

SECOND REPORT OF AIDS RELATED ATTITUDES AND SEXUAL PRACTICES OF THE JAKARTA WARIA (MALE TRANSVESTITES) IN 1995

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Abstract. As the second part of a community based educational campaign to convey the risk of HIV/AIDS to commercial sex workers in Jakarta, from May-July 1995, a total of 253 male transvestites (WARIA) were questioned about their sexual behavior patterns and their knowledge and attitude toward HIV/AIDS. In the previous report, 1991-1993, there was one out of 830 WARIA found HIV positive in November 1993. In this study, 1995, a total of two out of 253 WARIA were confirmed of HIV infection in July 1995. Most of them still have incorrect knowledge on HIV/AIDS transmission mode, they are still practicing high risk sexual attitudes such as an exchange partner rate of 5 men per three weeks, low condom use (1.2 out of the last 5 sexual contacts). The reasons for not using condoms were forgetfulness 35.3% and partner does not like condom 38.2%. Most of WARIA know about condoms (94.5%), but it is difficult to access condom use from small shops around them. Therefore, to prevent further spread of HIV/AIDS in WARIA, condom should be used constantly and properly. It has been shown from another study, that more information, better availability and better promotion of condoms can increase condom use. Thus, attention should be placed on various ways of distributing condoms for WARIA in Jakarta, especially community-based distribution by peer leaders, social marketing and commercial sales.

INTRODUCTION

Although the virus causing AIDS has been identified, neither a method for preventing infection nor an effective method of treatment has yet been developed and once contracted the disease is most often fatal. Health education campaign to change sexual behavior from high risk to lower risk is the mean to prevent the spread of HIV/AIDS.

The first AIDS case reported in Indonesia was a tourist diagnosed in Bali in April 5, 1987. Until 31 July 1995 the number of HIV/AIDS cases reported to the Department of Health increased to 316, 77 of which 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 was 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 was

30-39 years old and for HIV was 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 are similar to that of a 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. Although not documented by formal studies, their careers as CSW are believed to span several years, much longer than those of their female counterparts.

Since 1991, the Indonesian Public Health Association (IPHA), Namru-2 and WHO have been conducting an HIV/AIDS campaign, condom distribution, STD treatment and monitoring of the Jakarta WARIA for sexually transmitted diseases including HIV. This is the second report on the attitude

and sexual practices of WARIA in Jakarta. From the first 830 specimens collected in 1991-1993 we found one WARIA from South Jakarta positive of HIV infection by ELISA, confirmed by Western blot test. This report will cover a period from May-July 1995 where from 253 WARIA we found two additional HIV positives (one weak positive) from North Jakarta.

The general objective of the campaign is to prevent HIV/AIDS transmission through sexual contacts in WARIA in Jakarta. The specific objectives are:

1. To conduct an Outreach Health Education Campaign through their peer leader as lunch parties in their homes
2. To distribute health education materials using leaflets
3. To distribute free condoms, 100/each
4. To treat STD with syndromic approach
5. To collect blood specimens for HIV and STS testing
6. To conduct a study on sexual behavior of WARIA in Jakarta

MATERIALS AND METHODS

Four WARIA, 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 the HIV/AIDS education campaign, condom usage demonstration, capability to advocate the change of sexual practices from high to low risk, conduct one-to-one interview to fill questionnaires in study. One physician was appointed to explain the clinical and treatment of HIV/AIDS case, conduct physical diagnosis and treatment of 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 conducts ELISA tests and Western blot tests for confirmation of HIV infection.

Printed information that graphically depicted high-risk sexual behavior and the proper use of

condoms were supplied. Pictures on clinical signs of AIDS cases such as buccal lesions, various skin lesions, etc. were shown to participants. They were instructed in 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 a lunch gathering at a beauty salon, South Jakarta Municipal Hall, training center, or at the home of one of the leaders. Members of the IPHA team attended also. The leaders used visual aids to make short presentations on the epidemiology, sociology, economic and clinical aspects 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 were suffering of any STD were treated with antibiotics in a syndromic approach. Finally, blood was collected voluntarily for HIV antibody testing and condoms were distributed, 100 condoms each.

RESULTS AND DISCUSSION

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

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

From the last 5 sexual contacts they used condom only 1.2 times, and their sexual behavior was : conducting anal sex only 2.7 times, oral sex 3.5 times and masturbation 1.4 times. Among them, those who had sexual contact with foreigners were 36.6%.

The reasons for those who did not use condom were: forget to use condom 35.3%, did not like to use condom 21.0%, their partner did not like to use condom 38.2% and they did know about condom 5.5%.

Perception of having risk to get infection with HIV/AIDS themselves was 32.9%, no risk to get infection of HIV 19.0% and did not know 48.1%, whereas perceived risk to get infection with HIV/AIDS for their friend was 27.6%, no risk 18.2% and did not know 54.2%.

The campaign aimed at providing education on methods of HIV/AIDS prevention and intervention, by the most effective means for informing the population how changing their sexual behavior can reduce their risk for HIV infection. In 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 luxuries. Thus, educational campaigns must be conducted on the streets or in the local neighborhoods, bath houses, massage parlors and entertainment canterers.

In the previous report of this study, Lubis *et al* (1993), we found one out of 830 WARIA from South Jakarta positive for HIV based on ELISA and Western blot tests. In this study, from May to July 1995, we collected 253 blood specimens and two of

them from North Jakarta were positive for HIV antibody, one was weakly positive in Western blot test suggesting early HIV infection.

Perception of becoming infected with HIV did not significantly change between 1993 and in 1995 (Table 1). The differences were in "no risk " and "not known" categories. This is due to different age groups in the two series. The average age group WARIA in 1993 was 39.0 years and in 1995 was 31.1 years old. Younger WARIA have a higher proportion of perceived "no risk" for themselves (19.9% vs 6.4%) and for their friends (18.2% vs 5.8%).

The turnover 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 a younger group of WARIA has been replacing the older one.

Multiple sex partners is a high risk behavior that promotes HIV/AIDS transmission among WARIA. In 1993, 83.2% of WARIA had multiple partners with 2-4 men during the last 3 weeks period, whereas in 1995, 76.8% of WARIA had an increased number of partners of (5.1 men). WARIA who had had a sex relationship with foreigners in 1993 where 53.6%, in 1995, 36.6%. Judonarso *et al* (1987) reported a figure of 63.1%.

Most of the WARIA in the 1995 study received money for sex (65.6%), and only 1.2 times out of the last 5 sex contacts were they using condoms. The main reasons for not using condoms were forgetfulness 35.3% and partner does not like condom 38.2%. As found in the previous study the syphilis sero prevalence (STS) in WARIA was 39%. Health seeking behavior for STD treatment is shown in Table 2.

Table 1
Perceived risk of HIV infection of Jakarta WARIA in 1993 and 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%

Table 2
Frequency of receiving STD treatment among
WARIA, 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 although using condom. To increase STD treatment coverage, we have to strengthen: network of STD clinics, capability and quality of diagnosis and treatment of STD, distribution of information on the existing STD clinics. In Indonesia this situation is still in debate whether we use syndromic approach or etiological approach of STD treatment of which the latter will be more difficult to apply 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: commercial sales, family planning clinic distribution, community-based distribution by peer leaders, social marketing. In this study WARIA access condom from their sexual partner was 21.1% from Warung (small shop) 7.8%, from drugstore 12.4% and from health facilities 58.7%.

Unfortunately, the main reason condoms are not more effective is inconsistent use. Both inconsistent use and unwillingness to use condoms at all are evidence that the method may not be 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:

- Differing sexual behavior and sexual practices
- Differing experience with using condoms
- Application of a lubricant that damages the condom
- Whether condoms were weakened by poor conditions in storage or shipment
- Whether the condom was made with weak spot, hole or other defect. Experiences from WARIA who use condoms are shown in Table 3.

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 practice 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 disease, the majority did not understand that their activities were also placing them at a high risk for acquiring HIV infection.

Stigmatization, discrimination could be induced by incorrect knowledge of HIV transmission mode such as kissing (44.1%), toilet (15.5%), shake hands (13.5%), hair cut (39.39.6%) and utensils (20.3%).

In recapitulation, unlike the previous report in 1991-1993 in which no HIV case was found, three WARIA in Jakarta were confirmed of having HIV infection in 1994-1995. This number might be still underreported since the surveillance number of this study is still small. Condom promotion in the WARIA community should be launched immediately in order to prevent further spread. Encourage

Table 3
Condom use by WARIA in Jakarta, 1995.

Condom use experiences	Yes	No
Never	26.0 %	71.4 %
Broke	15.6 %	75.3 %
Size not fit	13.0 %	76.2 %
Reuse	25.2 %	64.8 %
With lubricant	21.2 %	67.5 %
Without lubricant	15.2 %	76.2 %
With cream	20.9 %	70.1 %

Table 4

Knowledge of HIV mode of transmission among WARIA, 1995.

HIV transmitted through	Yes	No	Not known
Kissing	44.1 %	24.8 %	31.1 %
Toilet	15.5 %	47.6 %	36.9 %
Anal sex	83.1 %	4.6 %	12.3 %
Oral sex	67.5 %	7.2 %	25.3 %
Masturbation	13.1 %	48.0 %	38.9 %
Shake hand	13.5 %	49.6 %	36.9 %
Blood transfusion	67.2 %	10.6 %	22.2 %
Hair cut	39.6 %	31.3 %	29.1 %
Utensil	20.3 %	46.0 %	33.7 %

policy makers, health administrators to help IPHA to see the potential effectiveness and feasibility of condom programs and to set condom programming as a high priority in HIV/AIDS control programs among the WARIA in Jakarta.

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