HIV/AIDS Knowledge and Condom Practices of the Sexual High Risk Behaviour Among Transgender in Penang, Malaysia

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INTRODUCTION

Many adults and young people have difficulty discussing about sexuality issue due to culture and religion expectations. This is more obvious for those from the Asian countries. There are people who cannot accept the sexual behaviour and personalities of the Men Having Sex with Men (MSM) and Transgender (TG) population because their lifestyles is regarded as in contrary to the religious beliefs and culture of the dominant society. The various forms of stigmas and discrimination towards the MSM and TG has somewhat made these population isolates themselves from the local community (UNAIDS, 2006). The MSM and TG are categorized as the most at-risk population (MARPs), together with the commercial sex workers and drug users to contract HIV. Access to prevention, treatment, care and support services are very limited for this marginalized population when compared with the burden that this group population will have to endure when infected with HIV (WHO, 2010).

In 2009, findings from the Integrated Bio-Behavioural Survey (IBBS) have provide a better explanation on the high-risk behaviour of the HIV infected drug users, sex workers, women, and transgender populations to HIV transmission (Lim, Eam & Teh, 2010). In the survey, it was clearly indicated that HIV transmission among transgender is about 9.3% in Klang valley. It was also reported that four out of five transgender had been involved in sexual activity in 2008, and 94% of this group had used a condom during their sexual activities. However, only 37% of this group have some knowledge of HIV and AIDS, particularly in terms of prevention of HIV transmission through sexual relationship. Despite having respondents who used condom, a total of 9.3% of HIV cases were among the transgender population. It is still a cause of concern to the community, particularly in terms of the effectiveness of HIV prevention programme, mainly among the transgender population who are still not practicing condom use with a partner who they regarded as boyfriend and clients (Lim, Eam & Teh, 2010).

Research conducted by the Teh (2002) about transgender in Malaysia has also reported that out of a total of 507 transgender surveyed, only 68% of the respondents have knowledge about the correct use of condoms. A total of 30% of this group of respondents has practiced safe sex behaviour by using condoms. It was also
indicated that 71% of the respondents have knowledge about HIV/AIDS, but only 10% have actually practiced safe sexual behaviour (UNAIDS, 2010). From both of the research study, it is clearly indicated that transgender population do involved in high-risk sexual behaviour that can lead to HIV transmission due to the lack of knowledge in the prevention of HIV transmission, particularly when they are unable or choose not to practice safe sex relationships.

According to statistics released by the Ministry of Health Malaysia (2012), the number of HIV cases in Penang has increased from 2007 to 2010. It was reported that a total of 258 HIV cases detected in year 2007, 112 cases in 2008, 119 cases in 2009 and 131 cases in 2010. Up to December 2010, the trend of HIV transmission in Penang state has showed some changes, in which 41.8% of the 131 total cases were reported through sexual contact involving the heterosexual, homosexual as well as bisexual groups. This statistic trend of HIV in Penang showed that HIV prevention programmes is vital to be given the transgender population as this marginal group often was not given the attention and thus suffer from stigma and discrimination from the local community.

Study Objective and Methodology:

This qualitative study was conducted in Penang, Malaysia. The study aims to gather in-depth understanding on the high risk behaviour and condom practices among the MSM and transgender population. Selection of 18 respondents from a snowballing sampling technique has been employed due to the difficulty of getting the desired respondents. Respondents who have participated in this study were among transgender population between the age of 18-40 years of age who are not infected with HIV /AIDS. It is difficult to find transgender living with HIV/AIDS as many do not want to disclose their HIV status due to social stigma. The chosen age range also represents the two largest populations in Malaysia living with HIV/AIDS. All of the 18 respondents reported that they have not undergone any form of VCT test for the past 12 month. Each of the interviews were analysed and transcribed carefully in order to ensure the accuracy of the data. A content analysis was conducted to better understand on the emerging themes and sub-themes of the collected data.

Data Collection:

The researcher conducted a total of 18 face-to-face audio-recorded interviews. Prior to the interview, the researcher has verbally reviewed the research information sheet with each participant, describing the nature of the study, its risks and benefits. All respondents have given their consent to participate in this study. A semi-structured interview was used as a guidance to explore HIV/AIDS knowledge and condom use or practices of the respondents’ sexual behaviour. The semi structured interview instrument has allowed participants to respond more freely and answer questions in an open-ended way.

Study Findings:

Two (2) major themes have been identified in this study. The major findings include (1) HIV/AIDS knowledge of the respondents; and (2) condom practices of the respondents. The two main findings are presented and discussed in the following.

Knowledge of HIV/AIDS:

The majority of respondents (16 respondents) admitted that they have very little knowledge about HIV/AIDS. They even admitted that they do not know the meaning of the HIV virus because they are less sensitive to health issues. For example two respondents have expressed as follows:

“I do not know what HIV is all about” (Respondent 9)

There were also respondents who just got to know about the meaning of AIDS. This is indicated from few of the respondent’s statements as follows:

“I do not know it all, sir, I'm sorry, but the doctor said I was healthy” (Respondent 9)

“I do not know about AIDS sir, because I am not bothered to know about my health. I might have heard about it, but do not understand the root cause”. (Respondent 18)

“Sorry I did not know how it spread. I watch less TV” (Respondent 10)

The study findings have also identified two types of respondents which include those who work as commercial sex workers and as non-sex workers. A total of 9 out of 18 respondents were working as a commercial sex worker. Thus, the aspect of HIV transmission knowledge is very important for the respondents since they are quite vulnerable to contract HIV. Almost the majority of the respondents in this study do not know how HIV transmission occurs.

It was also found that all 18 respondents were not infected with HIV/AIDS. This is primarily because the majority of the respondents do not know and have not check on their HIV/AIDS status. This is a major concern
because there were quite a number of respondents who were working as commercial sex worker (9 respondents) and almost all the respondents (15 respondents) have a man as their life partner. This is two examples that what has been shared during the interview:

“"No, I do not want to do the test as I am afraid of knowing the results”.

(Respondent 4)

“Ok, well I do not have the disease, but I haven’t really checked my HIV status”.

(Respondent 10)

In terms of HIV/AIDS knowledge, this research have also emphasized on the respondents’ awareness on checking about their HIV status by Voluntary Counselling Testing (VCT). There were 15 respondents reported that they do not know where to get the testing and 16 respondents admitted that they do not want to do the testing because afraid of knowing their status. The majority of the respondents (14 respondents) in this research have not been tested VCT. This was shared for example by one of the respondents:

“"No, I was afraid to check. I don’t want to know. I do not know, maybe I’m afraid to check my health status, afraid to accept the reality”(Respondent 1)

Only 4 respondents have actually had to do the VCT testing when they had been arrested by the law enforcement. One respondent for example have indicated as follows:

“Because I worked as a sex worker. They said they wanted to check my health status. Even they check my HIV status but it turn out to be negative. But it’s already a long time, almost 3 years ago when I was in the program”

(Respondent 7)

**High-Risk Sexual Behaviour Patterns:**

This aspect is very important in order to analyse whether the respondents have practice safe sex by using condoms with their sexual partner. Such information is important as a way to prevent the spread of HIV/AIDS since all 18 respondents have practice some form of sexual behaviour. In the research, all respondents do understand about safe sex using condom during sexual intercourse. One respondent for example have clearly indicated as such:

“"From my understanding, basically majority all the sex worker doesn’t know if their sexual customers have HIV. Our customers too do not use condom while having sex with us. I really don’t know if my customers have had sex with their girlfriend or are they drug users or not. I really don’t know about my customers’ background. What I know is we do not use condom while having sex and it is a high risk behaviour towards getting HIV. So that’s why I will make sure all my customer used condom if they wanted to have sex with me” (Respondent 7)

One important finding related to respondents’ sexual activity with their sexual partners from the various gender and sexual identity background. In this research, almost all of the respondents have had sex with straight men or heterosexual whether as their life partner or sexual customers who pay for their sexual services.

“I do have sex with a male guy. I do not do sex with girls”(Respondent 9)

“I had sex with my customer who paid for sex” (Respondent 1)

There is also a respondent who have had sex with bisexual married men.

“He is bisexual men and he is also married to a woman. He told me he like to have sex with women as well as transgender. He admitted he can have sex with either guy or a woman” (Respondent 3)

There is also a respondent who have had a life partner and used condom during sexual intercourse.

“No, no, never, so far nothing. Because I stick to one person. That’s why I only have sex with my boyfriend only. I even told my boyfriend if you want to have sex with me, then he has to wear condom. So he accepts the condition. For me sex is not everything in my life. I more prefer to love than having sexual intercourse. So, we are like to spend more time talking rather than having sex. Sex is the secondary thing” (Respondent 5)

However, the majority of the respondents (14 respondents) did not use condoms during sexual intercourse because they consider their partners as boyfriend or life partner and trusted their partners.

“If my boyfriend, normally I do not wear a condom while having sex with him. I love him so much. I do trust him because I love loyal to me and he won’t have sex with another person or girl. That's why I don’t even used a condom while having sex with my hubby” (Respondent 10)

There were also respondents who seldom use condoms when providing sexual services to their customers / clients. A total of 8 out of 9 respondents who are working as a sex worker do not practice condom use with their sexual customers. This is what has been indicated by one of the respondents:

“Some customer doesn’t like to wear a condom while having sex with me. They say it’s uncomfortable wearing condom while having sex. But with my
Relationship

Similarly, there are many agencies in Malaysia, including the government agencies and non-commercial sex worker.

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thus, both government and NGOs must continuously introduce and implement effective HIV and AIDS prevention. Currently, there are many agencies in Malaysia, including the government agencies and non-governmental agencies (NGOs) do provide or engage in the condoms distribution programs for the transgender population, particularly those transgender who are working as commercial sex worker. However, such programs are still lacking in providing social support in terms of empowering the population about safe sex awareness. Thus, both government and NGOs must continuously introduce and implement effective HIV and AIDS prevention programmes, primarily to this population in order to alert them on the importance of safe sex practices.

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