where the members are constantly reminding each other on medication adherence or provide advice to others on how to adapt with the diagnosis as experienced by Afzan and Gee:

"My friends in WhatsApp group always emphasize on 'don't forget to take medication' because there is a timing for it, they gave us schedule for us and who would need to take medication at 9, they will remind, who would need to take at 10, they will remind so that won't forget about it. To be honest, I'm 8 or 9 times in this two years, I forgot to take the medication"

Afzan, line 8, page 8

"Yes [using social media] actually but I am not very active in joining those kinds of groups because I have my own things to do, I need to focus on my own work... but if there is anyone that needs my help then I will try to assist them such as giving them information on what they need to do once they are diagnosed, I don't put myself in the group but if anyone knows about my status they will come and look for me and seek help, maybe some information on how to deal with things."

Gee, line 24, page 5

Emotional support is the second subtheme that emerged from the socioemotional coping key theme. Participants cited their experiences using online platforms to obtain emotional support to help them feel valued and cared for. This is experienced by Gee where having supportive and affirmative emotional support coming from people virtually. The virtual presence also created a stronger sense of comfort and safety to him:

"Yes, it does help a lot actually because all those words that you have never heard before, it's like... this Tik Tok platform is like, it is a place where someone virtually talking to you so they are giving you supports like giving you good words, you are doing well, hope you are feeling better because I am talking to you, they will do this kind of thing. So this will make you feel much better instead of talking to someone who you maybe don't know and they spread it out to others. It is like talking virtually like what we do right now."

Gee, line 31, page 6

The virtual setup of an online platform in providing better comfort and safety is also shared by Dodie:

"So you know maybe most of the time I would say the... because nervous if meet people [physically] is there so it would be easier to talk to someone online yang somehow some I didn't even meet the person but it's easier to just talk with them through social media rather than meeting. Got *lah* few people I met but after already comfortable talking online."

Dodie, line 30, page 6

Similarly, the sense of security of not having to meet someone physically to obtain emotional support is also shared by Ad:

"I had installed Tinder but I just want to experience having someone to talk to, but not to meet..."

Ad, line 21, page 4

The warmth and acceptance provided by the online community helped in making the participant stay positive and strong in coping with unhelpful thoughts:

"I just stay connected, I would be lying if I say I've never been depressed, let alone for say the words didn't affect me, I would be lying if I say that. There are days where the words play in my head about why I have to go through this but I just choose to stay connected, I have a lot of online friends, not only friends in my circle but also in the community and also the HIV community and so on, so they are the ones that always tells me I have them so that is what makes me be strong a bit *lah*"

Dodie, line 28, page 5

It can be concluded that having actual or perceived social and emotional support from the online platform had helped the participants to feel valued, validated, and accepted. The virtual environment offers a sense of security for them to feel more confident in seeking social and emotional support to cope with the stressor of living with HIV and being an LGBTQ member.

Master Theme 4: Mental Health

All of the participants reported experiencing sadness, anxiety, and overthinking resulting from the double stigma experienced and the online coping strategies adopted helped them in improving their positive reframing and emotional strengths. It was found that the HIV diagnosis played a heavier influence on their mental health state and outcomes.

<u>Key Theme 1: Mental Health Outcomes</u>

Four participants reported the feeling of sadness as a result of the HIV stigma experienced in their daily life. Dodie shared the HIV stigma caused him to feel sad where he was unable to sustain his employment and having to start all over again each time:

"I am sad with people that stigmatized me but I'm sad I have to keep jumping. Because once you work at new place, you have to learn back new things, it is very tiring."

Dodie, line 31, page 3

As for Akif, the sadness led him to cry at times especially during the beginning of his diagnosis:

"At the beginning only, at first I felt down because I'm the type that… sometimes I will cry… hmmm that all I guess, sometimes I will cry"

Akif, line 4, page 7

The feeling of sadness is overwhelming for Gee that where he had thought of hurting himself and having suicidal thoughts:
"Not that I had it but about to have, there was a time if we have some breakdown because of work and everything; wonder why we still living and want to hurt ourselves like maybe use knife to cut hand or wrist or maybe hang ourselves... just go to a place where accidents happen so I can die... I won't be a burden to someone."

Gee, line 15, page 6

Afzan shared the feeling of heavy heart when reflecting on how his health condition affected his thoughts and emotion while trying to overcome it through self-acceptance and obtaining emotional support from others:

"I can't deny that more or less it affected [mental health] but there must be a way to overcome it because I know, I chose all these. I will choose to share with the person if I'm already comfortable with them first then only I will pour out things that makes me feel heavy [hearted] and what has been said to me…"

Afzan, line 22, page 7

The second subtheme that emerged is the anxiety felt by three of the participants in the interview. The anxiety is manifested from the physiological changes of feeling submerged, left out, derealization as experienced by Resh:

"I don't know if this is my feelings or is this the medication side effects or what, I seriously don't know yet, but when I take my medication I felt submerged, felt left out, like I'm in a different world, I felt like being reborn and feel like a baby; whatever it is I had to ask people even if when ordering food. My heart keeps saying something is wrong but my brain knows nobody knows I'm taking medication, no one knows what I have but my heart felt left out, really left out… but honestly, after seeing the doctor, the doctor said most likely it is the medication, not because of me so I must be positive about this to recover"

Resh, line 5, page 4

Akif shared his anxiety symptoms of experiencing fear of having to disclose his status and needing to do a medical check-up whenever he needs to apply for any opportunity:

"Usually [feeling anxious] when at the beginning to apply for something new. Like I want to enter UniKL, I wanted to make MARA loan, this loan I'm afraid they will ask to do a medical check-up, and medical check-up will ask for my status; that's all…because they asked for the declaration so I declared that I don't have it."

Akif, line 15, page 8

The final subtheme is overthinking as reported by two of the participants in the interview. Being a person living with HIV had caused the participant to overthink about their self-worth and value towards others as shared by Ad:

"Overall I became confused but actually all of these is only overthinking. We overthinking after that we feel not worthy then guilty then we are mirroring ourselves and then feel also thinking people would not accept us… actually, those things we assume a lot, at that time I was too negative *lah*."

Ad, line 15, page 6

It was found that having HIV becomes a significant factor that influenced the mental health outcomes of the participants interviewed. The stigma around HIV caused the participants to experience sadness, anxiety, and overthinking about their future, being able to integrate with society and maintain a healthy mental state.

Key Theme 2: Coping Outcomes

Having an improved emotional strength as a result of the coping strategies adopted is the first subtheme identified from five of the interviewed participants. Through connecting with online friends, it was found that the support obtained helped the participant in managing their thoughts and emotions resulted in a stronger mental health state as shared by Dodie:

"I just stay connected, I would be lying if I say I've never been depressed, let alone for say the words didn't affect me, I would be lying if I say that. There are days where the words play in my head about why I have to go through this but I just choose to stay connected, I have a lot of online friends, not only friends in my circle but also in the community and also the HIV community and so on, so they are the ones that always tells me I have them so that is what makes me be strong a bit *lah*"

Dodie, line 28, page 5

The presence of socioemotional support in improving emotional strength also helped in managing self-harming behavior and depressive feeling as stated by Gee while Afzan was able to rationalize his thoughts through sharing his feelings:

"At first yes [experiencing mental health issues] but then that is why we need the support, because of the self-stigma. I started to move on because one of the guys in the KLASS [virtual social support] helped me to slowly let go of everything once you start to think towards the depression side or self threatening"

Gee, line 10, page 6

"I will choose to share with the person if I'm already comfortable with them first … like how ya… right now if I have it, it's just overthinking, that's why I thought of previous cases that made me unsettled"

Afzan, line 17, page 7

The second subtheme that emerged is improved positive reframing. It was noted that the use of information from various online platforms helped the participants to reframe the way they see the stressor to a positive outlook. Akif used information obtained from the online channel to challenge his thought to create a different perspective on his emotion:

"Yes, I use reverse psychology to get out of sadness"

Akif, line 27, page 9

Another participant used the online music platform to help him calm down and reflect on his thoughts to affirm himself from doing unhelpful behaviors and be reminded of those who cared for him:

"If I do have those thoughts or breakdown, I will just sit down and I will not do anything at all, I will just play my song, think about it but I will not do it because the people surround me is very supportive. I will listen to calm songs, I will promise myself to never do these kinds of things because there is a lot of suicide that is happening at a very young age especially during teens or twenties"

Gee, line 20, page 6

It was found that the online coping strategies employed had helped to improve the participants' emotional and cognitive stability through a series of affirmations obtained from their socioemotional and problem-focused coping strategies employed. The role of social support and information was prominent in helping to shape positive mental health outcomes towards managing their emotional, behavioral, and cognitive challenges.

DISCUSSION

The findings showed that the experience of HIV stigma influenced the mental health outcomes of people living with HIV. This is consistent with previous studies that reported HIV stigma experienced by PLHIV led to a higher risk for stress, depression, and anxiety (Berg et al., 2017; Cramer et al., 2015; Flores-Palacios & Torres-Salas, 2017). It was revealed that the negative perception towards HIV by society as an embarrassment, sinful and immoral perpetuates the stigma and negatively influences their mental health state. This finding also supports previous researches that attributed cultural and religious influence in Malaysia on HIV stigma towards PLHIV and their mental health (Kamarulzaman, 2013; Sern & Zanuddin, 2014) thus extending the body of evidence to underline the gravity of HIV stigma on PLHIV, especially within the LGBTQ population.

People living with HIV are already subjected to heavy stigma from self and others because of the negative connotations of the disease itself that relates to death, infectiousness, and social-cultural judgment (Arístegui et al., 2018; Flores-Palacios & Torres-Salas, 2017; S. T. Smith et al., 2017). To be part of the LGBTQ community, the magnitude of stigma experienced is higher that contributed to poorer mental health wellbeing (Cramer et al., 2017;; Land & Linsk, 2013; Liboro & Walsh, 2016). The findings also suggested being LGBTQ becomes an added stress factor to them to obtain acceptance and face discrimination in their daily life, consistent with the minority stress model that suggested stigma on sexual identity created additional stress that causes mental health problems among the LGBTQ population (Meyer, 2003).

Relating it to past studies conducted in Malaysia, LGBTQ people faced profound stigma and discrimination because of their sexual identity and HIV-positive status (Wong & Syuhada, 2011). The

stigma and prejudice are strongly influenced by the cultural and religious belief that associates homosexuality and HIV with sin and immoral (Kamarulzaman, 2013; Lim et al., 2018; Sern & Zanuddin, 2014; Shaw et al., 2018). This supports the findings from the current study where it was found that additional stigma on sexual identity further perpetuates the stress factor for PLHIV among the LGBTQ members towards developing poorer mental health well-being, providing additional support to the minority stress theory by extending the application of theory to a wider demographic and reinforce the local findings from previous research done.

A systematic review conducted by Ahmad et al., (2021) indicated that PLHIV among the LGBTQ community has a higher preference for positive coping strategies as opposed to negative coping strategies. The findings revealed the tendency of the participants in using problem-focused and socioemotional coping in dealing with their stressors. The use of socioemotional and problem-focused coping enables the user to be empowered to take control of their circumstances in dealing with various stressors such as stigmatization and discrimination towards being HIV positive and also being part of the LGBTQ group (Dalmida et al., 2013; Goodkin et al., 1992; Liboro & Walsh, 2016; Martinez et al., 2012). The study showed that the participants used the online platform to obtain information which posed the opportunity for the individual to manage their mental health. It was also noted that participants used various online platforms to obtain information to gain more knowledge about their health condition, modify reactions towards the stressors faced and problem solve issues faced in their daily life. The finding is supported by Courtenay-Quirk et al., (2010) that showed the use of online platforms to obtain information and instrumental support helps improve mental well-being.

Whereas the use of socioemotional online coping strategies by the participants assisted them in obtaining new friends or seeking comfort and support from the online community. The sense of community provided a source of social support to the participants through emotional and thought sharings by others, exchanging advice and reminders with each other and the emotional help makes them feel valued and cared for. With sufficient psychosocial support, personal resources, and the ability to cope well are available, positive healthy functioning and adaptability can be established (Bonanno, 2004, 2012; Flores-Palacios & Torres-Salas, 2017). This resulted in a positive outcome on their mental health where they can obtain better self-confidence, autonomy, self-competence, optimism, lower level of stress, and loneliness, development of social identity, and ultimately better quality of life (Berg et al., 2017; Dowshen et al., 2009; Galvan et al., 2008; Salovey et al., 2000; Slater et al., 2013). It was noted that disengagement online coping strategy was not present as the chosen coping strategy employed by the interviewed participants supporting the less likelihood of such strategy being used among PLHIV within the LGBTQ community.

What can be said from the findings obtained is the gravity of HIV stigma and sexual identity stigma in influencing the mental health of LGBTQ people living with HIV. The HIV stigma and sexual identity stigma experienced by LGBTQ people who live with HIV influenced the tendency of the individual to develop a higher level of stress, anxiety, and depressive symptoms which will impair their mental health status and functioning (Ahmad et al., 2021; Berg et al., 2017; Flores-Palacios & Torres-Salas, 2017). This put a strong case for change for various parties such as the mental health practitioners, primary care providers, educators, and the general public to be more sensitive with the subject by having the right understanding and information around the disease, being more intentional on the response when dealing with people who are affected by it through suspension of judgment that stereotyped the disease as a form of punishment for moral and religious deviation or social and cultural non-conformity. The mental model or schema ingrained within the current society had to be

broken and changed through continuous education based on facts and evidence as opposed to harboring negative sentiments, assumptions, and judgments towards the disease and people who live with the condition to help demystify the negative perceptions and misinformation carried by our society to develop a more objective, inclusive, and tolerant society.

On top of that, recognizing the current outbreak of COVID-19 worldwide, there is a paradigm change on the landscape of conventional approaches to mental health support and intervention provided to those who are affected by various mental health issues. The findings from this study provided a new alternative for mental health practitioners to optimize virtual setup in supporting the client and capitalizing the online channel to develop the first line of defense to build a helpful coping strategy for clients especially in dealing with depressive symptoms for LGBTQ people living with HIV. The wealth of information available on the online platforms with sufficient guidance and control over its utilization had shown to be effective in moderating the symptoms of depression for the studied participants (Lim et al., 2018; Mohamad Shakir et al., 2019; van Ingen et al., 2016). This would mean the use of the online platform as a resource for individuals to build helpful coping strategies is possible for adoption together with various offline coping strategies available currently.

CONCLUSION

This study expanded the focus of double stigma research and coping strategy through a more complex portrayal of the experience of HIV and sexual identity stigma towards the mental health of PLHIV among LGBTQ individuals. The findings revealed that the participants experienced rejection from others and self-stigma because of their HIV diagnosis. The stigma around their sexual identity formed additional challenges where the participants experienced homophobic reactions from others and had difficulty in accepting their own sexual identity. The socioemotional and problem-focused coping strategies via various online platforms assisted the participants to activate coping strategies by attempting to problem-solve their issues or obtaining social and emotional support from others. The experience of double stigma was found to influence their mental health outcomes negatively and the use of coping strategies to deal with the stigmas improved their emotional strengths and the way they frame the stressors to generate a positive outlook on their mental health.

REFERENCES

Abdul-Qadir, B., & Nighat, N. (2017). Health-seeking behaviour of people living with HIV/AIDS and their satisfaction with health services provided at a tertiary care hospital, Karachi, Pakistan. *Eastern Mediterranean Health Journal*, *23*(1). http://www.emro.who.int/emhj-volume-23-2017/volume-23-issue-1/health-seeking-behaviour-of-people-living-with-hivaids-and-their-satisfaction-with-health-services-provided-at-a-tertiary-care-hospital-karachi-pakistan.html

Ahmad, M. A., Mohamad Nor, A., Abd Hamid, H., & Jamaludin, A. N. S. J. (2021). Coping strategies and mental health of the LGBTQ with HIV/AIDS – A systematic review. *Psychological Thought*, *Vol 14*(2). https://doi.org/10.37708/psyct.v14i2.583

Akers, A. Y., Muhammad, M. R., & Corbie-Smith, G. (2011). "When you got nothing to do, you do somebody": A community's perceptions of neighborhood effects on adolescent sexual behaviors. *Social Science & Medicine*, *72*(1), 91–99. https://doi.org/10.1016/j.socscimed.2010.09.035

Aminnuddin, N. A. (2019). Discriminatory Attitude Toward Vulnerable Groups in Singapore: Prevalence, Predictors, and Pattern. *The Journal of Behavioral Science*, *14*(2), 15–30.

Arístegui, I., Radusky, P. D., Zalazar, V., Lucas, M., & Sued, O. (2018). Resources to cope with stigma related to HIV status, gender identity, and sexual orientation in gay men and transgender

women. *Journal of Health Psychology*, *23*(2), 320–331. https://doi.org/10.1177/1359105317736782

Arnold, E. A., Rebchook, G. M., & Kegeles, S. M. (2014). "Triply cursed": Racism, homophobia, and HIV-related stigma are barriers to regular HIV testing, treatment adherence, and disclosure among young Black gay men. *Culture, Health & Sexuality*, *16*(6), 710–722. https://doi.org/10.1080/13691058.2014.905706

Bairan, A., Taylor, G. A. J., Blake, B. J., Akers, T., Sowell, R., & Mendiola, R. (2007). A model of HIV disclosure: Disclosure and types of social relationships. *Journal of the American Academy of Nurse Practitioners*, *19*(5), 242–250. https://doi.org/10.1111/j.1745-7599.2007.00221.x

Berg, R. C., Carter, D., & Ross, M. W. (2017). A Mixed-Method Study on Correlates of HIV-Related Stigma Among Gay and Bisexual Men in the Southern United States. *Journal of the Association of Nurses in AIDS Care*, *28*(4), 532–544. https://doi.org/10.1016/j.jana.2017.02.004

Beyrer, C., Baral, S. D., Collins, C., Richardson, E. T., Sullivan, P. S., Sanchez, J., Trapence, G., Katabira, E., Kazatchkine, M., Ryan, O., Wirtz, A. L., & Mayer, K. H. (2016). The global response to HIV in men who have sex with men. *The Lancet*, *388*(10040), 198–206. https://doi.org/10.1016/s0140-6736(16)30781-4

Beyrer, C., Baral, S. D., van Griensven, F., Goodreau, S. M., Chariyalertsak, S., Wirtz, A. L., & Brookmeyer, R. (2012). Global epidemiology of HIV infection in men who have sex with men. *The Lancet*, *380*(9839), 367–377. https://doi.org/10.1016/s0140-6736(12)60821-6

Bird, J. D. P., & Voisin, D. R. (2013). "You're an Open Target to Be Abused": A Qualitative Study of Stigma and HIV Self-Disclosure Among Black Men Who Have Sex With Men. *American Journal of Public Health*, *103*(12), 2193–2199. https://doi.org/10.2105/AJPH.2013.301437

Bonanno, G. A. (2004). Loss, Trauma, and Human Resilience: Have We Underestimated the Human Capacity to Thrive After Extremely Aversive Events? *American Psychologist*, *59*(1), 20–28. https://doi.org/10.1037/0003-066x.59.1.20

Bonanno, G. A. (2012). Uses and abuses of the resilience construct: Loss, trauma, and health-related adversities. *Social Science & Medicine*, *74*(5), 753–756. https://doi.org/10.1016/j.socscimed.2011.11.022

Branscombe, N. R., Schmitt, M. T., & Harvey, R. D. (1999). Perceiving pervasive discrimination among African Americans: Implications for group identification and well-being. *Journal of Personality and Social Psychology*, 135–149.

Brown, J., Low, W. Y., Tai, R., & Tong, W. T. (2016). Shame, Internalized Homonegativity, and Religiosity: A Comparison of the Stigmatization Associated with Minority Stress with Gay Men in Australia and Malaysia. *International Journal of Sexual Health*, *28*(1), 28–36. https://doi.org/10.1080/19317611.2015.1068902

Brummette, J., & Fussell Sisco, H. (2015). Using Twitter as a means of coping with emotions and uncontrollable crises. *Public Relations Review*, *41*(1), 89–96. https://doi.org/10.1016/j.pubrev.2014.10.009

Burch, W. J., Hart, G. J., & Lim, S. H. (2018). A Qualitative Study of Young Men Who Have Sex With Men and Multilevel Factors Related to HIV Risks in Malaysia. *AIDS Education and Prevention*, *30*(2), 85–95. https://doi.org/10.1521/aeap.2018.30.2.85

Cao, B., Gupta, S., Wang, J., Hightow-Weidman, L. B., Muessig, K. E., Tang, W., Pan, S., Pendse, R., & Tucker, J. D. (2017). Social Media Interventions to Promote HIV Testing, Linkage, Adherence, and Retention: Systematic Review and Meta-Analysis. *Journal of Medical Internet Research*, *19*(11), e394. https://doi.org/10.2196/jmir.7997

Centers for Disease Control and Prevention. (2018). *HIV and Gay and Bisexual Men | HIV by Group | HIV/AIDS | CDC*. Centers for Disease Control and Prevention. https://www.cdc.gov/hiv/group/msm/index.html

Cheah, W. H., & Singaravelu, H. (2017). The Coming-Out Process of Gay and Lesbian Individuals from Islamic Malaysia: Communication Strategies and Motivations. *Journal of Intercultural Communication Research*, *46*(5), 401–423. https://doi.org/10.1080/17475759.2017.1362460

Courtenay-Quirk, C., Horvath, K. J., Ding, H., Fisher, H., McFarlane, M., Kachur, R., O'Leary, A., Rosser, B. R. S., & Harwood, E. (2010). Perceptions of HIV-Related Websites Among Persons Recently Diagnosed with HIV. *AIDS Patient Care and STDs*, *24*(2), 105–115. https://doi.org/10.1089/apc.2009.0228

Cramer, R. J., Burks, A. C., Plöderl, M., & Durgampudi, P. (2017). Minority stress model components and affective well-being in a sample of sexual orientation minority adults living with HIV/AIDS. *AIDS Care*, *29*(12), 1517–1523. https://doi.org/10.1080/09540121.2017.1327650

Cramer, R. J., Colbourn, S. L., Gemberling, T. M., Graham, J., & Stroud, C. H. (2015). Substance-related coping, HIV-related factors, and mental health among an HIV-positive sexual minority community sample. *AIDS Care*, *27*(9), 1063–1068. https://doi.org/10.1080/09540121.2015.1024097

Dale, S., Cohen, M., Kelso, G., Cruise, R., Weber, K., Watson, C., Burke-Miller, J., & Brody, L. (2014). Resilience Among Women with HIV: Impact of Silencing the Self and Socioeconomic Factors. *Sex Roles*, *70*(5–6), 221–231. https://doi.org/10.1007/s11199-014-0348-x

Dale, S., Cohen, M., Weber, K., Cruise, R., Kelso, G., & Brody, L. (2014). Abuse and Resilience in Relation to HAART Medication Adherence and HIV Viral Load Among Women with HIV in the United States. *AIDS Patient Care and STDs*, *28*(3), 136–143. https://doi.org/10.1089/apc.2013.0329

Dalmida, S. G., Koenig, H. G., Holstad, M. M., & Wirani, M. M. (2013). The Psychological Well-Being of People Living with HIV/AIDS and the Role of Religious Coping and Social Support. *The International Journal of Psychiatry in Medicine*, *46*(1), 57–83. https://doi.org/10.2190/PM.46.1.e

Department of Statistic Malaysia. (2019). *ICT Use and Access By Individuals and Households Survey Report, Malaysia, 2018*. Department of Statistics Malaysia Official Portal. https://www.dosm.gov.my/v1/index.php?r=column/cthemeByCat&cat=395&bul_id=U3VCWU95MFNZK2kxbHd6cnBYZDY5dz09&menu_id=amVoWU54UTl0a21NWmdhMjFMMWcyZz09

Diaz, R. M., Ayala, G., Bein, E., Henne, J., & Marin, B. V. (2001). The impact of homophobia, poverty, and racism on the mental health of gay and bisexual Latino men: Findings from 3 US cities. *American Journal of Public Health*, *91*(6), 927–932.

Dowshen, N., Binns, H. J., & Garofalo, R. (2009). Experiences of HIV-Related Stigma Among Young Men Who Have Sex with Men. *AIDS Patient Care and STDs*, *23*(5), 371–376. https://doi.org/10.1089/apc.2008.0256

Flores-Palacios, F., & Torres-Salas, N. (2017). Improving health and coping of gay men who live with HIV: A case study of the "Healthy Relationships" program in Mexico. *Cogent Psychology*, *4*(1), 1387952. https://doi.org/10.1080/23311908.2017.1387952

Galvan, F. H., Davis, E. M., Banks, D., & Bing, E. G. (2008). HIV Stigma and Social Support among African Americans. *AIDS Patient Care and STDs*, *22*(5), 423–436. https://doi.org/10.1089/apc.2007.0169

Garcia, J., Parker, C., Parker, R. G., Wilson, P. A., Philbin, M., & Hirsch, J. S. (2016). Psychosocial Implications of Family and Religious Homophobia: Insights for HIV Combination Prevention among Black Men who have Sex with Men. *Health Education & Behavior : The Official Publication of the Society for Public Health Education*, *43*(2), 217–225. https://doi.org/10.1177/1090198115599398

Godwin, J. (2010). *Legal environments, human rights and HIV responses among men who have sex with men and transgender people in Asia and the Pacific: An agenda for action*. UNDP Asia-Pacific Regional Office.

Goodkin, K., Blaney, N. T., Feaster, D., Fletcher, M. A., Baum, M. K., Mantero-Atienza, E., Klimas, N. G., Millon, C., Szapocznik, J., & Eisdorfer, C. (1992). Active coping style is associated with natural killer cell cytotoxicity in asymptomatic HIV-1 seropositive homosexual men. *Journal of Psychosomatic Research*, *36*(7), 635–650. https://doi.org/10.1016/0022-3999(92)90053-5

Grov, C. (2006). Barebacking websites: Electronic environments for reducing or inducing HIV risk. *AIDS Care*, *18*(8), 990–997. https://doi.org/10.1080/09540120500521137

Halcomb, E., & Hickman, L. (2015). Mixed methods research. *Nursing Standard*, *29*(32), 41–47. https://doi.org/10.7748/ns.29.32.41.e8858

Jurgens, M., & Helsloot, I. (2018). The effect of social media on the dynamics of (self) resilience during disasters: A literature review. *Journal of Contingencies and Crisis Management*, *26*(1), 79–88. https://doi.org/10.1111/1468-5973.12212

Kamarulzaman, A. (2013). Fighting the HIV epidemic in the Islamic world. *The Lancet*, *381*(9883), 2058–2060. https://doi.org/10.1016/S0140-6736(13)61033-8

Kanter, E., Bevan, J. L., & Dorros, S. M. (2019). The Use of Online Support Groups to Seek Information about Chronic Illness: Applying the Theory of Motivated Information Management. *Communication Quarterly*, *67*(1), 100–121. https://doi.org/10.1080/01463373.2018.1539406

Land, H., & Linsk, N. (2013). HIV Stigma and Discrimination: Enduring Issues. *Journal of HIV/AIDS & Social Services*, *12*(1), 3–8. https://doi.org/10.1080/15381501.2013.765717

Larkin, M., Watts, S., & Clifton, E. (2006). Giving voice and making sense in interpretative phenomenological analysis. *Qualitative Research in Psychology*, *3*(2), 102–120. https://doi.org/10.1191/1478088706qp062oa

LeGrand, S., Muessig, K. E., Platt, A., Soni, K., Egger, J. R., Nwoko, N., McNulty, T., & Hightow-Weidman, L. B. (2018). Epic Allies, a Gamified Mobile Phone App to Improve Engagement in Care, Antiretroviral Uptake, and Adherence Among Young Men Who Have Sex With Men and Young Transgender Women Who Have Sex With Men: Protocol for a Randomized Controlled Trial. *JMIR Research Protocols*, *7*(4), e94. https://doi.org/10.2196/resprot.8811

Liboro, R. M., & Walsh, R. T. G. (2016). Understanding the Irony: Canadian Gay Men Living with HIV/AIDS, Their Catholic Devotion, and Greater Well-being. *Journal of Religion and Health*, *55*(2), 650–670. https://doi.org/10.1007/s10943-015-0087-5

Lim, S. H., Akbar, M., Wickersham, J. A., Kamarulzaman, A., & Altice, F. L. (2018). The management of methamphetamine use in sexual settings among men who have sex with men in Malaysia. *International Journal of Drug Policy*, *55*, 256–262. https://doi.org/10.1016/j.drugpo.2018.02.019

Lim, S. H., Brown, S.-E., Shaw, S. A., Kamarulzaman, A., Altice, F. L., & Beyrer, C. (2018). "You Have to Keep Yourself Hidden": Perspectives From Malaysian Malay-Muslim Men Who Have Sex With Men on Policy, Network, Community, and Individual Influences on HIV Risk. *Journal of Homosexuality*, *0*(0), 1–23. https://doi.org/10.1080/00918369.2018.1525946

Lowther, K., Selman, L., Harding, R., & Higginson, I. J. (2014). Experience of persistent psychological symptoms and perceived stigma among people with HIV on antiretroviral therapy (ART): A systematic review. *International Journal of Nursing Studies*, *51*(8), 1171–1189. https://doi.org/10.1016/j.ijnurstu.2014.01.015

Malaysian AIDS Council. (2019). *Snapshot of HIV & AIDS in Malaysia 2017* (p. 4). Malaysian AIDS Council & Malaysian AIDS Foundation. http://www.mac.org.my/v3/wp-content/uploads/2019/03/HIV-Overview_2017_Media_Brochure_A4_24092018-Print.pdf

Malaysian Communications and Multimedia Commission. (2021). *Internet Users Survey 2020*. Malaysian Communications and Multimedia Commission. https://www.mcmc.gov.my/skmmgovmy/media/General/pdf/IUS-2020-Report.pdf

Martinez, J., Lemos, D., & Hosek, S. (2012). Stressors and Sources of Support: The Perceptions and Experiences of Newly Diagnosed Latino Youth Living with HIV. *AIDS Patient Care and STDs*, *26*(5), 281–290. https://doi.org/10.1089/apc.2011.0317

McLouglin, L., Spears, B., & Taddeo, C. (2018). The Importance of Social Connection for Cybervictims: How Connectedness and Technology Could Promote Mental Health and Wellbeing in Young People. *International Journal of Emotional Education*, *10*(1), 5–24.

Meyer, I. H. (1995). Minority stress and mental health in gay men. *Journal of Health and Social Behavior*, *36*(1), 38–56.

Meyer, I. H. (2003). Prejudice, Social Stress, and Mental Health in Lesbian, Gay, and Bisexual Populations: Conceptual Issues and Research Evidence. *Psychological Bulletin*, *129*(5), 674–697. https://doi.org/10.1037/0033-2909.129.5.674

Meyer, I. H., & Wilson, P. A. (2009). Sampling lesbian, gay, and bisexual populations. *Journal of Counseling Psychology*, *56*(1), 23–31. https://doi.org/10.1037/a0014587

Mohamad Shakir, S. M., Wong, L. P., Abdullah, K. L., & Adam, P. (2019). Factors associated with online sexually transmissible infection information seeking among young people in Malaysia: An observational study. *Sexual Health (14485028)*, *16*(2), 158.

Njuki, R., Kimani, J., Obare, F., & Warren, C. (2014). Using verbal and social autopsies to explore health-seeking behaviour among HIV-positive women in Kenya: A retrospective study. *BMC Women's Health*, *14*(1), 77. https://doi.org/10.1186/1472-6874-14-77

Pearlin, L. I. (1999). The Stress Process Revisited. In C. S. Aneshensel & J. C. Phelan (Eds.), *Handbook of the Sociology of Mental Health* (pp. 395–415). Springer US. https://doi.org/10.1007/0-387-36223-1_19

Prabawanti, C., Dijkstra, A., Riono, P., & Hartana, G. (2015). A survey on HIV-related health-seeking behaviors among transgender individuals in Jakarta, based on the theory of planned behavior. *BMC Public Health*, *15*(1), 1138. https://doi.org/10.1186/s12889-015-2480-0

Rhodes, S. D., Hergenrather, K. C., Yee, L. J., Knipper, E., Wilkin, A. M., & Omli, M. R. (2007). Characteristics of a Sample of Men Who Have Sex with Men, Recruited from Gay Bars and Internet Chat Rooms, Who Report Methamphetamine Use. *AIDS Patient Care and STDs*, *21*(8), 575–583. https://doi.org/10.1089/apc.2007.0002

Salovey, P., Rothman, A. J., Detweiler, J. B., & Steward, W. T. (2000). Emotional states and physical health. *American Psychologist*, *55*(1), 110–121. https://doi.org/10.1037/0003-066X.55.1.110

Seidman, I. (1998). *Interviewing as Qualitative Research: A Guide for Researchers in Education and the Social Sciences*. Teachers College Press.

Sern, T., & Zanuddin, H. (2014). Affirmative Religious Response Culture to HIV and AIDS: Understanding the Public Relations Role of JAKIM in Curbing the Epidemic among Young Muslim Couples in Malaysia. *Asian Social Science*, *10*, 8–15. https://doi.org/10.5539/ass.v10n13p8

Shaw, S. A., Cornwell, O., Lim, S. H., Saifi, R., Ung, L. T., & Kamarulzaman, A. (2018). "Allah will decide my life and death": Religion and spirituality among populations at risk for HIV in Malaysia. *Journal of Religion & Spirituality in Social Work: Social Thought*, *37*(2), 128–145. https://doi.org/10.1080/15426432.2018.1447419

Shaw, S. A., Saifi, R., Lim, S. H., Saifuddeen, S. M., & Kamarulzaman, A. (2017). Islam and HIV related social services in Malaysia. *Journal of Religion & Spirituality in Social Work: Social Thought*, *36*(1–2), 133–145. https://doi.org/10.1080/15426432.2017.1300078

Slater, L. Z., Moneyham, L., Vance, D. E., Raper, J. L., Mugavero, M. J., & Childs, G. (2013). Support, Stigma, Health, Coping, and Quality of Life in Older Gay Men With HIV. *Journal of the Association of Nurses in AIDS Care*, *24*(1), 38–49. https://doi.org/10.1016/j.jana.2012.02.006

Smith, J. A., Flower, P., & Larkin, M. (2009). *Interpretative Phenomenological Analysis: Theory, Method and Research.* SAGE Publications Ltd. https://uk.sagepub.com/en-gb/eur/interpretative-phenomenological-analysis/book227528

Smith, N. G., & Ingram, K. M. (2004). Workplace Heterosexism and Adjustment Among Lesbian, Gay, and Bisexual Individuals: The Role of Unsupportive Social Interactions. *Journal of Counseling Psychology*, *51*(1), 57–67. https://doi.org/10.1037/0022-0167.51.1.57

Smith, S. T., Blanchard, J., Kools, S., & Butler, D. (2017). Reconnecting to Spirituality: Christian-Identified Adolescents and Emerging Adult Young Men's Journey from Diagnosis of HIV to Coping. *Journal of Religion and Health*, *1*, 188. https://doi.org/10.1007/s10943-016-0245-4

Sriwilai, K., & Charoensukmongkol, P. (2016). Face it, don't Facebook it: Impacts of Social Media Addiction on Mindfulness, Coping Strategies and the Consequence on Emotional Exhaustion: Social Media Addiction, Mindfulness and Coping. *Stress and Health*, *32*(4), 427–434. https://doi.org/10.1002/smi.2637

Suleiman, A., & Ramly, M. (2018). *Country Progress Report on HIV/AIDS 2018* (p. 45). Ministry of Health. http://www.moh.gov.my/index.php/dl/554756755a584a69615852686269394d59584276636d46754c3156746457307655676d567762334a3058306442545638794d44453458305a70626d4673587967794b5335775a47593d

Takács, J., Kelly, J. A., P. Tóth, T., Mocsonaki, L., & Amirkhanian, Y. A. (2013). Effects of Stigmatization on Gay Men Living with HIV/AIDS in a Central-Eastern European Context: A Qualitative Analysis from Hungary. *Sexuality Research & Social Policy : Journal of NSRC : SR & SP*, *10*(1), 24–34. https://doi.org/10.1007/s13178-012-0102-5

Teh, Y. K. (2008). HIV-related needs for safety among male-to-female transsexuals (mak nyah) in Malaysia. *SAHARA-J: Journal of Social Aspects of HIV/AIDS*, *5*(4), 178–185. https://doi.org/10.1080/17290376.2008.9724917

Tuan Abdullah, T. N., & Mat Min, R. (2021). Engaging with people living with HIV: Challenges experienced by Malaysian counsellors. *AIDS Care*, *33*(6), 795–800. https://doi.org/10.1080/09540121.2020.1757024

UNAIDS. (2019). *Global HIV & AIDS statistics—2018 fact sheet*. Global HIV & AIDS Statistics — 2018 Fact Sheet. http://www.unaids.org/en/resources/fact-sheet

van Ingen, E., Utz, S., & Toepoel, V. (2016). Online Coping After Negative Life Events: Measurement, Prevalence, and Relation With Internet Activities and Well-Being. *Social Science Computer Review*, *34*(5), 511–529. https://doi.org/10.1177/0894439315600322

Velvanathan, T., Islahudin, F., Sim, B. L., Taha, N. A., Velvanathan, T., Islahudin, F., Sim, B. L., & Taha, N. A. (2016). Simplification of HAART therapy on ambulatory HIV patients in Malaysia:a randomized controlled trial. *Pharmacy Practice (Granada)*, *14*(4). https://doi.org/10.18549/pharmpract.2016.04.830

Voisin, D. R., Bird, J. D. P., Shiu, C.-S., & Krieger, C. (2013). "It's crazy being a Black, gay youth." Getting information about HIV prevention: A pilot study. *Journal of Adolescence*, *36*(1), 111–119. https://doi.org/10.1016/j.adolescence.2012.09.009

Watson, B. R. (2018). "A window into shock, pain, and attempted recovery": A decade of blogging as a coping strategy in New Orleans. *New Media & Society*, *20*(3), 1068–1084. https://doi.org/10.1177/1461444816681523

Wilde, D. J., & Murray, C. D. (2009). The evolving self: Finding meaning in near-death experiences using Interpretative Phenomenological Analysis. *Mental Health, Religion & Culture*, *12*(3), 223–239. https://doi.org/10.1080/13674670802334910

Wong, L. P., & Syuhada, A. R. N. (2011). Stigmatization and discrimination towards people living with or affected by HIV/AIDS by the general public in Malaysia. *The Southeast Asian Journal of Tropical Medicine and Public Health*, *42*(5), 1119–1129.

Wray, T. B., Pantalone, D. W., Kahler, C. W., Monti, P. M., & Mayer, K. H. (2016). The role of discrimination in alcohol-related problems in samples of heavy drinking HIV-negative and positive men who have sex with men (MSM). *Drug and Alcohol Dependence*, *166*, 226–234. https://doi.org/10.1016/j.drugalcdep.2016.07.017

Zain, R. (2013). Stigma and discrimination, coping strategy and caregiving of wife infected with HIV/AIDS. *Advances in Natural and Applied Sciences*, *7*(4), 382–387.

Zay Hta, M. K., Tam, C. L., Au, S. Y., Yeoh, G., Tan, M. M., Lee, Z. Y., & Yong, V. V. (2021). Barriers and Facilitators to Professional Mental Health Help-Seeking Behavior: Perspective of Malaysian LGBT Individuals. *Journal of LGBTQ Issues in Counseling*, *15*(1), 38–58. https://doi.org/10.1080/15538605.2021.1868373