



Characteristics of Male Sex Men Who Screen for Sexually Transmitted Infections in an Effort to Prevent HIV/AIDS

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Abstract

HIV/AIDS is an infectious disease that is currently happening in Indonesian society. Globally, the number of HIV (Human Immunodeficiency Virus) has tended to increase from 2010-2019 with the spread of the virus in all age groups. The high number of HIV cases in Indonesia is due to free-sex behavior and the low level of public knowledge about risky sexual behavior, prevention of unwanted pregnancies, and sexually transmitted diseases. The total number of people with HIV/AIDS (ODHA) in Indonesia as a whole until March 2021 was recorded at 427,201 people, and AIDS cases were 131,417 people. Data from the Ministry of Health of the Republic of Indonesia, the number of people living with HIV based on risk factors found that 27.2% of homosexuals were 26.3% of the male sex men and 0.9% of drag. One of the high-risk groups is male sex men who have abnormal sexual deviations and have a tendency to lead to sexual crimes. This study aims to obtain an overview of the characteristics of male sex men who carry out screening for Sexually Transmitted Infections to prevent HIV/AIDS. This research method uses a quantitative description method. The population is male sex men as many as 85 people. The sampling technique used purposive sampling, obtained a sample of 46 male sex men. Data collection techniques with questionnaires. Data analysis using univariate analysis. The results showed that the age of the majority (63%) of the respondents was between 21-30 years old, the domicile of the majority (65.2%) of the respondents resided in Bandung, the last education of the majority (56.5%) of the respondents had a senior high school education, almost all respondents (76.1%) as many as 35 people had jobs, history of screening Sexually Transmitted Infections negative and the activity of using condoms during sex, the majority (71.7%) of respondents always use condoms during sex. Productive age is an age that needs to get special attention, especially in risky sexual activity, this can be seen from the use of condoms when male sex men have sexual intercourse. This becomes our joint consideration in efforts to prevent HIV/AIDS in productive age. This study aims to obtain the results of risky sexual behavior in male sex men through screening for Sexually Transmitted Infections to prevent HIV/AIDS

Keywords: HIV, AIDS, Risky Sexual Behavior, Screening, Sexually Transmitted Infections

1. Introduction

HIV/AIDS is an infectious disease currently happening in Indonesian society. Globally, the number of HIV (Human Immunodeficiency Virus) has tended to increase from 2010-2019 with the spread of the virus in all age groups. One of the reasons for the high number of HIV cases in Indonesia is free sex behavior and the low level of public knowledge about risky sexual behavior, prevention of unwanted pregnancies, and sexually transmitted diseases. One concerning thing is that the majority of the group infected with HIV/AIDS are people of productive age between 15-24 years. The age group at risk in the age range of 25-49 years was 70.7%, 20-24 years old was 15.7% and the age group ≥ 50 years was 7.1%. The total number of people with HIV/AIDS (people with HIV/AIDS) in Indonesia as a whole until March 2021 was recorded at 427,201 people, and AIDS cases were 131,417 people. Data from the Ministry of Health of the Republic of Indonesia, the number of people living with HIV/AIDS based on risk factors, found 27.2% of homosexuals, 26.3% of the male sex group (gay), and 0.9% of transgender. One of the high-risk groups is men who have sex with men (gay) who have abnormal/unnatural sexual deviations and have a tendency to lead to sexual crimes (Marlinda & Azinar, 2017).

Risky sexual behavior here is like having sex with the same sex, not using condoms, and changing sexual partners (Godwin et al., 2014). Some researchers say that sexual behavior at risk of contracting HIV AIDS predominantly occurs in the male sex as much as 28 times, and attitude is a confounding factor (Pollock & Halkitis, 2009). Men Sex Men (gay) engage in high-risk sexual activities to get sexual satisfaction and do it without protection (condoms) on the grounds of reducing sexual arousal (Ahmed et al., 2001). Based on a preliminary study conducting interviews with health workers holding the HIV/AIDS Program at one of the Public Health Centers in the eastern Bandung area, there

were quite a number of HIV-infected men in the male group. Male Sex (gay). The officer obtained data from a report from a community organization that handles special key population groups from Sexually Transmitted Infection Screening activities. The problems that will be examined are related to the high rate of HIV infection in productive age and the tendency of increased risky sexual behavior in certain groups, especially the key population group, namely the male sex group (gay). Researchers feel the need to identify the characteristics of the male sex group (gay) to plan efforts to prevent the transmission of HIV/AIDS.

2. Literature Review

Men who are male (gay) are men who claim to be bisexual/homosexual where gay men tend to have many sex partners, both with men and women (Fenton et al., 2005). Male sex (gay) is a population that sells and buys sex to men and women (Pollock & Halkitis, 2009; Ahmed et al., 2001). The term male gender (gay) is someone who is personally, emotionally, sexually or a combination of the three attracted to someone of that gender the same one. This gay group is a hidden group, so its identity is difficult to identify. Based on the results of research between men who are sexually active, there are 3% of them who have sex with same sex. According to Cooper et al., (2004) deviations in sexual behavior in men of the male sex arise from many factors, starting from aspects of biological theory from the role of genetic factors, sociological theories from aspects of wrong relationships in the family environment or pathological treatment. parents or family conditions that are less or not harmonious (Van den Broek et al., 2022). Past trauma is one factor that can lead to homosexual behavior, experiences relating to the opposite sex that are not harmonious or unhappy, cause resentment, dislike or fear of the opposite sex. Environmental factors are important factors that cause a person to make a decision to become part of the Male Sex community.

Factors that influence sexual behavior include: (Winarni et al., 2016)

1) Age

Puberty is the beginning of a period when a child experiences physical, psychological changes and maturation of the reproductive organs (sexual function) which begins at the age of 8-10 years and ends at the age of 15-16 years. Adolescents who start early puberty have the opportunity to engage in risky sexual behavior 4.65 times compared to normal pubertal children (Ivanova et al., 2012).

2) Gender

Men have greater opportunities to carry out various activities and freedom than women, including risky sexual behavior, because women usually receive more supervision from their parents. This statement is in accordance with the results of research by Herbenick et al., (2010) which states that sexual behavior at higher risk occurs in men (37.7%) than women (10.3%).

3) Family Role

The family has a very important role in directing children during their growth and development, including in the process of socializing children. People who have a history of disharmonious family relationships are likely to be people who often violate societal norms (Leonard & Onyx, 2003).

4) Peers

The role of peers in the emergence of risky sexual behavior is very large, this is in accordance with the results of research by Lestari, Fibriana and Prameswari (2014) which states that peer relationships with risky sexual behavior have a large effect, namely 55.3% by 83.4%. The same research was also conducted by Landor, (2011) which stated that there was a significant relationship between the role of peers and sexual behavior in adolescents.

5) Exposure to pornographic media

Pornographic media has a significant influence on risky sexual behavior in adolescents (Nagaddya et al., 2017) The physical impacts of risky sexual behavior (Yunengsih & Setiawan, 2021) are sexually transmitted diseases, HIV/AIDS, pregnancy and abortion (Kalonda, 2012). According to Fenton et al., (2005) other negative impacts can arise such as psychological, social and physical impacts (Nurmala et al., 2019).

3. Materials and Methods

3.1. Materials

The object of research according to Permadhy & Ayuningtyas, (2021) is a scientific objective that is used to obtain data with predetermined objectives and its use about something that is objective, valid, and reliable related to certain variables. The object of research in this study is the Male Gender Group (gay). Variables to be obtained include age, domicile or place of residence, educational background, occupation, history of screening for sexually transmitted infections, and use of condoms when having sex. The research location was carried out at the Bandung City Community Institution which facilitated the group in conducting Sexually Transmitted Infection Screening. The data collection tool uses a questionnaire that has been tested for validity and reliability before distributing the questionnaire to the research target.

3.2. Methods

The research method used is descriptive quantitative research, namely describing the condition of the research object based on existing factors, by collecting data, processing, presenting, and analyzing as well as making conclusions and suggestions. The population of this study was all men (gay) who carried out health checks/screenings for sexually transmitted infections as many as 85 people. The sampling technique used was purposive sampling, with a total of 46 people who were willing to fill out the research instrument. The type of data used is primary data, where the data is obtained directly from the research object. The data analysis used is univariate analysis, which is a way of measuring, processing, and analyzing data that has been collected to find out and identify the characteristics of the variables determined by the researcher. The collected data is processed using the Statistical Package for the Social Sciences (SPSS).

Stages of data processing: (Wilson, 2011)

- 1) Data collection, namely starting from data collection.
- 2) Editing, namely checking the completeness and clarity regarding how to fill out the research instrument which contains a list of questions.
- 3) Coding (coding), namely the identification/classification process by assigning a code in the form of a number to each respondent's answer.
- 4) Tabulation, namely entering the collected data according to the specified variables and calculating the data into Tables using SPSS.

Univariate analysis was performed using the formula: $P = (f/n) 100\%$

P = proportion f = frequency

n = number of samples

To make it easier to interpret research data, researchers use assessment guidelines using the terms put forward by Spiggle (1994), namely as follows:

Table 1: Rating Assessment

Percentage	Results Measure
0%	Interpreted none
1-25%	Interpreted in Part
26-49%	Interpreted Nearly Half
50%	Interpreted in Half
51-75%	Mostly Interpreted
76-99%	Interpreted Almost Completely
100%	Fully Interpreted

4. Results and Discussion

Table 2: Age Distribution of Respondents

Age	Frequency	Percent
< 20 Year	3	6.5
21 – 30 Year	29	63.0
31 – 40 Year	9	19.6
> 41 Year	5	10.9

Based on Table 2 it is known that the majority of respondents (63%) are aged between 21-30 years consisting of 29 people. The age group obtained from the results of the study turned out to be mostly in the late teens to adulthood. The process of development in late adolescence according to the concept of developmental psychology, at this stage late adolescents will grow to reach maturity, namely mental, social, emotional, and also physical maturity. Rapid physical and psychological changes can cause internal anxiety such as feelings of depression, the urge to gain freedom, emotional shock, excessive fantasies, strong group bonds, and identity crises (Sari, 2021). One of the developmental tasks of the late adolescent phase includes achieving more mature relationships with peers, achieving social roles as men and women, accepting physical conditions, and using them effectively so that at the previous stage assistance efforts must be initiated from those closest to them. and the people around them. environment. starting from improving education, and mental assistance in adolescent psychology so that the problem of deviant behavior or bad behavior during this turbulent late adolescence can be minimized.

Table 3: Distribution of Residence/Domicile, Last Education Distribution, Employment Status

Domicile	Frequency	Percent
Bandung	30	65.2
Outside Bandung	16	34.8
Last Education	Frequency	Percent
SD	1	2.2
SMP	1	2.2
SMA	26	56.5
Academics/ Colleges	18	39.1
Employment Status	Frequency	Percent
No/Not Working	11	23.9
Work	35	76.1
History of Sexually Transmitted Infections Screening	Frequency	Percent
Ever	41	89.1
Never	5	10.9
Sexually Transmitted Infection Screening Results	Frequency	Percent
Negatif	35	76.1
Positif	11	23.9
Using Condoms During Sex	Frequency	Percent
Using Condoms	33	71.7
Not Using Condoms	13	28.3

Based on Table 3 it is known that the residence of the majority (65.2%) of respondents resided in Bandung as many as 30 people, and the last education (56.5%) of respondents with senior high school education were 26 people, and almost all respondents (76.1%) as many as 35 people have jobs. Based on the history of screening for sexually transmitted infections, almost all (89.1%) of the respondents had been screened, and based on the results of the Sexually Transmitted Infections screening most (76.1%) of the respondents as many as 35 people had negative screening results, and the majority (71.7 %) of respondents (33 people) always use condoms when having sex.

The domicile of key populations, men who have sex with men are often found in big cities, one of which is the city of Bandung. Expansion of public service facilities and easy access to telecommunications in big cities can contribute to the occurrence of sexual deviations, in addition to the family, social environment, and educational factors. The education aspect is an important factor in improving education related to individual health, one of which is preventing the spread of sexually transmitted diseases such as HIV/AIDS, reproductive health, and strengthening the mental and psychological aspects of vulnerable ages (adolescents). Education in the family is also the main pillar of the formation of children's character, to minimize the occurrence of bad behavior. Good education, parental supervision of their children, and assistance to children during the transition period are very much needed during the psychological development of adolescents and instill good behavioral values in the family (Sari, 2021). External (external) environmental factors, such as work, school environment, and social environment of adolescents can trigger adolescents to engage in deviant behavior such as drug abuse, free sex, alcohol, and criminal acts.

The negative impact of deviant behavior on adolescents is very detrimental to the future of adolescents as the young generation of a nation. One example of deviant adolescent behavior is smoking, drinking, drugs, free sex, and contracting sexually transmitted diseases due to risky sexual behavior such as gonorrhea, herpes, gonorrhea, HIV, and AIDS (Sari, 2021). This can be seen in Table 3, the results of the screening for sexually transmitted infections showed positive results for contracting sexually transmitted diseases (STDs).

Providing health education related to the spread of the HIV/AIDS infectious disease needs to be given from an early age, starting from the internal (family) and external environment (school environment, workplace, youth community). One of the health education provided is the importance of screening for sexually transmitted infections to detect sexually transmitted diseases early on in adolescents. This needs to be done considering the research data obtained that there has been active use of condoms during sexual intercourse which is likely to be done by unmarried late adolescents.

5. Conclusion

Based on the results of the study, it can be concluded that late adolescence is a productive age at the senior high school level, which needs special attention, especially for risky sexual behavior. This can be seen from the behavior of men (gay) who actively use condoms during sexual intercourse, and the results of the Sexually Transmitted Infection Screening show positive results for contracting sexually transmitted diseases. It needs to be considered together,

including health checks through Sexually Transmitted Infection Screening in adolescents (productive age) to prevent transmission of HIV/AIDS.

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