

Second Report on AIDS Related Attitudes and Sexual Practices among Jakarta's Male Transvestites, 1995

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INTRODUCTION

Although the AIDS virus has been identified, neither a method for preventing infection nor an effective method of treatment has yet been developed, and the disease is fatal. Only health education campaign to change high-risk sexual behavior to a lower one can prevent the spread of HIV/AIDS.

The first AIDS case reported in Indonesia was a tourist found in Bali in April 5, 1987. Until 31 July 1995 the number of HIV/AIDS cases reported to the Department of Health has increased to 316 where 77 among them were AIDS. HIV/AIDS has been reported from 15 out of 27 provinces in the islands of: Java, Sumatera, Kalimantan, Irian Jaya, Bali, West Nusatenggara and Maluku. The mode of transmission were as follows: 24.0% homosexual/bisexual, 58.9% heterosexual, 1.3% IVDU, 0.6% blood transfusion, 0.6% factor VII/hemophiliac, 14.6% unknown. The most affected age group for AIDS were 30-39 years old and for HIV were 20-29 years old.

In Jakarta, the number of male transvestites is estimated to be close to 5,000. They are referred to as Waria, a combination of the Indonesian words Wanita, meaning women, and pria, meaning man. Physically they are men but psychologically they are women, and their sexual activities is similar to male homosexual. Most of the Waria have day-time jobs but at night they become self-employed commercial sex workers (CSW). Contact with clients is usually established in places of entertainment, in parks or on the street; their careers as CSW are believed to span several years longer than those of their female counterparts.

Since 1991, the Indonesian Public Health Association (IPHA), Namru-2 and WHO has been conducting HIV/AIDS campaign, condom distribution, STD treatment and monitoring of the Jakarta Waria for sexually transmitted disease including HIV. This is the second report on the attitude and sexual pra of Waria in Jakarta. From the first 830 specimen collected in 1991-1993

we found one HIV positive Waria from South Jakarta by Elisa and confirmed by Western Blot test. This report covered a period from May - July 1995 where among 253 Waria we found additional two HIV positives (one weak positive) from North Jakarta.

MATERIAL AND METHOD

Four Warias recognized as popular opinion leaders by their peers, who have been working with this program since 1991, were recruited as field HIV/AIDS educators. Before the program started, they were trained again with the knowledge and skill to conduct HIV/AIDS education campaign, condom usage demonstration, capability to advocate the change of sexual practices from high to low risk, to conduct interview to fill up questionnaire on a study. One physician was appointed to explain the clinical signs and treatment of HIV/AIDS, to conduct physical diagnosis and treatment on any Waria who is suffering from any suspected STD. With informed consent, one medical technician was responsible in blood drawing, separation and storage. Namru-2 conduct ELISA test and Western Blot test for confirmation of HIV infection.

Printed information thatgraphically depicted high-risk sexual behavior and the proper use of condoms were supplied. Pictures on clinical signs of AIDS cases such as buccal lesion, various skin lesion, etc. were shown to participants. They were coached the proper way to ask questions dealing with the sensitive issues of sexual attitudes and behavior and the legal requirement of obtaining informed consent. The importance of blood testing for HIV antibodies, including pre-test and post-test counseling, was explained and procedures were described.

Approximately 500 Waria were invited to lunch gathering, at a beauty salon, South Jakarta Municipal Hall, training center etc, or at the house of one of the leaders. Members of the IPHA

team attended also. The leaders used visual aids to make short presentation on the epidemiology, sociology, economic and clinical aspect of HIV/AIDS. They explained the importance of AIDS education and stressed why they thought that the Waria, including themselves and their friends, were at significant risk for becoming infected with HIV. Emphasis was focused upon reasons and methods for altering sexual behavior. Demonstration for the proper use of condoms with water based lubricants were presented and after obtaining informed consent, interviews on sexual behavior patterns and attitudes towards AIDS were conducted in private, on a one to one basis. Any Waria who suffered of any STI were treated with antibiotics. Finally, blood was collected voluntarily for HIV antibody testing and condoms were distributed, 100 condoms each.

RESULTS

A total of 253 out of 500 Waria agreed to participate this study, conducted from May-July 1995, mostly from East Jakarta (48.3%); and from South Jakarta (19.3%), Central Jakarta (13.9%), West Jakarta (12.2%), North Jakarta (6.3%). Their mean age is 31.1 years old with a minimum of 12 years old and maximum 65 years old; 76.8% of them are commercial sex workers. They has been living in Jakarta for an average of 11.9 years.

During the last three weeks they have sex with men at an average of 5 persons, with bisexual man 0.2 persons. 65.6% received payment for sexual contact, 15.2% never being paid, and 19.2% sometimes received money.

From the last 5 sexual contacts they use condom in only 1.2 times, and their sexual behavior are: conducting anal sex only 2.7 times, oral sex 3.5 times and masturbation 1.4 times. Among them, 36.6% have had sexual contact with foreigners.

The reasons for not using condom are: forget to use 35.3%, does not like to use 21.0%, their partner does not like to use condom 38.2% and does not know about condom 5.5%.

32.9% knows that there is a risk to get HIV/AIDS infection for themselves, 19.0% assumes no HIV infection risk and 48.1% does not know. Whereas 27.6% know that there is risk HIV/AIDS infection for their partner, no risk 18.2% and does not know 54.2%.

DISCUSSION

Education campaign on methods of HIV/AIDS prevention and intervention remain the most effective means in informing population on how their sexual behavior influences their risk for HIV infection. In the industrialized nations such campaigns are carried out effectively through the media: television, radio, newspaper and magazines. In developing countries, however, the majority of people who need the HIV/AIDS information do not have access to those methods. Thus, educational campaigns must be conducted on the streets or in the local neighborhoods, bath houses, massage parlors and entertainments.

In the previous research (1993) we found one out of 830 Waria from South Jakarta positive of HIV infection based on Elisa and Western Blot test. In this study, (May to July 1995) we collected 253 blood specimen, and two samples from North

Jakarta are positive for HIV antibody, one is weakly positive in Western Blot test suggesting an early HIV infection. An increase of confirmed HIV cases in Waria in Jakarta from 1993 to 1995 means that the epidemiological situation of HIV/AIDS in Waria in Jakarta has already becoming more dangerous and prevention activities should become a priority.

Perception on how to get HIV infection were not significantly changed (**Table 1**). There is a difference in the average age group; 39.0 year old and in 1993 is 31.1 years old in 1995. Younger Waria have higher proportion of ignorance; they perceived no risk for themselves (19.9% vs 6.4%) and for their friends (18.2% vs 5.8%).

Table 1. Perceived Risk of HIV Infection of Jakarta Waria in 1993 and in 1995

Perceived risk of HIV infection	For themselves		For their friends	
	1993 n = 330	1995 n = 253	1993 n = 227	1995 n = 253
Yes	29.1%	29.1%	23.8%	27.6%
No	6.4%	19.9%	5.8%	18.2%
Not known	64.5%	50.8%	70.4%	54.2%

The turn-over rate of Waria is not known; however, in 1995 there were a lot of younger Waria participating in the HIV/AIDS Campaign. This might suggest that a younger group of Waria has been replacing older one.

Multiple sex partner is one of the high risk behavior that promote HIV/AIDS transmission among Waria. In 1993, 83.2% of Waria has 2-4 male partner during the last 3 weeks period, whereas in 1995, 76.8% of Waria have an average of 5.1 male partner. Waria who had sex relationship with foreigner in 1993 were 53.6%, in 1995 decreasing to 36.6%; in 1987 there were 63.1% (Judonarso et al).

Most of 1995 Waria series received payment for sex (65.6%), and only 1.2 times out of the last 5 times sex contacts used condoms. This failure were mostly because of forgetfulness (35.3%) or partner does not like condom (38.2%).

As found in the previous study that the syphilis sero prevalence (STS) in Waria were 39%. Health seeking behavior for STD treatment is shown in **Table 2**.

Table 2. The Frequency of Receiving STD Treatment Among Waria in Jakarta, 1995

STD Treatment	Percentage
Never	84.2
Once	6.5
Sometimes	9.3
Often	2.4

During HIV/AIDS Campaign, it was advocated that when they have any kind of sexually transmitted disease, Waria is not allowed to have sex even using condom. To increase STD treatment coverage, we have to strengthen the network of STD Clinics, the capability and quality of diagnosis and treatment of STD, and the distribution of information on the existing STD clinics. In Indonesia there is still debate on whether we use syndromic approach or etiological approach of STD treatment;

the latter is more difficult to be applied in a community setting.

Condoms can be a highly effective method on HIV/AIDS prevention if they are used correctly and regularly. When properly used, condoms also provide protection against a broad range of sexually transmitted diseases. These include not only traditional venereal diseases, such as gonorrhea and syphilis, but also other infections such as herpes and chlamydia.

More information, better availability and better promotion of condoms can increase condom use. Thus attention has turned to various ways of distributing condoms, including : commercial sales, distribution through family planning clinic, community-based distribution by peer leaders, social marketing. In this study, Waria access to condom is from their sexual partner 21.1%, from warung (small shop) 7.8%, from drugstore 12.4% and from health facilities 58.7%.

Unfortunately, there is inconsistent use and unwillingness to use condoms, so the method may not be as acceptable. Among the most important reasons that people cite for not using condoms are: decreased male sensitivity and the poor image of condoms due to their traditional association with venereal disease and prostitution.

Failure of condoms to protect transmission is usually caused by condom break caused by different sexual behavior and sexual practices, lubricant that damage the condom and whether condoms were weakened by poor conditions in storage or shipment and whether the condom was made with weak spot, hole or other defect.

Experiences of Waria who use condom were in **Table 3**.

Table 3. Condom Use Experiences in Waria in Jakarta (1995)

Condom use experiences	Yes	No
1. Never	26.0%	71.4%
2. Broke	15.6%	75.3%
3. Size not fit	13.0%	76.2%
4. Reuse	25.2%	64.8%
5. With lubricant	21.2%	67.5%
6. Without lubricant	15.2%	76.2%
7. With cream	20.9%	70.1%

More than 50% of the Waria who participated in this community-based campaign already knew that HIV was transmitted sexually, (Table 4) but yet they continued to practiced high risk sexual behavior, receptive anal sex without condoms with multiple partners each week. Although they were aware that such behavior frequently resulted in the sexual transmission of diseases, the majority did not understand that their activities were also placing them at a high risk for acquiring an HIV infection.

Table 4. Knowledge on HIV Mode of Transmission in Waria in Jakarta, 1995

HIV transmitted through	Yes	No	Don't know
1. Kissing	44.1%	24.8%	31.1%
2. Toilet	15.5%	47.6%	36.9%
3. Anal Sex	83.1%	4.6%	12.3%
4. Oral Sex	67.5%	7.2%	25.3%
5. Masturbation	13.1%	48.0%	38.9%
6. Shake hand	13.5%	49.6%	36.9%
7. Blood transfusion	67.2%	10.6%	22.2%
8. Hair cut	39.6%	31.3%	29.1%
9. Utensil	20.3%	46.0%	33.7%

Stigmatization, discrimination could be induced by incorrect knowledge of HIV transmission mode such as kissing (44.1%), toilet (15.5%), shake hand (13.5%), hair cut (39.6%) and using utensil (20.3%).

Unlike the previous report in 1991-1993 in which no HIV cases was found, three Waria in Jakarta have been confirmed of having HIV infection in 1994-1995. This number might be still under reported since the surveillance number of this study is still small. However this has already shown an increase of HIV cases. Condoms promotion in Waria community should be launched immediately in order to prevent further spread. Policy makers, health administrators are encouraged to help IPHA to see the potential effectiveness and feasibility of condom program and to set condom program as a high priority in HIV/AIDS control programs in Waria in Jakarta.

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A lie which is half a truth is the blackest of lies (Tennyson)