# Profiles of Men-who-have-sex-with-men Seeking Anonymous Voluntary HIV Counseling and Testing at a Community-based Centre in Malaysia

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**SUMMARY**

**Community-based HIV voluntary counseling and testing (VCT) services is an effective alternative for mapping the local demographics of at-risk populations for HIV as well as provide an acceptable and reliable means of early detection of HIV. We describe the profiles of men-who-have-sex-with-men (MSM) who sought VCT services in a community based centre in Kuala Lumpur.**

**KEY WORDS:**
*HIV, Voluntary counseling and testing, MSM*

## INTRODUCTION

Human immunodeficiency virus (HIV) counseling and voluntary testing programs have been an important part of the national HIV prevention efforts since the first HIV antibody tests became available in 1985 [1]. In Malaysia, while anonymous testing for HIV has been available in most public primary health care clinics for some time; the response from the public has been rather poor [2, 3]. Some of the reasons for the poor response may be attributed to lack of awareness, lack of publicity or fear of discrimination and disclosure of test results to others. The public generally prefer to have the HIV testing done in a non-health-care-based setting such as home testing or community based centre [4]. This is particularly pertinent for MSM because n many developing countries, including Malaysia, many MSM face intense family, social and cultural stigma, discrimination and even criminalization[5]. The lack of STI services appropriate for MSM remains a major barrier, resulting in MSM unwilling to disclose their same sex activities to providers [5]. The UNAIDS 2006 report estimated only 20% of MSM in developing countries have access to the basics of HIV prevention which includes sexual health information, condoms, water-based lubricants, VCT and STI care centres [6].

In Asia, the HIV epidemic has traditionally been fueled and concentrated mainly in the most-at-risk-populations such as injecting drug users, sex workers and their clients and MSM. While globally the epidemic seems to have stabilized, there are evidences to suggest that among the MSM community, the epidemic continues to spread unabated [7-9]. MSM in Asia have around a one-in-five odds ratio (18.7%) of being infected with HIV [7]. In contrast to injecting drug users and sex workers, the HIV epidemic amongst MSM is often 'hidden' as MSM often do not readily disclose their sexual behavior creating difficulties in estimating the prevalence of MSM in the population as well as assessing their characteristic profiles. This in turn may hamper MSM-appropriate preventive strategies [10].

In many countries, VCT is gaining acceptance and used as a surveillance tool to define better and more realistic HIV prevalence in the local demography from which local policies are formulated to tackle the problem [11-14]. In 2006, a community based VCT centre was set up in Kuala Lumpur, Malaysia, to provide a safe, confidential and anonymous HIV testing service to any persons above the age of 18 years old. At the centre, people seeking VCT would be offered pre-test counseling before testing for HIV using a rapid test kit followed by post-test counseling. We attempt to describe the profiles of men-who-have-sex-with-men (MSM) seeking VCT service at the centre between January until December 2008 and their HIV prevalence rate.

## MATERIALS AND METHODS

Data were collated from the pre-test screening forms filled by clients seeking VCT service at the community based VCT centre. Completion of the form was voluntary and no data identifiable to the client were required. A total of 740 clients sought VCT services at the centre between January to December 2008. Of these, 433 clients disclosed their sexuality as either homosexual or bisexual men. These two groups were collectively labeled as MSM in this study. Traditionally transgender (TG) people have been included under the term "MSM" but it has increasingly been recognized that they have unique needs and concerns and would be better viewed as a separate group [15]. Therefore clients who identified themselves as transgender were excluded from this study.

The socio-demographic data gathered were age, ethnic group, marital status, relationship status, sexuality, education level, occupation, monthly income, reason for seeking VCT service, number of sex partners and types of sexual partners in the preceding 6 months. HIV rapid tests were performed using either SD Bioline HIV test (Standard Diagnostics Inc.) or ACON HIV test kits according to the manufacturer's specification. Descriptive statistical analyses were performed using SPSS for Windows v17.

*This article was accepted: 18 April 2011*
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## RESULTS

There were 433 clients who disclosed their sexuality as either homosexuals (N = 355, 82.2%) or bisexuals (N = 77, 17.8%). The mean age was 29.2 years old (median 28 years, mode 24 years). The youngest was 18 years old while the oldest was 61 years old. Most of the clients were Chinese (N=253) followed by Malays (N=115). Most had tertiary education (N=264), held white collar jobs (N=150) and earned a monthly income between RM 2001 – 5000 (N=154). The other parameters studied are tabulated in Table I. Forty (40) MSM tested HIV positive in this study giving an overall HIV prevalence of 9.2%. Of these, 32 (80%) were homosexuals and 8 (20%) were bisexuals.

**Table I: Profiles of MSM seeking VCT services**

| Socio-demographic factors | Frequency | Percentage |
|---|---|---|
| **1. Age groups in years (N = 431)** | | |
| < 20 | 7 | 1.6 |
| 20 – 29 | 258 | 59.9 |
| 30 – 39 | 130 | 30.2 |
| 40 – 49 | 28 | 6.5 |
| 50 – 59 | 6 | 1.4 |
| > 60 | 2 | 0.5 |
| **2. Ethnic group (N = 429)** | | |
| Malay | 115 | 26.8 |
| Chinese | 253 | 59.0 |
| Indian | 21 | 4.9 |
| Other | 40 | 9.3 |
| **3. Marital status (N = 318)** | | |
| Single | 310 | 97.5 |
| Married | 8 | 2.5 |
| **4. Current relationship status (N= 421)** | | |
| Not in relationship | 340 | 80.4 |
| Monogamous relationship | 55 | 13.0 |
| Open relationship | 26 | 6.1 |
| **5. Sexuality (N = 433)** | | |
| Homosexual | 356 | 82.2 |
| Bisexual | 77 | 17.8 |
| **6. Education level (N = 358)** | | |
| Primary | 17 | 4.8 |
| Secondary | 77 | 21.5 |
| Tertiary | 264 | 73.7 |
| **7. Occupation (N = 229)** | | |
| White collar worker | 150 | 65.5 |
| Blue collar worker | 25 | 10.9 |
| Self-employed | 4 | 1.7 |
| Student | 50 | 21.8 |
| **8. Monthly income (MYR) (N = 319)** | | |
| < 1000 | 31 | 9.7 |
| 1000 – 2000 | 92 | 28.8 |
| 2001 – 5000 | 154 | 48.3 |
| > 5000 | 42 | 13.2 |
| **9. Reason for HIV testing (N = 256)** | | |
| "To check if infected or not" | 191 | 74.6 |
| " To protect self" | 18 | 7.0 |
| "Suggested by others" | 11 | 4.3 |
| "Routine check up" | 33 | 12.9 |
| "Other" | 3 | 1.2 |
| **10. Number of sex partners in last 6 months (N = 433)** | | |
| None | 73 | 16.7 |
| 1 – 10 | 201 | 46.4 |
| 11 – 20 | 43 | 9.9 |
| 21 – 30 | 28 | 6.5 |
| 31 – 40 | 6 | 1.4 |
| 41 – 50 | 5 | 1.2 |
| > 50 | 10 | 2.3 |
| Many | 67 | 15.5 |
| **11. Types of sexual partners in the last 6 months (N = 407)** | | |
| Regular | 161 | 39.6 |
| Casual | 135 | 33.2 |
| Regular and casual | 93 | 22.9 |
| Regular, casual and paid sex | 18 | 4.3 |
| **12. HIV test results (N = 433)** | | |
| Negative | 393 | 90.8 |
| Positive | 40 | 9.2 |

## DISCUSSION

There has been a steady increase in the number of HIV and AIDS cases diagnosed in Malaysia since 1986. Data from the AIDS/STD Section, Ministry of Health Malaysia estimated that at the end of 2008, there were 84,630 cases of HIV infections and 14,576 of AIDS. The majority of them were men with 91.1 % and 89.1% of reported HIV infection and AIDS, respectively. Most of those infected were from the 20 – 29 and 30 – 39 years age groups (34% and 43%, respectively). The Malays were the majority (72%) of those infected with HIV followed by the Chinese (15%), Indians (8%) and foreigners (3.4%) [16]. HIV transmission in Malaysia continues to spread mainly through the sharing of contaminated needles among injecting drug users (75.6%) and through heterosexual contact (12.9%) while spread through homosexual/bisexual contact was estimated to be 1.0% [17].

The exact population of MSM in Malaysia is unknown as no population based studies among MSM have been conducted leading to difficulty in estimating the prevalence of MSM in this country. Only a handful of Asian countries such as Thailand (2008), Myanmar (2007) and Indonesia (2006) have reported MSM population of 560,000, 200,000 – 280,000 and 766,800, respectively while other countries reported prevalence of MSM based mainly on mapping studies similar to this study [15].

In our study, the majority of the clients were between 20-29 years old (N=258, 59.9%) and 30-39 years old (N=130, 30.2%) age groups which is in keeping with the national estimates. Twenty three clients (8.9%) from the 20-29 years age group and 14 (10.8%) from the 30-39 age groups tested positive for HIV. The overall prevalence of HIV in our study was 9.2% which is high according to the World Health Organization Regional Office for South-East Asia (WHO SEARO) 2010 report which described prevalence of HIV among MSM to be high in India (7.4% national rate), Thailand (24.7% in Bangkok and 8.3% in Chiang Mai), Myanmar (28.8% national rate) and Indonesia (5.2% national rate). In the same report, medium-to-low HIV prevalence was found among MSM in Nepal (3.8%), Bangladesh (< 1%), Timor-Leste (0.9%) and Sri Lanka (0.48%) [15].

In our study, 310 out of 318 disclosed their marital status as 'single' while 8 (2.5%) were married. It is not unusual for MSM to be married or have female sex partners. For instance, in Nepal (Kathmandu, 2009), 37.8% of MSM were reported to be married and in India (2006), 10-55.6% of MSM were married [18, 19]. In comparison, relatively few of the clients in this study were bisexuals. Even so, they may be potential conduits where HIV infection can spread out from the MSM community through sex with their female partners. Fortunately, in our study, none of the eight bisexual men tested positive for HIV.

In terms of relationship, out of 421 clients in our study, the majority (N=340, 80.4%) were not in a relationship while 26 (6.1%) disclosed that they were in an open relationship, which meant that they were in a relationship with one man but either partner may have other sex partners as well. The HIV prevalence in these 2 groups were 10.6% (N=36) and 11.5% (N=3), respectively. Interestingly, 55 (13%) claimed to be in monogamous relationships and none of these tested positive for HIV. This may suggest that being in a monogamous relationship was beneficial over those who were not in any relationship or were in an open relationship in terms of risk of acquiring HIV infection. However, the number of those in open relationship and those in monogamous relationship were too few for any meaningful statistical analysis.

In almost all countries reviewed in the WHO SEARO (2010) report, a substantial proportion of MSM had large numbers of male sex partners of all types – regular, casual and commercial (paid) and paying. The mean number of male sex partners ranged from 1.7 to 13.9 over one month in India (2006), 3.9 over one month in Bangladesh (2003-2004) and 8.8 over 12 months in Sri Lanka (2006-2007). In Indonesia, the median number of male sex partners of MSM over one month ranged from 2 to 10 [15]. In our study, about 60% (N= 246) had sexual intercourse with others, including commercial sex partners, who were not their regular partners. The average number of male sex partners of MSM in this study over 6 months was 11.6.

When asked on why they sought VCT services, out of 256 clients, 191 (74.6%) responded that they wanted to know if they were infected with HIV or not. Twenty of these (10.5%) eventually tested positive for HIV. Other reasons offered included VCT being part of their routine check up (N=33, 12.9%), protection of oneself (N=18, 7.0%) and at the suggestion from others (N=11, 4.3%). While it is heartening that the majority of the MSM in this study sought VCT services because they wanted to know their HIV status, what would be ideal is for HIV testing to become part of their routine health checkup. This could be adopted as a target in preventive strategies in the MSM community which will be to convince the MSM community to go for HIV testing regularly as part of their routine health checkup. This approach has its merit as early detection of asymptomatic HIV infection with early intervention lead to better outcome and quality of life[20].

In summary, the MSM in our study have comparable profiles to MSM communities in other Asian countries with high HIV prevalence. They also have large number of male sexual partners of all types. The HIV prevalence in our study (9.2%) was comparable to other Asian countries with high HIV prevalence such as India, Thailand and Indonesia. All these countries have notable national strategies to tackle the rising epidemic of HIV amongst the MSM community. For instance, the Indonesian government has made a commitment that 80% of most-at-risk-populations (which include MSM) have access to comprehensive HIV prevention programs [21]. In India, the National AIDS Control Organization (NACO) developed operational guidelines for targeted interventions specific to the MSM community while in Thailand, their National AIDS Strategic Plan 2007 – 2011 clearly recognized MSM as one of the populations for HIV prevention [19, 22].

In Malaysia, preventive strategies among MSM have largely been spearheaded by non-governmental organizations which were funded by the government to a certain extent and to a large extent by foreign organizations such as The Foundation for AIDs Research (amFAR). Similar to Thailand, Malaysia needs to recognize the MSM community as one of the populations for targeted prevention strategies as the epidemic will not remain exclusive to this male subpopulation but instead spread through regular and casual sexual partners, commercial male and female sex partners and through wives of married MSM. To our knowledge, this study is the first study describing the profiles of MSM community in the setting of a community based VCT facility and our findings may be useful in formulating targeted preventive strategies for the MSM community in Malaysia.

**ACKNOWLEDGEMENT**

We wish to acknowledge Dr K. Kanagalingam, TW Koh and FT Tai of the PT Foundation, Malaysia for their significant contribution to this study.

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