# EFFICACY OF HEALTH EDUCATION PROGRAMME ON AWARENESS OF AIDS AMONG TRANSSEXUALS

K V Ratnam

#### **ABSTRACT**

A study of the awareness of Acquired Immunodeficiency Syndrome (AIDS) among Transsexual prostitutes attending the Middle Road Hospital was made. The present study involved 71 subjects of a cohort of 100 who were interviewed a year earlier and had subsequently been given intensive health education. The results show that there was now an increased awareness of AIDS in virtually all the subjects studied. In contrast, there has been no significant change in the use of safe sex practices as a direct consequence of this knowledge. The reasons for this are discussed. There may be a need for more intensive behaviour modification programme in this group of individuals.

Keywords: Transsexuals, Health education, AIDS.

SINGAPORE MED J 1990; NO 31: 33-37

## INTRODUCTION

The Acquired Immunodeficiency Syndrome (AIDS) is now a global epidemic (1). It is characterized by a depression of cellular immunity due to Human Immunodeficiency Virus (HIV 1) and manifests in the late stage with opportunistic infections and unusual tumours. Both homosexual and bisexual men, intravenous drug abusers, recipients of blood products and promiscuous heterosexuals are in the high risk groups (2). Among the passive homosexuals, there exists a group of Transsexuals who are genotypically and phenotypically male with a persistent desire to be female. A very high proportion of them are full-time prostitutes practising purely receptive anal intercourse and oral sex. This type of practice is considered to be a high risk behaviour with respect to infection with HIV (3). Behaviour modifying programmes including reduction of high risk sexual behaviour appears to be a very important way of preventing the spread of HIV (4) and other Sexually Transmitted Disease (5). The awareness of AIDS among Transsexuals prostitutes in Singapore was documented previously in 1986 (6). Following that study, a vigorous educational programme was undertaken to educate such high risk individuals about the dangers of AIDS and the precautions that they have to adopt in order to minimize the risk of acquiring HIV infection. The present study evaluates the result of such a programme in improving the awareness of AIDS among this high risk group of people and their adoption of the precautionary measures which were recommended to them over a period of 12 months.

Middle Road Hospital Middle Road Singapore 0718

K V Ratnam, MBBS (S'pore), MRCP (UK), MSc (Stanford), Dip Ven (Lond), AM (S'pore)

Correspondence to : Dr Ratnam

National Skin Centre
1 Mandalay Road
Singapore 1130

#### **METHODS**

The 100 Transsexuals originally interviewed in 1984 and 1985 were recalled and interviewed by the author using the same questionnaire (Addendum 1) during the period August 1985 to February 1986. Following their first interview they were given a pamphlet entitled "Reduce Risk of AIDS" (Addendum 2) which was specially prepared for the Counselling Unit of Middle Road Hospital and was for restricted distribution to homosexuals and bisexuals. The pamphlet had English and Chinese versions. The pamphlet outlined the known methods of transmission and measures that can be used to decrease risk. Using the pamphlet as a basis, verbal counselling was administered by the Epidemiological Counselling Unit (ECU). Counselling consisted of information of the risk factors, method of transmission and aetiology of AIDS. In addition, safe sex practices to decrease risk, including use of condoms; reduction of exchange of body fluids by avoidance of ejaculation; avoidance of sex with partners who have obvious genital disease was emphasized. The cohort was required to turn up for gonococcal smears fortnightly, and for syphilis serology three monthly. During these attendances extensive individual counselling was carried out on each Transsexual member of the cohort on at least 4 separate occasions by staff of the ECU over the year prior to the second interview. Where there was doubt that information was inadequately understood more sessions were undertaken. The ECU consists of a team of trained counsellors who are permanently attached to the hospital and have been involved in counselling prostitutes and patients, with a view to decreasing the incidence of sexually transmitted disease.

# RESULTS AND DISCUSSION

The term "Transsexual" has been previously defined (6). 29 of the original cohort of 100 Transsexuals did not turn up for the second interview. There were several reasons for this. Some had left the country; others were still practising discreetly, while the rest could not be traced. Although this could be a source of potential bias, they had occurred in all ethnic groups and from all age groups

# Table | ETHNIC DISTRIBUTION AND MEAN AGE OF 71 TRANSSEXUALS

		Age in Years				
Ethnicity	No	Mean	Range			
Chinese	35	32	20-49			
Malay	27	34	20-55			
Indian	9	28	24-33			

studied; therefore it would not be expected to be a confounding factor. Furthermore, a telephone interview with 10 of the 29 showed that their responses were as varied as the group that turned up. The ethnic distribution and the mean ages in each ethnic group of the 71 individuals interviewed are shown in Table I.

In the assessment of the awareness of AIDS, the responses of the subjects to the question "Have you heard of the disease AIDS?" were recorded. As shown in Table II, all but one subject, a Chinese, were aware of the disease (Table II).

The results in Table II show that there is significantly (p < 0.001) greater awareness of AIDS in the present cohort than that of the previous study (6). This significant increase of AIDS awareness over the year could be the result of health education by the ECU. Other factors like mass-media publicity could also have contributed to this. However, these factors were not evaluated in this study. The usefulness and importance of such a programme of education among the high risk group of people has been documented elsewhere (7).

Next, it was decided to determine how such an awareness of a disease would affect the sexual practices of the subjects. Members of the cohort who were aware of AIDS were asked the question "Has knowledge of AIDS altered your sexual practices?" Their responses are shown in Table III.

Table III shows that within the three ethnic groups, there was no significant difference (p > 0.05) in their sexual practices despite a greater awareness of AIDS (See Table III). The results also show the overall there was also no significant difference (p > 0.01) in the responses of the subjects in the cohort to the questionnaire over the year. This suggests that in spite of having been informed about the dangers and consequences of AIDS, the subjects chose to ignore advice and continued their high risk sexual practices as before. Two possible reasons for this could be their socio-economic status and their educational level (see Ratnam, 1986, Table II). A similar trend has been reported among homosexuals in other studies (8, 9).

The methods used to decrease AIDS risk among Transsexuals are tabulated in Table IV.

Table IV shows that more of the subjects were avoiding Caucasians and oral sex. Although this difference between the two cohorts was statistically not significant (p > 0.05), the small number of subjects studied would preclude any meaningful conclusion. However, Caucasians were perceived to be the main source of HIV infection as is apparent in Table IV and therefore abstinence of sex with them is thought to decrease the risk. With regard to condom usage, there was no significant change (p > 0.01). However, there was a dramatic drop in their perception that attendance at Middle Road Hospital was protecting them from AIDS (p < 0.001). One

Table II

COMPARISON OF THE AWARENESS OF AIDS
BETWEEN THE PRESENT COHORT AND THAT OF
1984/1986<sup>(6)</sup>

Response		1985/86 n = 71					1984/85 <sup>(6)</sup> n = 100  Ethnicity  Chinese Malay Indian					
	Chir	Ethnicity  Chinese Malay Indian										
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Yes	34	97	27	100	9	100	67	67	48	48	9	100
No	1	3	0	0	0	0	33	33	52	52	0	0

Table III
THE EFFECT OF KNOWLEDGE OF AIDS ON CHANGES IN SEXUAL PRACTICES

Response		1985/86 n = 70					1984/85 <sup>(6)</sup> n = 100					
		Ethnicity					Ethnicity					
	Chinese Malay		lay	Ind	ian	Chinese		Malay		Indian		
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Yes	20	60	13	48	4	44	37	67	17	48	4	44
No	14	40	14	52	5	56	18	33_	19	52	5	56

Table IV

METHODS ADOPTED TO DECREASE AIDS RISK

AMONG TRANSSEXUALS

Method Used	198	5/86	1984/85		
Metriod Osed	No.	%	No.	%	
Using of Condoms	41	58	3	53	
Avoidance of Caucasians	6	9	3	3	
Avoidance of Oral Sex	6	9	3	3	
Non-penetration	4	6	3	3	
Coming to MRH	2	3	26	26	
Cleansing after act	2	3	3	3	
Change of vocation	2	3	_	_	

possible reason for this is that some Transsexuals realized that it was the precautions taken rather than hospital attendance which would decrease the risk of AIDS.

The present study suggests that behavioural modification programmes should be directed appropriately. Of those who did not change their behavior in spite of being aware of AIDS, one possible reason was the lack of knowledge of what constitutes safe sex inspite of health education efforts. This failure of comprehension could probably in turn be linked to educational levels. Further studies are required to elucidate this. Therefore some behavioural modification programmes have to be simple. However, some misconceptions still exist among Transsexuals. There are a few people who still adopt a fatalistic attitude towards the disease as in the previous study (6). Such people are prepared to face the consequences of acquiring HIV infection. This group will probably remain resistant to behavioural modification. A similar problem was identified in a study of homosexual men in Texas over a period of one year (10). Furthermore, a more recent study (11) of intravenous drug users in New York, has shown that a knowledge about AIDS does not always consistently reduce high risk behaviour.

In conclusion, the present study has shown that although awareness of AIDS has significantly increased among the subjects studied, it has not significantly altered their sexual practices. It is, however, still possible that if enough time and intensive health education is given, there will be a further reduction in unsafe sex practices, as some studies in New York have recently concluded (12). It is clear that behavioural responses to AIDS is varied and complex (13) especially when many Transsexuals believe that their sexual orientation is beyond their control.

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