

The Relationship of Condom Availability and Sexual Partner Support with HIV/AIDS Prevention Behavior on MSM (Male Sex Male) Group in Palu

Herawanto¹, Septiani¹, Rasyika Nurul Fajriah², Hartiansi Sarapang³

¹Department of Epidemiology, Faculty of Public Health, Tadulako University, Indonesia

²Department of Health Promotion, Faculty of Public Health, Tadulako University, Indonesia

³Health Office, Central Sulawesi Province, Indonesia

Corresponding Author: Herawanto

ABSTRACT

MSM is an acronym that describes Men having Sex with Men. MSM is one of the groups with high risk of HIV/AIDS transmission because their sexual behavior is anal and oral sex. Based on data from Palu City Public Health Office in 2019, 94 cases of HIV occurred in MSM (Men Having Sex with Men). The purpose of this study was to determine the factors associated with HIV/AIDS prevention behavior on MSM group in Palu City. The type of research was quantitative with cross sectional approach. The population of 284 people, after using Slovin formula obtained sample of 74 people who were chosen through snowball sampling technique. Data analysis used univariate and bivariate using chi-square test with value of $\alpha < 0.05$. The results showed that the variables of condom availability ($p = 0,000$) and sexual partner support ($p = 0,000$) were associated with HIV/AIDS prevention behavior on MSM group in Palu City. There is a relationship between condom availability and sexual partner support with HIV/AIDS prevention behavior on MSM group in Palu City. It is advisable for MSM to increase their preventive behavior by using condoms consistently and utilizing HIV test and counseling services, and health workers can provide care and counseling assistance without stigma and discrimination.

Keywords: Health Behaviour; MSM; HIV/AIDS; Condom

INTRODUCTION

HIV was first discovered in Los Angeles around 1980. HIV stands for Human Immunodeficiency Virus which

attacks the immune system so it reduces its ability to fight other infections before eventually progressing to AIDS. HIV can be transmitted in several ways, such as through heterosexual sexual intercourse, homosexual sexual intercourse, alternating use of syringes (IDUs), blood transfusions, mother-to-child transmission (perinatal) (Adeniran, 2017). Indonesian Minister of Health Regulation No. 4 of 2019 states that there are 8 population groups with high risk of HIV infection, they are pregnant women, tuberculosis patients, patients (STI), sex workers, male having sex with men (MSM), transgender, IDUs, and prisoners (WBP) (Permenkes RI, 2019).

Global HIV and AIDS Statistics states that since the beginning of HIV/AIDS epidemic until 2018, more than 74,9 million people have been diagnosed with HIV and 32 million of them have died. In 2018 the amount of people living with HIV worldwide reached 37,9 million people (UNAIDS, 2019). HIV and AIDS are estimated to exist in Africa around 70% and 30% in Asia (Sumampouw et al., 2020). CDC estimates that in 2017 people diagnosed with HIV in the US was 1.003.782, 765.129 cases of whom were men and the highest transmission risk was in MSM group of 550.893 people (72%).

The HIV incidence in Indonesia reaches 0,19 per 1000 population, it is still below the global rate (0,26 per 1000 population, but is above the average rate for

Southeast Asia region (0,08 per 1000 population) (WHO, 2018). Since the first time HIV/AIDS cases were found in Indonesia up to June 2019, 463 (90,07%) districts/cities out of 498 districts/cities in all provinces in Indonesia had confirmed cases of HIV/AIDS (Sukiani & Aditya, 2020).

The Directorate General of Disease Prevention and Control of Indonesian Ministry of Health in 2017 stated that the cumulative amount of HIV cases in Indonesia was 48.300 and AIDS was 9.280. An overview of the amount of cases in the risk group that were diagnosed as HIV positive, including in MSM group of 10.628 cases, FSW of 3.313 cases, MSW (male sex workers) of 112 cases, transgender of 1.002 cases, and IDU (Injecting Drug User) of 832 cases (SIHA, 2017). Central Sulawesi is one of the provinces that have been reported related to HIV/AIDS cases. The trend of HIV/AIDS cases from year to year tends to increase, in 2019, 369 cases of HIV and 152 cases of AIDS were reported. Cumulatively until 2019, there were 1.811 cases of HIV, 913 cases of AIDS and 393 of them died. The overview of HIV/AIDS cases based on risk factors in 2019 shows that the largest amount of cases was in TB group of 41 cases, in the (other) group of 39 cases, high risk partner of 31 cases, MSM of 26 cases, transgender of 11 cases, sex customers of 7 cases, FSW of 6 cases, and the lowest was in IDU group of 1 case (Dinkes Provinsi Sulteng, 2019).

Palu City is in first place for the most HIV/AIDS cases out of 13 districts/cities in Central Sulawesi Province, recorded in 2002 to 2019 the cumulative amount of HIV cases was 880 cases, AIDS was 319 cases and 107 of them died. In 2019 the amount of HIV cases was 114 cases, AIDS was 28 cases, and 5 of them died. The overview of HIV-AIDS cases based on the key population or risk factors from 2015-2019 shows that the amount of cases spread to the key group (other) was 192 cases, MSM was 155 cases, customer was 116 cases, FSW was 43 cases and

transgender was 28 cases (Dinkes Kota Palu, 2019).

MSM are men who engage in sexual activity with other men. MSM can include people who identify as gay or bisexual, transgender men who have sex with men and men who identify as heterosexual. Some men who have sex with men also form relationships with or marry women. MSM were 20 times more likely to get infected with HIV than general population. A study conducted on MSM in 6 cities in United States showed that the risk factors for HIV/AIDS transmission in MSM were for not using protection when having anal sex and the amount of sex partners. A study conducted in Oklahoma on 252 MSM, found that men who have sex with men (MSM) have 28 times higher risk of acquiring HIV than men who have sex with women (Giano et al., 2019). A study conducted in Denmark shows that 66% of HIV-positive MSM engaged in unprotected anal sex (Cowan & Haff, 2017). Preventive behavior carried out by MSM group is still far from successful, risky sexual behavior is the main factor related to HIV transmission. Regarding MSM behavior in Palu City, it shows that MSM are not aware of condom's importance for HIV/AIDS prevention, it is proven that there are MSM who stated that the lubricant used during anal sex is saliva and there are still MSM who have not used condoms consistently. There are many factors that can affect health behavior, according to Lawrence Green (1980) what underlies the occurrence of health behavior is affected by 3 factors, which are predisposing factors such as knowledge, attitudes, beliefs, values, experience, and several socio-demographic factors such as economy, age, and gender; Enabling factors such as facility and infrastructure availability; Reinforcing factors such as support from both the environment and health workers (Iriswati & Irawati, 2019).

Resources availability according to Green (1980) is an enabling factor that can affect the occurrence of an action. HIV/AIDS prevention behavior can be

supported by condom availability. The condom distribution is carried out by Palu City KPA to MSM groups for free. Condoms were also distributed by KGS community as a form of HIV/AIDS prevention for MSM groups. That is in line with a study conducted by Ratnaningsih (2015) which shows a relationship between condom availability and HIV/AIDS prevention behavior. In contrast to a study conducted by Yuliza (2019), it shows that there is no significant relationship between condom availability and HIV/AIDS prevention behavior with value ($p=0,794$) (Yuliza, Hardisman and Nursal, 2019).

Sexual partner support also affects HIV/AIDS prevention behavior, positive support will affect life expectancy quality of PLWHA (Naronudin, 2020). HIV/AIDS prevention can be accomplished with support from partner to use condom consistently, both from regular and non-permanent sexual partner. Based on a study conducted by Limasale (2017), it shows that there is a significant relationship between sexual partner support and the practice of using condoms and lubricants, with p -value of 0,025 ($\alpha < 0.05$) (Limasale et al., 2017).

Palu City KPA mentioned that in 2011 the amount of mapping in MSM group was 84 people, and increased in 2014 to 284 people. Based on a preliminary study conducted by researchers on 9 MSM respondents, it was found that 7 respondents (77,8%) were at 20-30 years old and 2 respondents (22,2%) were in age range of <20 years old. high school student respondents were 6 (66.7%), undergraduate student respondents were 2 (22.2%) and 1 middle school student respondent (11.1%). There were 7 respondents (77.8%) who had done anal sex 2 respondents (22.2%) had never done anal sex. and all respondents answered that they had ever done oral sex. HIV/AIDS prevention behavior in MSM group tended to be unfavorable, most respondents stated that they did not always use condoms when having sexual intercourse with partners. 5 respondents (55.6%) answered sometimes, 2 respondents

(22.2%) answered never, and only 2 respondents (22.2%) answered that they always used condoms. For VCT practices, most respondents have done VCT, 7 respondents (72.8%) done it regularly, 1 respondent (11.1%) rarely, and 1 respondent (11.1%) had never done it. As for condom availability, 6 respondents (66.7%) answered from community/health workers and 3 respondents (33.3%) bought on their own.

The purpose of this study was to determine the factors associated with HIV/AIDS prevention behavior on MSM group in Palu City.

MATERIALS & METHODS

This research is a quantitative study with analytic survey approach, with cross sectional design. This study was conducted to determine the relationship of 2 variables, the independent variable (condom availability, and sexual partner support) with the dependent variable (HIV/AIDS prevention behaviour). The study was conducted at Banuata Pura Support Foundation, Palu City, from April to June 2020. The study population was 284 people and after being calculated using Slovin formula, sample of 74 people was obtained. The sampling technique used was snowball sampling. Data analysis used was univariate and bivariate analysis, the bivariate analysis used chi-square test (2x2) with $a < (0,05)$.

RESULT

Based on table 1, it shows that out of 74 respondents, most respondents were 21-25 years old of 33 respondents (44,6%) and the lowest distribution was 36-40 years old of 2 respondents (2,7%). Most respondents from Kaili Tribe of 33 respondents (44,6%) and the lowest were from Javanese Tribe of 9 respondents (12,2%). Most respondents' latest education was high school/equivalent of 57 respondents (77,0%), and the lowest was elementary and middle school/equivalent of 4 respondents (5,4%). Most respondents were entrepreneurs of 37 respondents (50,0%) and the lowest

distribution was in employee/labor of 5 respondents (6,8%).

Table 1: Univariate Analysis Results of Respondent Characteristics

| Age Group | Frequency | Percent (%) |
|-----------------------------------|-----------|-------------|
| 16-20 Years old | 5 | 6,8 |
| 21-25 Years old | 33 | 44,6 |
| 26-30 Years old | 24 | 32,4 |
| 31-35 Years old | 10 | 13,5 |
| 36-40 Years old | 2 | 2,7 |
| Total | 75 | 100,0 |
| Respondent Ethnicity | Frequency | Percent (%) |
| Kaili | 33 | 44,6 |
| Java | 9 | 12,2 |
| Bugis | 17 | 23,0 |
| Others | 15 | 20,3 |
| Total | 74 | 100,0 |
| Latest Education | Frequency | Percent (%) |
| Elementary School/Equivalent | 2 | 2,7 |
| Middle School/Equivalent | 2 | 2,7 |
| High School/Equivalent | 57 | 77,0 |
| Undergraduate Bachelor/University | 13 | 17,6 |
| Total | 74 | 100,0 |
| Current Job | Frequency | Percent (%) |
| Student/College Student | 25 | 33,8 |
| Entrepreneur | 37 | 50,0 |
| Employee/Labor | 5 | 6,8 |
| Others | 7 | 9,5 |
| Total | 74 | 100,0 |
| Period of Being MSM | Frequency | Percent (%) |
| Less than 6 Months | 12 | 16,2 |
| 6 Months to 1 Year | 15 | 20,3 |
| 1 Year to 3 Years | 17 | 23,0 |
| More than 3 Years | 30 | 40,5 |
| Total | 74 | 100,0 |
| Sexual Role of MSM | Frequency | Percent (%) |
| Top | 33 | 44,6 |
| Bottom | 21 | 28,4 |
| Versatile/Flexible | 20 | 27,0 |
| Total | 74 | 100,0 |
| Amount of Sexual Partners | Frequency | Percent (%) |
| Only 1 | 27 | 36,5 |
| 2 to 3 People | 17 | 23,0 |
| More than 3 People | 30 | 40,5 |
| Sexual Intercourse Intensity | Frequency | Percent (%) |
| Once a Month | 6 | 8,1 |
| Twice a Month | 12 | 16,2 |
| 4 Times a Month | 21 | 28,4 |
| 8 Times a Month | 21 | 28,4 |
| Others | 14 | 18,9 |
| Total | 74 | 100,0 |

Most respondents had become MSM for more than 3 years of 30 respondents (40,5%) and the lowest was at less than 6 months of 12 respondents (16,2%). Most respondents had top as sexual role of 33

people (44,6%) and the lowest in versatile sexual role of 20 respondents (27,0%). Most respondents had more than 3 sexual partners of 30 respondents (40,5%) and the lowest was 2 to 3 sexual partners of 17 respondents (23,0%). Most respondents had sexual intercourse 4 times and 8 times a month of 42 respondents (56,8%) and the lowest was once a month of 6 respondents (8,1%).

Based on table 2, it shows that out of 74 respondents, most respondents had condom availability of 60 respondents (81,1%), while 14 respondents (18,9%) had less condom availability. Most respondents received support from sexual partners of 61 respondents (82,4%), while 13 respondents (17,6%) lack support from sexual partners. Most respondents had good HIV/AIDS prevention behavior of 60 respondents (81,1%), while 14 respondents (18,9%) had bad HIV/AIDS prevention behavior.

Table 2: Univariate Analysis Results of Independent and Dependent Variables

| Condom Availability | Frequency | Percent (%) |
|------------------------------|-----------|-------------|
| Available | 60 | 81,1 |
| Less Available | 14 | 18,9 |
| Total | 74 | 100,0 |
| Sexual Partner Support | Frequency | Percent (%) |
| Give support | 61 | 82,4 |
| Lack of Support | 13 | 17,6 |
| Total | 74 | 100,0 |
| HIV/AIDS Prevention Behavior | Frequency | Percent (%) |
| Good | 60 | 81,1 |
| Bad | 14 | 18,9 |
| Total | 74 | 100,0 |

Based on the results in table 3, it shows that out of 74 respondents (100,0%) more respondents had condoms availability of 60 (81,1%) while those who lacked condom availability were 14 (18,9%). Based on the results in table 4, it shows that out of 74 respondents (100%), more than 61 respondents (82,4%) received support from sexual partners while 13 respondents lacked support from sexual partners (17,6%).

Table 3: The Relationship between Condom Availability and HIV/AIDS Prevention Behavior

| Condom Availability | HIV/AIDS Prevention Behavior | | | | Total | | p |
|---------------------|------------------------------|------|-----|-------|-------|------|-------|
| | Good | | Bad | | N | % | |
| | n | % | n | % | | | |
| Available | 55 | 74,3 | 5 | 6,8 | 60 | 81,1 | 0,000 |
| Less Available | 25 | 6,8 | 9 | 12,2 | 14 | 18,9 | |
| Total | 60 | 81,1 | 14 | 18,9% | 74 | 100 | |

Table 4: The Relationship between Sexual Partners and HIV/AIDS Prevention Behavior

| Sexual Partner Support | HIV/AIDS Prevention Behavior | | | | Total | | p |
|------------------------|------------------------------|------|-----|-------|-------|------|-------|
| | Good | | Bad | | N | % | |
| | n | % | n | % | | | |
| Give Support | 59 | 79,7 | 2 | 2,7 | 61 | 83,8 | 0,000 |
| Lack of Support | 1 | 1,4 | 12 | 16,2 | 13 | 17,6 | |
| Total | 60 | 81,1 | 15 | 18,9% | 74 | 100 | |

DISCUSSION

HIV/AIDS prevention behavior can be supported by condom availability, the ease of access to obtain condoms also affects someone to use condoms, especially if condoms can be obtained for free. This becomes the basis to explain that MSM who have sufficient condom availability will be able to facilitate someone to use condoms, therefore MSM must consider condoms to be an important item so they will always provide it and can be used during sexual intercourse.

Condoms are contraceptives or tools to prevent pregnancy or transmission of venereal diseases during sexual intercourse. The condoms effectiveness as a means of preventing HIV according to some studies reaches 80%. This is because one of HIV transmissions is from male semen, if MSM use a condom during sexual intercourse, the semen can be retained in the condom so that it can prevent HIV transmission. However, improper storage methods, failure to negotiate with sexual partners and improper use methods can reduce condoms effectiveness to prevent HIV transmission (Kana et al., 2016). Based on a study conducted in Chongqing, China, states that failure in using condoms is also higher in anal sex than in vaginal sex (Zhou et al., 2013).

Based on the results in table 3, it shows that out of 74 respondents (100,0%) more respondents had condoms availability of 60 (81,1%) while those who lacked condom availability were 14 (18,9%). This is because most respondents received condoms for free from related officers such as Palu City KPA and Banuata Pura Support Foundation, but condoms were not evenly distributed on MSM group, this is proven by some respondents who answered that they did not receive condoms or the condoms

provided had not met the need, and there were respondents who stated that it was still difficult to access condoms. The condom availability when having sex also plays an important role in HIV/AIDS prevention because some respondents who did not get free condoms answered that they did not buy condoms in other places when the condoms provided were insufficient. This could also be caused by the respondents were embarrassed or afraid to buy condoms outside, failed negotiations with their partners and economic factors.

On the other hand, job plays an important role in life. In terms of fulfilling primary and secondary necessities of life, job can reflect someone's economic status. It can be concluded that someone who works will have the ability to provide facilities and infrastructure such as providing condoms. Based on job status univariate analysis of 74 MSM respondents, it was found that 25 respondents (33,8%) were student/college student. Most students or college students do not have their own income, this is what causes the lack of condom availability for MSM group.

A similar study conducted in Togo states that factors that could affect condom availability on MSM group are condom negotiation, stigma, and condom costs (Hescudero et al., 2019). The same research was also conducted in Swaziland, which states that condom negotiation is reported to be difficult for individuals with partners who do not want to use condoms. As a result, someone does not provide condoms because it is considered as something the partner does not want to use while having sex (Brown et al., 2019).

Condoms can effectively prevent HIV transmission, especially when used consistently and pay attention to appropriate usage methods. A study conducted in

Chicago shows inconsistent condom use can be associated with interpersonal factors that occur between sexual partners, such as relationship status, condom unavailability or breakage, orgasmic satisfaction, anal discomfort, condom dislike, skin to skin pleasure, feelings and worries about reduced pleasure(Li et al., 2020).

From the results of the study, it is known that out of 60 respondents (81,1%) who had condom availability, more had good HIV/AIDS prevention behavior of 55 respondents (74,3%) compared to those who had bad HIV prevention behavior of 5 respondents (6,8%). Meanwhile, out of 14 respondents (14,9%) who lacked condom availability, more had bad HIV/AIDS prevention behavior of 9 respondents (12,2%), compared to those who had good HIV prevention behavior of 5 respondents (6,8%). So the results above indicate that respondents who have condom availability tend to practice good HIV/AIDS prevention behavior compared to respondents who lack condoms availability. The results of the analysis using Chi-Square test were carried out on factors related to HIV/AIDS prevention behavior on MSM group in Palu City in terms of condom availability, the results obtained were $p=0,000$ ($\alpha<0,05$) so H_0 is denied, meaning that there is a relationship between condom availability and HIV/AIDS prevention behavior.

This is in line with a study conducted in Padang City, showing a significant relationship between condom availability and HIV/AIDS prevention behavior, with value ($p=0,000$). Condom availability helps MSM group in HIV/AIDS prevention behavior. Unlike a study that was also conducted in Padang City, it was found that there was no significant relationship between condom availability and HIV/AIDS prevention behavior, with value ($p=0,794$). Awareness within MSM group is the main thing to conduct HIV/AIDS transmission prevention behavior. If MSM think condom use can prevent HIV transmission then it is not important to provide condoms by health workers or

related agencies because they had already realized that condom use can prevent HIV transmission and then MSM will try to provide these condoms to be used when having sex(Yuliza et al., 2019).

A study was also conducted in Manado City states that condom use is associated with HIV/AIDS prevention behavior in risk groups with value ($p=0.000$) (Asrifuddin et al., 2020). A similar study was also conducted in China's Henan Province on 388 MSM respondents, consistent condom use during sexual intercourse is associated with lower risk of HIV infection and there is a statistically significant association between condom availability and HIV/AIDS prevention behavior in terms of condom use which is consistent with statistical test value of $p<0,05$. Inconsistent condom use is associated with uneven distribution of condoms, so this is one of the reasons why MSM do not use condoms consistently. Several intervention strategies such as educational interventions, condom promotion and distribution, and HIV test and counseling are needed to control HIV infection among MSM(Liu et al., 2013).

Social support is defined as helping actions obtained through social relationships. Norris (1996) also says that social support is very important in various aspects of an individual's life, considering that individuals are social beings who are always in touch with one another. Social support availability will give individuals the experience that they are loved, appreciated, and cared for. The attention and support from others will foster hope for living longer, as well as reduce individual anxiety. Whereas the lack of or non availability of social support will make individuals feel worthless and isolated (Pearson in Toifur and Prawitasari, 2016).

According to Dahlberg et al (2002) quoted by (Erlian, 2012), states that the factor that affect interpersonal is people closest to them, for example friends, spouses and family members. MSM need support from social groups or from partners,

this support will make individuals feel they have the same interests and social activities with them. The support from MSM partner makes MSM feel confident to avoid risky sexual behavior or pay attention to the principle of having to and forced to have risky sexual intercourse. In other words, sexual partner support has the potential to shape one's behavior in HIV/AIDS prevention behavior.

Social support has been proven to improve life quality and mental health. Effects of social support on physical health are in the form of stress reduction, mood enhancement. Evidence also suggests that general HIV related social support (for example, support from family members, friends) and partner specific support can improve ART adherence among MSM living with HIV/AIDS and increase self confidence to adopt preventive behaviors among MSM, for example, accompany them to health facilities, obtain medicines, provide reminders, administer and monitor medicines (Goldenberg & Stephenson, 2015).

Based on the results in table 4, it shows that out of 74 respondents (100%), more than 61 respondents (82,4%) received support from sexual partners while 13 respondents lacked support from sexual partners (17,6%). This is because most of the respondents have disclosed their status to their partners, this is proven by respondents' answers stating that their sexual partners accompany them when doing VCT, sexual partners advise them to use condoms when having sexual intercourse and accept that respondents do not want to have unprotected sexual intercourse. However, there are still some respondents who lack support from their partners, this is proven by some respondents who answered that sexual partners did not advise or scold respondents if they did not have good preventive behavior, and respondents also answered that sexual partners did not accompany them when they wanted to do HIV test or use health services. This is because the patient does not

have the courage to open up to their partner, assuming that the partner does not need to accompany them to health services because it causes inconvenience for MSM, MSM are afraid of rejection from their partner if they know the sexual orientation of MSM, and MSM think that the existence of Banuata Pura Support Foundation is enough to help MSM.

Similar study was conducted in Pematangsiantar, which states that all informants did not receive support from their families and communities because they had not opened up about their status so their families and communities did not know their situation. The reason is that they are not ready, they are afraid to disappoint, they will be discriminated against if their status is known. MSM think that although they are not out yet to the surrounding environment and society about their status, they can share and support one another with a community. Looking at the initial goal of community establishment, which is for MSM people to have a place to share and exchange ideas and do not rule out the possibility to support each other in HIV and AIDS prevention in their own communities (Mariany, 2018).

From the results, it is known that out of 61 respondents (82,4%) who received support from sexual partners, more had good HIV/AIDS prevention behavior of 59 respondents (79,7%). Compared to respondents who had bad prevention behavior of 2 respondents (2,7%). Meanwhile, out of 13 respondents (17,6%) who did not get support from their sexual partners, there are more who had bad HIV/AIDS prevention behavior of 12 respondents (16,2%). Compared to respondents who had good prevention behavior of 1 respondent (1,7%). So the results above indicate that respondents who received support from sexual partners had better HIV/AIDS prevention behavior than those who did not. The results of the analysis using Chi-Square test were conducted on factors related to HIV/AIDS prevention behavior on MSM group in Palu City, in terms of sexual partner support, the

result was $p= 0.000$ ($\alpha < 0.05$) so H_0 was denied, meaning that there is a relationship between sexual partner support and HIV/AIDS prevention behavior.

This is in line with a study conducted in Semarang City, which shows that there is a significant relationship between respondent's sexual partner and the practice of using condoms and lubricants, with statistical test value that shows p -value of 0,025 ($\alpha < 0.05$). The support from sexual partners makes MSM feel confident to avoid risky sexual behavior or pay attention to the principle of having to and forced to have risky sexual intercourse (Limasale et al., 2017).

When people living with HIV/AIDS or vulnerable groups receive emotional support in the form of warmth, caring and empathy, MSM group will feel cared for. Furthermore, this feeling will lead MSM to feel that they still matter to those closest to them. Support in the form of positive appreciation from the closest people and encouragement to advance will make vulnerable groups aware that they can still do useful things. This will create a satisfaction feeling and then lead to good HIV/AIDS prevention behavior.

The study, which was conducted in 3 cities in United States, which are Atlanta, Chicago, and Seattle, states that partners who did counseling and their HIV test together had proven to be an effective strategy among MSM partners to reduce HIV transmission. Support among MSM partners greatly influenced the willingness to conduct HIV counseling and test, with 81,9% of respondents doing VCT because they had followed encouragement from their partner. Partner behavior affects individual behavior. If the partner considers themselves not at risk of contracting HIV then they have no intention of undertaking VCT (Stephenson et al., 2011).

CONCLUSION

There is a relationship between condom availability (0,000) and sexual partner support (0,000) with HIV/AIDS

prevention behavior on MSM group in Palu City. It is suggested for MSM to increase their preventive behavior by using condoms consistently and utilizing HIV test and counseling services, and health workers can provide care and counseling assistance without stigma and discrimination. Suggestions for further research are the need for further research by expanding the research sample, types of research designs and different variables to better identify other factors related to HIV/AIDS prevention behaviour on MSM group in Palu City.

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