CHAPTER 8
STIs AND HIV/AIDS

A. Sexually Transmitted Infections (STIs)

The magnitude of the sexually transmitted infections (STIs) in Malaysia is unknown. This is due to underreporting and underdiagnosis, asymptomatic manifestation of the disease and the existing Act (Prevention and Control of Infectious Diseases Act 1988) which requires reporting of Syphilis, Gonococcal infections, Chancroid and HIV infections. The trends of occurrence of the three specific STIs are illustrated in Figure 23. Figures indicate a decreasing trend in the STIs but this cannot be confirmed as more STI patients prefer to go to private doctors for privacy and confidentiality while others prefer to buy the drugs for self-treatment.

In 2004, there were 2,631 STI-related cases reported in the health clinics. This was an increase from 2003 where 1,722 cases were recorded. Majority of the cases were females (83%) while only 18 percent of the cases were males. Patients from the age groups of 20-39 years old comprised a large portion of the cases (63.6%). Malays were the predominant ethnic group (57.7%) followed by the Chinese (13.7%) and the Bumiputera Sarawak (5.2%) and Bumiputera Sabah (6.6%).
Table 47. STI Cases Managed at Health Clinics, By Etiological Diagnosis, 2004

<table>
<thead>
<tr>
<th>Number of Cases</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Candidiasis</td>
<td>520</td>
</tr>
<tr>
<td>Gonorrhea</td>
<td>188</td>
</tr>
<tr>
<td>Syphilis</td>
<td>90</td>
</tr>
<tr>
<td>Non-specific Urethritis</td>
<td>160</td>
</tr>
<tr>
<td>Trichomoniasis</td>
<td>46</td>
</tr>
<tr>
<td>Herpes</td>
<td>2</td>
</tr>
<tr>
<td>Other STIs</td>
<td>228</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>1,462</strong></td>
</tr>
</tbody>
</table>

Source: AIDS/STD Section, Dept. of Public Health, Malaysia

The number of specific STI cases managed at the health clinics is presented in Table 47. A large number of the cases were diagnosed as candidiasis (35.6%), followed by gonorrhea (12.8%) and non-specific urethritis (10.9%). (Table 47)

An STI prevalence survey among sex workers was conducted in 2000 in Kuala Lumpur. Results indicated a 30.8 percent prevalence rate of syphilis, 11.5 percent for HIV, 6.3 percent chlamydia trachomatis, 2.4 percent gonorrhea and 0.9 percent trichomonas vaginalis. Among antenatal clinic attendees surveyed in 1999 in Kuala Lumpur, the following results were reported: 0.47 percent prevalence of trichomonas vaginalis, 0.2 percent for gonorrhea, 1.6 percent for chlamydia trachomatis, 0.3 percent for syphilis and 0.2 percent for HIV.\(^{102}\)

While the results of these surveys provide insights into the problem, its magnitude cannot be ascertained. Underreporting and underdiagnosis persist while some diseases are asymptomatic.

B. **HIV/AIDS**

Table 48. At a Glance: HIV/AIDS Prevalence in Malaysia, 2003

<table>
<thead>
<tr>
<th>Adult (15-49) HIV prevalence rate</th>
<th>0.4%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults (15-49) living with HIV</td>
<td>51,000</td>
</tr>
<tr>
<td>Adults and children (0-49) living with HIV</td>
<td>52,000</td>
</tr>
<tr>
<td>Women (15-49) living with HIV</td>
<td>8,500</td>
</tr>
<tr>
<td>AIDS deaths (adults and children) in 2003</td>
<td>2,000</td>
</tr>
</tbody>
</table>

Source: UNAIDS. 2004 Report on Global AIDS Epidemic

Table 48 presents the prevalence of HIV/AIDS for different groups in 2003. Adult HIV prevalence rate was reported as 0.4 percent with the number of adults living with HIV numbering 51,000, of whom 8,500 were women. Deaths due to AIDS in 2003 were reported as 2,000.
The first case of HIV was detected in Malaysia in 1986. Since then, the number of HIV infections and AIDS has been increasing. WHO/UNAIDS classify Malaysia as a country with a concentrated epidemic, where a large part of the cases were found among intravenous drug users (IDUs).\textsuperscript{103} By 2005, the cumulative number or HIV infections (including AIDS) reached 70,559, with 10,663 AIDS cases and 8,179 dying from AIDS.\textsuperscript{104} Majority of the reported HIV (93\%) and AIDS (91\%) cases were male.\textsuperscript{105}

The number of HIV infections rose dramatically since its first detection. By 1990, the cumulative number of infection was 992. By the end of 1995, the number rose to almost 6 times (4,198). In 2000, the number of cases swelled to 5,107 reaching a record high of 6,978 cases in 2002 and averaging about 17.4 cases per day. However, the number of cases reported has been decreasing since then (Fig. 24).

The increase in cases reported was partly due to the introduction of new programs such as mandatory testing of various sub-groups (such as antenatal mothers, blood donors, STD cases, inmates of drug rehabilitation centers) of population and increased capacity for testing throughout the country. However, there are still undocumented cases, like those antenatal women tested for HIV by private-care providers.\textsuperscript{106}

The number of AIDS cases has been on the rise, with slight decreases in 2003, 2004 and 2005. The number of deaths due to AIDS has also been increasing, reaching a peak of 1,065 in 2004. A leveling off was observed which was linked to availability and efficacy of treatment measures such as the anti-retroviral therapy. The government provides full subsidy of HIV drug therapy for selected groups (i.e. HIV-positive mothers diagnosed through antenatal; HIV-positive infants; infected persons through contaminated blood or blood products; health personnel through occupational exposure; and, government servants) and partial subsidy (one drug, zidovudine, provided free) for others (Figure 25).\textsuperscript{107}

![Fig. 24. Reported HIV Infections (including AIDS) in Malaysia 1986-2005](Figure24.png)

Source: AIDS/STD Section, Dept. of Public Health,
The major mode of transmission of HIV is through intravenous drug use (IDU) comprising 75.1 percent of HIV infections. Intravenous drug users are likely to spread HIV through sharing of needles and high-risk sexual behavior such as unprotected sex and sex for drugs. The other modes of transmission are by heterosexual transmission (13.6%), homosexual/bisexual route (1.27%), infection via vertical transmission (0.7%), and blood transfusion (0.04%). The less than 0.1 percent of HIV transmission through blood transfusion reflects the stringent blood donation and transfusion procedures that are observed by the health professionals involved in the blood banks and hospitals (Figure 26).\(^8\)
Reported cases by ethnicity show that majority of the HIV cases were found among the Malays (72.7%). This was followed by the Chinese (14.8%) and Indians (8.3%). HIV cases among foreigners comprised 3 percent while those among other Malaysians, 1.2 percent of the cases. A closer look into the mode of HIV transmission in the different major ethnic groups in Malaysia indicate that a large proportion of the HIV cases among Malays and Indians are associated with IDU. For the Chinese, a larger proportion of the cases were transmitted heterosexually (44.8%). IDU transmission among the Chinese, while almost equal in proportion to heterosexual transmission, is far lesser than those observed among the Malays and Indians (Figure 28).

![Fig. 27. Reported HIV Cases by Ethnicity 1986-2004](source)

![Fig. 28. Reported HIV Infections by Ethnicity and Mode of Transmission, Malaysia, 2002](source)

Source: AIDS/STD Section, Dept. of Public Health, Malaysia

Most HIV infections occur among those aged 20-39 years, making up almost 80 percent of all the cases (36.6% for those aged 20-29 and 43.2% for those aged 30-39). Those in this age group represent the young and most economically productive group of the population. This can have adverse effects on human resources of the country and their potential to contribute to national development.

Fig. 29. Reported Number of HIV Infections by Age Group, Malaysia, 1986-2004

Source: AIDS/STD Section, Dept. of Public Health, Malaysia

Fig. 30. Proportion of HIV & AIDS Cases among Women, Malaysia, 1990-2004

Source: AIDS/STD Section, Dept. of Public Health, Malaysia

While most of the HIV/AIDS in the country are found in males, the percentage among women has been on the rise since 1990. From only 1.2 percent in 1990, the proportion has gone up to
10.8 percent in 2004. In AIDS, proportion rose more than four times from 3.3 percent in 1991 to 12.7 percent in 2004.

In 2002, 64 percent of women living with HIV/AIDS reported that the infection was sexually transmitted while 20 percent were classified as IDUs. Compared to men, women are more at risk through unprotected sex, either from a sex partner or spouse.

The number of reported cases transmitted through homo/bisexual transmission has been increasing. From 62 cases in 2000, it rose to 222 cases in 2004. While the proportions remain low, the number has been rising. High prevalence rates were observed in Selangor and Kuala Lumpur, where gays and transsexuals are said to be coming together as there are anonymous, more employment opportunities, and more entertainment centers that cater to their needs\(^6\) (Fig. 31).

![Fig. 31. Proportion of Reported HIV & AIDS Cases between Homo/Bisexual & Heterosexual, Malaysia, 1990-2004](image)

Routine screening for HIV infection among tuberculosis (TB) patients have been in place in Malaysia since 1990. Data indicate that HIV infection among TB patients has been increasing. In 2004, HIV infection was detected in 8.47 percent of TB patients, a huge increase from 5.9 percent from the previous year and a marked rise from proportion of cases in 1992 (0.47\%).\(^{10}\) According to the Global Alliance for Tuberculosis Drug Development, HIV and TB form a lethal combination. The weak internal immune system of HIV-infected individuals makes it difficult for them to ward off the TB bacterium. The Center for Disease Control and Prevention in the United States noted that the host immune response to the TB bacterium enhances HIV replication and may even accelerate the natural progression of the HIV infection.\(^{11}\) As such, the government should also tackle TB while trying to address the problem of HIV/AIDS (Fig. 32).
Of the 6,247 HIV/AIDS cases reported in 2004, more than half (52.4%) had odd jobs or did not provide information on employment. A fifth, 22.8 percent were unemployed, 9.8 percent were employed in the industrial and private sectors, 5.6 percent of the cases were housewives, 3.4 percent were fishermen, 3.2 were long distance drivers, 1.3 percent were government staff and students, and 0.6 percent were sex workers (Fig. 33).

In 2004, the highest number of reported HIV cases was found in Selangor (17.7%) followed by Kelantan (14.1%). The figures reflect the location where the infections were diagnosed, that is, mostly in the drug rehabilitation centers and prisons (many of which are located in the two states). The low levels of HIV in Sabah and Sarawak reflect the small population of IDUs in these states.

In terms of AIDS cases, Kuala Lumpur reported the highest number of AIDS cases (14.5%) closely followed by Selangor (14.4%). High number of AIDS cases was also reported in Perak, Kelantan, Pahang, and Johor. The large number of AIDS reported in Kuala Lumpur and Selangor may be traced to the availability of medical treatment and referral centers for AIDS patients in these states.
Children orphaned by HIV/AIDS

There was an estimated 5,500 Malaysian children under the age of fifteen orphaned by HIV/AIDS. UNAIDS and WHO global surveillance of HIV/AIDS and STIs estimated that the figure could be greater and could be as high as 14,000 children.

Knowledge of HIV/AIDS/STIs

Several surveys looked into the knowledge, attitudes and practices or behavior (KAP or KAB) of Malaysians related to HIV/AIDS and other STIs but there is little information on KAB of rural population. The Country Report on HIV/AIDS notes that there has been no population-based survey on HIV/AIDS specifically.

Among published studies, a relatively high level of awareness of HIV/AIDS has been reported among the Malaysian public sampled in various locations in Malaysia (NPFD 1995; Scott et al 1993; Haliza & Mohd, Sukur 2002), and among selected high-risk groups, notably, sex workers, IDUs and transsexuals (Fauziah MN et al 2003; Teh 2000; Ismail 1998). More than 75% of study samples have heard of HIV/AIDS and can name at least three routes of transmission. Knowledge appears to be higher among adolescents (Narimah et al 2003; Zulkifli et al 1995). The National Study on Reproductive Health and Sexuality 1994/95 revealed that 98% of adolescent respondents had heard about AIDS compared to 65% who had heard of STDs (Narimah et al 2003). There were no significant differences between rural and urban adolescents.
Zulkifli, et.al (1995) noted that among the adolescents surveyed, higher levels of knowledge were observed from those in school compared to those who have left school. Haliza and Mohd. Sukur (2002) found that those in more developed areas in the west coast of Malaysia have higher knowledge of HIV/AIDS compared to the relatively rural east coast of Peninsular Malaysia.

While there were high levels of knowledge observed, there is a lack of deeper knowledge and understanding. Several studies reported gaps and misconceptions. Reid, et. al (2005) pointed out that while the IDUs were aware that needles can be a source of infection but some still shared injecting equipment.

The study by Ng and Kamal conducted in 2002, revealed that most were aware of the terms STI, HIV or AIDS but few were able to explain them further. Most of the participants knew that HIV could be transmitted through unprotected sex and IDU but few were able to cite vertical transmission and blood transfusion as other modes of infection. Most were also able to cite safe sex or use of condoms and use of clean needles among IDUs as preventive measures. When asked about their attitudes towards victims of HIV infections, most participants expressed sympathy towards them and none expressed a negative attitude. Regarding information on HIV/AIDS and STDs, most perceived lack of information and unattractive presentation of information.

Moreover, unsafe practices persisted despite the awareness and knowledge that these practices put them at a risk of infection. With regards to unsafe practices, studies on high-risk groups show that unprotected sex and needle-sharing were prevalent among sex workers and IDUs even when they are aware of HIV/AIDS. The MOH’s 2004 Behavioral Surveillance Survey on high-risk groups (IDUs and sex workers) found that almost 80 percent of their respondents knew about HIV/AIDS, yet a large majority (68%) of IDUs shared needles (with 79% using water to clean needles) while almost half (49%) of sex workers did not always use condoms. Furthermore, lower condom use was reported with fewer clients per week (about 60% with one or less client per day compared to more than 80% with four or more clients per day). It was also found that condom use was less frequent among female sex workers compared to their male counterparts (71% of male and 75% of trans-gender sex workers compared with only 40% of female sex workers reported consistent condom use with anal sex).

In the nationwide survey conducted in 2003 by the Institute for Health Systems Research, National Institutes of Health, in relation to WHO’s World Health Survey 2002, several questions were asked about sexual behavior. More than twice of men (5.4%) than women (2.3%) had sex with someone other than the person they lived with (including commercial and casual sex) in the previous 12 months. Moreover, more men (40.6%) than women (26.7%) used condom on the last occasion. Rates were higher among urban than rural respondents. While the prevalence reported is low, the low rate of condom use is alarming.

From all these, it can be gleaned that high levels of knowledge of HIV/AIDS do not necessarily translate into appropriate behavior to prevent transmission of the disease. Youth are perceived to be at a higher risk, more so if they do not have access to relevant, correct and accurate information.

C. Stigma and Discrimination

HIV/AIDS is often associated with certain sub-groups such as sex workers and IDUs, which are deemed to be immoral. Having such thinking and perceptions, attaches a stigma to those with HIV/AIDS and a denial risk among those who do not form part of the high-risk groups. Negative perceptions create barriers to taking steps critical to prevention. Voluntary HIV testing and open communication between sex partners about sexual history and taking precautions can be a difficult task with such negative perceptions.
Moreover, with stigma and discrimination, people living with HIV/AIDS (PLWHA) often find little support from family and friends to seek further information, medical treatment or for emotional encouragement. Avoidance of contact is also a common reaction, despite the fact that the disease cannot be transmitted through casual contact. There is so much fear attached to the disease.

Prevailing religious beliefs in the country have strong views on issues related to HIV/AIDS, such as homosexual practices, premarital sex, multiple partners, commercial sex, drug use, and condom use. Diverse sexualities are highly unacceptable. Islamic laws empower religious authorities to arrest Muslims for various moral offences such as consuming alcohol, sex between unmarried couples and homosexual acts. Even the transgender/transsexual communities are not spared. Efforts have been made to educate religious leaders to dispel misconceptions. For example, efforts to raise awareness among religious authorities in Kuala Lumpur on transsexuals have led to fewer raids by the Religious Authority in Kuala Lumpur.

The stigma that persists and the failure to fully comprehend the HIV epidemic lead to resistance to adoption of primary and secondary prevention strategies such as Harm Reduction for IDUs. Changing the mindset is a challenge in HIV/AIDS prevention.

Huang and Hussein (2004) noted that while knowledge and attitude studies have shown a widespread knowledge of how the disease can be spread, and people advocate equal rights for PLWHA, few are willing to work with them. Most are afraid to share food or utensils with them. As such, PLWHA hide their condition. Huang and Hussein mentioned that those who are HIV-positive tend to seek treatment from hospitals far from their home and that many go to the General Hospital of Kuala Lumpur so as not to encounter friends and relatives. They also emphasize the issue of rejection by families and friends due to fear that they would bring shame to the family.115
References


109 Ibid.

110 Ibid.


