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HIV and men who have sex with men

I. RESPONSE HIGHLIGHTS

- Malaysia has joined neighbouring countries in identifying men who have sex with men (MSM) as a key affected population (KAP). Recent spending assessments show an increase in resources allocated to programmes that benefit MSM.⁹
- Malaysia is included in a multi-country Global Fund Round 10 (2011-2013) proposal known as ISEAN-Hivos that seeks to initiate several HIV prevention activities targeted to MSM in Malaysia.¹⁰

II. PRIORITIES FOR “GETTING TO ZERO”

- Remove laws impeding effective HIV prevention, including laws criminalizing sex between males and laws that affect sex workers.
- Introduce structural interventions that seek to alter prejudiced beliefs about LGBT people and promote a more supportive environment for MSM and HIV prevention.
- Ensure the inclusion of MSM in HIV planning at provincial and national levels.
- Scale up resources for MSM programmes and aim for allocations to be commensurate with patterns of new infections.

III. THE CURRENT SITUATION

The composition of Malaysia’s HIV epidemic is changing rapidly. Whereas it was previously understood to be more heavily concentrated among people who use drugs (PWUD), sexual transmission appears to be on the rise. Women and MSM in particular are facing an increasing share of new infections.² Given the emphasis that PWUD have received in research and prevention programmes in Malaysia over the last several years, some postulate that decreased transmission among PWUD enhances the vividness of risk among other populations.¹¹

Islam inevitably influences how homosexuality is viewed by the general public and may influence sexual risk taking behaviours in ways that are not entirely understood. Ostracization from family and friends, class discrimination, and social stigmatization are all common experiences for MSM in Islamic countries.¹² Risk might also rise from the belief that adherence to religious teachings should suffice as protection from HIV; or in some cases, a view of HIV transmission as an inescapable ‘fate.’ These hypotheses were confirmed by recent focus groups and are in line with data that indicate higher HIV risk among Malays as compared to their Chinese peers.^{11,13}

Together with key findings drawn from a series of epidemiological and behavioural studies released in the last few years, there is a compelling case for increased programmatic attention to MSM. Malaysia found that civil society groups such as the Pink Triangle (PT) Foundation are well-

DATA SUMMARY

Indicator	Estimate	Year
Epidemiology		
Estimated no. of MSM ¹	173,000	‘08
% of all cases that are among MSM ^{*2}	2.5%	‘11
HIV prevalence among MSM (capital city) ^{*2}	1.4%	‘11
No. of times higher than among general ^{†2}	3.5	‘11
HIV prevalence among youth MSM	-	-
No. of HIV-positive MSM needing ART ^{‡2,3}	1,700	‘11
Syphilis prevalence among MSM	-	-
Behavioural data		
Condom use during last encounter, MSM ^{*4}	38.0%	‘10
HIV test in last year, MSM ^{*4}	29.7%	‘10
Prevention knowledge	-	-
Reported vaginal sex in past month, MSM ⁵	16.1%	‘09
Programmatic situation		
Prevention spending on MSM, US\$ ^{*2}	163,551	‘11
Spending as % of total prevention spending ^{*2}	1.7%	‘11
Cost for full service coverage, US\$ ^{‡3}	7,785,000	‘10
Reporting on UNGASS indicators ^{*2}	4 of 4	‘12
HIV prevention coverage, MSM ⁴	22.3%	‘10
Existence of national network of MSM ²	No	‘12
MSM-specific programme line in NSP ⁶	Yes	‘12
Specific MSM and HIV strategy ⁶	No	‘12
Inclusion in ongoing HIV surveillance ⁶	Yes	‘12
Legal environment		
Male-male sex ⁷	Illegal	‘12
Sex work in private ⁸	Not illegal	‘12
Soliciting for sex ⁸	Illegal	‘12
Laws that pose obstacles for MSM ⁹	Yes	‘12

* This figure is the latest figure reported via UNGASS/Global AIDS Progress Reports.

† This figure is calculated by multiplying the estimated number of MSM in the country by the low-range estimate of HIV prevalence and then multiplying this number by 0.7, assuming that approximately 70 percent of HIV-positive MSM are clinically eligible to receive anti-retroviral therapy.

‡ This figure is calculated by multiplying the estimated cost of full coverage of HIV prevention interventions per MSM by the estimated number of MSM. See corresponding reference for costing information.

positioned to scale up prevention programmes in key areas but suffer from scarce funding, legal conflicts, and general stigma.¹¹ Malaysia simultaneously faces a situation where MSM within reach of venue-based outreach efforts are disproportionately educated and well off.^{5,11} Further work will need to be done to develop a more accurate understanding of HIV risk among Malays and lower socioeconomic classes. In the interim, Malaysia faces an opportunity to inspire the political will that could play a pivotal role in the future of the epidemic. Cooperation between government and a burgeoning LGBT civil society may indeed be the most promising path forward.

IV. ADDITIONAL EPIDEMIOLOGIC INFORMATION

- The size of the MSM population was estimated to be 173,000 in a recent National Consensus Workshop. This figure equates to approximately 2.3 percent of adult males (ages 15-49) in Malaysia in 2010.^{1,14}
- The countrywide HIV prevalence estimate for MSM decreased from 7.1 percent in 2007 to 3.9 percent in 2009 and 1.4 percent in 2011.^{2,15,16}
- Although homosexual transmission is estimated to account for 2.5 percent of cumulative reported HIV cases between 1986 and the end of 2011, it represented 10.3 percent of cases reported in 2011 alone. The discrepancy is likely due to growing risk of HIV among MSM and increased testing and disclosure of personal sexual histories.²
- HIV infection is present in all age groups, but is understood to be higher among younger men aged 18-29 despite these figures not being published.¹⁷
- Kanter *et al.* found that the majority of the 514 respondents recruited in cruising venues were Malay (47 percent) or Chinese (43.7 percent) and most identified as 'gay' (63.6 percent). Being recruited in a sauna and being Malay were independent predictors of HIV infection (found in 3.9 percent of participants).⁵

V. ADDITIONAL BEHAVIORAL INFORMATION

- Information about MSM behaviour and knowledge is exceptionally limited in Malaysia. However, three separate operational research projects were performed in 2009 and 2010 that provide an estimate of HIV prevalence and a profile of bio-behavioural risks among MSM in Kuala Lumpur.^{4,5,18}
- In the 2008 UNGASS report, the government reported that 100 percent of MSM had been tested for HIV in the past 12 months and knew the result.¹⁶ This figure declined to 41 percent in the 2010 UNGASS report and declined once again in the most recent 2012 report to 29.7 percent.^{2,15} However, a 2009 global analysis of methodologically sound behavioural data deemed the 100 percent figure from Malaysia's 2008 UNGASS Report 'ineligible' for its analysis due to no mention of the methodology used.¹⁹
- Reported condom use during the last anal sex encounter declined from 62.9 percent in the 2010 UNGASS report to 38 percent in the 2012 AIDS Progress Report.^{2,15}
- Kanter *et al.* found in 2009 that approximately one in four MSM reported having more than six male partners in the past six months; 6 percent reported injecting drug use; and 16.1 percent reporting having sex with a female partner

in the past six months.⁵ The 2012 AIDS Progress Report acknowledges that MSM often maintain female partners due to social pressures, cultural context, and the fear of facing stigma.²

- In a 2008 analysis of MSM who sought services at a community-based testing centre in Kuala Lumpur, 80 percent reported not being in any relationship; 59 percent identified as Chinese and 26.8 percent identified as Malay; and a majority reported having a tertiary-level degree (73.7 percent) and described themselves as 'white collar workers' (65.5 percent).¹¹
- Kanter *et al.* discovered significant misconceptions of HIV risk prevalent among MSM in Kuala Lumpur. Of the 514 respondents, 20.1 percent believed that HIV could not be transmitted through insertive anal sex and 19.5 percent believed that it could not be transmitted through receptive anal sex.⁵
- Key informants involved in a series of focus groups conducted in 2011 attributed sexual risk taking among Malaysian youth to the influence of drugs and an endemic sense of adventurism.¹³
- The aforementioned focus groups confirmed an increasing use of the Internet and smartphones for sexual networking—a phenomenon common to modern cities in and outside of South East Asia.¹³ Sexual networking appears to also happen at a regional level, whereby MSM traveling to and from neighbouring countries are able to quickly engage with local sexual networks.

VI. ADDITIONAL PROGRAMMATIC INFORMATION

Community-based responses

- There are no MSM-specific CBOs, formal networks, or support services; and MSM are informally organized with social groups, interest-based groups, and loose alliances.²⁰
- The Pink Triangle (PT) Foundation is the only community-based organization that is known to provide MSM-specific services in the capital city of Kuala Lumpur. However, it also serves transgender people, male and female sex workers, and people who use drugs. At time of writing, their activities included: outreach at gay nightclubs, saunas, and massage parlours; and counselling, HIV testing, and health referrals.²¹
- A coalition of Malaysian nongovernmental organizations has spawned from an annual festival called *Seksualiti Merdeka* that celebrates sexual diversity. The coalition advocates for the human rights of LGBT people in Malaysia.²²
- Albeit sporadically, MSM outside of Kuala Lumpur in the past have been reached with HIV prevention and treatment services through non-MSM-specific community based or non-governmental organizations.²³

National MSM networks

- There is no known national MSM network. In late-2012, the PT Foundation was reported to be in the process of forming one as part of the ISEAN-Hivos programme.¹⁰

International support

- It has been noted that in the transition from 'developing' to 'developed' status, Malaysia lost international funding for MSM programmes, most of which was never replaced by

the national government. According to civil society, this has led to “noticeably poorer HIV knowledge and higher HIV incidence among younger MSM.”²⁴

- The United Nations in Malaysia currently constitutes its largest development partner and provides support to national country partners bilaterally as well as jointly through the United Nations Theme Group on HIV (UNTG).¹⁵
- Malaysia, along with Indonesia, the Philippines, Timor Leste, and other Southeast Asian countries, submitted a multi-country proposal to the Global Fund in Round 10 to fund the ISEAN-Hivos Project, whereby the PT Foundation is the Malaysian sub-recipient. The grant is expected to enable several activities, including the formation of Malaysia’s first national network of MSM and transgender people.¹⁰

National health system

- There is no information available on the integration of health services tailored to MSM. It is believed that a sexual health clinic known to deliver services to sexual minorities in Kuala Lumpur has closed due to inadequate funding.²⁵

VII. ADDITIONAL LEGAL INFORMATION

- Sex between males is illegal under section 377A and 377D of the Penal Code. Muslim MSM are also subject to *Sharia* law, which forbids sex between men.²⁶
- Sex on premises venues (e.g., saunas) are illegal.²⁶
- There are no legal protections for MSM or transgender people and transgender people cannot change their sex or gender on official documents.²⁶
- Incidents where MSM, transgender people, and HIV outreach workers were harassed by law enforcement agencies are well documented. There are reports of condoms and lubricant seized from MSM venues; and condoms have been used as evidence of prostitution or otherwise ‘deviant behaviour.’ In 2002, Human Rights Watch reported that the Government of Malaysia forced HIV groups to stop distributing condoms.^{20,27,28}
- Legal reviews conducted by the UN have found that Malaysia is ‘prohibitive in high intensity’ and ‘highly repressive’ for MSM and transgender people.^{28,29}

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View all MSM Country Snapshots at: www.aidsdatahub.org, www.apcom.org, and <http://asia-pacific.undp.org/practices/hiv aids/>

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