

Knowledge, Attitude, Behavior Men Who Have Sex with Men Related to HIV/AIDS in Semarang Indonesia

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Abstract

Background: Across the Asian continent, the issue of sexual behavior of men who have sex with men (MSM) has become a subject of significant interest in human immunodeficiency virus infection (HIV) infections among the MSM population. This study aims to see how knowledge, attitude, behavior of MSM with HIV/AIDS.

Results: Age of respondents from 17 to 40 years gay 45.9%, bisexual 24.7%, heterosexual 25%. The majority of MSM have heard of HIV / AIDS, know about HIV, anal sex, the use of needle-sharing syringes are at risk of transmitting HIV, and social relationships can not transmit HIV. MSM often had anal sex of 50%, not frequent anal sex 34.3%. Always use a condom 24.3%, sometimes using a condom 27.1%, and not at all wearing a condom 48.6%. MSM who had tested HIV 32.9%, was never tested 61.4%.

Conclusions: Knowledge, attitudes, and behavior of MSM are particularly at risk for contracting HIV.

Keywords: Knowledge; Attitude; Behavior; MSM; HIV

Introduction

Across the Asian continent, the issue of sexual behavior of men who have sex with men (MSM) has become a subject of significant interest in human immunodeficiency virus infection (HIV) infections among the MSM population. MSM are now considered one of the main target groups for HIV prevention programs. In 2009, the World Health Organization found that the prevalence of HIV was falling, while the prevalence of HIV among the MSM population continues to rise, particularly in certain parts of Asia. The epidemic situation of HIV and AIDS in the world until the end of 2020 will continue to increase in prevalence, still concentrated in the most at risk populations. This study aims to see how knowledge, attitude, behavior of MSM with HIV /AIDS in Semarang, Indonesia.

Methods

This research was conducted in August 2016 in Semarang City, Central Java, Indonesia. The data collection in this research is done through focus group discussion (FGD), semi structured interview, observation, child history, social support networking. The population of this study is MSM in Semarang City. The validity of data using source triangulation by confirmation from several sources that are still related to this research problem are Health Service Office in Central Java Province, AIDS Prevention Commission, Puskesmas or Hospital providing STI service and VCT test, non-governmental organizations and volunteers in Semarang. Data on the characteristics, knowledge, attitudes and behavior of HIV/AIDS-related MSM are presented descriptively.

Results

Respondents in this study were 85 people from North Semarang, West Semarang, East Semarang, Central Semarang, South Semarang, Mangkang, Gajah Mungkur and Banyumanik. Generally MSM in Semarang often gather, get acquainted, dating with fellow MSM. They often meet in other places such as swimming pools, markets, mosques, cafes, discotheques and malls. MSM's favorite place in Semarang is in the park around Tugu Muda, Simpang Lima, Mentri Supeno Park, Pandanaran Park, Sampangan Park, Tirto Agung Tembalang Park, Telogosari Virgin Park, Terboyo Station, Mangkang Station, Penggaron

Station, Sukun Station, market birds Karimata, Johar Market, Jatingaleh Market, Jati diri Sports Hall, Manunggal Jati Arena, Citraland Mall, Paragon Mall, Ada Supermarket, car free day event on Pahlawan and Pemuda roads.

Age of respondents in this study the youngest 17 years, while the oldest is 40 years. Their recognition identity as gay 45.9%, bisexual 24.7%, heterosexual 25%. Education majority of high school students or equal to 37.6% and college graduates is 23.5%. The occupation of the respondents as sex workers was only 5.9%, they were mostly unmarried, and those who consumed drugs were only 3.5% (Table 1).

Respondents' knowledge of HIV, as many as 98.2% of respondents said they had heard of HIV and AIDS disease and 1.8% of respondents said they had never heard of HIV and AIDS. Respondents, who know HIV transmission through anal sex 91.2%, while those who do not know 8.8%. Transmission of HIV from syringes used together with respondents who know 96.4%, while those who do not know 3.6%. Knowledge of social relationships does not transmit HIV like a handshake, using clothing and cutlery with respondents who know 90.8%, while those who do not know 9.2%. Respondents stated that people can not get HIV from mosquito bites 85%, while 15% say that people can get HIV from mosquito bites. Knowledge about condom use can reduce the risk of contracting HIV, the majority of respondents said people can reduce the risk of contracting HIV by using condoms properly every 95.6% of anal sex, while 4.4% say no. Knowledge of faithful sex partners can avoid HIV transmission, obtained some 85.3% of respondents agreed and 14.7% disagree.

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Variable	Frequency	%
Age (year)	22.2	3.2
Mean ± SD		
Identity		
Gay	39	45.9
Bisexual	21	24.7
heterosexual	25	29.4
Education		
University	20	23.5
Senior high school	32	37.6
Junior high school	16	18.8
Primary school	2	2.4
Etc.	15	17.7
Occupation		
Government employees	2	2.4
Entrepreneur	23	27.1
Labor	30	35.2
Male sex worker	5	5.9
Etc.	25	29.4
Marital status		
Married	20	23.5
Unmarried	60	70.6
Widower	5	5.9
Use drugs		
Yes	3	3.5
No	82	96.5

Table 1: Characteristics of study respondents by age, identity, education, occupation, marital status and taking drugs in the MSM community in Semarang City Indonesia, in August 2016, with a sample size of 85 people.

Attitudes and behavior of MSM to anal intercourse are at high risk of contracting HIV, some 50% of respondents said they often have anal sex, while 34.3% say they do not have anal sex and 27.9% do not know. Attitudes and behavior of MSM in the use of condoms during sex activities, which uses condoms 3.3%, while those who do not use condoms obtained 93.6%. MSM reasons not use condoms during sexual intercourse, among others because of 20% antibiotic injection; the sexual partner is clean not sick 80%.

MSM attitudes and behavior of HIV testing and counseling, respondents said know the test site to find themselves infected with HIV or not a number of 62.1%, while MSM who do not know 37.9%. Respondents claimed to have had a 32.9% HIV test, while not claiming to have tested 67.1%. Respondents stated that they tested their own willingness of 30.7%, while 61.4% did not test their own volition, and 7.9% did not know. Respondents said they knew the test result was 31.4%, while 60.7% said they did not know the test result. And 7.9% did not answer. Respondents stated that they had received counseling when they took HIV test of 32.9%, while 67.1% did not respond. A total of 28.6% of respondents stated that they routinely conducted HIV testing, while 62.9% said they did not regularly test HIV and 7.8% did not know.

Discussion

The characteristics of MSM in this study are not much different from those of South African, English, Chinese, Hong Kong and US cities [1-7]. Male sex-related men meant to explain all men who have sex with men, regardless of their sexual identity, it is only a small number of men engaged in same-sex sexual behavior defined as gay, homosexual and bisexual but more accurately identifying themselves

using local social and sexual identity and behavior. They do not consider their sexual relationships with other men in identity terminology or sexual orientation. Many who have sex with men identify themselves as heterosexuals instead of homosexual or bisexual, especially if they also have sex with women, marry, only play the role of penetrative parties in anal sex or have sex with men for money or pleasure [1,3].

The majority of the MSM community who became respondents in this study had heard about HIV and AIDS, knowing anal sex is at risk of contracting HIV, the use of a syringe that alternately can transmit HIV. Social relationships can not transmit HIV. The knowledge that condom use and a faithful partner can reduce HIV transmission is not much different from studies in South Africa, China and the United States [1,2,8]. The majority of MSM in this study have anal sex. The majority of MSM in this study did not use condoms when having sex for various reasons, such as feeling they were not infected with HIV, always injecting antibiotics, sex sniffing, this is different from research in western countries that use condoms during anal sex. Anal sex behavior in MSM who do not use condoms is a risk of contracting HIV [1]. The majority of MSM in the study never conducted HIV counseling and testing, indicating that in general MSM communities are afraid to test for VCT for various reasons, such as fear of knowing the outcome, time [1,3].

Descriptions of knowledge, attitudes and sexual behavior of MSM in relation to HIV and AIDS are enough to justify the need to establish healthy sexual attitudes and behaviors among MSM. As it is known that MSM communities are vulnerable to AIDS. With such a widespread sexual network of respondents AIDS is likely to spread more widely if one member of the community is infected with AIDS.

Conclusion

The reproductive and sexual life of MSM community, both attitude knowledge and very vulnerable to HIV/AIDS.

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