DEVELOPMENT AND VALIDATION OF SEXUAL-AND-GENDER MINORITY MALAY WOMEN CARE MODULE ACCORDING TO ISLAMIC VALUES FOR SERVICE PROVIDERS IN MALAYSIA

SHARIFAH ZUBAIDIAH BINTI SYED JAAPAR

UNIVERSITI SAINS MALAYSIA

2024

DEVELOPMENT AND VALIDATION OF SEXUAL-AND-GENDER MINORITY MALAY WOMEN CARE MODULE ACCORDING TO ISLAMIC VALUES FOR SERVICE PROVIDERS IN MALAYSIA

by

SHARIFAH ZUBAIDIAH BINTI SYED JAAPAR

Thesis submitted in fulfilment of the requirements
for the degree of
Doctor of Philosophy

JUNE 2024

ACKNOWLEDGEMENT

I would like to express my utmost gratitude to Allah SWT for giving me the opportunity and strength to complete my PhD. I would like to express my deepest appreciation to the following honourable persons:

1. Associate Professor Dr. Rosediani Muhamad, my main supervisor, for her unending support, guidance, valuable advice, encouragement, motivation, and significant contribution throughout my journey in completing my thesis.

2. My co-supervisors, Associate Professor Dr Asrenee Ab Razak, Dr Mujahid Bakar, and Associate Professor Dr Rafidah Hanim Mokhtar from USIM, for their advice, constructive input, and great support that significantly contributed to the completion of my thesis.

3. Associate Professor Dr Mohd Zarawi Mat Nor, an honorable lecturer from Medical Education at Universiti Sains Malaysia (USM), for his valuable advice and assistance in helping me with the module development and validation.

4. My sincerest appreciation to my beloved husband, Syed Mohd Agong bin Sd Agil, for his understanding and support throughout the journey. The same goes for all of my beloved daughters: Sharifah Akmaldini, Sharifah Akmal Hanim, Sharifah Akmal Fadilla, Sharifah Amalin, and my son, Syed Luqman Hakim, for their understanding and love.

TABLE OF CONTENTS

LIST OF TABLES

Page

LIST OF FIGURES

Page

LIST OF SYMBOLS

α	Cronbach alpha

LIST OF ABBREVIATIONS

AFAB	assigned female at birth
FtM	female-to-males
GAS	gender affirming surgery
GD	gender dysphoria
GMW	gender minority women
HBM	health belief model
HSB	help-seeking behaviours
IDI	in-depth interview
IPV	intimate partner violence
LGBT	lesbian, gay, bisexual, and transgender
MI	motivational interviewing
MSM	men sex with men
MST	minority stress theory
MtF	male-to-female
NGO	non-governmental organisation
NGT	nominal group technique
NSSI	non-suicidal self-injury
R/S	religion or spirituality
SeGMen	sexual and gender minority among Malay women
SCT	social cognitive theory
SGM	sexual and gender minority
SGMW	sexual and gender minority women
SM	sexual minority
SMMW	sexual minority among Malay women
SMW	sexual minority women
SOGI	sexual orientation and gender identity
SOGIE	sexual orientation and gender identity expression
SRS	sex reassignment surgery
SSA	same-sex attraction
SSB	same-sex sexual behaviours
SSO	same-sex orientation

LIST OF APPENDICES

PEMBANGUNAN DAN VALIDASI MODUL PENJAGAAN MINORITI SEKSUAL-DAN-GENDER PEREMPUAN MELAYU BERDASARKAN NILAI ISLAM UNTUK PEMBERI PERKHIDMATAN DI MALAYSIA

ABSTRAK

Minoriti seksual dan gender dalam kalangan wanita Melayu (SeGMen) semakin meningkat, dengan risiko tinggi untuk mendapat penyakit kesihatan mental. Walau bagaimanapun, pemberi perkhidmatan di Malaysia kekurangan kemahiran dan garis panduan untuk menyediakan perkhidmatan kepada SeGMen. Oleh itu, kajian ini bertujuan untuk membangunkan dan mengesahkan modul penjagaan SeGMen mengikut nilai Islam untuk kegunaan pemberi perkhidmatan di Malaysia dengan memahami pembinaan, tekanan psikososial dan rohani, dan tingkah laku mencari bantuan SeGMen dari perspektif SeGMen dan pemberi perkhidmatan. Kajian ini melibatkan tiga fasa. Fasa 1 ialah analisis keperluan, Fasa 2 ialah reka bentuk dan pembangunan, dan Fasa 3 ialah penilaian kebolehgunaan modul. Dalam Fasa 1, tinjauan skop 22 kajian berkaitan SeGMen telah dilakukan untuk meneroka keperluan membangunkan modul. Fasa 2 mereka bentuk modul telah dilakukan dengan menemu bual 30 orang SeGMen dan 20 orang pemberi perkhidmatan. Kemudian, pembangunan modul tersebut melibatkan lima orang pakar dalam teknik kumpulan nominal (NGT) yang diubah suai. Dalam Fasa 3, kebolehgunaan modul telah dinilai melalui kesahan kandungan oleh lima orang pakar, dan kebolehpercayaan telah diuji dengan tiga puluh orang pemberi perkhidmatan. Keputusan Fasa 1 mendedahkan tiga tema: pembinaan tarikan sesama jantina (SSA), pengalaman sebagai minoriti dan keperluan perkhidmatan yang tidak dipenuhi. Daripada analisis keperluan, terdapat keperluan untuk membangunkan modul penjagaan SeGMen untuk melatih pemberi

perkhidmatan berurusan dengan SeGMen. Dalam Fasa 2 mereka bentuk bentuk modul, temu bual daripada SeGMen mendedahkan empat tema: krisis kehidupan awal sebagai pelopor pembinaan identiti, konflik identiti minoriti, menggerakkan diri sebagai SeGMen yang berdaya tahan dan reformasi diri. Dari pandangan pemberi perkhidmatan, tiga tema telah muncul: menavigasi melalui krisis, cabaran dalam menangani krisis dan keperluan kerohanian. Daripada data yang ada, modul telah direka untuk memasukkan 15 elemen dengan 5 topik. Dalam pembentukan modul, 5 orang pakar dalam NGT yang diubah suai mencapai kata sepakat dan menerima kesemua 17 elemen dan mencadangkan untuk menjadikan 6 topik modul latihan. Akhir sekali, dalam Fasa 3, modul menunjukkan kesahan kandungan (lebih daripada 70% persetujuan) dan kebolehpercayaan ($\alpha > 0.95$) yang baik. Kesimpulannya, modul penjagaan SeGMen mengikut nilai Islam boleh digunakan untuk melatih pemberi perkhidmatan yang berurusan dengan SeGMen.

DEVELOPMENT AND VALIDATION OF SEXUAL-AND-GENDER MINORITY MALAY WOMEN CARE MODULE ACCORDING TO ISLAMIC VALUES FOR SERVICE PROVIDERS IN MALAYSIA

ABSTRACT

Sexual and gender minority among Malay women (SeGMen) is increasing, with high risk of developing mental health illness. However, service providers in Malaysia lack the skills and guidelines to provide services to SeGMen. Thus, this study aims to develop and validate a SeGMen care module according to Islamic values for service providers in Malaysia by understanding the construction, psychosocial and spiritual distress, and help-seeking behaviour of SeGMen from the perspectives of SeGMen and service providers. This study involved three phases. Phase 1 is the need analysis, Phase 2 is the design and development, and Phase 3 is the evaluation of the usability of the module. In Phase 1, a scoping review of 22 studies related to SeGMen was done to explore the necessity of developing the module. Phase 2 is designing and developing the module. Designing the module was done by interviewing 30 SeGMen and 20 service providers. Later, the development of the module involved 5 experts in a modified nominal group technique (NGT). In Phase 3, the usability of the module was evaluated via content validity by 5 experts, and reliability was tested with 30 service providers. Results of Phase 1 revealed three themes: construction of same-sex attraction (SSA), experience as minority and unmet service needs. From the need analysis, there is a need to develop a SeGMen care module to train the service providers dealing with SeGMen. In Phase 2 designing module, the interviews from SeGMen revealed four themes: early life crisis as a precursor for identity construction, minority identity conflict, manoeuvring self as a resilient SeGMen and self-

reformation. From service providers' views, three themes were emerged: navigating through crises, challenges in handling crises and spirituality needs. From the available data, a module was designed to include 17 elements with 5 topics. In developing the module, 5 experts in the modified NGT reached a consensus and accepted all 17 elements and suggested 6 topics of the training module. Finally, in Phase 3, the module showed good content validity (more than 70% agreement) and reliability ($\alpha > 0.95$). As a conclusion, a SeGMen care module according to Islamic values is usable to train service providers dealing with SeGMen.

CHAPTER 1

INTRODUCTION

1.1 Introduction

This chapter outlines the introduction of this study by discussing the study background, problem statement, significance of the study, research questions, objectives of the study, operational definitions, the structure of this thesis and the summary of this chapter.

1.2 Study Background

Sexual minority women (SMW) denote women with sexual orientations toward women (lesbians, bisexuals, or pansexuals) (Suen et al., 2020). Among lesbians, femme has a feminine identity, butch or *pengkid* commonly assumes the masculine woman image and andro has masculine and feminine characteristics (Aziz et al., 2019; Gunn et al., 2021). As for gender minority women (GMW), they are those who have been assigned female at birth (AFAB) but express and want to live with masculine characteristics (Suen et al., 2020).

Sexual minority among Malay women (SMMW) are Malay women who developed sexual attraction to women. In this study, gender minority Malay women (GMMW) refer to AFAB Malays who express masculine characteristics. The sexual-and-gender minority among Malay women (SeGMen) in this study refer to lesbians, bisexuals, pansexuals, *pengkids*, androgynous and transgender Malays who are AFAB.

A global suvey across 27 countries revealed an alarming trend of generation gap in identifying themselves as SGM (Ipsos, 2021). There are 4% of Gen Z, 2% of millennials, 1% of Gen X and less than 1% of Boomers identified themselves as

transgender, non-binary, non-conforming, gender- fluid, or in a way other than male or female. In addition, among global population, 3% only attracted to the same sex, 2% mostly attracted to the same sex, and 4 % equally attracted to both sexes. Among Malaysians, 5% only attracted to the same sex, 3% mostly attracted to the same sex, and 4% equally attracted to both sexes. In term of gender identity, 2% of global population and 3% of Malaysian identified as "transgender", "non-binary/non-conforming/gender-fluid" or "in another way".

Studies showed that SeGMen experienced discrimination, internalised homophobia and violence due to their sexual orientation and gender identity expression (SOGIE) (Ibrahim et al., 2022; IGLHRC, 2014). Furthermore, when compared to heterosexual and cisgender women, SeGMen are at a higher risk of substance abuse, depression, anxiety and suicidal ideation and attempt (Jamal et al., 2019; Juhari et al., 2022). However, SeGMen hesitate to seek help or treatment due to internalised homophobia, self-stigma and mental health illiteracy (Hta et al., 2021).

Some SeGMen continue to engage in same-sex sexual behaviours (SSB) but feel guilty and are struggling to abstain from SSB, and some have successfully abstained from SSB (Mohd Izwan, 2021). From an Islamic perspective, some SeGMen are aware that the transformation process is a big test for them, with a big reward from Allah in the hereafter. They need to be strong and patient, especially when facing advocacy from the SGM community. With all those lived experiences, they are at risk of psychological and spiritual distress (Mohd Izwan, 2021). To stay abstinent and maintain spiritual well-being, they require ongoing support from family, the community and service providers.

The spiritual concern has been addressed in a guideline from the Department of Islamic Development Malaysia, or *Jabatan Kemajuan Islam Malaysia (JAKIM)*

(Mohd Izwan & Saiful, 2016). The guideline focuses on the Muslim perspective on same-sex attraction (SSA), ways to return to being a better Muslim, points to encountering those advocating SSA and approaches to preaching to those still actively practising SSA without feeling guilty. Apart from guidelines, JAKIM and a few agencies, such as the *Yayasan Ihtimam Malaysia* (YIM), the *Pertubuhan Amal Firdausi* (PAFI), and the *Persatuan Insaf Pahang* (PIP), as well as individuals, organised spiritual outreach programmes to help them (Mohd Izwan & Saiful, 2016). However, the psychological distress issue was not addressed in this guideline.

According to the American Psychological Association (APA, 2015), psychological distress among SGM needs to be approached via an affirmative approach. In an affirmative approach, same-sex orientation (SSO) and gender expression needs are validated and met. The approach includes validating same-sex attractions, feelings, and behaviours as normal variants of sexuality; accepting sexual fluidity and sexual orientation as part of the person; and helping them to deal with internalised homonegativity (Broadway-Horner & Kar, 2022). This approach has been widely used by mental health professionals, particularly in countries that recognise same-sex and cross-gender activities.

Tan (2022) demanded that affirmative psychology be implemented in Malaysia; however, it is against Islamic rules, Malay values and Malaysian laws that disapprove of same-sex orientation and cross-gender. This situation creates uneasiness among Malaysian service providers, especially Muslims, as it goes against their values and they cannot force clients to change their identity (Syed Mahmood & Abdallah, 2020). The conflict between service providers and Muslims who understand the importance of *amar maaruf, nahi mungkar*, or enjoining what is right and prohibiting what is wrong, may cause service providers to hesitate in providing the service. Lack

of guidance or reference in handling this situation worsens it (Syed Mahmood & Abdallah, 2020).

Additionally, a guideline related to gender health in Malaysia focuses on the primary care approach at local health clinics (Safurah Jaafar et al., 2017). The guideline outlines how to identify gender-related cases from babies up to the elderly, medical and surgical issues related to gender, and the role of agencies in gender problems. However, the approaches and ways to deal with psychological distress among SeGMen are limited. Hence, service providers, specifically Muslims, are in a dilemma over how to approach SeGMen who need help.

1.3 Problem Statement

The increasing number of SeGMen also increases the health burden of SeGMen (Juaini et al., 2017). Juhari et al. (2022) found that 80% of Malaysian SGM suffered from a mental disorder, with major depressive disorder being the most prevalent (40.15%), followed by suicidal behaviour disorder (21.1%). However, SeGMen are hesitant to seek help due to mental health illiteracy, lack of availability and accessibility of services, and their perception of service providers' prejudice and incompetency (Hta et al., 2021).

The service providers acknowledged their inadequacy of knowledge and skills in dealing with SeGMen (Syed Mahmood & Abdallah, 2020). Additionally, there was a lack of guidelines and training on dealing with SeGMen in Malaysia, burdening service providers to increase their competency (Syed Mahmood & Abdallah, 2020).

A guideline related to gender health in Malaysia primarily focuses on the primary care approach at local health clinics (Safurah et al., 2017). The guideline covers identifying gender-related disorders from neonatal to the elderly, medical and

surgical issues related to gender, and the role of agencies in gender problems. However, since no training was provided to service providers and the availability of the module was unknown to most of them, service providers have no clear reference to the module. Meanwhile, the module on healthy minds by the Ministry of Health Malaysia (2005) focuses more on the general population and does not cover the information on handling the SeGMen community.

Health-related studies of SGM in Malaysia mostly focus on men as it is related to HIV/AIDS from men sex with men (MSM) and hormone consumption among *mak nyahs* (Draman et al., 2018; Maliya et al., 2018). Studies on lived experience, specifically psychosocial distress, or health issues among SeGMen, are scarce. In addition, the approaches, and ways to deal with psychological distress among SeGMen are limited.

Therefore, there is a need to have a guideline or module to train and educate service providers about sexual and gender health care of SeGMen in Malaysia according to Malaysian laws and local culture (Syed Mahmood & Abdallah, 2020). As a result, in this study, a training module on dealing with SeGMen for service providers based on Islamic values was developed and validated. The module addresses the core values, beliefs, norms and other significant aspects of Malay cultural views and Islamic teachings.

1.4 Significance of the study

This study focuses on SeGMen as a marginalised, sensitive and vulnerable group in Malaysia. Based on minority stress theory (MST), SeGMen, as a minority, are at high risk of negative mental health outcomes, leading to mental health disorders and increasing the mental health burden (Ibrahim et al., 2022; Juhari et al., 2022;

Meyer, 2003). However, SeGMen's lack of knowledge on mental health and service availability, as well as being discouraged by incompetency and being judged by service providers, hinder them from getting the appropriate services and treatment (Cronin et al., 2021a; Hta et al., 2021; Reynish et al., 2022). In addition, service providers, especially mental health professionals, are incompetent and uncomfortable dealing with SeGMen due to a lack of training and guidelines (Hta et al., 2021; Jamal et al., 2018; Syed Mahmood & Abdallah, 2020). Thus, the development of the SeGMen care module based on Islamic values for service providers' use as a guideline in treating SeGMen would increase the competency of service providers and encourage help-seeking behaviour in SeGMen. This would reduce the mental health burden both locally and globally.

1.5 Research Questions

The research questions are divided according to the phases of the study.

Phase 1:

1. What is the necessity to develop a SeGMen care module according to Islamic values for service providers in Malaysia?

Phase 2:

2. How does SeGMen construct in Malaysia?

3. What are the psychosocial distress experienced by SeGMen in Malaysia?

4. What are the spiritual distress experienced by SeGMen in Malaysia?

5. How does SeGMen manage their psychosocial distress?

6. How does SeGMen manage their spiritual distress?

7. How does SeGMen seek help?

8. What are the service providers' views on SeGMen's lived experience and barriers occurred related to their consultations?

9. Is the SeGMen care module according to Islamic values for service providers in Malaysia well-developed?

Phase 3

10. Is the SeGMen care module according to Islamic values for service providers in Malaysia valid?

11. Is the SeGMen care module according to Islamic values for service providers in Malaysia reliable?

1.6 Objectives of the study

1.6.1 General Objective

To develop and validate a sexual-and-gender minority Malay women (SeGMen) care module according to Islamic values for service providers in Malaysia by understanding the construction, psychosocial and spiritual distress, and help-seeking behaviour of SeGMen from the views of SeGMen and service providers.

1.6.2 Specific Objectives

The specific objectives are divided according to the phases of the study as below:

Phase 1

To explore the necessity to develop a SeGMen care module according to Islamic values for service providers in Malaysia

Phase 2

2. To explore the construction of SeGMen in Malaysia.

3. To explore the psychosocial distress among SeGMen in Malaysia.

4. To explore the spiritual distress among SeGMen in Malaysia.

5. To explore the way SeGMen in Malaysia manage their psychosocial distress.

6. To explore the way SeGMen in Malaysia manage their spiritual distress.

7. To explore the help-seeking behaviour of SeGMen in Malaysia.

8. To explore the service providers' perception of SeGMen and their experiences dealing with SeGMen

9. To develop a SeGMen care module according to Islamic values for service providers in Malaysia

Phase 3

10. To evaluate the content validity of the SeGMen care module according to Islamic values for service providers in Malaysia

11. To evaluate the reliability of the SeGMen care module according to Islamic values for service providers in Malaysia

1.7 Operational definition

1. Sexual-and-Gender Minority among Malay Women (SeGMen)

Sexual minorities women (SMW) are women who identify themselves as having sexual attraction towards women (lesbians), both to women and men (bisexuals) or all gender identities or expressions (pansexuals). Gender minority women (GMW) refer to those assigned female at birth (AFAB) who express themselves as men (Dhari et al., 2023)

For this study, sexual-and-gender minority Malay women (SeGMen) include Malay AFAB who are self-identified as: -

a. Lesbians: - women who have a sexual attraction to women (Upe et al., 2022)
b. Bisexuals: - women who have a sexual attraction to both women and men.
c. Pansexual: - women who have sexual attraction to people with regard to their sex and gender (Feinstein et al., 2022)

d. *Pengkids*:- lesbians with masculine characteristics (Syed Jaapar et al., 2023)

e. Femme - lesbian with feminine characteristics (Upe et al., 2022)

f. Andro/ androgyny/ androgynous - lesbians with both masculine and feminine characteristics. There are two types of andro (Upe et al., 2022):

    i. Andro butch appears more like a man with some feminine characters.

    ii. Andro femme appears more like a woman and behaves like a femme.

g. Transman or transgender or transexual – those AFAB who identifies themselves as men or has a strong desire to be a man (Jansen, 2022).

2. Service Providers

Service providers are those who provide services, especially to SeGMen. They include:

a. Mental health professionals: psychiatrists, trainee psychiatrists, clinical psychologists and counsellors.

b. Islamic scholars: Islamic religious background scholars, such as Islamic studies academicians, muftis, religious officers from the Department of Islamic Development Malaysia or JAKIM, state or district religious offices and Islamic preachers who have experience dealing with SeGMen either directly or indirectly.

c. Primary care doctors: doctors that practise at health care clinics.

3. Experts

A group of professionals from various backgrounds with experience and knowledge of SeGMen and module development, such as experts in module

development, psychiatrists, clinical psychologists, counsellors, Islamic studies academicians, religious officers, and Islamic preachers with at least five years of experience.

4. Islamic values

Islamic values are the principles and guidelines derived from the teachings of Islam, which encompass various aspects of life including personal conduct, social interactions, and governance. Islamic values guide people in leading a righteous and ethical life, fostering a sense of community, and ultimately seeking the pleasure of Allah.

5. Islamic spiritual values

Spiritual values that provide meaning in life, connectedness to the moment, self, others, nature, and to the significant or sacred, which comply with Islamic teachings which include tauhid (*iman,* Islam, and *ihsan*), ritual, *shariat*, and *taqwa*. Islamic spiritual values primarily focus on inner qualities, personal growth, and spiritual development according to Islamic teaching.

6. Spiritual distress

Spiritual distress is a condition of suffering related to the diminished ability to experience meaning in life through connection with self, others, the world or a superior being (Hotchkiss, 2021)

1.8 Structure of thesis

This thesis is organised into six chapters. Chapter 1 introduces the study, including the study background, problem statement, significance, research question, objectives, and operational definition. Chapter 2 discusses the relevant literature to understand the lived experience, psychospiritual and spiritual distress, help-seeking behaviours, and the need to develop and validate module care for SeGMen from the perspective of SeGMen and service providers.

Chapter 3 describes the research methodology of this study, which is design and development research (DDR). The findings of this study are presented in Chapter 4. Chapter 5 discusses the findings of this study in detail. Finally, Chapter 6 concludes the study.

1.9 Summary

This chapter introduced this study by presenting the study background, problem statement, the significance of the study, and research questions. Next, the objectives of the study, the operational definition, and the structure of the thesis were presented in this chapter. The next chapter discusses on literature review related to this study.

CHAPTER 2

LITERATURE REVIEW

2.1 Introduction

This chapter starts the literature review by introducing sexual orientation and gender identity expression (SOGIE). Then, the evolution of the diagnosis of homosexuality and gender identity disorder based on the International Classification of Disease (ICD) and Diagnostic Statistical Manual (DSM) criteria is explained. Later, discussions of sexual-and-gender minorities (SGM) in Malay culture and Islamic context are presented. The review continues with the lived experience and risk factors for mental illness in sexual-and-gender minority women (SGMW), the role of religiosity or spirituality in SGMW well-being, and the help-seeking behaviour of SGMW.

Then, the review focuses on the sexual-and-gender minority among Malay women (SeGMen) and service providers' perceptions and experiences in helping SeGMen. Next, an approach in managing SeGMen is discussed, followed by the study's theoretical and conceptual framework. This chapter ends with the chapter summary.

2.2 Sexual Orientation and Gender Identity Expression (SOGIE)

2.2.1 Sexual orientation

Sexual orientation is "a person's capacity for profound emotional, affectional, and sexual attraction to, and intimate and sexual relations with, individuals of the same gender, of a different gender, or of more than one gender" (Ashley, 2019). Ashley (2019) also acknowledges understanding of sexual orientation by culture.

The dimensions of sexual orientation include sexual attraction, sexual behaviour and sexual identity (Figure 2.1) (Bostwick et al., 2010). Later, Crooks and Baur (2014) added that falling in love is another dimension of sexual orientation. Sexual attraction refers to the relationship between a person and another person or the sexual desire for men, women or both (Bostwick et al., 2010; Crooks & Baur, 2014), while sexual behaviour refers to the relationship between two people when it involves sexual activity. Sexual identity, on the other hand, is the way a person identifies. In most studies, the definition of sexual orientation includes all these dimensions. However, sexual orientation is more complex than previously thought of and on a continuum. It is yet conclusive whether all or any of those components are needed to determine one's orientation.

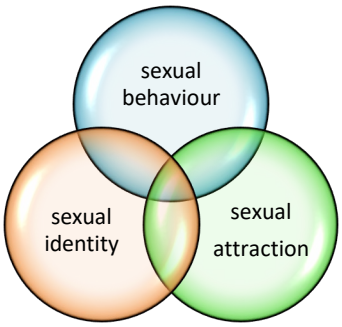

Figure 2.1: Diagram of Sexual Orientation (adapted from Park & Andrew, 2017)

The sexual identity of a person may change throughout the course of life, even if it is just temporary, which refers to sexual fluidity (Scheitle & Wolf, 2018). Women's sexuality is more fluid than men's. A woman may be sexually attracted to women only, which is called a lesbian; when a woman is attracted sexually to both men and women is known as bisexual, and a woman with a sexual attraction to all genders is identified as pansexual (Figure 2.2).

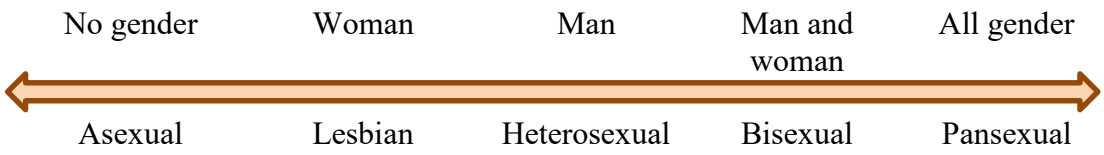

Figure 2.2 Sexual attraction spectrum of a woman

2.2.2 Gender Identity and Gender Expression

Sex is a biological characteristic at birth and is influenced by genetics or chromosomes, anatomical, hormonal and physiological characteristics that physically differentiate between males and females, while gender is the psychological and sociocultural characteristics associated with the sex (Crooks & Baur, 2014). Gender is referred to as masculinity or femininity, which typically attributes to males' and females' behaviours, respectively (Crooks & Baur, 2014).

Gender identity is how a person feels about their gender from the inside out, including how they perceive their body. Self-identification as a woman, man, non-binary or genderqueer is how one expresses one's gender identity (Figure 2.3), which may differ by culture (Ashley, 2019).

Sex		
Female	Intersex	Male
Gender Identity		
Woman	Queer	Man
Gender Expression		
Feminine	Androgynous	Masculine

Figure 2.3 Spectrum of sex, gender identity and gender expression

Gender expression refers to a person's desired external appearance related to social expectations and norms of femininity and masculinity (Ashley, 2019). Those who express their gender according to their assigned sex at birth are cisgender and are not gender minorities. Transgender people express their gender in the opposite

direction of their assigned sex at birth and are also called gender minority (GM). Transmen are persons born as female but manifest themselves as men, while transwomen are born as male but manifest themselves as women. Transwomen in Malaysia is also known as 'male transexuals', 'bapok', 'pondan', 'nyah' or 'mak nyah' (Abd. Azid et al., 2020). A pangender identifies as any or all genders, while gender fluidity refers to the inconsistent fluctuation of gender identity (Azhar et al., 2022).

Gender roles are a set of attitudes, appearances, and behaviours associated with sex perceived as appropriate and normal for men and women in society (Ciocca et al., 2019). Local cultural and psychosocial factors influence it. Normally and mostly, a person of male sex identifies himself as a man and portrays the role of a masculine person, and a person of female sex identifies herself as a woman and manifests the feminine role (Farmer & Byrd, 2015).

A lesbian who expresses herself in a masculine role is referred to as butch. While a lesbian with feminine roles is femme. For lesbian with both masculine and feminine roles is called androgynous (Upe et al., 2022).

In Malaysia, butch is known as *pengkid* (Aziz et al., 2019). The word *pengkid* is believed to be rooted in the word "punk kid" (Wong, 2012). Dzulkifli et al. (2018) recognised twelve behavioural indicators of *pengkids* (from highest to lowest percentage): behave like a man; walk like a man; are attracted to females; enjoy holding, embracing, or hugging a female companion; have a sexual interest in other females; enjoy pampering female companions; smoke cigarettes; speak hoarsely; speak with a strong tone; have sex with a female companion; despise men and admire men (to the point of wanting to be a man).

Based on the twelve behavioural indicators, *pengkids* were classified into extreme, moderate, and mild categories. Extreme *pengkids* have 75% of the criteria (9

out of 12 behavioural indicators). Moderate *pengkids* have 50% of the behavioural indicators (6 out of 12 behavioural indicators), and finally, mild *pengkids* have 25% of the behavioural indicators (3 out of 12 behavioural indicators) (Dzulkifli et al., 2018).

2.3 Sexual-and-Gender Minority (SGM)

The term sexual-and-gender minority (SGM) refers to a group of people who have same-sex sexual orientations and a group of people who identify and express gender opposite their biological sex. There is a rising number of SGM around the world. After over a decade, the number of SM adults increased to 3.5%, and transgender adults increased to 0.3% in the United States, with women being more likely than men to identify as bisexual (Gates, 2014). In UK, there was 4.7% SM in 2014 and 6.4% in 2020 (Ipsos, 2021).

In a global online survey across 27 countries, 80% of adults identified themselves as heterosexual, followed by 4% bisexuals, 3% homosexuals, 1% pansexuals or omnisexuals, 1% asexuals, 1% 'other' and 11% who were unsure or declined to answer (Ipsos, 2021). Malaysia had the highest (39%) percentage of adults refusing to define their sexual orientation, followed by Turkey (33%), India (24%), Russia (19%), and Mexico (15%) (Ipsos, 2021).

In the meantime, about 1% of global adults reported that they did not identify as 'male' or 'female' but rather as 'transgender', 'non-binary', 'non-conforming', 'gender-fluid' or 'in another way'. The number of people who did not identify as 'male' or 'female' varied greatly between generations. For example, 4% of those born in or after 1997, 2% of those born between 1981–1996, 1% of those born between 1965–1980, and less than 1% of those born between 1946–1964 did not identify as 'male' or 'female' (Ipsos, 2021).

Indonesia, one of the Southeast Asian countries with the largest Muslim populations, was reported to have 8 out of 10 million homosexuals, with 21% of junior high students and 35% of high schoolers involved in homosexual behaviour (Saputri, 2011).

Teh (1998) estimated 10,000 *mak nyahs*, or transwomen in Malaysia. Then, in 2013, it was reported that there were 173,000 SGM in Malaysia (Arif et al., 2018). Later, it was estimated that there were 310,000 homosexuals in 2018, which revealed an 80% increase within 5 years (Lim, 2018). Nonetheless, there has been a 200% increase in transgender people in Malaysia over the last 30 years, from 10,000 in 1988 to 30,000 in 2018 (Lim, 2018). An online survey showed 1% Malaysia identified themselves as "transgender", "non-binary/non-conforming/gender-fluid" or "in another way (Ipsos, 2021).

From online observations by Juaini et al. (2017), the number of lesbians in Malaysia is increasing. A survey among five secondary school students in Kelantan showed that 8.9% self-identified as homosexual, and 11.9% had same-sex attraction (SSA) (Syed Jaapar et al., 2019). From an online survey by Ipsos (2021), among Malaysian, 3% identified themselves as lesbians/ gay/ homosexuals, 2% bisexuals and 2% as others.

Someone who identifies with and acts like the opposite gender of their birth sex might develop gender dysphoria (GD) while looking for gender identity. Among adults, the prevalence of male-to-female (MtF) gender dysphoria is between 5 and 14 per 1,000 males and 2 and 3 per 1,000 females for female-to-male (FtM) gender dysphoria (Zucker, 2017).

2.4 Evolution of Diagnosis Related to Sexual-and-Gender Minority (SGM)

The diagnosis of illnesses related to SGM has evolved since the 1940s. In 1948, the World Health Organization (WHO) included 'homosexuality' in its sixth revision of the International Classification of Diseases (ICD-6) for the first time, under Category 320, as 'pathological personality'. To be more specific, 'sexual deviations' was under subcategory 320.6. The code was later changed to 302 as 'sexual deviations and disorders', with a specific subcategory 302.0 as 'homosexuality' in its eight revisions.

Then, it was replaced in ICD-10 with 'ego-dystonic sexual orientation' under 'psychological and behavioural disorders associated with sexual development and orientation'. However, it is clearly stated that 'sexual orientation by itself is not to be considered a disorder'. However, a person may seek treatment to change it because of distress related to it.

As there were suggestions to remove the section 'psychological and behavioural disorders associated with sexual development and orientation', a new chapter of 'conditions related to sexual health' was added to ICD-11. Under this new chapter, the diagnoses of 'gender identity disorder', 'transsexualism', and 'gender identity disorder of children' in ICD-10 were respectively replaced with 'gender incongruence', 'gender incongruence of adolescence and adulthood', and 'gender incongruence of childhood'. On top of that, 'dual-role transvestism', 'other gender identity disorders', and 'gender identity disorder, unspecified" were removed from ICD-11 (Robles et al., 2022). Gender incongruence is when a person's experienced gender and assigned sex at birth are very different and consistent over time (WHO, 2022).

According to the American Psychiatric Association (APA), homosexuality was classified as a 'sociopathic personality abnormality' in the first Diagnostic Statistical Manual (DSM) I in 1952. Then, DSM-II classified homosexuality as a 'sexual deviation' in 1968. In 1971, homosexual activists spoke about how the 'homosexuality' designation caused stigma. Then, after a debate entitled 'Should Homosexuality Be in the APA Nomenclature?' the American Psychiatric Association's Board of Trustees voted that homosexuality was no longer a disorder and deleted it from the DSM in December 1973 (Drescher, 2014).

However, in 1980, a diagnostic group called 'gender identity disorders', which consisted of 'transsexuality', 'gender identity disorder of childhood' and 'transvestic fetishism', was added to the DSM-III. There was also a section on 'ego-dystonic homosexuality', characterised by (i) an enduring pattern of absences or weak heterosexual arousal that potentially affects initiating or maintaining desirable heterosexual relationships and (ii) a sustained pattern of homosexual arousal that the person complains is undesirable and a source of distress.

Later, in DSM-IV, which was published in 1994, 'transsexualism' was combined with 'gender identity disorder of childhood' into the diagnosis of 'gender identity disorder'. On the other hand, 'transvestic fetishism', which was once under the category of gender disorders, has been reclassified as sexual paraphilia.

In its latest revision of the DSM-5, 'gender identity disorder' was renamed 'gender dysphoria' and given its chapter distinct from 'sexual dysfunctions and paraphilic disorders'. This diagnosis is more coherent with clinical sexology terminology and eradicates the idea that people with gender nonconformity are 'disordered' by only pathologising their distress (American Psychiatric Association, 2013a).

Gender dysphoria (GD) is characterised as a difference between one's experienced or expressed gender and their assigned gender, with significant distress or difficulties in functioning that last at least six months. The symptoms must also include at least two of the following criteria: (i) an obvious incongruence between one's experienced or expressed gender and primary and/or secondary sex characteristics; (ii) a strong desire to be rid of one's primary and/or secondary sex characteristics; (iii) a strong desire for the primary and/or secondary sex characteristics of the other gender; (iv) a strong desire to be of the other gender; (v) a strong desire to be treated as the other gender; and (vi) a strong conviction that one has the typical feelings and reactions of the other gender.

In conclusion, based on WHO and APA, sexual minority (SM) is not a mental disorder but part of sexual orientation, which becomes part of the lifestyle. However, gender minority (GM), GID or GD is recognised as a mental disorder according to ICD-10 and DSM-5, respectively. While in ICD-11, it is known as gender incongruence, which is under conditions related to sexual health rather than a mental disorder.

2.5 Sexual and Gender Minority in Malay Culture

Malaysia is a multiethnic country, with the Malay population being the largest ethnic group (Department of Statistics Malaysia, 2021). It clearly states under Article 160 of the Malaysian Federal Constitution that a Malay is "a person who professes the Muslim religion, habitually speaks Malay, [and] conforms to Malay custom" (Federal Constitution, 2010). Thus, Malays have a unique legal identity formed by religion, language, and customs (*adat*), which contribute to the sexual development of Malay

women. In Malay culture, women are expected to express their feminism by being good mothers and wives (Dahalan et al., 2020).

Malay customs and language come from the Malay Archipelago, which shares similar customs and languages. Since the Melaka Empire in 1400 AD, when Islam became the religion of the Malay people, they have always been close to Islam (Khalidah, 2022). Malays still want to be called Muslims before they are called Malay because being Muslims gives them a stronger sense of belonging than being Malay (Teo, 2015). It is consistent with how Malay parents raise their children. Malays parents employ an authoritative parenting style to ensure that their children understand and apply the principles of Islam and Malay culture in their daily lives (Mofrad & Uba, 2014).

In developing the Malay Muslim identity, Malays must meet cultural and religious expectations of being male or female. It is expected that Malay Muslim men become fathers and lead households, while Malay Muslim women are projected to fulfil their nature by being wives and mothers (Omar, 1994). At the age of four, Malay girls are exposed to the feminine role in the family. The gender role of Malay children is believed to develop at the age of five or six. The girl will be doing the feminine work at the age of seven or eight. They are also taught to behave femininely in talking, walking, and grooming to be good wives (Omar, 1994). Malaysian women are highly regarded as mothers, and the 'ideal woman' is treasured as a symbol of purity (Fazli Khalaf et al., 2018).

Sexual gratification within Malay Muslim society comes from marital and sexual relations that are culturally endorsed and religiously validated as legitimate by the Al- ur n and Hadith between a man and woman (Omar, 1994). Malay *adat*, or

values, existed long before Islam existed among the Malays, and most Malays still practised *adat* and Islam in their way of life until the colonisation period.

However, during the colonisation period, Western culture, including same-sex erotic relationships, invaded Malay land (Rahman, 2018). According to Clement (2017), Wallace's journal 'The Malay Archipelago' described his journey to Southeast Asia from 1854 to 1852 which involved a homoerotic relationship between Wallace and his servant, a Malay man (Clement, 2017). The relationship had penetrated the Malay Muslim culture.

Later, postmodernisation and lesbian feminism in the West influenced Malaysian culture (Hafiz et al., 2019). In the mid-1970s, punk culture emerged in the United States, the United Kingdom and Australia, which later invaded Malaysia. Punk kids were young boys who supported punk culture at the time. It is believed that the word *pengkids*, which referred to masculine-looking women who were sexually attracted to women, was derived from the word 'punk kids' (Wong, 2012).

Acculturation of Malays in Western, particularly in pursuing their education might include SOGIE (Khawaja, 2016; Mohammed Yusof & Subhi, 2018). One of the examples is a Malaysian student studying in Ireland who posted his photograph with a *baju Melayu* during his civil partnership ceremony with a man in December 2011 (O'Brien, 2011). This incident received numerous criticisms, especially from Islamic religious groups. Those who violate their *fitrah* by engaging in sexually nonconforming behaviour have been chastised in Malay society for being non-Malay and non-Islamic, or for disregarding traditional Malay values (Felix, 2018).

On top of that, the globalisation of human rights led to the first *Sexualiti Merdeka* in Kuala Lumpur in August 2008 to provide hope to SGM youth (Sofian et al., 2022). The attendance at the sexuality rights festival grew from 500 people in 2008

to 1,500 in 2010, which alarmed most Malaysians. In November 2010, a video clip of *Seksualiti Merdeka* called 'It Gets Better in Malaysia' attracted much attention and went viral within days. A video of a male Malay saying, 'I'm gay, I'm OK', created more than 150 000 hits in five days with 3,400 comments. Then, *Seksualiti Merdeka* was banned in 2011 as there were disputes between Islamic and non-Islamic non-governmental organisations. The court rejected an appeal for judicial review from the organiser in 2013 (Bernama, 2013).

In 2013 and 2014, the Pink Dot Penang Festival helped SGM activities and fought for their rights (Mok, 2014). As it is forbidden in Malaysia, their demand was not heard. However, in 2018, SGM activisist promoted their activities and activists via posters during the George Town Festival from August to September 2018 to celebrate the culture and heritage of George Town, Penang, in conjunction with its 61st anniversary of independence (Azhar et al., 2019). Again, it attracted a lot of Malaysians, especially Muslims attention and objection. The posters were taken down due to pressure and instructions from the Ministry of Religion (Shagar, 2018).

In honour of International Women's Day, Malaysian marched on the streets for not only for women's rights but also for SGM rights (Vochelet, 2023) . However, non-governmental organisations (NGOs) and political parties condemned it as a clear violation of Malaysian law and culture (Vochelet, 2023).

2.6 Sexual-and-Gender Minority in Islamic Context

Based on Al- ur nic verses and hadith same-sex orientation and transgender are prohibited in Islam (Mohd Izwan, 2021). People of Sodom practised same-sex activities o enly and ignored the reminders given by llah via ro het ( ).

They were punished with Allah turning the city's ground upside down, and all were stoned to death (Al- ur n 7 0-84).

Besides Al- ur n in a hadith narrated from Abu Musa Al-Asya'ari R.A., the Prophet Muhammad (PBUH) mentioned that: -

"If a woman comes upon a woman, they are both adulteresses, if a man comes upon a man, then they are both adulterers." *Tabarani in Al-Mu'jam al-Awsat* [no.hadith 4157]

The above hadith explains that both women and men with sexual acts of the same sex are despicable and considered to be committing adultery (Mohd Izwan et al., 2015). Similarly, according to all four schools of Islamic jurisprudence: - Hanafi, Maliki, Shafei and Hanbali, same-sex activity is regarded as wrongdoing (Mohd Izwan et al., 2019).

Even if they are not engaged in sexual activities of the same sex, Prophet Muhammad (PBUH) also cursed those women who look like men or vice versa, as mentioned in the following hadith:

Narrated from Ibn 'Abbas R.A. that the Prophet Muhammad (PBUH) said:

"The Prophet cursed effeminate men and those women who assume the similitude (manners) of men." [Hadith al-Bukhari: Book 7: Volume 72: Hadith 774]

Nevertheless, Amreen Jamal, Khaled El-Rouayheb, Hassan El-Menyawi, Muhsin Hendricks, and Dervla Shannahan argued and justified that same-sex activities are allowed in Islam by giving a different and new perspective on Al- ur nic verses and hadith (Mohd Izwan et al., 2019). Similarly, Jahangir and Abdul-Latif (2016) argued that, based on both Al- ur nic verses 0 and 7 marriage is the main basis of affection and compassion, and thus, they concluded that there is no reason to prohibit same-sex intimacy and marriage.