

INTERNATIONAL JOURNAL OF INNOVATIVE SCIENCE AND RESEARCH TECHNOLOGY

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ISSN NO : 2456-2165

**ISSN No.: 2456-2165**



**International Journal of Innovative Science and Research Technology**

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# Volume 3, Issue 9 – September 2018

## [The Importance of Value Education for Children Nation.](#)

**Author Name:** Zulaecha Ngiu | Volume 3, Issue 9, September- 2018

## [Entrepreneurial Effectiveness in Building Economic Independence Family in Indonesia.](#)

**Author Name:** Jamaluddin, Andi Makassar, Hasanuddin | Volume 3, Issue 9, September- 2018

## [Assessment of Drought Occurrences Over the Sahel Region of Nigeria using the Standardized Precipitation Index \(SPI\).](#)

**Author Name:** Adigun Adepoju. Ibraheem, Adeyi Gabriel. Oyeleye, Otu John. Emmanuel | Volume 3, Issue 9, September- 2018

## [Study of the Characteristics of a Mass of Sea Water in the Zone of the Estuary on the Coast of Makassar.](#)

**Author Name:** Dr Muksan Putra Hatta | Volume 3, Issue 9, September- 2018

## [Proposed Topology for 7 Level Inverter: A Comparison.](#)

**Author Name:** Tanmay Shukla, Priyavand Bundela | Volume 3, Issue 9, September- 2018

## [Empowerment of Fishing Communities in the Management of the Results of the Sea in Indonesia.](#)

**Author Name:** Andi Sulfatih, Patta Rapanna, Nurlaely Razak | Volume 3, Issue 9, September- 2018

## [Chaos Management in Government and Mining Company Infrastructure Project in South Sulawesi.](#)

**Author Name:** Sapto Supriyanto, Abdul Rahman Kadir, Djabir Hamzah, Indrianty Sudirman | Volume 3, Issue 9, September- 2018

**Relationship between Logical and Linguistic Categories in the Paradigm of Parts of Speech.**

**Author Name:** Adibabotirova | Volume 3, Issue 9, September- 2018

**Training of Making Corn Steak in Bonebolango District.**

**Author Name:** Fory Armin Naway | Volume 3, Issue 9, September- 2018

**An Investigation into Teaching-Learning Environment and Teacher's Mental Health in Single Teacher Lower Primary School of District Kokrajhar, Assam; India.**

**Author Name:** Swargiary, C. Talukdar, M.C. | Volume 3, Issue 9, September- 2018

**How Brand Personality Excitement Affects Customer Purchase Decision of Smartphone in Nairobi, Kenya.**

**Author Name:** John N. Mutinda, Hannah Bula, Peter P. Wambua | Volume 3, Issue 9, September- 2018

**An Assessment of Renewable Energy Potential for Electricity Generation and Meeting Water Shortfall in Pakistan.**

**Author Name:** Dr Muhammad Mobin Siddiqi, Dr Rafia Azmat, Muhammad Nihal Naseer | Volume 3, Issue 9, September- 2018

**Private Label Effect on Customer Satisfaction of Consumer Private Label Sugar Products.**

**Author Name:** Djoko Lesmana Radji, Abd Karim Hasym | Volume 3, Issue 9, September- 2018

**Transparency of Financing Management Education in High School.**

**Author Name:** Nina Lamatenggo, Ayu Anggraini Rosadi | Volume 3, Issue 9, September- 2018

**A Comparative Study on Heuristic and Meta Heuristic Approach in Solving a Capacitated Vehicle Routing Problem.**

**Author Name:** Rajulapudi Bala Sai Shankar, Dr. K. Dharma Reddy | Volume 3, Issue 9, September- 2018

**Risk Factors for Sexually Transmitted Disease and HIV/AIDS Towards Males Sex Males in Gorontalo City.**

**Author Name:** Irwan | Volume 3, Issue 9, September- 2018

**Impact of Economic Education Student Field Experience Practices on Competency Readiness to Become Professional Teachers in Indonesia.**

**Author Name:** Melizubaida Mahmud | Volume 3, Issue 9, September- 2018

**Security Log Analysis.**

**Author Name:** Allenki Shiva Santosh | Volume 3, Issue 9, September- 2018

**Partial Characterization of Red Oil from Three Varieties of Palm Oil Trees (Elaeis Guineensis).**

**Author Name:** Ezenwaka, C. J.and Ezeonu, F. C. | Volume 3, Issue 9, September- 2018

**Improved Medical Diagnosis using Wrapper and Filter Techniques of Feature Selection.**

**Author Name:** Sonu Rani, Dharminder kumar, Sunita Beniwal | Volume 3, Issue 9, September- 2018

**A Study on Current Status of Municipal Solid Waste in Karur District, India.**

**Author Name:** Vigneshkumar.B, Amsaveni.M, Dr.Palanivel.M, Balakrishnan.M, Ramesh.K | Volume 3, Issue 9, September- 2018

**A Huge View of Life: Human Commitment in Bessie Head's Maru.**

**Author Name:** Asma Semidaa | Volume 3, Issue 9, September- 2018

**Financial Accessibility and Private Investment in Developing Countries.**

**Author Name:** Dr Sawadogo Tounwendé Alain, Nodji N. Mbatina, Dr Ronda Zelezny-Green | Volume 3, Issue 9, September- 2018

**Effectiveness of Training Programs of the Construction Sector in the Kingdom of Bahrain.**

**Author Name:** Layla Yusuf Hasan Abu Saadah | Volume 3, Issue 9, September- 2018

**Relationship of Personal Competence and Managerial Competency of Business Organizers with the Quality of School Administration Services in Man Gorontalo Graduates.**

**Author Name:** Novianty Djafri | Volume 3, Issue 9, September- 2018

**Clinical Profile of Acute Poisoning in a Tertiary Care Hospital in Sub Himalayan Region.**

**Author Name:** Pratibha Himral, Desh Raj Sharma | Volume 3, Issue 9, September- 2018

**Assess the Knowledge among Steel Plant Workers Regarding Physical and Chemical Hazards.**

**Author Name:** S.Vijaya Malar | Volume 3, Issue 9, September- 2018

**Design and Construction of Wireless Power Transfer System Charging Multiple Devices.**

**Author Name:** Adedayo Asaolu, Joshua Godwin Oshoname | Volume 3, Issue 9, September- 2018

**To Determine the Minimum Transportation Cost by Comparing the Initial Basic Feasible Solution of a Transportation Problem by Various Methods.**

**Author Name:** V.T.Lakshmi, M.Usha | Volume 3, Issue 9, September- 2018

**A Computerized Hospital Management System: Case Study “Gitwe Hospital”**

**Author Name:** Gatete Marcel, Uwizeyiman Faustin | Volume 3, Issue 9, September- 2018

**Mental Wellness and Athletic Identities in High School Students.**

**Author Name:** Harsha Sisodia, Akhilesh Sharma | Volume 3, Issue 9, September- 2018

**The Role of Perceived Trust on Consumer Intention Toward Mobile Banking in Palestine.**

**Author Name:** Haitham M Jouda, Valliappan Raju | Volume 3, Issue 9, September- 2018

**Turning Operation of AISI 304L Steel using Taguchi Technique.**

**Author Name:** Gunjan Sharma, Sharad Shrivastva | Volume 3, Issue 9, September- 2018

**[A Survey About Women's Personal Hygiene and Safety Measurements and its Impact on Nature](#)**

**Author Name:** S.Deepapriya, N. Manjula Devi | Volume 3, Issue 9, September- 2018

**[Employee Expectation Analysis using Quality Function Deployment Method.](#)**

**Author Name:** Sonny Mochamad, Rano Ismoyo, Bramanto Agung W | Volume 3, Issue 9, September- 2018

**[Investigation of Phytochemicals, Total Phenols and Total Flavonoids Content of Two Anti-Arthritic Plants.](#)**

**Author Name:** Christy K. Jose, Francis Mathew, N. A. Aleykutty | Volume 3, Issue 9, September- 2018

**[An Improvement of Performance in Virtual Local Area Network or Virtual LAN using Software Defined Network.](#)**

**Author Name:** Fatima Laassiri, Mohamed Moughit, Noureddine Idboufker | Volume 3, Issue 9, September- 2018

**[Impact of Privatization on Higher Education with Special Reference to the Kamrup Rural District- A Study.](#)**

**Author Name:** Rajibloson Medhi, Rugung Boro | Volume 3, Issue 9, September- 2018

**[Implementation of Effective Quality Control to Improve Product Quality \(Case Study Pt Metiska Pharmaceutical, Jakarta\).](#)**

**Author Name:** Widya Noviyanti W, Apriliana Cendraleka, Dydi Purwanto, Erry Rimawan | Volume 3, Issue 9, September- 2018

**[The Empowerment of Traditional Market Collaboration towards the Economic Independence of Small Traders in Indonesia](#)**

**Author Name:** Dr Mappamiring P., M.Si. | Volume 3, Issue 9, September- 2018



**Implementation of Total Productive Maintenance (Tpm) in the Application of Overall Equipment (Oee) in Pt.Xyz**

**Author Name:** Afriyuddin, Akmal Yudha Prawira Saputra, Diky Herdiawan , Erry Rimawan. | Volume 3, Issue 9, September- 2018

**Evaluation of In-Vitro Antioxidant Activity of Two Anti-Arthritic Plants by DPPH° Method**

**Author Name:** Christy K. Jose, Francis Mathew, N. A. Aleykutty . | Volume 3, Issue 9, September- 2018

**Determinants of Antepartum Mental Complication**

**Author Name:** Himali, L.P. and Shakila, L. | Volume 3, Issue 9, September- 2018

**Three-Way Regeneration of Spent V2O5 Catalyst from Sulfuric Acid Production**

**Author Name:** Boutheyna Belhaj Bettaieb, Hedi Ben Amor, Mohamed-Razak Jeday. | Volume 3, Issue 9, September- 2018

**Total Quality Management Factors in Bahrain Higher Education Institutions: Influences on their Performance**

**Author Name:** Zahra Merza Moosa Ahmed. | Volume 3, Issue 9, September- 2018

**Effectiveness Analysis of Soehnel L1 Machine using Overall Equipment Effectiveness (OEE) Method in PT PQR**

**Author Name:** Adik Ahmad Unggul Nugeroho, Gayuh Raditya Prabandanu, Rusmin Nuryadin, Erry Rimawan . | Volume 3, Issue 9, September- 2018

**Symbolic Interactionism at Public Spaces: A Review for Sociological Research on Transformation the Architectural Public Spaces in Indonesian Cities**

**Author Name:** Hidayat Marmin, Tommy S.S. Eisenring, Batara Surya. | Volume 3, Issue 9, September- 2018

**Performance and Feasibility of using both Stool Culture and Nested PCR for Improved Detection of Typhoid Fever in Buea Health District, South West Cameroon**

**Author Name:** Rita Ayuk Ndip, Richard Fopa Fomekong, Manfo Tsague Faustin Pascal, Boris Kingue Gabin Azantsa, Moses Njutain Ngemenya. | Volume 3, Issue 9, September-2018

**The Relationship of Family Burden with the Family Ability to Care for Post-Constraint Skizofrenia Patients in Jambi Indonesia: Cross Sectional Study**

**Author Name:** Muhhammad Pauzi, Adnil Edwin Nurdin, Basmanelly. | Volume 3, Issue 9, September- 2018

**Strategies to Improve Phosphorus Availability in A Sustainable Agricultural System**

**Author Name:** Vijay Singh Kunwar, Janardan Lamichhane, Dhurva Prasad Gauchan. | Volume 3, Issue 9, September- 2018

**Impact of Front-Line Demonstration (FLD's) on Adoption Behaviour of Pigeon Pea Growers in Barwani District of M.P.**

**Author Name:** Akansha Sisodiya, Dr.Sandhya Choudhary, Dr. Deepak Kumar Verma, Dr. K.S. Kumar. | Volume 3, Issue 9, September- 2018

**Health System in India : Opportunities and Challenges**

**Author Name:** Madan Mohan Laddunuri. | Volume 3, Issue 9, September- 2018

# Risk Factors for Sexually Transmitted Disease and HIV/AIDS Towards Males Sex Males in Gorontalo City

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**Abstract:- Sexually transmitted diseases (henceforth called STD) are infections that are passed through sexual contact, i.e., vaginal, anal, and oral intercourse. The purpose of this research is to analyze contributing factors of the transmission of HIV/AIDS in the behavior of males sex males. This observational analytic research employed the cross-sectional study approach. It involved 148 males who have sex with males; 30 of them were selected as the sample. The data were analyzed by using Kolmogorov Smirnov and Fisher Exact method. A number of studies focusing on males who have sex with males in areas with a low number of HIV case, i.e., in Gorontalo, are limited; most research examines the risk of STD or HIV/AIDS in a prostitution case. The result shows that maintaining reproductive organs by males sex males does not significantly influence the risk of being infected with STD and HIV/AIDS ( $P=0.586$ ). This is different from the variable of sexual behavior and understanding of the risk of the transmission of the disease. Such factors significantly contribute to the risk of STD with the p-value  $p=0.005$  and  $P=0.007$  respectively.**

**Keywords:- Males Sex Males, Reproductive Health.**

## I. INTRODUCTION

There has been an increase in the transmission of STD and HIV/AIDS in some non-epidemic areas. Homosexual, shemale and lesbians are prone to STD. The data by the Office of Health Affairs of Gorontalo City reports that there are 350 people with such sexual orientation in the province of Gorontalo. Some of them do not hesitate to admit their sexual orientation (coming out) while the others prefer to hide their orientation (hidden).

People who have such sexual orientation, specifically males who have sex with males, are prone to STD and HIV/AIDS since they have sex through anal intercourse. Men who act as the receptor (henceforth called receptive) have a higher chance of being infected rather than insertivemen. This is because the sensitivity of anus; such an organ is not designed as a sexual organ by which damages are inevitable during sexual or anal intercourse. The data by the ministry of health affairs, 2015, report that 73% of men practice anal intercourse in a year; they have sex once in a week. This also goes to men who also have sex with both men and women known as bisexual (10%). Furthermore, the data also show that prostitution case in one year is dominated by shemales (26%) and people addicted to

drugs (19%). The highest and lowest ratio of men who have sex with men is 19% and 6% respectively. The sexual behavior data reveal that 19% of people addicted to drugs and 81% of shemales have sex with males. Among 49% of men who have sex with men, 79% only have men as their sex partner, 4% with women, and 17% is dominated by bisex.

Furthermore, it is shown that STD and HIV/AIDS are common to men who have sex with men in productive ages, i.e., 20 - 24 years. It is concluded that homosexual behavior has been committed starting from age under 20. Men of such ages are well-known as *brondongmanisor* young men. Such a phenomenon has been the foremost concern of the prevention of STD and HIV/AIDS for people who are prone to such diseases in Gorontalo City. The purpose of this research is to analyze contributing factors of the transmission of HIV/AIDS in the behavior of males sex males.

## II. RESEARCH METHODOLOGY

This quantitative research employed analytical observation and cross-sectional approach. This approach examines the dynamics between risk factors and its effects through observation, interview, and data collection; all of these processes were conducted at the same time.

The variable of research consists of two, i.e., independent (knowledge on health reproductive, reproduction organ care, and risky sexual behavior) and dependent (STD transmission) variable. The sample involved 30 men with homosexual and bisexual orientation. Furthermore, the men should be able to read and write as they will fill out questionnaires.

## III. RESULTS

### ➤ Univariate Analysis

The overall description of the respondents of the research based on their age is men ages 20-24 years, consisting of 10 men (33.3%) dominate the overall sample of research. The data of the duration of the respondents of having been a gay are in the table as follows. The above table signifies that most of the respondents have been gay since age 6-10 years (56.7%). Only a few of them have been gay since they are under 5 age (26.7%). Most of the respondents are senior high graduates (56.7%) while few of them have a higher education level (36.7%) as depicted in the table as follows.

No.	Duration	n	Percentage (%)
1	0-5 years	8	26.70
2	6-10 years	17	56.70
3	11-15 years	4	13.30
4	16-20 years	1	3.30
Total		30	100

Table 1. Data of Respondents' Duration of Being Gay in Gorontalo City, From: Primary data, 2018.

Most of the respondents are entrepreneurs or working in private sectors (56.7%) while few of them are students (13.3%) as depicted..All the respondents are basically well-informed of their reproductive health (56.7%).

The above table shows that only 2 respondents that do not care about their reproductive system (6.70%). On the other hand, 7 respondents concern their reproductive system with the percentage 23.30% while the remaining 21 respondents are well-informed of the health of their reproductive system with the percentage 70.00%.

No.	Reproductive Health Care	n	Percentage (%)
1	Poor	2	6.70
2	Adequate	7	23.30
3	Good	21	70.00
Total		30	100

Table 2. Reproductive Health Care of Respondents. From: Primary data, 2018.

The data on risky sexual behavior of the respondents shows that only 11 respondents practice safe sex (36.70%). However, the remaining 19 respondents do not concern with safe sex with the percentage 63.30%.The overall description of the STD examination of the respondents is explained shows that only 10 respondents who have performed medical check (33.30%). However, 20 respondents have not performed medical checkup (66.7%).

No.	Risky Sexual Behavior	n	Percentage (%)
1	Not Risky	11	36.70
2	Risky	19	63.30
Total		30	100

Table 3. Risky Sexual Behavior, From: Primary data, 2018.

• *Bivariate Analysis*

The result of *Fisher Exact* test in identifying interrelation between the insight on the reproductive health of men who have sex with men and the transmission of STD is depicted in the following table; the test was performed by using SPSS 21.The table shows that 5 respondents (11.8%) do not perform medical checkup and they lack the insight of reproductive health. It is revealed that the probability value is 0.007. This value is smaller than the *alpha* value (0.05) indicating that  $H_0$  is rejected. It signifies that the degree of significance reaches 95%, meaning that the insight on reproductive health significantly contributes to the transmission of STD.

Insight on Reproductive Health	STD				Total	p-Value
	Have checked		Have not checked			
	n	Percentage (%)	N	Percentage (%)		
Good	2	38.5	15	61.5	17	0.007
Poor	8	88.2	5	11.8	13	
Total	10		20		30	

Table 4. The Interrelation between the Insight on Reproductive Health of Men who have Sex with Men and the Transmission of STD, From: Primary data, 2018.

The table shows that 9 respondents (42.9%) who perform medical checkup are well-informed of their reproductive health care. The result obtains that the probability value is at 0.586. This value out numbers *alpha* value (0.05) indicating that  $H_0$  is accepted. It signifies that the degree of significance reaches 95%, meaning that the reproductive health care does not contribute to the transmission of STD.

Reproductive Health Care	STD				Total	p-Value
	Have checked		Have not checked			
	n	Percentage (%)	n	Percentage (%)		
Good	9	42.9%	12	57.1%	21	0.586
Adequate	1	12.5	7	87.5%	8	
Poor	0	0	1	100	1	
Total	10		20		30	

Table 5. The Interrelation between Reproductive Health Care of Men who have Sex with Men and the Transmission of STD, From: Primary data, 2018.

The table shows that 17 respondents (85%) do not perform medical checkup while the rest 3 respondents are the opposite. Furthermore, these respondents associate with risky sexual behavior. The result obtains that the probability value is at 0.005. The p-Value is smaller than the *alpha* value (0.05) indicating that  $H_0$  is accepted. It signifies that the degree of significance reaches 95%, meaning that risky sexual behavior significantly contributes to the transmission of STD.

Risky Sexual Behavior	STD				Total	p-Value
	Have checked		Have not checked			
	n	Percentage (%)	n	Percentage (%)		
Risky	3	15.0%	17	85.0%	20	0.005
Not risky	7	70.0%	3	30.0%	10	
Total	10		20		30	

Table 6 . The Interrelation between Risky Sexual Behavior of Men who have Sex with Men and the Transmission of STD, From: Primary data, 2018

#### IV. DISCUSSION

The result of the statistical analysis shows that the insight on reproductive health contributes to the transmission of STD. This is because experience functions to enrich one's knowledge on a particular matter. A person's age also influences the perspective and the way someone perceives. The older a person, the more developed his or her mindset by which enhances the way he or she gains knowledge. The result shows that the respondents whose age 24 - 24 years dominate the overall participant (10 people or 33.3%).

Knowledge aspect significantly contributes to one's behavior as it drives people to act positively or negatively. Having sufficient insight regarding raises the awareness to prevent the infection of such diseases. This is based on the result of research that knowledge plays a major factor in the transmission of STD. It resonates the result seen in Fatimah as well. This study assumes that having an adequate understanding of STD does not immediately raise the awareness of the respondents regarding the dangers of the disease and prevent transmission of STD. This blames two factors, i.e., internal (education and age) and external (environment and socio-culture). In addition, the knowledge of an individual can change and develop according to people's ability, needs, experience and the ease of accessing the information in their environment.

The level of education is in line with knowledge. In terms of the cognitive domain, knowledge comprises four stages, i.e., knowing, understanding, applying, analyzing, synthesizing, and evaluating (Notoatmodjo, 2003). This theory asserts that having a quality education does not ensure the way homosexual men understand and apply the insight they have learned. If the level of knowledge is limited to knowing, homosexual men will perform risky behavior despite understanding the impact it caused.

The application of good reproductive health knowledge will form the basis of healthy sexual behavior in order to reduce the prevalence of STD. It also provides information on reproductive health to homosexual men groups. Knowledge of reproductive and sexual health that is not maximal only leads to misperception, such as the fact that oral sex cannot transmit STD.

The result of statistical analysis shows that reproductive health care does not contribute to the transmission of STD to gay men ( $p=0.586$ ). People with poor reproductive health care are 2.5 times more likely to be infected with STD.

This is echoing the results seen in Lestari (2006) that poor management of the reproductive health of street children contributes to the issue of STD. Reproductive health care plays a major role in preventing STD; this can be done by, for example, paying attention to the hygiene of reproduction organ.

The result of the statistical analysis shows that risky sexual behavior contributes to the transmission of STD ( $p=0.05$ ). Sexual behavior of the respondents causes many STD, e.g., HIV, AIDS, syphilis, and many others. Men who have sex with men are the ones who are prone to such diseases.

The result shows that the respondents who perform medical check are only 33.3% of all participants. It is assumed that some of the respondents do not answer the questionnaire truthfully by which forgery is inevitable. With that being said, the lab check and other medical information should be performed for the respondents.

Research by Ratnawati (2002) and Hartono (2009) reports that oral and anal intercourse is among the examples of risky sexual behavior. Using condoms consistently is essential to prevent STD. However, homosexual men often ignore safe sex. According to Maurice Kwong-Lai et al. (2011), 43% of gay men do not use condom during sexual intercourse. It is because of the assumption of the men that they have performed safe sex.

Dailiet al. (2003 as cited in Hernawati, 2005) put risky sexual behavior on the top of the most common cause of STD transmission since more than 5 couples do not use condoms.

Difficulty in diagnosing STD obstructs the efforts in preventing the diseases. The symptoms might have been undetected; even the person has been infected. Around 80-90% of STD patients do not realize that the symptoms of the diseases.

#### V. CONCLUSION AND RECOMMENDATIONS

The result shows that there is a significant correlation between 1) insight on reproductive health and the transmission of STD, and 2) risky sexual behavior and transmission of STD. On the other hand, reproductive health care does not affect the transmission of STD. With that being said, the government and health officials should perform monthly screening for men who have sex with men to check their condition.

- *Source of Funding*:- This research was funded by researcher.
- *Ethical clearance*:- Taken from the Faculty of Medicine Members.

- *Conflict of interest*:- Author declare that there is no any conflict of interest within this publication.

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