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From Navigating Discrimination to Developing Professional Digital Intimacy: How Indonesian LGBTQ+ Users Harness the Affordances of Healthcare Apps

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This article investigates how lesbian, gay, bisexual, trans, and queer (LGBTQ+) Indonesian users engage with healthcare apps, addressing the challenges they face in accessing inclusive and affirming digital health services within a sociopolitical environment that often marginalizes LGBTQ+ identities. Drawing on 21 in-depth interviews with LGBTQ+ Indonesian users and the media go-along method to trace their interactions with healthcare apps, this study examines LGBTQ+ users' experiences in navigating and accessing medical services through mobile applications. The study conceptualizes "professional digital intimacy" to explain how LGBTQ+ users strategically use platform affordances to connect with medical practitioners. Establishing this form of intimacy allows LGBTQ+ users to access health services while mitigating the risks of discrimination. The study highlights the strategies LGBTQ+ users adopt to construct, negotiate, and selectively disclose their identities when interacting with healthcare apps, demonstrating how these strategies help them navigate stigma, ensure safety, and assert agency within a neoliberalized digital health landscape.

Keywords: digital health, digital intimacy, queer studies, digital culture, mobile media

The rapid proliferation of digital and mobile health apps reflects broader shifts toward data-driven, individualized healthcare, positioning users as active participants in managing their wellbeing through algorithmically mediated platforms. In addition to wearable health devices and tracking apps, numerous

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public and private companies are now investing in healthcare apps as part of a broader shift toward the commodification of care, positioning digital platforms as cost-effective solutions that often obscure structural barriers to equitable health access. As part of this trend, a core feature of emergent healthcare apps is the provision of online consultations with practitioners, similar to telemedicine (Lundgren et al., 2021). However, some apps extend their services to include health insurance purchases, medication delivery, and home health testing.

While mobile health apps are often promoted as tools for empowering users and expanding access to care, their promises remain unevenly realized. Emerging research (Drydakis, 2023; Seretlo et al., 2024) suggests potential benefits for marginalized users, including lesbian, gay, bisexual, trans, and queer (LGBTQ+[3]) individuals, while also underscoring the need to examine how such platforms may reproduce exclusionary practices and structural inequities. This article investigates the experiences of Indonesian LGBTQ+ users navigating healthcare apps to access online medical services, foregrounding tensions between digital inclusion and sociopolitical marginalization.

Extending the concept of professional intimacy (Ruchti, 2012), this study argues that the affordances and technological features of healthcare apps enable LGBTQ+ users to establish "professional digital intimacy" with healthcare practitioners. This form of intimacy enables them to discuss sensitive health problems, while mitigating perceived risks of discrimination. However, unlike offline healthcare settings (Ruchti, 2012), professional digital intimacy in healthcare apps does not stem from a deep rapport. Instead, it emerges through weak ties, as platform affordances and design features promote casual engagement and brief consultations rather than long-term patient-practitioner relationships. Despite the casual and brief nature of this interaction, we argue that a form of professional intimacy is nonetheless established within this digital environment, with significant implications for trust, disclosure, and identity negotiation within a neoliberalized, data-driven health environment. Previous studies on tracking apps (Ajana, 2017; Lupton, 2013) demonstrated that the presence of these apps has shifted responsibility for maintaining health to individuals by promoting metric culture and quantification practices, reinforcing neoliberal logics in healthcare. This research contributes to scholarship on digital affordances and intimacy by examining how Indonesian LGBTQ+ users experience healthcare apps as platforms where identity negotiation, selective disclosure, and professional digital intimacy unfold within constrained sociotechnical environments.

This study draws on interview data and the media go-along method (Jørgensen, 2016), involving 21 LGBTQ+ participants across three Indonesian cities. The research adopts the framework of affordances, which examines how digital platforms enable and constrain user actions (Bucher & Helmond, 2018; Treem & Leonardi, 2013). Indonesia presents an interesting case in contemporary global health platform development. While nonnormative sexualities and gender minorities are not criminalized under national law (Andajani et al., 2015), Indonesian LGBTQ+ people experience discrimination and persecution from both state and nonstate actors (Boellstorff, 2020). In medical settings, in addition to limited healthcare facilities, Indonesian LGBTQ+ individuals face discriminatory practices when accessing care (Rai et al., 2020).

[3] We use the term LGBTQ+ to refer to lesbian, gay, bisexual, trans, queer, and other sexuality- and gender-diverse people. We acknowledge the limitations of the term in capturing the experiences of people's gender and sexuality, including in healthcare settings.

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Historically, to avoid discrimination, some LGBTQ+ individuals relied on media such as magazines and newsletters published by gay and lesbian advocacy organizations for health information (Wijaya & Davies, 2019). Nonetheless, with the popularity of the Internet, LGBTQ+ individuals have increased opportunities to access various health resources. However, there has been little discussion about how healthcare apps mediate LGBTQ+ users' experiences in accessing medical services.

This article first provides a brief overview of the literature on platform affordances. It then examines intimacy in formal and informal healthcare contexts, focusing on LGBTQ+ individuals. The methods section outlines the participant recruitment process, after which the findings section explores how LGBTQ+ users leverage the affordances of anonymity, visibility, and editability to create professional digital intimacy. Finally, the article discusses the practical implications of online healthcare services for the LGBTQ+ community.

Literature Review

Affordance and LGBTQ+ People

Initially introduced by Gibson (1979/2015), the concept of affordance is used by new media scholars to investigate the opportunities and constraints that digital media offer users (Bucher & Helmond, 2018). For example, boyd (2010) identifies the affordances of social networking sites—persistence, scalability, replicability, and searchability—as shaping communication practices in digital spaces and contributing to the emerging networked public. Similarly, using various social media platforms as examples, Treem and Leonardi (2013) demonstrate that the affordances of visibility, editability, persistence, and association have prompted organizations to implement new communication strategies that would have been previously challenging to adopt without these affordances.

Numerous scholars (Costa, 2018; Hutchby, 2001; Mannell, 2020) argue that affordances do not reside in the material technology itself, but instead emerge through interaction between users and the material technology. Evans et al. (2017) highlight this relationship by proposing three thresholds of affordances in digital media, arguing that affordances differ from technological features (e.g., buttons), are not outcomes of using material technology, and are characterized by variability—for example, some users may have limited ability to edit information, while others have full permission, depending on factors such as the platform's subscription models. From this relational perspective, several studies (Albury & Byron, 2016; Chan, 2021; Hanckel et al., 2019) have examined how digital affordances shape how LGBTQ+ individuals navigate online environments.

Some researchers have investigated how the visibility affordance of social media platforms enables LGBTQ+ users to access relevant information, such as sexual and mental health support (Berger et al., 2021; Byron, 2024). This affordance also facilitates connections to various support groups and communities (Are et al., 2024; Kitzie, 2019). For example, a transgender male participant in Kitzie's study (2018) leveraged the visibility afforded by Instagram and YouTube to connect with other transgender men. Nevertheless, this visibility also heightens risks for LGBTQ+ users by rendering their presence on digital platforms publicly perceptible, exposing them to potentially harmful content and discrimination from other

users (Hanckel et al., 2019). To mitigate these risks, LGBTQ+ users employ multiple strategies such as curating their digital identities, managing their social connections, and using selective visibility to maintain control over self-presentation and reduce potential harms (Ai et al., 2023; Hanckel et al., 2019).

Several researchers have also investigated how affordances enable LGBTQ+ users to express their identities in digital spaces (Kitzie, 2018). On Tumblr, for example, researchers have shown that the anonymity and pseudonymity afforded by the platform have provided LGBTQ+ users with a safe space to express their identities and share personal experiences (Byron et al., 2019). Haimson et al. (2021) further argue that Tumblr is a "trans technology" because its features ". . . enabled non-normative, fluid, nonlinear, and multiple identity presentation . . ." (p. 346).

While Tumblr affords LGBTQ+ users a relatively high degree of privacy, dating apps present a contrasting case, in which platform architecture compels users to display profiles openly. This expectation is embedded in the design logic of these apps, which prioritize public visibility as a mechanism to optimize matching opportunities and user engagement. Consequently, many LGBTQ+ people leverage the affordance of editability on dating apps to craft their online presence, enhancing recognizability and attracting targeted partners (Ferris & Duguay, 2020; Miao & Chan, 2023). For example, lesbian Tinder users carefully crafted their bios to signal a nonheterosexual identity to targeted users (Ferris & Duguay, 2020).

Collectively, these studies underscore the critical role of affordance theory in understanding how LGBTQ+ users navigate digital environments, revealing the nuanced ways platform features mediate interaction, identity expression, and safety. Affordances facilitate access to online resources and social connections while also enabling adaptive practices for navigating discrimination and leveraging platform-specific benefits. However, previous research has predominantly focused on social media platforms, leaving other digital contexts, such as healthcare apps, underexplored. This study addresses this gap by examining how LGBTQ+ users experience online healthcare services through mobile health applications.

Mediated Care and Intimacy

Developing an intimate relationship plays a crucial role in the healthcare delivery process. In studying caretaking in nursing hospitals, Ruchti (2012) finds that some practitioners develop professional intimacy when performing health procedures that often cause discomfort and tension, such as inserting a catheter for a patient. Ruchti (2012) reveals that to foster a sense of ease, nurses create a culture of intimacy by actively listening to patients' personal stories or exchanging messages with patients and their families. Therefore, trust and closeness grow between practitioners and patients, making the delivery of medical care more comfortable. Ruchti (2012) defines professional intimacy as "the set of intimate exchanges among nurses, patients, and family members through which the nurse must balance the patient's emotional and physical needs in a turbulent work environment" (p. 11).

Establishing an intimate relationship is also essential in delivering mediated health services, such as telemedicine. In their study of telecare in Italian hospitals, Piras and Miele (2019) show that diabetes patients and practitioners can also create an intimate relationship by sharing their everyday stories through

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the chat feature. This activity has encouraged patients to disclose their health conditions more openly, in turn, facilitating practitioners' ability to diagnose their condition from a distance.

Additionally, the presence of digital media has expanded the practice of care and intimacy beyond clinical settings, enabling individuals to engage in informal care through social media (Hjorth et al., 2020). Byron and McDaid (2025) find that many LGBTQ+ young people engage with informal peer support for mental health through social media platforms. On TikTok, the ability to remix and replicate content on the platform (Zulli & Zulli, 2022) has also encouraged trans users to share their personal experiences (Rochford & Palmer, 2022). For instance, transgender creators share their personal experiences in transitioning, which not only dismantles misinformation and stigma but also fosters patient-provider dialogue (Beatini et al., 2025).

Moreover, recent studies on Tumblr and dating apps provide robust evidence of how the platform's infrastructure and affordances have enabled LGBTQ+ individuals to establish intimacy and practice care. Because of the high-level affordances of pseudonymity, scalability, multimodality, interaction, and nonlinearity in temporality, but low-level searchability and reactivity (Tiidenberg et al., 2021), Tumblr blogging and reblogging activities create a safe environment for LGBTQ+ individuals to express their identity and establish a community (Byron et al., 2019). These activities serve as a channel not only for sharing but also for documenting feelings and personal experiences (Mondin, 2017) and are critical in enabling other LGBTQ+ users to learn about gender and sexuality experiences and empowerment (Byron et al., 2019; Mondin, 2017). Moreover, Wagner's research with LGBTQIA+ history content creators (2024) shows that the queer lived experience is a critical aspect in curating and archiving historical information that not only makes the work inclusive but also, as Love (2007) notes, ". . . can help us see structures of inequality in the present" (p. 30).

Similar dynamics have also been found on dating apps. Dating apps use geo-location features that not only enhance visibility for LGBTQ+ individuals in finding partners but also foster a sense of belonging by making other same-sex attracted users visible (Albury & Byron, 2016). While several studies from the public health sector suggest that interactions among LGBTQ+ users on dating apps may heighten health risks (see Albury & Byron, 2016), other research highlights the strategies LGBTQ+ users adopt to mitigate these risks and enhance their safety when meeting online partners, such as connecting only with individuals who share mutual online contacts, closely scrutinizing profiles before agreeing to meet, and limiting the exchange of sexually explicit content within the app environment (Albury et al., 2021; Byron et al., 2021).

Overall, existing studies offer valuable insights into how LGBTQ+ users cultivate intimacy and practice care within digital environments. However, little attention has been paid to how these dynamics unfold within mobile health platforms—particularly in non-Western contexts.

Methods

Ethical approval for this study was obtained from Monash University. To recruit participants, the study employed two methods: snowball sampling and voluntary community methods (O'Leary, 2017), by contacting Indonesian nongovernmental organizations and LGBTQ+ support groups. The recruitment

focused on participants who use or have used the two most popular Indonesian healthcare apps: Halodoc (2024) and Alodokter (Alodokter Group, 2023). Both apps are developed by Indonesian entrepreneurs and offer a comprehensive set of health features to a large user base (Statista, 2021), ranging from teleconsultation and health insurance to clinic/hospital appointments and health information, as well as online pharmacies. To build legitimacy, they also collaborate with organizations, including the Indonesian Ministry of Health and the Indonesian Doctors Association.

Overall, 21 participants from Jakarta, Bandung, and Yogyakarta agreed to participate in the study (Table 1). The participants were aged 21 to 51 and were from both rural (*N*: 6) and urban (*N*: 15) backgrounds. It is important to note that 17 participants indicated that they were Halodoc (2024) and Alodokter (Alodokter Group, 2023) users. The four remaining participants stated they used other health applications, including the Indonesian Social Security Agency's Health app and private hospital/clinic apps. Nevertheless, the data from these interviewees were included because they provided valuable insights into the Indonesian healthcare system. All participants signed and returned consent forms.

The current study employed in-depth interviews and the media go-along method (Jørgensen, 2016) and was conducted in the Indonesian language. Each session lasted between 30 and 60 minutes. Previous research (Albury et al., 2021) used the media go-along method in the context of dating apps. While in the walkthrough method, the researcher's experience is a primary data source, in the go-along method, participants guide the researcher in understanding how they use the app on their device and accounts by focusing on three areas: affordances, representations, and communications (Jørgensen, 2016; Møller & Robards, 2019). During data collection, for instance, participants were asked to demonstrate how they use the app, choose practitioners, and conduct consultations.

The data were transcribed and translated into English using Microsoft Word by the first author (an Indonesian native). To protect privacy and safety, we changed all participants' names and referred to them as Participant A, Participant B, and so on. The study employed thematic analysis (Braun & Clarke, 2006) and NVivo software to identify patterns and emerging themes. The results demonstrate how professional digital intimacy emerges through Indonesian LGBTQ+ users' engagement with specific health app affordances—anonymity, visibility, and editability—which they tactically employ to navigate online medical interactions.

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Table 1. Participant Demography.*

No	Participants	Gender	Sexual Orientation	Age	Location
1	Participant A	Transman	Straight	32	Urban
2	Participant B	Transwoman	Bisexual	27	Urban
3	Participant C	Transwoman	Straight	22	Rural
4	Participant D	Transman	Straight	23	Urban
5	Participant E	Male	Gay/bisexual	55	Rural
6	Participant F	Male	Gay	24	Urban
7	Participant G	Male	Bisexual	23	Rural
8	Participant H	Prefer not to say	Homoromantic/asexual	24	Urban
9	Participant I	Male	Gay	52	Rural
10	Participant J	Male	Gay	30	Urban
11	Participant K	Nonbinary	Lesbian	37	Rural
12	Participant L	Female	Lesbian	36	Rural
13	Participant M	Prefer not to say	Gay	23	Urban
14	Participant N	Nonbinary	Gay	23	Urban
15	Participant O	Prefer not to say	Lesbian	29	Urban
16	Participant P	Male	Gay	29	Urban
17	Participant Q	Male	Gay	32	Urban
18	Participant R	Male	Gay	39	Urban
19	Participant S	Transwoman	Straight	48	Urban
20	Participant T	Transwoman	Straight	51	Urban
21	Participant U	Female	Lesbian	45	Urban

*Participants self-identified their gender and sexual orientation.

Findings and Discussion

Perceiving Safety and Developing Professional Digital Intimacy

A recurrent theme during data collection was participants' need to maintain safety when using healthcare apps. This was evident in discussions of how participants began using these apps. For participants, the initial decision to use healthcare apps stemmed from the perception that these platforms offer safer, more controlled experiences than offline healthcare settings. As Participants G and E said: "At that time, I apologize if it was not pleasing; at that time, I had "S" [syphilis]. I was embarrassed to come [to clinics] in person" (Participant G) and

> Halodoc was used because I had contracted an STI's. I felt embarrassed if I went to *Puskesmas* [Health Community Center]. I know all the people in Puskesmas. . . . If I got that, I felt embarrassed because we should become a role model for others in the community. (Participant E)

The quotations indicate that both participants' decisions to use healthcare apps were shaped by their perception of these platforms as safer spaces for managing identity disclosure. Access to medical services without disclosing sensitive aspects of identity fosters a sense of security and autonomy. The ability to conceal identity provides emotional safety and protection from potential physical and emotional harm during health procedures (Minartz et al., 2024). This affordance provides a secure environment for participants to openly discuss their health concerns, including sensitive health topics such as sexually transmitted infections. Conversely, offline healthcare settings are viewed as less conducive to such disclosures because of limited options for controlling and managing personal identification. Unlike offline settings, healthcare apps offer features that enable users to manage how their identities are presented, thereby facilitating more comfortable and secure interactions. This is exemplified in the account registration process within the Halodoc (2024) and Alodokter (Alodokter Group, 2023) apps.

When creating an account, users are asked to provide information, including their name, phone number, sex, date of birth, height, and weight. While the platforms require users to provide a verifiable phone number, they also allow users to enter incorrect details on the sign-up form. After joining the service, the platforms encourage users to provide accurate information by uploading additional documents, such as national identity cards or passports, for verification. This verification technology not only assesses user authenticity but also evaluates whether new users maintain a consistent identity across online and offline settings (Cho, 2024), which may exclude LGBTQ+ individuals from accessing these services (Haimson et al., 2021).

However, this procedure is not fully enforced, as users can still access the services even without submitting additional information. The apps also allow users to create multiple profiles after setting up an account. By allowing users to input incorrect details, create multiple accounts, and bypass strict verification, the platforms enable a degree of anonymity. Participants in this study reported creating partially anonymous profiles (Scott, 1998) by providing only basic personal information, such as legal names and dates of birth.

In their typology of safe space creation in offline healthcare settings, Wilkerson and colleagues (2011) highlight that intake forms are crucial for LGBT patients in evaluating the safety of services offered by health facilities. In healthcare apps, the ability to create anonymous profiles is a significant factor in fostering participants' sense of safety. This ability enables users to control their privacy more effectively, leading to a safer and more confidential consultation environment, as articulated by Participant J:

> Researcher: Are you comfortable consulting via chat?
>
> Participant J: So far, it is comfortable. As long as the illness does not require a physical examination, the chat will feel comfortable. Even when compared to phone calls. Maybe it is more about revealing your identity if you have to make a call or video call. So, I prefer to chat. Although it is not completely anonymous, it is semi-anonymous. The doctor will definitely know because our data is there.

The excerpt above demonstrates Participant J's awareness of the personal data disclosure required when using healthcare apps. As articulated by Participant J, however, users retain a degree of agency in

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managing the extent of information shared with healthcare providers. By adopting a partially anonymous profile, Participant J perceives a level of obfuscation that prevents full identification by practitioners. This perceived ambiguity contributes to a heightened sense of security and control over their digital health interactions.

Another aspect that contributes to creating a sense of safety is the patient "flow" on healthcare apps. Wilkerson et al. (2011) define patient flow as ". . . all possible transactions patients have during a clinic visit, from the moment they arrive at the facility until they leave" (p. 381). In the offline healthcare settings, Murphy et al. (2018) noted six stages in patient flow: checking in, waiting in the room, being roomed, waiting in the exam room to be seen, consulting with the physician, and leaving. Because multiple stages must be completed, patients undergo repeated identification processes in offline healthcare settings.

Participants in this study indicated that these repeated identification processes placed them in vulnerable situations. Several participants reported experiencing discrimination both from practitioners and other patients during these procedures. Participant S stated, "I get uncomfortable looks from other patients because of my appearance," while Participant G stated, "the practitioner asked about my religion, which was unrelated to the illness I was experiencing at that time."

In contrast, patient flow within mobile health applications is brief and streamlined. Following account creation, users are immediately directed to the platform's primary interface, where the online consultation feature is prominently positioned. Whereas the Alodokter (Alodokter Group, 2023) app positions the consultation menu as the primary landing page, the Halodoc (2024) app places the consultation button in the top row of the interface. By streamlining patient flow and foregrounding immediate access to consultation, the platform limits prolonged exposure points that might otherwise render users vulnerable. This design affords LGBTQ+ users greater control over identity disclosure, enabling them to manage visibility and minimize risks associated with premature or unnecessary self-identification. As Participant P said:

> The difference is that on the Halodoc app, the consultation is direct. I can meet with the doctor faster and more efficiently. If we contact *Puskesmas*, we must first visit, queue, fill out the administration, and then be diagnosed and referred to the clinic.

Participant P highlights the contrasting processes embedded within digital and offline healthcare environments. In mobile health apps, identification was perceived as a singular, contained interaction limited to the moment of consultation with the practitioner. In contrast, offline healthcare settings were experienced as involving a protracted series of identification checkpoints, each requiring repeated disclosures across administrative and clinical stages. This distinction underscores how the streamlined patient flow of digital platforms mitigates cumulative exposure, offering LGBTQ+ users a more controlled and less intrusive pathway to care.

The platform's affordances, particularly the anonymity enabled through profile features and a streamlined patient flow, create conditions in which professional intimacy can emerge (Ruchti, 2012). Previous studies (Piras & Miele, 2019; Ruchti, 2012) explain how intimate relationships within formal healthcare settings can be established by relying on extensive message exchanges, including the sharing of

personal stories for a certain period. In healthcare apps, the development of professional intimacy appears contingent on users' trust in the platform's capacity to safeguard their personal identity. This is evident in how LGBTQ+ users engage in consultations, where the ability to manage visibility and control disclosure becomes central to fostering meaningful clinical interactions.

To protect their identity, some participants employed a "dismembered body" strategy through the image-sharing feature in the app's chat-based consultation system. This allowed them to share only partial or nonidentifying images during interactions with practitioners. While researchers widely use the term "dismembered body" to criticize how the advertising industry sexualized women's bodies by displaying women's body parts separately (Goffman, 1976; Kilbourne, 1995), participants in this study used the technique to control identity disclosure and alleviate a feeling of shame when seeking medical advice from practitioners, especially when discussing sensitive topics, such as sexually transmitted infections (STIs). Participant P said:

> Researcher: Have you ever used the image-sharing feature in the chat?
>
> Participant P: Yes. It is more pleasant to take photos of our bodies than to have to take off our clothing and then be examined, as in offline healthcare. So, if a particular part of your body hurts, only that area is photographed and forwarded to the doctor. In an offline clinic or hospital, you must remove your entire outfit, which is embarrassing. Even if you know the doctor. It is still embarrassing and uncomfortable, especially if the problem is with your genitalia. However, with image sharing, it is like, "Doc, I have a problem in this area" [and just send it].

This practice of selective self-presentation is not unique to healthcare apps. For example, Chan (2016) finds that because of the stigma of homosexuality, many Chinese men who have sex with men (MSM) are less likely to show their faces on dating app profiles. In healthcare apps, as the quote shows, the image-sharing feature enables Participant P to manage the visibility of his body and maintain anonymity, which contributes to the emergence of professional intimacy (Ruchti, 2012). However, in the offline clinical setting, Participant P perceived that he could not control his privacy, which left him vulnerable.

The emergence of professional intimacy in healthcare apps is also shaped by users' perception that healthcare practitioners cannot identify them during consultations. This ability to manage identity becomes crucial in creating a controlled and secure environment. For example, a study conducted by Wagner et al. (2022) demonstrates that constant identity disclosure in offline settings has led to the exclusion of transgender and gender nonbinary individuals from accessing care. To protect their identity and ensure safety, participants in this study created their profiles partially anonymously. As Participant F stated, "on the apps, even if we show ourselves as MSM, we feel safe. We do not see the doctor. We do not even know where the doctor is. . . [Our data] will not be leaked."

In this way, the findings suggest that the anonymity affordance has contributed to a sense of emotional safety (Minartz et al., 2024), in which participants feel protected from physical and emotional harm during medical consultation. For LGBTQ+ individuals, this safety is achieved through mechanisms such

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as minimal profile requirements, streamlined patient flow, and the absence of enforced identity-verification systems, which are crucial to the development of professional digital intimacy.

Using Visibility to Evaluate Safety

Several participants discussed how the visibility affordances of health apps enabled them to discover health services, highlighting the role of interface design in shaping access and awareness, as observed by participants' discussion of the practitioner list feature. This feature offers a comprehensive list of practitioners who collaborate with healthcare apps to deliver health services to users. Both apps present the practitioner list feature in a scrollable format, displaying the names and photos of doctors, who are typically shown wearing white coats. Alongside the photos, both apps showcase the consultation price and the number of likes or comments from users. While the Halodoc (2024) app provides details about the doctors' years of experience in the field they work in, alongside the number of likes, the Alodokter (Alodokter Group, 2023) app primarily displays likes and comments.

Users can also find information about the practitioners by clicking on the picture or the name of the doctor. Upon clicking, users can see information on practitioners' credentials, including medical licenses, education, and affiliations. By positioning these details in the background, the platform emphasizes user-generated reputational metrics, such as likes and comments, over professional credentials, positioning peer engagement as the dominant source of informational authority (Graham, 2016).

This reputation cultivated on the platform and represented by likes and comments plays a crucial role in increasing the probability of interaction between a patient and a doctor whom they have not yet met (Gandini, 2016). Users can view, compare, and select practitioners before receiving online healthcare services. For example, Participant M relied on likes and comments when selecting a practitioner, interpreting these metrics as indicators of clinical competence: "Of course, based on the rating. The rating reflects the doctor's quality and gives us confidence in their skill" (Participant M). In this way, the platform-generated reputational markers blur the boundaries between professional expertise and popular visibility, positioning user engagement as a proxy for medical authority.

Some participants interpreted likes and comments as indicators of practitioners' views toward marginalized groups. For example, several participants reviewed comments to assess practitioners' acceptance of LGBTQ+ identities, revealing how reputational metrics can also be used to shape perceived social alignment. Talking about this feature, Participant H said, "I will look at the reviews. The reviews detail whether the doctor's session was too fast, discriminatory, etc. If the reviews contain these comments, I will not select them." Additionally, Participant E stated, "The review gives a summary of how patients receive the doctor's services."

The quotes suggest that visibility affordances enable participants to observe how practitioners interact with patients, offering insights into their communication style, approachability, and potential alignment with users' values, particularly important for marginalized users seeking affirming care. In this way, for some users, the comments served as a tool for establishing trust with practitioners. Nevertheless, the reputation-based metrics used by healthcare apps have limitations. The platform's user rating leaves a

trace that others can see. Consequently, some LGBTQ+ users may be reluctant to leave public reviews related to LGBTQ+ acceptability, fearing potential backlash from other users. This requires users to decode the information embedded in reputation-based metrics.

Another crucial aspect of the practitioner list that helps participants choose a doctor is the profile picture. In line with previous studies (Albury & Byron, 2016; Albury et al., 2021; Duguay, 2022), participants in this study stated that profile pictures play a significant role in their decision-making process. During data collection, participants were asked to explain how they selected the doctor. First, participants considered the nature of their health concern. For general, nonspecialized, and common conditions, such as the flu or cough, they expressed little need to evaluate practitioner profiles, including profile pictures, and were comfortable consulting any available doctor offered by the platform.

In contrast, when participants had stigmatized diseases, most indicated that they would evaluate the practitioner's profile picture before deciding to contact the doctor. Some participants stated they would not choose practitioners who wore religious symbols on their photo profiles. The comment below illustrates this:

> Halodoc will usually make suggestions for practitioners with many years of experience. . . I will scroll down. I will look for a doctor who does not use religious attributes and is not male. . . If I need to go to an online psychologist, I will use the same strategy. (Participant N)

The quotation illustrates how participant preferences are influenced by the overarching frameworks of Indonesia's healthcare system and their previous personal experiences in offline healthcare environments. Magrath (2016) notes that numerous Indonesian practitioners leverage moral value (influenced by Islamic values) to convey health information during patient interactions. While this method may be readily embraced by most of the population, it does have a downside, particularly affecting marginalized communities.

The practitioner list feature also reconfigures the direction of the clinical gaze within digital healthcare environments. In offline settings, LGBTQ+ patients were often subjected to repeated identification procedures, placing them under the scrutiny of healthcare professionals and limiting their control over how their bodies and identities were perceived. Healthcare apps, however, invert this dynamic by making practitioner information visible before consultation, affording LGBTQ+ users a sense of agency.

Healthcare apps also enable a form of lurking (Sipley, 2024), allowing users to access practitioner profiles without initiating contact or scheduling appointments. This mode of engagement offers LGBTQ+ users a strategic means of maintaining invisibility while evaluating practitioners' suitability. This visibility enables users to evaluate practitioners before consultation, fostering a more empowered and selective approach to care. Participant H recalled his experience in the offline clinic compared with the healthcare app:

> Previously, when I came to the clinic, I did not know what his face looked like. So, when the consultation started, I would first guess what his response would be like. . . at least

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> when I knew the doctor's face at the beginning [as in healthcare apps], I knew who I was going to deal with.

The visibility affordance enables LGBTQ+ users to evaluate practitioners before engaging in consultation. This evaluation process is important in developing professional digital intimacy within healthcare apps because it creates trust and a sense of safety among participants. Using this affordance, users can measure the expertise of practitioners alongside their potential alignment with users' values.

Navigating Online Consultation Through Editability Affordance

The editability affordance (Treem & Leonardi, 2013) is evident in healthcare apps through the chat consultation feature, where users can carefully craft and revise their messages during consultations. In the Halodoc (2024) and Alodokter (Alodokter Group, 2023) apps, the chat consultation features are developed using a scrollable chat-style model (Mannell, 2020). Similar to WhatsApp and Facebook Messenger, healthcare apps provide users with a text space to write messages, allowing them to send various forms of information, including text, images, videos, and emojis. While users can edit, update, or delete information in this field, the platforms do not allow them to change it once the message has been sent to practitioners. This editing mechanism has influenced how LGBTQ+ participants consult with practitioners.

Some participants indicated that the ability to edit information encourages them to adopt a pause-and-share communication strategy when consulting with practitioners. A pause-and-share communication strategy refers to a situation in which the patient temporarily halts or creates a brief interval during the consultation to consider the appropriate response before continuing the conversation with the practitioner. Health consultations often incorporate unfamiliar medical terminology, which may necessitate additional time for patients to comprehend the context of the discussion. The strategy is supported by the chat mechanism, which provides a high degree of editorial control and enables patients to send messages at any time (Treem & Leonardi, 2013). By adopting this strategy, patients can fully engage in the discussion. As Participant G stated:

> Chat allows me to contemplate [about what information can be conveyed to the doctor]. [If I am sure] I type it, then I send it. Conversely, in video or face-to-face interactions, [when a doctor asks] it is necessary to respond to questions spontaneously. The response cannot take too long, and sometimes [the discussion] confuses me.

Participant G highlights how the editability affordance in chat-based consultations enables users to curate and control the flow of information shared with practitioners. Unlike face-to-face interactions, which demand immediate and often unfiltered responses, the asynchronous nature of chat allows users to reflect, revise, and selectively disclose sensitive information. This shift alters the temporal dynamics of clinical communication while affording users greater agency in managing their self-presentation within healthcare encounters.

Previous studies (Frith, 2015; Ling & Donner, 2009; Mannell, 2020) have noted that chat communication creates a logic of constant availability, placing people in a condition where they can be contacted at any time and from anywhere. Some studies (Burchell, 2017; Mannell, 2020) have shown that in response to the pressures of constant availability, individuals often adopt delay strategies to regain control over their communication rhythms and boundaries. While these studies offer insight into how people manage their connections, previous studies tend to consider delay as a demarcation between available and unavailable situations. Previous literature has given limited attention to how people apply delay strategies while in a connected or available situation. This study adds granularity to the concept of delay by showing how users employ a pause-and-share communication strategy when they are connected but choose to withhold immediate engagement. Rather than responding immediately, participants selectively manage the timing of their responses, using temporal distance to control the rhythms of their disclosures.

In line with Treem and Leonardi (2013), the present study also finds that editability affordances enable LGBTQ+ users to enhance the quality of their own communication during consultations. Participants reported engaging in various activities to improve their messages, including selecting appropriate terms to describe their symptoms and determining the best angles for photographs shared with practitioners: "I can select words and arrange them more precisely in chat . . . If information is missing, it can be added, and the chat can be updated" (Participant H).

It is worth noting that healthcare apps enable users to conduct consultations for approximately half an hour per session. However, most participants reported that when conducting a consultation, they never reached the maximum time. The comment below illustrates:

> The consultation felt brief during our chat. Yesterday [during the consultation session], I shared my pain with the doctor. He asked me to describe my symptoms in detail, and I provided further explanation. After assessing my condition, the doctor provided a diagnosis and offered some rest tips. Once that was done, the appointment ended. I cannot help but wonder if the discussion would have been longer in an in-person setting. (Participant N)

Heritage and Maynard (2006) identified that doctor-patient conversations in offline settings typically follow six patterns: opening, where patients and practitioners establish a relationship through greetings and small talk; presenting complaints, where patients describe their conditions; examination, where physical assessment is conducted; diagnosis, where the patient's condition is evaluated; treatment, where treatment details are discussed; and closing, where the consultation concludes. Nevertheless, as observed by Participant N above, the chat consultation causes participants to focus solely on articulating their symptoms rather than exchanging messages outside the context of treatment. This constrains the potential to establish a deep connection between patients and practitioners because the platform's consultation mechanism encourages casual engagement characterized by brief consultations.

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Nevertheless, the brief nature and editability afforded by the chat feature have helped other participants to navigate and mitigate experiences of discrimination during consultation sessions. They use the ability to revise or withhold information as a strategy to manage potentially hostile or uncomfortable interactions. As Participant F said:

> For example, when I was diagnosed with syphilis, a doctor gave me a negative comment and lectured me about my behavior. I composed the answer messages that I already knew about what they said, but I just wanted to get treated and not engage with their conversation.

The quotation illustrates how the editability affordance enabled Participant F to strategically manage the information shared with the practitioner, ensuring that the consultation remained focused on addressing their health concern while maintaining control over their personal disclosures. Although the doctor attempted to shift the conversation, Participant F focused on composing a message to seek treatment.

The editability affordance has enabled LGBTQ+ users to craft high-quality messages that contribute to the development of professional digital intimacy. For example, discussions of taboo health topics that may be difficult to address in offline settings can occur in ways that reduce tension for users in healthcare apps.

Conclusion: Implications, Limitations, and Future Research

The findings of this study have several important implications. This study shows that the editability affordance enables users to engage in practices of disengagement while remaining connected to the platform. Moreover, while healthcare apps have expanded access to health resources for LGBTQ+ users, more concerted efforts are required to ensure safety and inclusivity, including strengthening platform governance mechanisms—for instance, by incorporating a "report" button within consultation interfaces, enabling users to flag inappropriate or discriminatory behavior during sessions, thereby fostering greater accountability and user protection.

One limitation of this study is its exclusive focus on patient experiences. Future research could explore how platform affordances shape practitioner interactions. Additionally, future research could employ in-depth ethnographic methods to examine how LGBTQ+ users engage with healthcare apps in the context of ongoing care.

This study provides deeper insight into how LGBTQ+ users tactically engage with the affordances of healthcare apps and develop professional digital intimacy. The anonymity affordance has created a sense of safety among participants, contributing to the confidence of LGBTQ+ users in discussing various issues, including sensitive and taboo health topics. Meanwhile, by leveraging visibility affordances, LGBTQ+ users can develop trust in practitioners. Lastly, the study finds that editability affordances enable LGBTQ+ users to craft nuanced information that not only helps them engage in consultations but also mitigates the risk of discrimination.

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