Predictive Analysis of Homosexualism as the Prime Cause of HIV/AIDS Outbreak

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Abstract— In this work, HIV/AIDS data from homosexuals, heterosexuals and lesbians were obtained from the internet. Computational table of ratios of homosexuals to heterosexuals, lesbians to homosexuals for both HIV and AIDS patients as a function of time were made and plotted using shape preserving interpolant in MATLAB 7.9 toolbox. Observations were made of those ratios, as a function of time, that are above and below y-axis = 1. It was seen that homosexual to heterosexual HIV shoots off in 1998 and continues to rise. Homosexuals to heterosexual AIDS ratio are to cross y=1 line and continue to rise in the future (fig.2). Also in fig. 4, Hho/Nho rises geometrically, showing HIV as the cause of the rise. In fig 5, plots of HIV to normal people and AIDS to normal people show another geometric rise indicating that HIV and AIDS are responsible for the rise. From the foregoing observations, it is therefore imperative to assert that homosexualism has a big and major role to play in the advent of HIV/ AIDS. This result can be used by World Health Organisation (WHO), Centre for Disease Control (CDC) for the control of the spread of HIV/AIDS, and also by hospitals for those treating HIV/AIDS, especially those practicing homosexualism.

Index Terms— Heterosexualism, HIV / AIDS outbreak, Homosexualism, Lesbianism.

I.   NOMENCLATURE:

Nho - homosexual affected with neither HIV nor AIDS

Nhe - heterosexual affected with neither HIV nor AIDS

Nle - lesbian affected with neither HIV nor AIDS

Hho - homosexual affected with HIV

Hhe - heterosexual affected with HIV

Aho - homosexual affected with AIDS

Ahe - heterosexual affected with AIDS

Ale - lesbian affected with AIDS

Hle - lesbian affected with HIV

II.   INTRODUCTION

Since the advent of Human Immunodeficiency Virus (HIV) in 1981, the world has become more concerned with its cure than its cause. There have been many theories and models on the cure but only few, on the cause despite the fact that the knowledge of the cause will greatly aid the determination and actualization of its cure.

It is clear from findings worldwide that more than 80% of HIV transmission is sex-related. One would not be wrong to say that it is not just sex that brought about this deadly disease, but the bizarre, uncanny and ungodly way

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it is done. Yes, it is the uncanny sex style that deviates from the normal sex life with its dirty appurtenances that resulted to the incurable deadly disease – HIV.

All anti-heterosexual lives which include homosexualism would have culminated into this disease. Because of the matter-of-fact that the world claim to have "freedom", which includes the "freedom of lifestyle and behaviour", men decided to sleep with fellow men (this done by anal intercourse), as many countries went as far as legalizing it. This unusual and ungodly act, with its dirty appurtenances, over the years, may have create d a new phenomenon in humans, a new disease which is deadly and incurable, with all its dynamism unknown. For instance, if one waters a part of a desert continuously and the desert becomes water-logged to grow grass, the grass may grow into a bush, and the bush might have trees that can bear fruits, fruits that would appear for the first time on earth, some may be edible while others are not, such bush becomes a phenomenal bush because it is not already known. In the same manner, this taboo (i.e. this ungodly sex life) that is previously not practiced and not known to earth may cause new sicknesses that are unknown to earth as a phenomenon.

The fact that the sickness is incurable is because it is alien and so is the act that brought it into being. So, this alien phenomenon will take a long time before it becomes mastered by the lives on earth, i.e. the cause, the distribution mechanism and the cure. It will not stop there as HIV/AIDS: the first sickness that tends to be incurable by mankind and finding its cure might take quite a long time. The phenomenon is growing from homosexualism and rejection of heterosexualism to cushioning and legalizing homosexualism in the name of "gay marriage". This also means reduction or stoppage to procreation since sex between men cannot result to pregnancy. We may get other awful phenomena that is worse than gay as it is only metamorphosing, as many advanced countries see nothing wrong with gay, but legalize it, thereby permitting two men to spread the pandemic disease through homosexualism.

The problem is the connection of HIV to homosexualism. It is said that HIV is a punishment from God or nature on man for creating sacrilegious phenomenon. Such bizarre phenomenon has its appurtenances which will most times be new occurrences on earth. Since the act is sacrilegious and ungodly, it will surely give bad results that are beyond human comprehension, the cure of HIV is one of them. The earth will suffer for a long time before they find a cure when God decides to forgive them, as it is in the bible: God allowed His people to be defeated by their enemies in war when they sinned against Him, and later forgave them.

This connection between homosexualism and HIV/AIDS epidemic is the problem that this work wants to unravel by

using numerical data of homosexualism growth and HIV growth in the world. If this is achieved, the rate of spread of HIV can be curtailed.

It is relevant to unravel the cause do HIV/AIDS as it concerns homosexualism, since the disease is incurable now and spreads fast. The discovery of the route of the cause stemming from homosexualism may bring a new paradigm of desisting from homosexual practice in particular and anti-heterosexualism in general, and perhaps, to follow the divine line. The study will help man to know that he is the architect of his own problem. This will go a long way in creating the awareness of the causes of HIV/AIDS, thereby educating homosexuals on the transmission of HIV/AIDS and how it can be reduced or if possible, stopped.

The objective of this study is to mathematically by computation develop the relationship of cause of HIV from homosexual practice, or to deduce it therefore. If this model is established, it will help to extrapolate or interpolate, in order to find out the cause, the time of cause and also the future of the patient.

The scope of this work covers homosexual records activities, the HIV outbreak, development mechanism/spread so that the connection between homosexualism and HIV outbreak will be established, and perhaps, the cure sought for. Cure, here, may mean desisting from sacrilegious sex lives, which are very irritating to God, dirty, infectious and contagious, with its attendant incurable HIV/AIDS disease.

III. LITERATURE REVIEW

"The HIV/AIDS pandemic is entering a new, more dangerous phase. As the global threat increases, there are many signs of growing complacency, persistent denial and resurgent discrimination". "...we cannot deny the fact that HIV is a gay disease. We have to own that and face up to that". (Mann et al, 1992)

A. HIV/AIDS

According to Sonya Norris (2013), Human immunodeficiency virus infection/acquired immunodeficiency syndrome (HIV/AIDS) is a disease of the human immune system caused by infection with human immunodeficiency virus (HIV). HIV is a lentivirus (i.e. a slowly replicating retrovirus) that causes the acquired immunodeficiency syndrome(AIDS),a condition in humans in which progressive failure of the immune system allows life-threatening opportunistic infections and cancers to thrive. By damaging the immune system, HIV interferes with the body's ability to fight the organisms that cause disease, this typically results to AIDS.

B. MEN-WHO-HAVE-SEX-WITH-MEN (MSM) AS A BEHAVIOURAL CATEGORY:

Men who have sex with men (abbreviated as MSM, also referred to as homosexuals) are male persons who engage in sexual activity with members of the same sex, regardless of how they personally identify themselves. Many men choose not to (or cannot for other reasons) accept sexual identities of homosexuals or bisexuals (UNAIDS, 2002, 2006, WHO, 1994).

The terms MSM and Women-who-have-sex-with-women (WSW) have been used in medical scholarship since at least 1990 (Young et al, 2005a). The term has been attributed to Glick et al (1994) because their usage in a 1994 study solidified the concept as a medical terminology (Young et al, 2005b). MSM is often used in medical literature and social research to describe such men as a group for research studies without considering issues of self-identification because it offers better behavioural categories for the study of disease-risk than identity-based categories (such as "gay", "bisexual", or "straight"), because a man who self-identifies as gay or bisexuals may not necessarily be sexually active with men, and someone who identifies as straight might be sexually active with men (Kablin 2006, Mackeller et al 2007).

C. DEMOGRAPHICS:

Determining the number of homosexuals is difficult worldwide. The World Health Organization estimates that at least 3% and as high as 16% of men have had sex at least once with a man. Their estimates include victims of sexual abuse in addition to men who regularly or voluntarily have sex with men. The United Nations estimates that 6-20% of men worldwide have sex with other men at some point during their lifetime (UNAIDS, 2005, Haya 2007, Yoshukura, 2011).

Estimates about the US population of homosexuals vary. The Centre for Disease Control estimates that men who have sex with men represent about 2% of the American population (CDC, 2010). A 2005 study estimates that among US men ages 15-44, an estimated 6% of them have engaged in oral or anal sex with another man at some point in their lives, and about 2.9% have had at least one male partner in the previous 12 months (Mosher et al, 2005, Mimiaga et al 2009).

A 2007 study estimated that there are 7.1 million men who have sex with men (homosexuals) in the United States, or 6.4% of the overall population. Of these men, 71% are white, 15.9% are Hispanic, and 8.9% are black. (De Vincenzi, 1988, Crepaz et al 2009).

D. HIV INFECTION RATE:

The HIV/AIDS pandemic consists of thousands of smaller, complicated epidemics, both separate and interdependent (in many cases, there are many epidemics even within a single country). Each epidemic has its own distinct origin, in terms of geography and specific populations affected, each has its own rate of spread, intensity, and special characteristics, and each involves different types and frequencies of risk behaviours and practices – for example, having unprotected sex with multiple partners or sharing intravenous drug injection equipment (Adam et al, 2005, Dodds 2004). Because of the long incubation period before AIDS develops, there is now a pool of HIV-infected individuals, much larger than the number of reported cases of AIDS, and there is reason to believe that most of these will come down with AIDS. (Carballo-Dieguez et al, 2012).

IV. DEVELOPMENT OF COMPUTATIONAL TABLE

Computation of ratios of HIV and AIDS homosexual and heterosexual patients to normal patients (i.e. Patients who contracted HIV and AIDS through IVDU, mother-to-child birth, blood transfusion or through exposure to infected sharp

objects) were made using experimental/research data from the internet.

This was done by running a shape preserving interpolant model on the ratio time history calculated in table 1. Both homosexuals and HIV time history scenarios are plotted on

the same graph to visualize the shape of the profile before and after the outbreak of HIV/AIDS.

From Yoshukura,(2011), cumulative number of cases of HIV infection and AIDS for male heterosexuals, male homosexuals and lesbians were collected and the ratios found as in table 1 below.

Table 1: Computation ratios of cumulative number of HIV and AIDS infection cases for male heterosexuals, male homosexuals and lesbians, to normal (uninfected) people. Yoshukura (2011), Gupta et al (2013)

	Time (yrs)	Hho	Hhe	Y1=Hho/Hhe	X1 Aho	X2 Ahe	Y2=Aho/Ahe	Hle	Y Ale	Y3=Hle/Hhe	Y4=Ale/Ahe	Nho	Nhe	Y5=Hho/Nho	Y6=Aho/Nho	Y7=Hhe/Nhe	Y8=Ahe/Nhe	Y9=Hho/Aho	Y10=Hhe/Ahe	Y11=Hle/Ale
1987	0	21	14	1.5	5	1	5	13	3	0.93	3	25	18	0.84	0.2	0.78	0.06	4.2	14	4.33
1988	1	29	20	1.45	10	5	2	17	5	0.85	1	20	20	1.45	0.5	1	0.25	2.9	4	3.4
1989	2	50	35	1.43	20	10	2	34	7	0.97	0.7	25	20	2	0.8	1.75	0.5	2.5	3.5	4.86
1990	3	65	50	1.3	25	20	1.25	40	10	0.8	0.5	25	25	2.6	1	2	0.8	2.6	2.5	4
1991	4	80	80	1	36	37	0.97	60	10	0.75	0.27	27	25	2.96	1.33	3.2	1.48	2.2	2.16	6
1992	5	120	180	0.67	50	60	0.83	65	13	0.36	0.22	35	50	3.43	1.43	3.6	1.2	2.4	3	5
1993	6	160	240	0.67	63	100	0.63	90	18	0.38	0.18	36	75	4.44	1.75	3.2	1.33	2.54	2.4	5
1994	7	220	300	0.73	100	162	0.62	140	25	0.47	0.15	75	80	2.93	1.33	3.75	2.03	2.2	1.85	5.6
1995	8	300	350	0.79	150	250	0.6	160	38	0.42	0.15	74	86	4.05	2.03	4.42	2.91	2	1.52	4.21
1996	9	390	480	0.81	200	350	0.57	180	50	0.38	0.14	90	90	4.33	2.22	5.33	3.89	1.95	1.37	3.6
1997	10	515	600	0.86	230	500	0.46	200	63	0.33	0.13	110	100	4.68	2.09	6	5	2.24	1.2	3.18
1998	11	660	760	0.87	260	600	0.43	220	72	0.29	0.12	122	125	5.41	2.13	6.08	4.8	2.54	1.27	3.06
1999	12	800	900	0.89	300	750	0.4	300	85	0.33	0.11	200	125	4	1.5	7.2	6	2.67	1.2	3.53
2000	13	950	1000	0.95	380	900	0.42	310	100	0.31	0.11	205	153	4.63	1.85	6.54	5.88	2.5	1.11	3.1
2001	14	1350	1250	1.08	430	1000	0.43	400	145	0.32	0.15	300	125	4.5	1.43	10	8	3.14	1.25	2.76
2002	15	1600	1300	1.23	545	1250	0.44	400	160	0.31	0.13	318	165	5.03	1.71	7.88	7.58	2.94	1.04	2.5
2003	16	2000	1500	1.33	640	1450	0.44	450	170	0.3	0.12	340	160	5.89	1.88	9.38	9.06	3.13	1.03	2.65
2004	17	2500	1800	1.39	760	1700	0.45	500	180	0.28	0.11	450	155	5.56	1.69	11.6	11	3.29	1.06	2.78
2005	18	3000	2000	1.5	900	1800	0.5	500	200	0.25	0.11	510	158	5.88	1.77	12.7	11.4	3.33	1.11	2.5
2006	19	3500	2300	1.52	1070	1950	0.55	550	230	0.24	0.12	580	175	6.03	1.85	13.1	11.1	3.27	1.18	2.39
2007	20	4000	2500	1.6	1200	2000	0.6	680	245	0.27	0.12	700	180	5.71	1.71	13.9	11.1	3.33	1.25	2.78
2008	21	5000	2650	1.89	1500	2200	0.68	700	265	0.26	0.02	750	182	6.67	2	14.6	12.1	3.33	1.2	2.64
2009	22	5500	2900	1.9	1800	2500	0.72	700	280	0.24	0.11	700	175	7.86	2.57	16.6	14.3	3.06	1.16	2.5

(Shape preserving interpolant plots were made of the ratios with respect to time so that the actual shape of the scenario will be preserved over a time period, using MATLAB 7.9 package).

Also from Gupta et al, 2013, HIV diagnosis by exposure categories in UK, 1996-2011, was also curled in for analysis as shown in Fig. 1, using the same MATLAB toolbox.

Deduction and inferences will be made to show that homosexualism indeed has a major part to play in the outbreak and spread of HIV/AIDS in the world.

V. DATA COLLECTION

The data for analysis of the cause and spread of HIV and AIDS were collected from two sources. From Gupta et al, (2013), then from Yoshukura, 2011, and appropriated for this work.

The plots:

From Gupta et al, (2013) data, a reproduction of the plots were made with respect to time using third order Fourier in the MATLAB toolbox as shown in Fig.1, for UK.

From Table 1, Japan's several ratios of homosexual and heterosexual AIDS patients (Aho/Ahe) and that of HIV (Hho/Hhe) with respect to time were plotted as shown in Fig. 2; ratio of lesbians to heterosexual AIDS patients (Ale/Ahe) and that of HIV (Hle/Hhe) plotted in Fig. 3, ratio of homosexual AIDS patients to normal homosexual people

(Aho/Nho) and that of HIV (Hho/Nho) were made in Fig. 4; heterosexual AIDS patients to normal heterosexual people (Ahe/Nhe) and that of HIV (Hhe/Nhe) were also plotted in Fig 5; HIV lesbians to AIDS lesbians (Hle/Ale), HIV homosexuals to AIDS homosexuals (Hho/Aho) and HIV heterosexual to AIDS heterosexuals (Hhe/Ale) were also plotted in Fig. 6.

3-D response plots were made between homosexual and heterosexual HIV patients with their times of infection in Fig.7, for UK. In Fig.8, a 3 -D plot of lesbian HIV patients versus heterosexual HIV patients and homosexual HIV patients were made for Japan; and lastly a 3-D plot of lesbian AIDS versus heterosexual AIDS and homosexual AIDS were made in Fig. 9 for Japan.

The algorithm for making the 3-D surface response plot is shown below.

1. Write out the values of x_1, x_2 and y.
$x_1 = [\quad]$;
$x_2 = [\quad]$;
$y = [\quad]$;
2. Go statistical; regstats(y,[x_1 x_2], 'quadratic').
This regstats command truncates the cubic modes in the MATLAB toolbox at the term containing a_5 i.e.
$y = a_0 + a_1x_1 + a_2x_2 + a_3x_1x_2 + a_4x_1^2 + a_5x_2^2 + a_6x_1^2x_2 + a_7x_1x_2^2 + a_8x_1^3 + a_9x_2^3$
3. As beta values are entered, the toolbox declares a_i values.
$a_0 = \quad$; $a_1 = \quad$; $a_2 = \quad$; $a_3 = \quad$; $a_4 = \quad$; $a_5 = \quad$;
4. Write mesh command.
$[x_1, x_2] = $ meshgrid ($x_{1(min)}: \bar{x}_1 : x_{1(max)}, x_{2(min)}: \bar{x}_2 : x_{2(max)}$);
5. Write out the truncated quadratic with the declared a_i's.
$y = \hat{a}_0 + \hat{a}_1 * x_1 + \hat{a}_2 * x_2 + a_3 * x_1.*x_2 + a_4 * x_1^{\wedge 2} + a_5 * x_2$
6. Write out the surface plot and enter
surfc(x_1, x_2, y)

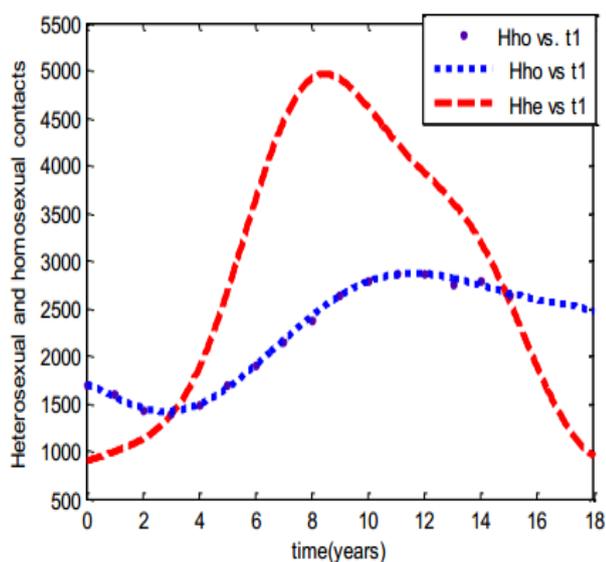## VI. RESULT PRESENTATION, ANALYSIS AND DISCUSSION

Fig. 1: HIV diagnoses by categories in UK, 1996-2011 (3rd order Fourier). Hhe ($R^2 = 0.9974$), Hho ($R^2 = 0.9972$). (Culled from Gupta et al, 2013)
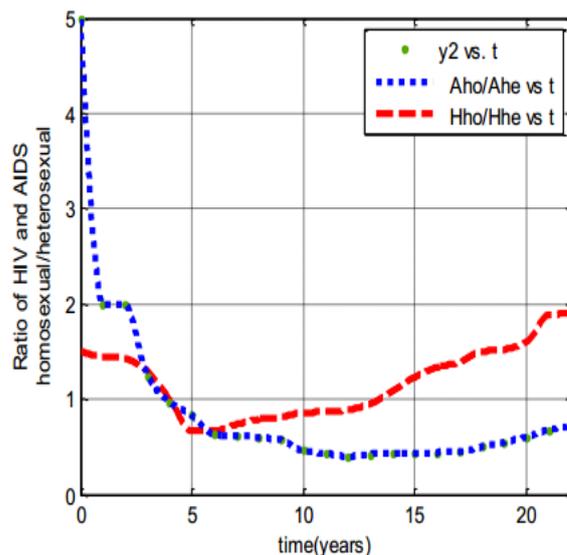

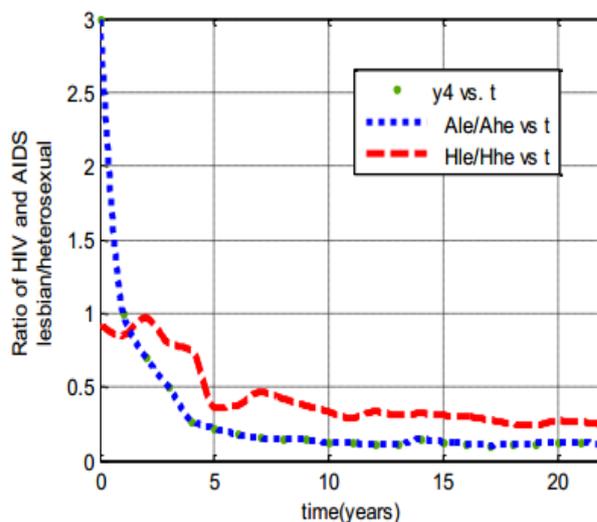Fig. 2: Ratio of HIV and AIDS homosexual/heterosexual patients versus time. (1987-2009, Japan)

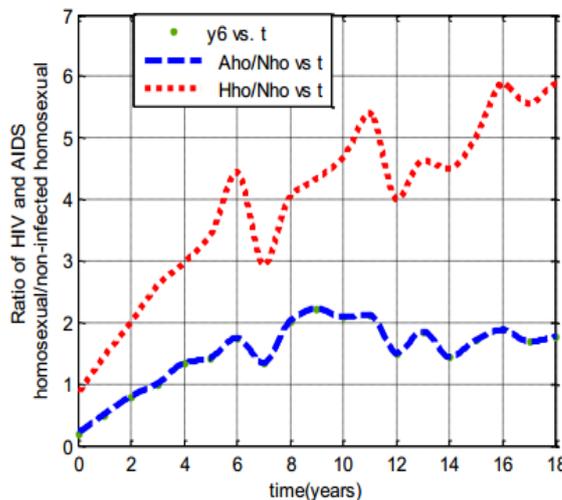Fig. 3: Ratio of HIV and AIDS lesbian/heterosexual patients versus time. (1987-2009, Japan)

Fig. 4: Ratio of HIV and AIDS homosexual patients/non-infected homosexual patients versus time, (1987-2009, Japan), shape-preserving interpolant.
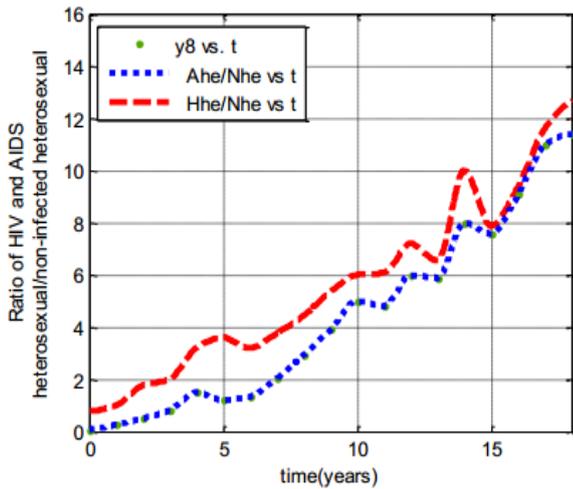
Fig. 5: Ratio of HIV and AIDS heterosexual patients/non-infected heterosexual patients versus time, (1987-2009, Japan), shape-preserving interpolant.
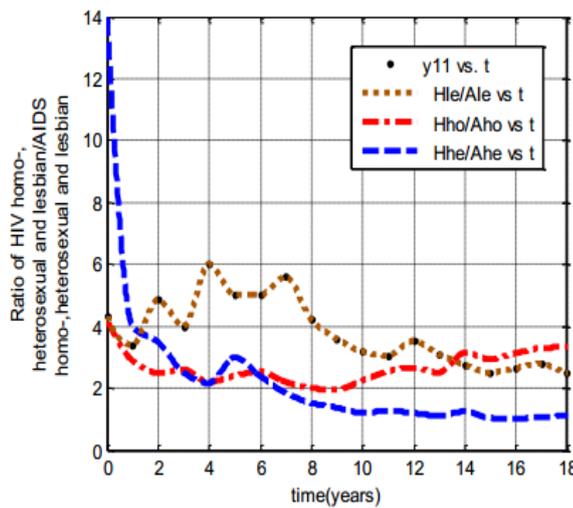

Fig. 6: Ratio of HIV homosexual, heterosexual and lesbian patients/AIDS homosexual, heterosexual and lesbian patients versus time, shape-preserving interpolant, (1987-2009, Japan).
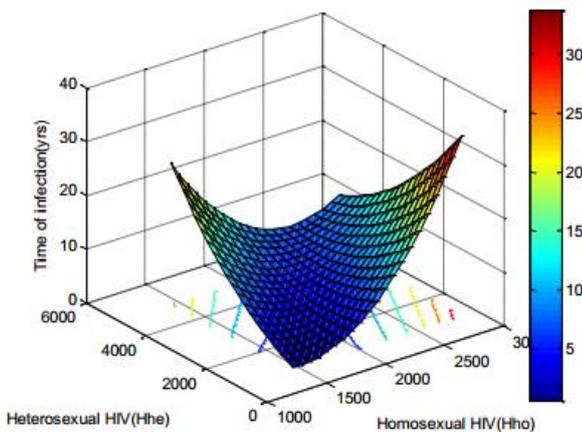

Fig. 7: 3-D plot of time of infection versus heterosexuals and homosexual HIV patients, (1996-2011, UK)
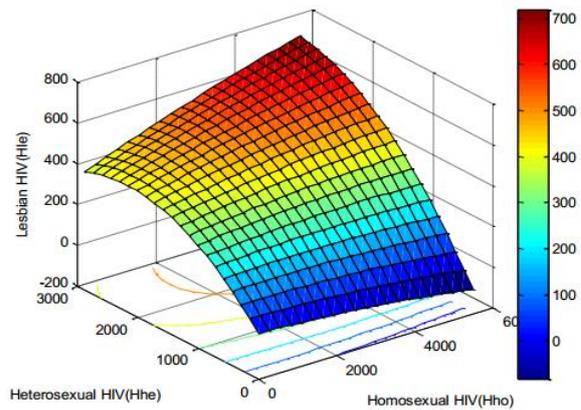

Fig.8: 3-D plot of Lesbian HIV patients versus heterosexual and homosexual HIV patients, (1987-2009, Japan).
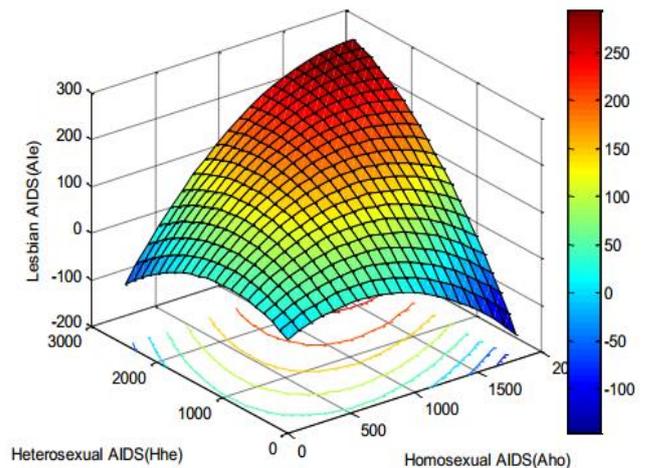

Fig. 4.1.9: 3-D plot of Lesbian AIDS patients versus heterosexual and Homosexual AIDS patients, (1987-2009, Japan).

VII.   ANALYSIS AND DISCUSSION

From Fig. 1, the time axis for the graph starts from 1996 -2011. It is clear from the graph that HIV patients of homosexualism is higher than that of heterosexualism before the first three years, before 1998. Around 1998, that of heterosexualism overtook and became higher than homosexualism and peaked around 2003, before it began to drop (fell). Around 2010, HIV-homosexualism took an upper hand again and since then, has been on a higher pedestrial than HIV heterosexualism.

From the analysis of this figure, it is clear that HIV of homosexualism has been interchanging with HIV of heterosexualism. This period falls within the time HIV/AIDS epidemic came into existence.

From Figs. 2 to 6, the x-axis begins from 1985 to 2010. Fig.2 showed that in Japan, say, the ratio of homosexuals to that of heterosexuals for both HIV and AIDS patients dropped below 1 before 5 years (i.e. 1990), but the Hho/Hhe interpolant crossed back above 1 after 13 years although that of Aho/Ahe continued to be less than 1 for a long time. This means that after 1998, HIV-homosexuals overtook HIV-heterosexuals in Japan because the ratio is greater than 1. Even though the ratio of Aho/Ahe is below 1, it is rising gradually to 1.

In Fig. 3 both Ale/Ahe and Hle/Hhe are below 1, which means that heterosexualism is far higher than lesbianism in both HIV

and AIDS patients. Their ratios, as a function of time, do not seem to increase in the near future. Therefore, lesbianism may not be a threat in the cause or transmission of HIV/AIDS.

In Fig. 4, HIV homosexuals as compared with normal homosexuals is more dominant as the graph is rising so sharply while that of AIDS homosexuals versus normal homosexuals is rising, but not so sharply. Since both are above 1, and HIV, being the cause of AIDS, the figure is remarkable, in that, among the homosexuals, those who have HIV are far higher than the normal homosexuals and are increasing almost in a geometric progression.

In Fig. 5, even with the normal heterosexuals, the ratios of HIV and AIDS to the normal, rise very fast too in a geometric progression.

In Fig. 6, the comparison of the ratios of HIV to AIDS for lesbians, homosexuals and heterosexuals shows that all of them are above 1. Only the ratio of Hhe/Ahe tends to 1. That is, the number with HIV is higher than those with fully developed AIDS in all forms of sexual intercourse. In all these homosexualism leads just before 14 years.

Fig. 7 is a plot of time of infection as a function of Hho and Hhe. The lines on the floor of the 3-D response surface plot show that there are proportional interactions between Hhe and Hho. Fig. 8 is a plot of lesbians as a function of Hho and Hhe with a mixture of interactions. Some sections seem to be parallel (meaning that there is no or little interaction between them) while some seem to have serious interaction with serious curvature on the floor (i.e. Hhe and Hho).

In Fig. 9, there is a very serious interaction between AIDS of heterosexuals and homosexuals as concentric rings of curvatures are witnessed on the floor.

VIII. CONCLUSION

In this work, HIV/AIDS data from homosexuals, heterosexuals and lesbians were obtained from the internet. Computational table of ratios of homosexuals to heterosexuals, lesbians to homosexuals for both HIV and AIDS patients as a function of time were made and plotted using shape preserving interpolant in MATLAB 7.9 toolbox. Observations were made of those ratios, as a function of time, that are above and below y-axis = 1. It was seen that homosexual to heterosexual HIV shoots off in 1998 and continues to rise. Homosexuals to heterosexuals AIDS ratio are to cross y=1 line and continue to rise in future (fig. 2). Also, in Fig. 4 Hho/Nho rises geometrically, showing HIV as the cause for the rise. In Fig. 5, plots of HIV to normal people and AIDS to normal people show another geometric rise indicating that HIV and AIDS are responsible for the rise.

From the foregoing observations, it is therefore imperative to assert that homosexualism has a big and major role to play in the advent of HIV/ AIDS. It was revealed that HIV heterosexual and homosexual patients interact and so do AIDS heterosexual and homosexual patients. This is because homosexualism, aside from being unnatural is very dirty and disease infectious (contagious) since copulation is through the anus meant for faeces. Note that all the abnormal non heterosexual activities have been baptized as "gay marriage". This result can be used by World Health Organization (WHO) and Centre for Disease Control (CDC) to prevent advent and curtail the spread of HIV/AIDS, and in the hospitals for those who are treating HIV/AIDS, especially those who are practicing homosexualism.

IX. RECOMMENDATION

Since it is clear that homosexualism has a big and major role to play in the advent of HIV/AIDS, it is therefore recommended that only heterosexualism should be practiced while research for the cure of HIV/AIDS is still ongoing. Homosexualism and oral/ anal sex should by all means be avoided. Even though lesbianism has no serious impact on HIV/AIDS, it is ungodly and should also be avoided.

Also, for procreation, only heterosexualism should be practiced. Human right and democracy are aging so they are giving people bizarre and ungodly excuses to practice what they think like practising.

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