

## HIV-related needs for safety among male-to-female transsexuals (*mak nyah*) in Malaysia

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### Abstract

This research, commissioned by the Malaysian AIDS Council in 2007, is qualitative and descriptive in nature. In depth face-to-face interviews were carried out with 15 *mak nyah* respondents from five major towns. The interviews were guided by an interview schedule that had seven main topics: brief background; hormone-taking behaviour; safe sex; health care; substance abuse; harassment from authorities; and HIV prevention. The HIV problem among the *mak nyah*, *mak nyah* sex workers and their clients is critical. Many do not have in-depth HIV/AIDS knowledge and do not practise safe sex. The problem gets worse when most *mak nyah* do not consider HIV/AIDS as a primary concern because of other pressing problems like employment and discrimination. There are also no HIV prevention activities in many parts of Malaysia. *Mak nyah* also face constant harassment from enforcement authorities for prostitution. This hampers HIV prevention work.

**Keywords:** Transsexuals, transgender, sex workers, HIV prevention.

### Résumé

Cette étude, commandée par le Conseil du SIDA de Malaisie en 2007, est par nature qualitative et descriptive. Des entretiens approfondis en tête à tête ont été organisés avec 15 personnes *mak nyah* interrogées de cinq grandes villes. Les entretiens étaient guidés par un programme d'entretien qui présentait sept thèmes principaux: contexte rapide; comportement vis-à-vis de la prise d'hormones; rapports sexuels protégés; soins médicaux; abus de substances; harcèlement des autorités; et prévention du VIH. Le problème du VIH parmi les *mak nyah*, les travailleurs du sexe *mak nyah*, et leurs clients est critique. Nombre d'entre eux n'ont pas de connaissances approfondies sur le VIH/SIDA et ne pratiquent pas de rapports sexuels protégés. Le problème s'aggrave lorsque la majorité des *mak nyah* ne juge pas que le VIH/SIDA constitue une préoccupation première du fait d'autres problèmes pressants tels que l'emploi et la discrimination. Il n'existe pas non plus d'activités de prévention du VIH dans de nombreuses régions de Malaisie. Les *mak nyah* sont confrontés à des harcèlements constants de la part des autorités chargées du respect de la loi pour cause de prostitution. Cela gêne le travail de prévention du VIH.

**Mots clés:** Transsexuels, transgenres, travailleurs du sexe, prévention du VIH.

### Background

In Malaysia, the preferred term for people who wish to be of the opposite sex from that which they were born is transsexual or TS, as opposed to terms like 'transvestites' or 'transgenders.' This is because the wish of the majority of them is for a sex change operation. The local term for male-to-female transsexual (MTF) is *mak nyah*, a term coined by the transsexual community themselves to differentiate them from *pondan* or *bapok*, which generally refer to men who are effeminate and, therefore, includes homosexuals (Teh, 2002). This term refers to those who have not undergone sex change operations as well as to those who have. The majority of the *mak nyah* have not yet had their sex change operation, mainly for religious or financial reasons.

In Malaysia, *mak nyah* are labelled as sexual deviants and are generally shunned by society. It has been estimated that there are about 10 000 – 20 000 *mak nyah* in the country. About 70 – 80% of *mak nyah* are Malay; the rest are made up of Chinese, Indian and other minority ethnic groups. Islam is the religion of the Malay population and is the official religion of Malaysia. The majority of *mak nyah* are Muslims.

Islam permits *khunsa* (hermaphrodites) to undergo a sex change operation so that the person can be either a female or a male. However, Islam forbids males to behave like females in respect of cross-dressing, wearing make-up, injecting hormones to enlarge their breasts, and undergoing sex change operations. In

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1983, the Conference of Rulers in Malaysia decided that a *fatwa* prohibiting sex change operations should be imposed on all Muslims (Teh, 2002). However, hermaphrodites are permitted to have the surgery. Cross-dressing is also prohibited. Thus, Muslim *mak nyah* are considered to violate the tenets of Islam and can be charged in the *Syariah* (Islamic) Court.

Non-Muslim *mak nyah* are mainly Buddhists, Christians or Hindus. They are generally allowed to be *mak nyah*, although their religion may not allow it. This is because there are no official religious rulings, as there are among Muslims, to enforce the prohibition. Occasionally, they are caught by the police for cross-dressing and charged with indecent behaviour under Section 21 of the Minor Offences Act 1955 (Teh, 1998).

Being labelled as sexual deviants and generally shunned by society, the majority of the *mak nyah* do not get a decent job. Many end up in the sex trade. In a 2002 study on 507 *mak nyah*, it was found that 92% of the respondents had received payment for sex, even though only 54% claimed they were sex workers (Teh, 2002). Some did carry out part-time sex work whenever they were in need of money. For those who were sex workers, in a week, about 18% had 6 - 10 customers, 15% had 11 - 15 customers, 19% had 16 - 20 customers, 9% had 21 - 25 customers, 9% had 26 - 30 customers and 10% had over 30 customers.

The first case of HIV infection in Malaysia was reported in 1986. By June 2007, the Ministry of Health announced that there were 78 784 HIV cases, 13 121 AIDS cases and 9 586 AIDS death in Malaysia (Malaysian AIDS Council, 2008). Malaysia's 2005 Country Progress Report submitted to UNAIDS reported that the number of cases detected had increased at about 500 - 600 cases per month in recent years (UN Country Team, 2005). The profile of HIV infections had remained consistent, i.e. predominantly substance abusers, male, aged 20 - 39 years, Malaysian Malay ethnicity and heterosexual. Thus, Malaysia had been viewed as a country with a 'concentrated' epidemic.

However, the National Strategic Plan on HIV/AIDS 2006 - 2010 reported that the rate of infection among women was steadily rising, from 1.16% of reported cases in 1990 to 3.84% in 1995, and reaching 10.83% in 2004 (Government of Malaysia, 2005). In 2004, children below the age of 12 made up less than 1.2% of reported cases. The number of AIDS orphans was estimated to be as high as 14 000. Among commercial sex workers in parts of Kuala Lumpur, more than 10% were infected. It is now acknowledged that the infection is no longer 'concentrated', but moving out of the drug user group into the general population.

Since the 1990s, the government has been carrying out information, education and communication activities through

the mass media. Basic information on HIV/AIDS is now part of the secondary school curriculum. Despite these programmes, preventive behaviour remains poor. Condom use is also not common or consistent during sexual activities and among high-risk groups. The government of Malaysia has acknowledged that in the absence of effective prevention, there is potential for the country to progress to the stage of an epidemic within a few years. This would jeopardise development in the country. Thus, HIV/AIDS is also addressed as a development issue, besides being a health issue, and has been incorporated into the National Strategic Plan on HIV/AIDS 2006 - 2010 to be complementary to the 9th Malaysia Plan.

In the government's commitment to reduce HIV infections, one of the priority focus areas is to reduce HIV vulnerability among marginalised and vulnerable populations, including sex workers, *mak nyah*, men who have sex with men, and mobile populations. The *mak nyah* have been identified because a large section of the community engages in sex work or has ever received payment for sex. Although there are no data on HIV/AIDS among this community, outreach workers and officers of HIV/AIDS non-governmental organisations (NGOs) have mentioned that they have seen more HIV cases and AIDS deaths among *mak nyah* in the past few years. The immediate strategy is to carry out social and behavioural research in the country to provide the necessary information for effective programme design and interventions.

A 2002 study on 507 *mak nyah* was the first large-scale study to gauge the HIV/AIDS awareness of this community (Teh, 2002). The findings showed that approximately 71% of the respondents had in-depth knowledge of HIV/AIDS and 68% were knowledgeable about condom usage. However, only 34% were knowledgeable of both HIV/AIDS and condom usage. Of the 71% *mak nyah* who were knowledgeable about HIV/AIDS, only 10% practised safe sex, and of the 68% who were knowledgeable about condom use, only 30% practised safe sex. Nonetheless, the higher the level of awareness of HIV/AIDS and condom use, the more they practised safe sex.

## Objectives and methodology

In line with some of the objectives of the National Strategic Plan on HIV/AIDS 2006 - 2010, the objectives of this research are:

- to identify social and behavioural problems of *mak nyah* that may contribute to the increasing HIV/AIDS rate in Malaysia
- to gauge the *mak nyah* community's access to knowledge and facilities related to HIV/AIDS
- to identify barriers in HIV/AIDS prevention programmes and ways to prevent further increases in HIV/AIDS cases.

This research is qualitative and descriptive in nature. In-depth face-to-face interviews were carried out with 15 *mak nyah* respondents from five major towns in Malaysia, i.e. Alor Setar in the state of Kedah, Georgetown in the state of Penang, Kuala Lumpur in the state of Selangor, Johor Bahru in the state of Johor, and Kuching in the state of Sarawak. Alor Setar and Georgetown represent the northern region of Peninsular Malaysia, Kuala Lumpur and Johor Bahru represent the southern region, and Kuching represents East Malaysia. In each of the five towns, three *mak nyah* respondents identified by a contact person introduced by a HIV/AIDS NGO were interviewed. Convenience sampling was used.

The interviews were carried out in the researcher's hotel room in Alor Setar, Georgetown and Kuching, in a NGO (PT Foundation) in Kuala Lumpur, and in a brothel in Johor Bahru. The interviews were guided by an interview schedule that was approved by an international consultant employed by the Malaysian AIDS Council. It had seven main topics: brief background; hormone-taking behaviour; safe sex; health care; substance abuse; harassment from authorities; and HIV prevention. Each interview lasted at least an hour. Most respondents were interviewed individually, while four respondents wanted another respondent to be present at the interview. The interviews were conducted mainly in Malay and/or English, except for one interview with a Chinese respondent, which was conducted in the Cantonese dialect. The respondents were asked all the questions in the interview schedule. They were also encouraged to provide further information and to ask questions on health care and HIV/AIDS if they were not sure. All the interviews were recorded with the permission of the respondents.

## Findings and discussion

### Background of respondents

Of the 15 respondents, there were 12 Malays, two Chinese and one Kayan. They were between 21 and 48 years old. The majority were in their 30s and had secondary school education, with the exception of one who had only primary education and one who had tertiary education. Fourteen respondents had ever done or were still doing sex work at the time of the interview. Five were working full-time or part-time with NGOs. Other jobs reported include banker, hairdresser, seamstress, babysitter, dancer and make-up artiste. Their incomes were from 300 ringgit per month [below overall poverty line income of 691 ringgit (Economic Planning Unit, 2006)] to around 4 000 ringgit per month. The majority had dependents that included their parents and siblings.

### Safe sex, HIV and medical treatment

All respondents had heard of HIV/AIDS and knew that they should practise safe sex. However, most lack in-depth information, especially in towns without outreach work or HIV/AIDS NGOs, such as Alor Setar, Johor Bahru and Kuching. One respondent said that the interview was the first time she had the chance to find out more about HIV/AIDS. Another respondent in Kuching wanted to know if HIV/AIDS could be transmitted through oral sex. She related that she did oral sex on a client and when she spat out the sperm, it was red with blood.

Although all the respondents carried condoms with them during sex work, they generally did not use them, including the outreach worker who worked for a HIV/AIDS NGO. Safe sex was not practised when:

- their clients refused to wear condoms
- their clients looked healthy
- they were paid more for not using condoms
- their clients were good-looking and they were attracted to them
- doing oral sex
- they were with their long-term or regular clients
- they were with their boyfriends or long-term partners.

One respondent said that, '*Saya rasa dia OK. Badan dia OK. Dia sihat. Dia tak campur orang....Dah lama kenal dia*' (I think he is OK. His body is OK. He is healthy. He does not mix around ... Known him a long time). The respondents reported that sometimes clients would assault them if they insisted on using condoms.

The respondents also used unreliable ways to check if their clients were healthy. For example, one of them said, '*Bila keras, pegang kepala, picit kepala. Kalau sakit, dia ada sakit*' (When the penis is erect, hold the head, pinch it. If it is painful, he has illness). Some of them were given wrong information that they would not be infected if they took a type of '*pil pencuci darah*' (pill for 'cleansing' the blood). They bought them from certain shops and their friends.

This study is similar to that done by Clements, Wilkinson, Kitano and Marx (1999) in San Francisco, where they found high rates of HIV risk behaviour such as unprotected sex, commercial sex work and injection drug use among the 100 male-to-female and female-to-male transgendered respondents. The respondents cited low self-esteem, substance abuse and economic necessity as common barriers to adopting and maintaining safer behaviour. They mentioned that passing or being accepted sexually as male or female often contributed to self-esteem and willingness to

engage in unprotected sex and other high-risk behaviour. For those in sex work, many had unprotected sex with clients if they were paid more or if they were physically abused by them. Society's negative view on them could also contribute to self-destructive behaviour.

In the study by Jenkins, Ayuthaya and Hunter (2005) on 80 *katoey* or 'lady boys' in Thailand, safe sex was also not practised when customers refused, and when the *katoey* were building a relationship with a boyfriend. Almost all *katoey* reported little or no use of condoms for oral sex.

In this study, it was also found that most respondents did not regard HIV/AIDS as a primary concern for them. Their primary concerns included financial problems, discrimination by society, and coping as a *mak nyah* in a Muslim society. This is supported by Clements *et al.* (1999), who found that HIV was not a primary concern for many of their respondents. For many transgendered people, securing employment, housing and substance abuse or mental health treatment were more pressing issues that had to be addressed before HIV prevention and/or treatment would be effective. As a result of severe employment and housing discrimination, many relied on sex work. The study done by Jenkins *et al.* (2005) found that most *katoey* faced discrimination in the world of education as well as in the world of work. Most *katoey* eventually were pushed into the stereotypical fields of entertainment, fashion, hairdressing and sex work.

In this study, one respondent who was HIV positive did not practise safe sex. Although she was no longer in sex work, she had casual partners as well as a steady boyfriend. She said that she did ask her casual partners to use condoms, but they refused. She could not reveal her HIV status to them as she would be stigmatised and they would not want to have sex with her. She also did not use condoms when having sex with her steady boyfriend. When asked if her boyfriend understood what HIV/AIDS was, she said no. Another respondent pointed out that some HIV-positive *mak nyah* did not use condoms with their clients because they wanted to take revenge for getting the HIV virus from a previous client.

Some respondents had used condoms that broke during sex. These condoms were purchased easily and cheaply from small grocery shops (*kedai runcit*) or Chinese medicine shops. They cost only one ringgit for three, whereas good brands like Durex would cost over one ringgit for one. Some respondents bought condoms from HIV/AIDS NGOs. They were cheaper and of good quality. Among the 15 respondents, only five mentioned that they had clients who insisted on using condoms and only

three mentioned that some of their clients brought their own condoms. Compared with a few years back, they said that they now had more clients who were willing to use condoms for anal sex. However, many still preferred not to use condoms for oral sex. Not all respondents used proper lubricants during sex. Many used lotion to save cost. One even used her saliva. They did not know if the lotion could be used with the condom.

The respondents reported that their clients were from all walks of life. They were mainly straight men although they had gay men as well as *apom*. *Apom* were neither gay men nor transsexuals. Although they liked men, they could not enjoy having sex with another man as they found them to be 'too manly'. They enjoyed effeminate men like the *mak nyah* who had not undergone a sex change operation. *Apom* also enjoyed the *mak nyah* penetrating them (the act is termed as *terbalik* or reverse). However, as many *mak nyah* were on hormones, they could not have an erection. They still tried to please their *apom* clients and did whatever they could for the money. Occasionally the respondents also had clients who were straight men, but wanted to be penetrated by them, especially when they were drunk.

It was also revealed that transsexual sex workers from other countries, like Thailand, Indonesia, Myanmar and Philippines, usually did not practise safe sex, even though outreach work was also carried out with them. This is because their goal was to make as much money as they could. They therefore posed stiff competition to local *mak nyah* sex workers.

Only one of the 15 respondents had never been involved in sex work. She had steady boyfriends, but had never purchased or used a condom. When asked how she knew her boyfriends did not have any illness, she said she would get to know them well first before she went out with them.

The respondents knew where to obtain an HIV test. However, when asked if they would go for the test, most of them said no. The reasons given were:

- they were afraid of the results
- they were embarrassed to take the test
- they could be discriminated if they were tested positive
- they wanted to find money as sex workers and, therefore, it was better for them not to know
- they would not be able to accept the results if they were tested positive
- they believed that they could not be infected
- they were confident that they were not infected
- they were healthy and would only go for check-ups when they were sick
- they looked after their health.

One respondent mentioned that HIV status could be used by a *mak nyah* sex worker against another *mak nyah* sex worker. For example, out of jealousy the HIV status of the *mak nyah* could be revealed to everyone so that she would never get any clients.

Kenagy's (2002) study on 49 male-to-female transgenders (MTF) and 32 female-to-male transgenders (FTM) found that MTFs were found to be at risk from high-risk sexual activities and a willingness to engage in high-risk sexual activities in the future. Although MTFs were at risk for HIV infection, the majority did not believe their chances of getting HIV/AIDS were high.

When the HIV-positive respondents in this study were asked why they went for the test, they said that either they were not well and their doctors advised them to take the test, or they suspected that they were positive and were ready for the test. The respondents who had taken the HIV test said that no counselling was given to them before the test at the private clinics, private hospitals or government hospitals. This contravened the procedures of the Malaysian AIDS Council.

The respondents who were outreach workers or employees of NGOs mentioned that they saw more HIV cases and AIDS deaths in the *mak nyah* community compared with 10 years ago. One respondent believed that there were many HIV cases among the *mak nyah* sex workers. However, as the majority were never tested, it would be difficult to ascertain the precise number.

All the respondents who were HIV positive said that health care was easily accessible in Malaysia, as they were referred to the nearest hospital from their homes. Since health care in government hospitals was heavily subsidised, they could afford to keep up with their medication. In government hospitals, all patients pay only one ringgit to see a medical officer. If they have to see a specialist, they pay five ringgit. As for HIV/AIDS patients, the government provides the first and second antiretroviral drug (ARV) free of charge. If these therapies are not suitable for the patient, he/she will then be given the third ARV for which he/she will have to pay, with the exception of some segments of the society, for example children and government servants.

The majority of respondents said that they were treated well by doctors and nurses even though they cross-dressed. However, those who were HIV positive were treated badly by the nurses who knew their status when they were admitted into the hospital. For example, one respondent reported that the nurse did not want to help her when she could not get up. Another mentioned that the nurse did not want to help her change her adult diapers. Their HIV status seemed to be the cause of their discrimination, and not their transsexual identity. One respondent mentioned that she was discriminated against by a dentist who refused to treat her.

Some respondents revealed that the doctors they saw, especially general practitioners, were not well informed about HIV/AIDS and medical issues related to the *mak nyah*. For example, they could not differentiate between rashes and symptoms of HIV, and whether a HIV-positive *mak nyah* on ARVs could also be on hormone treatment.

The study done by Schilder, Laframboise, Hogg, Trussler, Goldstone, Schechter and O'Shaughnessy (1998) found that as a result of discrimination, many transgenders delayed contact with the health care system until illnesses forced them to obtain care. Their health problems were exacerbated by their marginalisation in poor inner city areas, where the environmental and social degradation was compounded by injection drug use and involvement in the sex trade. Primary care providers were not trained to address the major health challenges inherent in transgenders. For example, they did not know about the combined effects of hormones and HIV therapies on the liver or their side-effects.

### Harassment from authorities

Harassment and raids from the police or Islamic authority were experienced by the *mak nyah* sex workers in all the five towns in this survey. The raids had intensified in some towns compared with previous years, and could occur from every night to once every 2 weeks. The police usually targeted places where the *mak nyah* carried out their sex work or cheap hotels. *Mak nyah* carrying more than three condoms could be charged for prostitution. This had negative effects on the practice of safe sex and HIV prevention work.

In some towns, the raids were also conducted by *Ikatan Relawan Rakyat* or RELA (People's Volunteer Corps) and *Majlis Perbandaran* (Town Council). One respondent mentioned that the discrimination against *mak nyah* by the police, Islamic authority, People's Volunteer Corps and Town Council was 100%; '*Semua* (All) *KO*, not *OK-lah*. 100% discrimination'. She mentioned People's Volunteer Corps and Town Council to be the worst as they frequently broke into their houses. As the raids were frequent, other unethical groups had taken advantage of the situation by posing as enforcement authorities to confiscate their belongings, and to solicit bribes and sexual favours from them. Harassment and raids from the police or Islamic authority was a major problem for the *mak nyah* (Teh, 2002). They were caught for sex work, cross-dressing and indecent behaviour (which was up to the discretion of the police), besides offences like possession of drugs, pick-pocketing and thefts.

The study by Jenkins *et al.* (2005) also reported violence and harassment by the police while looking for drugs, and eventually charging *katoey* for prostitution or cross-dressing, largely

to elicit a bribe. The Thai police would charge the *katoey* for prostitution if they were found with more than two condoms. The respondents in this survey mentioned that some enforcement officers had asked for bribes and/or even sexual favours from them. In some towns, when the respondents were brought back to the police station, they were asked to strip in front of male officers and other men. They were not made to strip in front of female officers because they still had their penis. They were allowed to wear only their underwear when they were put in the same lock-up with other men. One respondent mentioned that one police officer rubbed a *mak nyah's* private parts in front of the others in the lock-up. Some *mak nyah* were also beaten up by the police. In some towns, the *mak nyah* also experienced hate crimes from male youths who would beat them up, take their money and belongings, or force them to have sex.

### Other problems faced by *mak nyah*

#### *Hormone-taking behaviour*

All the respondents in this study had taken hormones before, which were usually administered orally. They were normally purchased over the counter at pharmacies or from friends. They were never given proper instructions on how many they should take without causing harm to their bodies, and were not warned of the side-effects of taking too many hormones. Of the 15 respondents, only three were aware of the side-effects. Hormones sold by their friends were usually brought in from Thailand or Indonesia and could be counterfeit.

Respondents who had hormone injections said that they were administered mainly by medical doctors at private clinics. Therefore, there was no danger of sharing needles. Only one case was administered by another *mak nyah* friend, but new needles were used. However, counterfeit hormones could have been used. The doctors who administered the hormone injections did not inform the respondents of the possible side-effects. Two respondents mentioned that some doctors were more interested in making money than their health. If the respondents wanted to have quick results, the doctor would give them injections as often as they went to see him. The respondents themselves also did not ask about the side-effects. As one of them put it, '*Takut nak tau dan takut nak tanya*' (Afraid to know and afraid to ask). Since they wanted to look good, they did not care about the side-effects.

#### *Substance abuse*

Of the 15 respondents, seven had ever abused drugs or were still taking them. Most took 'designer drugs' like Shabu, Upjohns, Ice and Ecstasy. These drugs are or have properties like methamphetamine which falls under the amphetamine-type stimulants group. Usually the drugs were smoked or

'chased' rather than injected. Some took them occasionally while some took them almost every day. One respondent said that almost all of the *mak nyah* sex workers would take drugs in order to be able to carry out their work. She said that, '*TS dalam khayalan. Susah nak dapat mak nyah yang normal*' (Transsexuals are in dreamland. Difficult to find a *mak nyah* who is normal). Sometimes, their clients would provide the drugs and they would take them together. Another respondent said that she took drugs when she was lonely or feeling tense. Other reasons given were family, career and partner problems, feeling confident after taking drugs, being introduced to drugs by a partner who was a drug addict, and taking drugs to stay awake during sex work. Once the *mak nyah* were addicted to drugs, they had to work to feed their addiction. Clements *et al.* (1999) said that once involved in sex work, high rates of drug use and sexual risk-taking with multiple partners placed this vulnerable population at risk for HIV transmission. Some used drugs to 'deal with' sex work, while others stated that they engaged in sex work to support their drug addiction.

The respondents in this study mentioned that 60 - 95% of *mak nyah* were on drugs. Most were not intravenous drug users. Four respondents mentioned that Chinese *mak nyah* sex workers were more focused in their lives compared with the Malay and Indian *mak nyah* sex workers. They worked hard and did not get involved in drugs, so that they could save money to leave sex work eventually. One respondent mentioned that the pretty *mak nyah* generally did not take drugs, while the not so pretty ones took drugs to make themselves confident.

#### *Effectiveness of HIV prevention methods*

All respondents in this study, except the one who had never carried out sex work, had participated in some form of HIV prevention activities organised by NGOs. Most of them mentioned that posters and advertisements on television were not effective for HIV prevention, as they did not read the posters or watch the advertisements. Those who saw the posters or advertisements said that the information given was not clear and difficult to follow. The respondents preferred face-to-face outreach as they could listen to the explanation of the outreach worker and also ask questions. Seminars and talks were also effective, particularly if a HIV-positive *mak nyah* shared information with them. However, they felt that these activities had to be ongoing. The continuous reminders might make them worried, change their attitude and practise safe sex.

Some respondents felt that they needed a support group, shelter homes, outreach programmes, counselling programmes and drop-in centres catering to *mak nyah* needs and concerns. As one of them said, '*TS tanpa arah tuju. Kita tak ada rumah*

*perlindungan, drop-in centre, tak ada tempat pengetahuan*' (Transsexuals are without directions. We don't have shelters, drop-in centre, place for information). They hoped that NGOs would set up these facilities and employed *mak nyah* to help them. There were also hardly any seminars or talks on HIV in their towns. These needs and concerns are similar to those reported in the study by Kammerer, Mason and Connors (1999), which contended that discrimination and social stigma shaped transgenders' HIV risk behaviour. The difficulties transgenders had in gaining access to shelters, securing safety in prisons, obtaining legal protection, obtaining appropriate mental health counselling, as well as other health and social services, were related to their risks of HIV infection. The researchers believed that HIV prevention by and for transgenders could help reduce the incidence of AIDS, at the same time that it provided positive role models and contributed to community building. Outreach should also work to have an impact on customers at bars, and clients of transgender sex workers.

In the study by Jenkins *et al.* (2005), it was suggested that programmes for *katoey* should include HIV prevention, counselling regarding boyfriends, relationships, negotiation and risk, oral sex as a sexually transmitted infection (STI) risk factor, living with HIV, living with others who have HIV, and gender reassignment surgery. There should also be appropriate drug treatment facilities or programmes available to *katoey*. They concluded that an NGO or some form of self-help organisation with branches around the country should be formed to help the *katoey's* cause. Through such an organisation, advocacy and information on transgenderism could be disseminated to the public, to the media, and to *katoey* themselves throughout Thailand. However, they mentioned that ultimately *katoey* would have to speak out for themselves through newsletters, magazines, websites, seminars, meetings, or art and performance events.

## Conclusion and recommendations

From the interviews conducted with the 15 *mak nyah* respondents in the five major towns in Malaysia, it can be concluded that HIV prevention work is much needed among the *mak nyah* community, especially as there are a significant number of them who are HIV positive and working as sex workers. While many of them had heard about HIV/AIDS, they did not have in-depth knowledge of the issue. Moreover, HIV prevention was not their primary concern.

HIV prevention work among the *mak nyah* community should not only be about having prevention activities, but include dealing with other *mak nyah*-related problems like discrimination, unemployment, persecution by authorities,

lack of confidence and low self-esteem. As long as these other problems are not dealt with, HIV prevention work will never be successful among the *mak nyah* community. Besides this, the *mak nyah* community should not be singled out as one of the high-risk groups. The general public is also a high-risk group as they do not practise safe sex when they seek the services of sex workers. As long as the authorities do not accept these issues and address the problems, HIV/AIDS cases will continue to increase in the country.

From the findings of this study, the following are recommendations for the relevant authorities or stakeholders:

- Besides the *mak nyah* community, HIV prevention and outreach work are needed among the general public in rural and urban areas, particularly clients of sex workers and their families.
- NGOs need to be set up in parts of the country that are without them to provide outreach work, facilities (support groups, drop-in centres and shelters) and HIV prevention activities (face-to-face talks and seminars only for the *mak nyah*, peer educators workshops and sharing sessions by HIV-positive individuals). *Mak nyah* should be employed and trained to carry out activities with other *mak nyah*. The government should increase funding for these activities so that they could be ongoing to be effective.
- Outreach workers and peer educators must be well informed and up-to-date on HIV issues, for example, the different types of medical treatment that are available at the government hospitals, and their costs.
- As drug abuse is another problem that many *mak nyah* face, drug prevention and rehabilitation programmes need to reach them. Outreach workers, peer educators, support groups, and employees in drop-in centres and shelters for *mak nyah* should also be knowledgeable about these issues and incorporate drug abuse prevention into their work.
- More medical specialists need to be trained in HIV issues by the government, as there is a shortage of them in the country, particularly where private hospitals do not have them due to the stigma attached. Doctors with *mak nyah* clients should be equipped with information on HIV/AIDS and medical issues related to this community. For example, they should know the symptoms of HIV and whether a HIV-positive *mak nyah* on ARV can still be on hormone treatment. More information on hormone intake should also be given to the *mak nyah*, such as its side-effects. Doctors should also be aware that many *mak nyah* abuse drugs, and advice should be given to them on drug rehabilitation. In summary, doctors dealing with *mak nyah* patients need to be competent in providing gender, addiction and HIV care simultaneously.

- Besides HIV prevention work, *mak nyah* also need to have access to advocacy, support and counselling for their specific transsexual or gender issues, particularly on the discriminatory and judgmental attitude of society, which is being reinforced by the raids carried out by the enforcement authorities. The society and authorities in Malaysia need to be educated and sensitised on the concept of transsexualism. Dialogues with relevant authorities like members of parliament, police, Islamic authorities and town councils are necessary to stop the discrimination and persecution, particularly when their raids have been hampering HIV prevention work. These authorities should be made aware of the real predicament of the *mak nyah*, including the fact that some of their officers confiscate belongings, ask for bribes and sexual favours, and are violent towards the *mak nyah*. The media should convey more accurate information and images of the *mak nyah* to society. With less discrimination and persecution, more *mak nyah* will be able to obtain proper jobs. Dialogues should also be organised with the Employment Department to help *mak nyah* find jobs. In the long term, empowering the *mak nyah* community is the best way to deal with many of their problems. Competent activists among the *mak nyah* need to be identified and trained to speak out for their community. Advocacy work for the *mak nyah* community has to be ongoing. It is hoped that eventually the *mak nyah* will be able to speak out and look after their own community.

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