

# Current Research Involving LGBTQ People in Malaysia: A Scoping Review Informed by a Health Equity Lens

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## Abstract

In Malaysia, lesbian, gay, bisexual, transgender, and queer people (collectively known as LGBTQ) are subjected to cisheterosexism that criminalizes, pathologizes, and marginalizes their identities. Given the relative cisheterosexist nature of Malaysian society, it is important to scrutinize the current trend of research studies that have recruited LGBTQ people as subjects. The present study comprises a scoping review of existing Malaysian studies involving LGBTQ people, as we set out to provide an overview of study characteristics, research methods, and literature gaps. Through systematic searches in the Malaysian Citation Index, PsycINFO, and PubMed databases, as well as additional hand searches, we included forty-four studies in this review. Our review noted many Malaysian LGBTQ studies explicitly focused on related topics of sexually transmitted infections (STIs) (41%), men who have sex with men (39%), trans women (30%), and people from Kuala Lumpur (25%). Our review also uncovered STI risks, living experiences in relation to cisheterosexism, and barriers to access safe-sex measures, healthcare, and social support among Malaysian LGBTQ people. Drawing from the health equity framework, we provided recommendations for future LGBTQ research in Malaysia to avoid utilizing a pathological lens that stands in contrast with LGBTQ-affirming approaches, as well as to engage LGBTQ members throughout all research phases.

## Keywords

Malaysia; heterosexism; gay; lesbian; transgender

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## Introduction

Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) is an umbrella term encompassing people whose sexual orientations, gender identities, or expressions differ from the conventional cisgender (people whose gender aligns with their sex assigned at birth) and heterosexual (people who are attracted to the opposite gender) social norms. While LGBTQ research is flourishing internationally (see Higgins et al., 2016; Sopitarchasak et al., 2017; Tan et al., 2020), studies on LGBTQ people remain limited in Malaysia.

Malaysia is an ethnically diverse country with three major ethnic groups: Malay (69.6%), Chinese (22.6%), and Indian (6.8%) (Department of Statistics Malaysia, 2020). Some of the common LGBTQ identities in Malaysia include lesbian, gay, bisexual, transgender, *mak nyah* (trans women), *pak nyah* (trans men), genderfluid, queer, and intersex (Queer Lapis, 2020; Teh, 1998). At present, there is no Malaysian population-based data on the demography of LGBTQ people, so as a consequence, the prevalence of this population is not known. A population-based estimate from the United States suggested that there could be 3.8% of people identifying as lesbian, gay, bisexual, and transgender (Gates, 2011). However, this estimate is likely to be higher when accounting for the increasing visibility of LGBTQ youth with identities spanning spectrums of sexuality and gender diversity (e.g., pansexual, asexual, and genderfluid) in recent years (Higgins et al., 2016; Tan et al., 2020).

## Attitudes towards LGBTQ in Malaysia

Globally, LGBTQ people are subjected to cisgenderism and heterosexism (cisheterosexism), prejudices that marginalize and denigrate non-cisgender and non-heterosexual forms of expression, role, and identity (Ansara & Hegarty, 2012; Woodford et al., 2018). There are several discursive mechanisms in which cisheterosexism can occur, such as *binarizing* or the assumption that there are only two valid genders (man/woman or transgender/cisgender) and sexual identities (homosexual/heterosexual); *misgendering* or the ignorance of a personal descriptor such as name and pronoun that LGBTQ people use when referring to themselves; *erasing* or the failure to provide an inclusive environment for LGBTQ people; *pathologizing* or the perception that LGBTQ people are mentally disordered; and *marginalizing* that involves the privileging of normative gender and sexual identities (Bartholomaeus & Riggs, 2017; Woodford et al., 2018). Compared to the terms 'transphobia' and 'homophobia' that primarily focus on individual-level fear and hatred toward LGBTQ people, we chose to use the term 'cisheterosexism' in this article with the aim to address the perceived inferior status of LGBTQ people at the systemic level (Ansara & Hegarty, 2012; Woodford et al., 2018).

A recent nationally representative survey of 1,300 Malaysians reported that about three-fifths held negative perceptions of lesbian and gay people (Manalastas et al., 2017). These included 60.5% of the respondents thinking that being same-sex attracted was not morally justifiable, and 58.7% rejected having lesbians or gay men as neighbors. The same study also cited Malaysia as the second most heterosexist country (after Indonesia) in Southeast Asia (Manalastas et al., 2017). Similar findings were observed in a sample of nursing students in Malaysia wherein a mere 15.2% of participants positively viewed lesbian and gay identities (Ng et al., 2015). While existing Malaysian studies only examined attitudes towards lesbians and gay men, international studies have documented the influences of cisheterosexism on other LGBTQ groups (Tan et al., 2020; Woodford et al., 2018).

The predominant cisheterosexist attitudes among Malaysians are believed to originate from the criminalization of same-sex relations during British colonial rule (Manalastas et al., 2017; Singaravelu & Cheah, 2020). Under Section 377 of the Penal Code, same-sex sexual conduct such as anal intercourse is deemed 'against the order of nature' and could receive punishment up to 20 years of imprisonment and caning (Singaravelu & Cheah, 2020). Despite obtaining an independent status from Britain for more than 60 years, as well as being encouraged by the former British Prime Minister to reform the sodomy laws in 2018 (Jain, 2018), these criminal laws and views continue to persist among Malaysians. The perception that LGBTQ identities are a sin is further reinforced by Islamic Sharia laws that penalize same-sex conduct and gender-variant individuals (see Justice for Sisters, 2021). While non-Muslim people are not subjected to the jurisdictions of Sharia laws, the criminalization of LGBTQ identities through these religious codes of conduct has instilled much apprehension across LGBTQ people of all ethnicities to live in their affirmed sexual and gender identities in Malaysia (Singaravelu & Cheah, 2020).

Cisheterosexist attitudes among Malaysians are also escalated through pathological referencing of LGBTQ identities as mentally disordered and negative representations of LGBTQ people on media (Manalastas et al., 2017; Singaravelu & Cheah, 2020). With the increasing negative portrayals of LGBTQ people in Malaysia, some platforms have emerged to provide a counter-narrative that affirms the lived experiences of LGBTQ people. For instance, there is a growing phenomenon of LGBTQ-led community groups in Malaysia such as PT Foundation, Seed Foundation, Justice for Sisters, Diversity, and Queer Lapis that seek to confront social justice issues related to cisheterosexism, as well as to provide a safe space for LGBTQ people to express their sexualities and genders. A recent study also noted a lack of knowledge and awareness on LGBTQ issues among Malaysian counselors, and has developed guidelines to improve the cultural competency of mental health professionals when interacting with LGBTQ clients (Jamal et al., 2020).

## Research objectives

To the best of our knowledge, this is the first review analysis that collates and critically appraises the existing evidence-based research studies with the recruitment of Malaysian LGBTQ people. Instead of conducting a systematic review that seeks to compile evidence to answer a specific research question, we carried out a scoping review to map existing literature on LGBTQ people in Malaysia to identify the scope, size, and nature (Munn et al., 2018). Specifically, we aimed to systematically examine the characteristics of literature, identify the common research methods, and determine gaps in the current Malaysian knowledge base around advancing equity for LGBTQ people.

Our analytic approach was informed by a health equity lens (Fredriksen-Goldsen et al., 2014) with a primary premise of ensuring that all LGBTQ people have the right to an optimum standard of health. This framework emphasizes an understanding of structural and environmental factors that generate a context of marginalization for LGBTQ people alongside the full range of determinants from biological (e.g., hormone levels), behavioral (e.g., sexual behavior), psychological (e.g., coping mechanism), to social (e.g., family support) factors that play crucial roles in promoting health equity among LGBTQ people. Specifically, this review aimed to delineate how the effects of cisheterosexism intersect with the social positions of Malaysian LGBTQ people in influencing their abilities to acquire social determinants of health (e.g., healthcare, employment, and education). The utilization of the health equity framework in this review is also based on a strength-based approach with two main purposes: a) to

provide a narrative that empowers Malaysian LGBTQ people who have been long affected by the historical, social, and legal contexts of cisheterosexism; b) to highlight the specific needs, resilience, and community resources of this population as human agency.

## Methods

The subsequent reporting of methods and findings of the scoping review adhered to the PRISMA Extension for Scoping Reviews (PRISMA-ScR) guidelines (Tricco et al., 2018).

### Eligibility criteria

The inclusion criteria for the present review were a) recruited participants within the Malaysian LGBTQ population and reported findings specific to this population; b) peer-reviewed journal papers that were published before 2021 (we also chose to include studies published over a decade ago because a similar context of cisheterosexism still persists for Malaysian LGBTQ people); and c) written in English or Malay. The exclusion criteria were a) studies without empirical data such as reviews, autoethnography, and opinion pieces; b) studies that have not recruited LGBTQ participants, including linguistic and anthropological literature; c) written in Chinese or Tamil as we were not aware of prominent LGBTQ studies in these languages; d) medical case reports on a single LGBTQ person; and e) full-text not available.

### Information source

We conducted an electronic literature search in early January 2021 on the Malaysian Citation Index, PsycINFO, and PubMed databases. Reference lists of the included studies were scanned to identify additional studies of relevance to the review. We also checked for relevant studies that cited the included studies using the 'cited by' function in Google Scholar.

### Search

Country was located using the term 'Malaysia' or 'Malaysian.' Keywords used for LGBTQ included: LGBT, GLBT, gay, bisexual, lesbian, pansexual, asexual, transsexual, transgender, mak nyah, genderfluid, intersex, queer, homosexual, homosexuality, sexual orientation, sexual identity, sexual minority, gender identity, gender minority, or men who have sex with men (MSM). We derived these terms from previous international reviews of LGBTQ people (e.g., Rosenkrantz et al., 2017) and knowledge of common LGBTQ terms in Malaysia (Queer Lapis, 2020).

### Selection of source evidence

The process began with importing identified studies through databases into Endnote X9 and the removal of duplicate studies. Two investigators screened titles and abstracts of all retrieved studies, followed by an assessment of the full texts independently. Any disagreements on the inclusion or exclusion of studies between the first two investigators were resolved through in-depth discussions.

## Data charting

A charting table was used to record the key details of selected studies. The charting process was initiated by the first investigator, and subsequently reviewed by second and third investigators.

## Synthesis of results

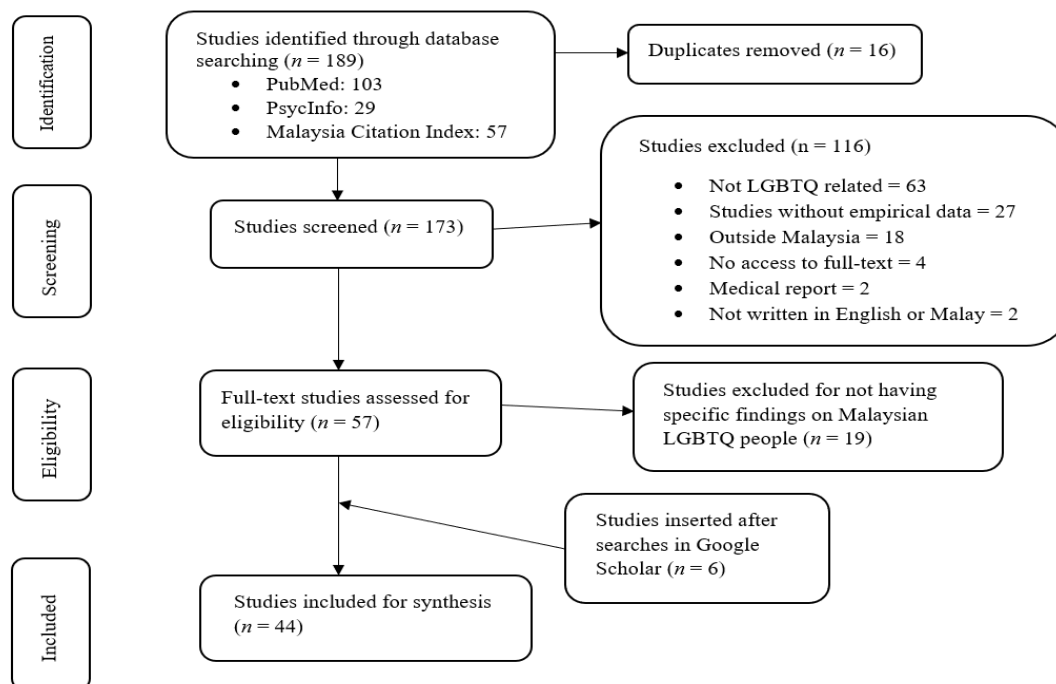
First, a descriptive overview of the selected studies was provided. Second, we conducted a thematic synthesis of the results based on the types of key findings summarized across selected studies. Third, we critically assessed the research gaps and provided recommendations for future research with specific references to the health equity framework for LGBTQ people (Fredriksen-Goldsen et al., 2014).

## Results

### Selection of sources of evidence

Figure 1 displays the flow diagram that details the screening process of database searches. After removing duplicates, a total of 173 studies were scanned for their titles and abstracts. Of these, 116 were excluded for not fulfilling the eligibility criteria. By reading the full text of the remaining studies, we excluded 19 studies that did not produce specific findings on Malaysian LGBTQ people. Six additional studies were identified through forward and backward reference list checking in Google Scholar. In total, 44 studies were included in the synthesis.

**Figure 1:** PRISMA-ScR Flow Diagram of a Scoping Review on Malaysian LGBTQ people



## Synthesis of results

As shown in Table 1, the most researched LGBTQ group in Malaysia is MSM (men who have sex with men) that may include LGBTQ-identifying (e.g., gay and bisexual) or non-LGBTQ identifying men (38.6%), and this is followed by trans women or mak nyahs (29.5%) and gay men (15.9%). Many studies employed quantitative methods (45.4%), which corresponded to the large numbers of studies exploring the prevalence and risk factors of sexually transmitted infections (STIs). About half (45.4%) recruited LGBTQ participants from at least two states in Malaysia, and one-quarter (25.0%) only carried out its recruitment in the capital of Malaysia, Kuala Lumpur. A majority of included studies were peer-reviewed journal articles (97.9%), written in English (88.6%), or published between the years of 2016 and 2020 (63.6%). All studies had a cross-sectional research design. There was a wide range of topics explored among Malaysian LGBTQ people. Many of the topics (40.9%) were centered around STI topics such as Human Immunodeficiency Virus (HIV), syphilis, and usage of safe-sex protective measures such as Pre-Exposure Prophylaxis (PrEP) and condoms. Table 2 presents the author's details, year of publication, language (English or Malay), objectives, locations, sample size, age information (we reported this in the priority order of age range, mean, and median), methods, and key findings of each study.

**Table 1:** Characteristics of the Included Studies

Characteristics	Categories	<i>n</i>
LGBTQ samples	MSM	17
	Trans women or mak nyahs	13
	Gay men	7
	Lesbian	2
	Lesbian and gay	2
	Lesbian, gay, and bisexual	1
	Lesbian, gay, bisexual, and transgender	1
	Transsexuals	1
	Study methods	Quantitative analyses
	Qualitative interviews	18
	Qualitative focus groups	3
	Qualitative interviews and focus groups	1
	Case studies	2
Study design Location	Cross-sectional	44
	More than one state in Malaysia	21
	Kuala Lumpur	11
	Pahang	4
	Penang	4
	Kelantan	2
	Negeri Sembilan	1
	Sabah	1
Type of publication	Journal article	43
	Dissertation	1
Year of publication	≤2005	2
	2006-2010	1
	2011-2015	13
	2016-2020	28
Language	English	39
	Malay	5

<b>Characteristics</b>	<b>Categories</b>	<b><i>n</i></b>
Scope	STIs related topics such as HIV and protective measures	18
	Lifestyle and living experiences	12
	Sexual behaviors	4
	Internalized cisheterosexism	3
	Gender-affirming interventions such as hormone and surgery	2
	Relationship	2
	Substance use and smoking	2
	Health care	1

*Note: Abbreviations: Men who have sex with men (MSM); Pre-Exposure Prophylaxis (PrEP); Human Immunodeficiency Virus (HIV); sexually transmitted infection (STI)*

**Table 2:** Overview of Studies Included in the Scoping Review

Reference (year)	Objectives of study	N (Age in Years)	Research design	Main findings
Ahmad et al., 2015*	To examine the lifestyle and the possibility of returning to 'normal' for Malay lesbian youth in Kelantan	6 (range = 13-18)	Qualitative interviews	Factors contributing to involvement in lesbianism were weak spiritual practices and distorted family structures. The desire to become heterosexual was low among participants who felt accepted by the same-sex partners and lesbian communities.
Akhir et al., 2019*	To explore factors for involvement in LGBT activities among Islamic university students in Malaysia	5 (range = 21-26)	Qualitative interviews	Factors underlying the involvement in LGBT activities included natural personality (i.e., masculinity/femininity), the role of sexual orientation during childhood, material support, childhood sexual harassment, peer influence, a lack of parental attention and control, a lack of religious education, and Islamic teaching, loneliness, and the need to fulfill a high sexual desire.
Baba, 2001	To investigate psychosocial issues among gay and lesbian couples in Malaysia	3 couples (No info on age)	Case studies	Participants faced low self-acceptance, social isolation due to marginalization by the wider society, a lack of positive LGB role models, and a lack of educational information on sexuality.
Bourne et al., 2017	To identify the acceptability of PrEP among MSM in Malaysia	19 (range = 20-44)	Qualitative focus groups	PrEP was considered by participants as an additional protective layer for condoms. Stigma existed for participants who took PrEP on the assumption that they may be promiscuous or were engaging in high-risk sexual behaviors.
Brown et al., 2016	To explore aspects of internalized homonegativity and shame among Malaysian gay men	234 (Mage = 30.5)	Quantitative analyses	Participants experiencing internalized shame were more likely to be single, less likely to have strong personal religious practices, and reported high levels of internalized homonegativity.
Burch et al., 2018	To identify factors related to HIV risks among MSM youth in Kuala Lumpur	20 (range = 18-25)	Qualitative interviews	Participants reported experiencing societal and internalized homophobia, an absence of safe-sex education, and difficulties in accessing confidential HIV testing.
Cheah & Singaravelu, 2017	To understand the coming out process and lived experiences of gay and	15 (range = 25-46)	Qualitative interviews	Acknowledgment of sexual orientation was a form of self-acceptance for participants. Concealment of gay and



Dangerfield et al., 2016	lesbian people in Kuala Lumpur To identify correlates of anal sex roles among Malay and Chinese MSM in Kuala Lumpur	372 (No info age)	Quantitative analyses	lesbian identities was due to fear of rejection and disruption of familial relationships. The sexual role was associated with reported condom use, wherein participants who engaged in receptive anal intercourse had the highest level of not using condoms in the last anal sex.
Draman et al., 2018	To examine hormone consumptions among mak nyahs in Pahang	35 (range = 18-59)	Quantitative analyses	More than four-fifths of mak nyahs reported histories of hormone consumption for gender-affirming purposes. All participants had histories of using oral contraceptive pills, and two-thirds had taken hormones in the form of injections.
Draman, Maliya, et al., 2016	To document psychosocial and spiritual backgrounds of MTF transsexuals in Pahang	8 (range = 24-65)	Qualitative interviews	Participants reported struggling against confusion over their transsexuality since childhood and being discriminated against in employment and religious settings. Participants chose to give up practicing their religion when they could not find a practitioner who empathized with their gender and responded to their religious conflicts.
Draman et al., 2019	To explore mak nyahs' knowledge level on sex reassignment surgery in Pahang	8 (range = 18-54)	Qualitative focus groups	Factors deterring participants from undertaking sex reassignment surgery were religion, forbiddance from family members, and concerns about the future.
Draman, Suofeiya, et al., 2016	To assess the knowledge and attitude on HIV infection among MTF transsexuals in Pahang	33 (Mage = 35.2)	Quantitative analyses	More than four-fifths demonstrated a decent level of knowledge and attitude towards HIV. The main sources of HIV knowledge were friends, health officers, and the media.
Felix, 2014	To uncover the stigma experience of gay men in Penang	33 (range = 21-55)	Qualitative interviews	Stigma, such as bullying, name-calling, and a need to conform to society's expectations, had both positive and negative effects on the sexual identity development of gay men. At best, stigma may bring out participants' strength and courage, and at its worst, it could lead to fear and recrimination.
Felix, 2016	To assess the self-identified source of homosexuality among gay men in Penang	33 (range = 20-60)	Qualitative interviews	Participants attributed their homosexuality to natural factors (e.g., genetics, inborn hormonal influence, and biology). Nurturing factors such as friendships, role modeling, and environments affirming participants'

Felix, 2017	To investigate challenges of condom usages among gay men in Penang	33 (No info on mean and age range)	Qualitative interviews	identity as gay men played crucial roles in fostering positive attitudes towards sexual identities. Participants recognized the values of practicing safe sex but challenges existed to negotiate condom use. These challenges included having multiple sexual partners and reservations when inquiring about the sexual history and HIV status of their sexual partners.
Galka et al., 2020	To identify correlates of trans women's willingness to use PrEP in Malaysia	361 (Mage = 35.3)	Quantitative analyses	One-fifths had previously heard of PrEP, but none had recent usages of it. Lifetime hormone use, prior PrEP use, and having at least a high school education were associated with a higher willingness to use PrEP.
Gibson et al., 2016	To understand healthcare utilization patterns and harm reduction behaviors among mak nyah sex workers in Kuala Lumpur	21 (Mage = 41.5)	Qualitative interviews	Participants reported experiencing abuse from family, teachers, and peers while growing up as transgender people and that they had to turn to transgender communities for assistance with transitioning. Due to fear of being discriminated against in healthcare settings, participants resorted to alternative and ineffective methods for preventing and treating HIV, such as self-medication.
Hassan & Ghazali, 2013	To examine the effects of childhood sexual abuse on the sexuality identifications of homosexual transsexuals in Negeri Sembilan	5 (No info on mean and age range)	Qualitative interviews	Sexual abuse had negative effects on the psychological health of transsexuals, which may lead to same-sex sexual behaviors.
Hieu & Ng, 2015	To explore the relationships of ethnicity, internalized homophobia, and the desirability to come out among LGB people in Malaysia	196 (range = 18 to 52)	Quantitative analyses	A negative correlation was found between internalized homophobia and participants' desire to come out to family and wider society. Men were found to manifest higher internalized homophobia than women, and there was no significant ethnic difference.
Kanter et al., 2011	To determine the prevalence of HIV prevalence, risky behavior, and knowledge level on HIV transmission among MSM in Kuala Lumpur	517 (No info on mean and age range)	Quantitative analyses	Less than one-twentieths were HIV positive. Significant predictors of HIV infection were having unprotected anal sex, receptive sex, and group sex. One-fifths had inaccurate information about HIV transmission methods.

Koh & Kamarulzaman, 2011	To identify the profiles of MSM seeking community-based HIV voluntary counseling and testing in Kuala Lumpur	433 (range = 18-61)	Quantitative analyses	One-tenths were HIV positive. Participants who sought community-based HIV support were more likely to be youth, Chinese, single, not in a relationship, have a tertiary qualification and work in a white-collar job.
Koh & Yong, 2014	To examine HIV risk perceptions and sexual behaviors among MSM attending community-based HIV voluntary counseling and testing in Kuala Lumpur	423 (range = 18-61)	Quantitative analyses	A positive correlation was found between HIV risk perception and actual HIV infection. Heightened HIV risk perception was associated with multiple sex partners, alcohol use before intercourse, unprotected sex, and inconsistent condom use during anal sex.
Lim et al., 2018	To examine the usage of methamphetamine among MSM in Kuala Lumpur	20 (Medage = 34)	Qualitative interviews	Participants primarily used methamphetamine to heighten sexual capacity and sexual pleasure. Some participants reported having the ability to exert control and practice safe sex while under the influence of methamphetamine.
Lim et al., 2019	To identify the barriers for Malaysian MSM to undertake HIV testing and treatment in Kuala Lumpur	20 (range = 20-56)	Qualitative interviews	Barriers that delayed participants from seeking HIV testing were fear of learning one's HIV status, social stigma from social networks, cost, long waiting time, and concerns about breaching confidentiality.
Lim et al., 2013	To determine the prevalence of unprotected anal intercourse and its correlates among Malay MSM in Penang	350 (Mage = 24.6)	Quantitative analyses	More than four-fifths reported having unprotected anal intercourse. Agreements about sexual reduction risk practices with sexual partners and prior exposures to HIV prevention efforts were associated with a decrease in unprotected sex.
Lim, Brown, et al., 2020	To explore the policy, community, network, and individual factors related to HIV infection among Malay MSM in Malaysia	26 (Medage = 28)	Qualitative interviews and focus groups	Individual factors comprised internalized homophobia, personal health beliefs, misinformation about HIV/AIDS, lack of condom use, and sexual communication. Network factors comprised interactions with peers and use of saunas and social media usage to obtain information. Community factors comprised family obligations to be married and discrimination in community and healthcare settings. Policy factors included discriminatory laws that marginalized Malay MSM.

Lim et al., 2015	To identify the relationship between substance use and sexual risk behaviors among MSM in Malaysia	1,235 (Mage = 34.0)	Quantitative analyses	Participants involved in usages of amphetamine-type stimulants (e.g., crystal meth, ecstasy, and ketamine) were more likely to engage in HIV risk behaviors such as having multiple sex partners, participating in group sex, and having had STIs in the past six months.
Lim, Daghar, et al., 2020	To examine smoking behaviors among MSM in Malaysia	622 (Mage = 28.2)	Quantitative analyses	About one-quarter had recent histories of smoking. Participants who smoked were more likely to be HIV positive and engage in risky behaviors such as suicidality, alcohol use, and illicit drug use.
Lim et al., 2017	To identify factors contributing to the use of PrEP among MSM in Malaysia	990 (Mage = 30.6)	Quantitative analyses	Greater willingness to use PrEP were detected among Malay participants, had multiple sex partners, had previous knowledge of PrEP, had a lack of confidence in practicing safe sex, having ever paid for sex, and when the cost of PrEP was affordable.
Liow et al., 2017	To examine intimate relationships of gay men in Malaysia	12 (range = 21-35)	Qualitative interviews	Participants reported a preference for a partner with heteronormative masculine characteristics. A higher number of participants were committing to an open relationship, which may be due to a lack of a successful model of homosexual relationships, the belief that it would enhance the survivability of relationships, and influences of Western cultures.
Maliya et al., 2018	To investigate the association of HIV knowledge and HIV-related risk behaviors among mak nyahs in Malaysia	54 (range = 19-65)	Quantitative analyses	Two-thirds had adequate knowledge about HIV. However, adequate knowledge did not translate into a better attitude towards HIV and consistent usage of a condom.
Mohd & Hashim, 2015*	To examine interpersonal relationships of Peng kids (lesbians/butch) in Malaysia	25 (range = 18-45)	Qualitative interviews	Participants reported receiving specific types of social support from their social circle networks, ranging from family, friends, partners, relatives, colleagues, roommates, and neighbors.
Ng et al., 2020	To explore the association of psychosocial factors with sexual risk behaviors and HIV status among MSM in Malaysia	622 (range = 18-64)	Quantitative analyses	More than half had engaged in unsafe anal intercourse in the past three months. Participants with more psychosocial health conditions (e.g., drug use, depression, childhood sexual abuse, and partner violence) were more likely to report an HIV infection.

Ong et al., 2020	To identify the clinical pattern of syphilis among HIV-infected MSM in Malaysia	294 (range = 16-66)	Case studies	Participants with syphilis were more prevalent among those in the age group of 20-29, had the previous infection with syphilis, and had other STIs such as genital warts.
Rosnon et al., 2013	To understand the living experiences of MTF youth in Kuala Lumpur	8 (range = 18-33)	Qualitative interviews	Participants aligned themselves with feminine physical features and engaged in sexual relationships with a male partner. Some participants expressed self-acceptance of their gender but did not feel comfortable presenting themselves in public.
Rutledge et al., 2018	To identify correlates of HIV testing among trans women in Kuala Lumpur	199 (Mage = 34.4)	Quantitative analyses	Two-fifths had undergone HIV testing. Participants were more likely to be tested for HIV when they had a primary care provider in the age group of 26-40 and had high mental health functioning.
Shrestha, Alias, et al., 2020	To determine interests in HIV self-testing services among MSM in Malaysia	544 (Mage = 30.6)	Quantitative analyses	One-quarter had utilized HIV self-testing services. Acceptability towards HIV self-testing services was high for the following attributes: low cost, anonymous, high accuracy, fingerstick kit, and availability of counseling support on virtual platforms.
Shrestha, Galka, et al., 2020	To determine interests in HIV self-testing services among trans women in Malaysia	361 (Mage = 35.3)	Quantitative analyses	Greater willingness to use HIV self-testing services was found to associate with experiences of childhood sexual assault, usage of mobile phones to locate sex work clients, and engagement in unsafe sex.
Subhi et al., 2014*	To explore the relationship between internalized homophobia and the marriage choice of gay men in Malaysia	29 (range = less than 20-39)	Quantitative analyses	More than two-thirds had a high level of internalized homophobia. Reasons for not committing to a heterosexual marriage included not feeling confident in having sex with women, worried about the ability to love women, fear of disappointing women, and difficulty in matchmaking.
Subhi et al., 2013*	To explore psychological symptoms among mak nyahs in Malaysia	4 (Mage = 29.8)	Qualitative focus groups	Participants reported experiencing psychological stress from the conflict between their gender and their religious belief. Protective factors in maintaining psychological wellbeing included access to education, an excellent religious foundation, and social support from family and friends.
Teh, 1998	To identify issues faced by mak nyahs in Malaysia	29 (range = 19-59)	Qualitative interviews	Participants faced a dilemma if they should undergo an operation to alter their body characteristics due to

Teh, 2008	To explore social and behavioral problems that were linked to HIV risks among mak nyahs in Malaysia	15 (range = 21-48)	Qualitative interviews	religious reasons, unavailability of such services in Malaysia, and costly overseas services. Participants felt they were not legally recognized as they could not change their identity documents, get married, or adopt a child. A majority of participants were HIV positive and were working as sex workers. Primary concern participants were unemployment, discrimination, and fear of persecution by legal authorities.
Valentine et al., 2019	To identify the prevalence of HIV and associated factors among MSM in Sabah	200 (range = 18-49)	Quantitative analyses	One-twentieths were HIV positive. Factors associated with HIV infections were a long duration of high-risk exposures and a history of anal sex.
Zulkffli & Rashid, 2019	To examine the experiences of Muslim gay men in relation to the Islamic faith in Kelantan	4 (range = 22-27)	Qualitative interviews	Participants expressed difficulties in reconciling their homosexual lifestyle and Islamic faith. Coping mechanisms differed across participants in challenging the heteronormative and Islamic ideals in Malaysia. For example, some downplayed the severity of same-sex relations in Islam and others talked about the importance of avoiding sins.

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Note: \* = Studies written in the Malay language. Wordings and phrasings were retained in these authors' work to prevent meaning loss.

Abbreviation. Men who have sex with men (MSM); lesbian, gay, bisexual (LGB); male-to-female (MTF); Pre-exposure prophylaxis (PrEP); Human immunodeficiency virus (HIV); sexually transmitted infection (STI); Mage= Mean age; Medage = Median age

## Discussion

### Summary of evidence

We summarized the findings based on the scope of studies. Studies that have identified the prevalence of HIV infections among LGBTQ people reported a range from 3.9% (Kanter et al., 2011) to 9.2% (Koh & Kamarulzaman, 2011). The higher prevalence found in Koh & Kamarulzaman's study could be due to its reliance on a clinical sample that captured LGBTQ people of higher risk profiles. The main factors that were found to associate with HIV risks were societal cisheterosexism, such as discrimination and violence, absence of education on safe sex, having multiple sex partners, poor mental health, substance abuse, and unprotected sex (Burch et al., 2018; Kanter et al., 2011; Koh & Yong, 2014; Lim, Brown, et al., 2020; Lim et al., 2015; Ng et al., 2020; Rutledge et al., 2018; Teh, 2008; Valentine et al., 2019).

Effects of cisheterosexism extend to a delay in accessing HIV testing in healthcare settings as LGBTQ people reported high levels of distrust towards health professionals in providing confidential care (Gibson et al., 2016; Lim et al., 2019). Furthermore, there was a preference among LGBTQ people to utilize HIV self-testing kits and virtual platforms for counseling as these alternatives could warrant anonymity (Shrestha, Alias, et al., 2020; Shrestha, Galka, et al., 2020). The prevalence of having adequate knowledge on HIV issues ranged from 68.5% (Maliya, 2018) to 87.9% (Draman, Suofeiya, et al. 2016). However, greater knowledge levels on HIV did not translate into a consistent usage of condoms for mak nyahs, as the possession of condoms may be used by law enforcement officers as evidence of sex work punishable by Sharia laws (Maliya, 2018). Another study on mak nyahs who were also sex workers reported HIV prevention was only a secondary concern due to other more pressing issues such as unemployment and the constant fear of being persecuted by religious authorities (Teh, 2008).

We found LGBTQ people reported difficulties in negotiating condom usage with sexual partners (Felix, 2017). Other than condoms, LGBTQ people were found to also utilize PrEP as an additional safe-sex protective measure (Bourne et al., 2017). There was a greater willingness to use PrEP when LGBTQ people were educated about its benefits and when the cost of the provision was affordable (Galka et al., 2020; Lim et al., 2013; Lim et al., 2017). However, societal stigma attached with PrEP usage (e.g., being perceived as often engaging in high-risk sexual behaviors) may deter LGBTQ people from using PrEP as a safe-sex measure (Bourne et al., 2017).

A few studies interviewed LGBTQ people on their reasons for involvement in LGBTQ activities. Two studies cited a lack of family intervention and inactive participation in religious and spiritual practices as the primary contributing factors for the LGBTQ identification among Malay youth (Ahmad et al., 2015; Akhir et al., 2019). People who were victims of childhood sexual abuse were also reported as having an increased likelihood of growing up as an LGBTQ person (Akhir et al., 2019; Hassan & Ghazali, 2013). On the contrary, Felix (2016) reported that identifying as LGBTQ should be considered as inherent among LGBTQ people. As outlined in gay men's accounts, biological factors were seen as the determinants for their LGBTQ identification.

In contrast, environmental factors such as social support from family and friends, and positive LGBTQ role models were crucial for positive identity development (Felix, 2016). The postulation that environmental factors were essential for affirming their LGBTQ identities

was supported by multiple studies (Baba, 2001; Cheah & Singaravelu, 2017; Hieu & Ng, 2015; Subhi et al., 2013). For example, Hieu and Ng (2015) found a negative correlation between internalized homophobia and desirability to come out, suggesting that LGBTQ people with a negative perception of their LGBTQ identities were less likely to disclose their identities to family members and the wider society.

Numerous studies have found evidence for cisheterosexism manifesting as a stigma that marginalized LGBTQ people (Baba, 2001; Cheah & Singaravelu, 2017; Draman, Maliya, et al., 2016; Felix, 2014; Gibson et al., 2016; Teh, 1998; Teh, 2008; Zulkffli & Rashid, 2019). Consequences of cisheterosexist stigma enacted on LGBTQ people were observed in lower levels of resilience and self-acceptance, and heightened levels of internalized cisheterosexism (internal negative attitudes towards own LGBTQ identities), social isolation, and compromised mental health (Baba, 2001; Brown et al., 2016; Cheah & Singaravelu, 2017; Felix, 2014; Hieu & Ng, 2015; Lim, Brown, et al., 2020; Ng et al., 2020; Rosnon et al., 2013; Subhi et al., 2014). LGBTQ people who experienced cisheterosexist stigma were also less likely to access healthcare, including gender-affirming care for transgender people (Draman et al., 2019; Gibson et al., 2016) and religious services (Draman, Maliya, et al., 2016; Zulkffli & Rashid, 2019). While the negative effects of the stigma of cisheterosexism can be mitigated through the presence of social support such as family, partners, friends, LGBTQ communities, and religious communities, not all LGBTQ people had the privilege to be surrounded by these supportive networks (Draman, Maliya, et al., 2016; Gibson et al., 2016; Liow et al., 2017; Mohd & Hashim, 2015; Subhi et al., 2013).

## **Literature gaps and recommendations for future LGBTQ research in Malaysia**

Our scoping review showed a wealth of existing research on STIs prevention efforts among LGBTQ people, which could be due to the interest in supporting the Malaysian Ministry of Health's strategic plan to curb HIV transmission (Lim et al., 2017). Findings on other LGBTQ aspects (e.g., mental health, social support from family and friends, sexual behavior not related to STIs, the experience of cisheterosexism, and sense of community) remain scant. Only a handful of studies (e.g., Lim, Brown, et al., 2020) have utilized theories such as the health equity framework (Fredriksen-Goldsen et al., 2014) to describe the barriers presented by cisheterosexism for LGBTQ people to acquire social determinants of health. We recommend for future LGBTQ studies to employ a health equity lens, as it will empower LGBTQ people who are disadvantaged by unjust social structures and address the broader cisheterosexist processes that perpetuate social and health inequities (Fredriksen-Goldsen et al., 2014).

Conversely, studies without a premise to promoting LGBTQ health and wellbeing (e.g., Ahmad et al., 2015; Hassan & Ghazali, 2013) risk pathologizing LGBTQ people (i.e., linking LGBTQ identities to mental disorders) and creating a narrative of victim-blaming for this population (i.e., suggesting childhood sexual abuse as the cause of LGBTQ identification). For example, Akhir et al. (2019) proposed the LGBTQ phenomenon as a form of 'abnormality' that could be reverted through strict parental controls and active participation in religious activities. Attempts to alter sexual orientations and gender identities to align with cisgender and heterosexual norms have been condemned by LGBTQ scholars and activists for the potential in causing psychological harm among LGBTQ people (Higbee et al., 2020). Furthermore, international professional bodies for mental health professionals such as the



American Psychological Association have spoken out against conversion efforts of sexual and gender identities as unethical, harmful, and lacking scientific credibility (Anton, 2010).

Many existing Malaysian LGBTQ research has focused exclusively on MSM, trans women, and gay men. The generalization of findings from these studies to other LGBTQ groups ought to be made with caution. This is because each LGBTQ group across the spectrums of sexuality and gender diversity has unique living experiences and health needs (Higgins et al., 2016). More research should be conducted with other sexually diverse groups such as bisexual and asexual, gender diverse groups such as trans men, genderfluid, and intersex people with specific sex characteristics. There is also evidence of conflation between the distinction of sexual and gender identities in some studies (e.g., Rosnon, 2013; Subhi et al., 2013). For example, some researchers have suggested transgender identities as a form of homosexuality rather than related to gender identities and expressions. The absence of collaborative partnerships with LGBTQ people across research phases could be the reason for the lack of inclusivity (Adams et al., 2017). Expert-led research that does not consult with LGBTQ community members risks depriving this marginalized population of opportunities in giving voices to raise their concerns. Through engagement with LGBTQ people, groups, and community organizations, findings produced from research with LGBTQ members as stakeholders are more likely to have enhanced implications and be relevant to the wider LGBTQ communities (Adams et al., 2017).

## Limitations

This scoping review has several limitations. First, our searches were limited to one local database (Malaysian Citation Index) and two international databases (PsycINFO and PubMed). We also did not include non-English key terms (other than *mak nyah*) during our database searches or studies written in Chinese and Tamil languages. However, we managed to identify six additional studies via reverse and forward citation tracking to be included for this review. Second, we did not appraise the quality of included studies as it was not a requirement for a scoping review (Tricco et al., 2018). Third, we did not review LGBTQ studies without LGBTQ participants, such as a study on the competency of counselors in LGBTQ issues (Jamal et al., 2020). Researchers should consider the findings of these studies as complementary to our review to paint a comprehensive picture of the living experiences of Malaysian LGBTQ people. Finally, due to word count restriction, sociodemographic differences among LGBTQ groups were not examined.

## Conclusions

This is the first scoping review that compiles existing evidence on research with voices of LGBTQ people in Malaysia. By systematically reviewing the 44 included analyses, we found that current Malaysian LGBTQ studies tend to center on topics related to sexually transmitted infections such as HIV infection, LGBTQ samples of men who have sex with men, trans women, gay men, or participants exclusively from urban cities like Kuala Lumpur. This review has also highlighted the low number of studies investigating the effects of cisheterosexism in relation to criminalization, pathologization, and discrimination towards LGBTQ people, which hinder this population from obtaining access to social determinants of health and achieving full health potential. Recommendations are provided for future LGBTQ studies in Malaysia to employ a research lens that is affirming of LGBTQ people (e.g., the

health equity framework), to understand the distinctive experiences across LGBTQ groups, and to collaborate with LGBTQ members in the design and implementation of research.

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