

# It's Time to Consider LGBTQ-Affirmative Psychology in Malaysia

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## Abstract

International studies have revealed stark mental health inequities affecting lesbian, gay, bisexual, transgender, and queer (LGBTQ) people. While there is increasing awareness of higher prevalence of mental health difficulties among LGBTQ people in Malaysia, this issue has often been viewed through a cisheterosexist (cisgenderism and heterosexism) lens that criminalizes, pathologizes, marginalizes, and/or delegitimizes noncisgender and nonheterosexual forms of identities. Informed by LGBTQ-affirmative psychology, this viewpoint aims to scrutinize the common misconceptions surrounding the living experiences of Malaysian LGBTQ people; these include poor mental health among LGBTQ people, victim-blaming narrative of sexual violence, LGBTQ is a mental illness, and LGBTQ is a Western influence. This viewpoint draws on empirical and theoretical research, as well as international guidelines, to debunk these misconceptions. Recommendations are also provided for psychology practitioners and researchers to embark on the journey to supporting Malaysian LGBTQ people in a culturally safe manner.

## Keywords

LGBT, LGBTQ, cisgenderism, heterosexism, Malaysia

## Introduction

In this viewpoint, I use the umbrella term “lesbian, gay, bisexual, transgender, and queer or LGBTQ” to refer to people whose sexual orientations and/or gender identities or expressions differ from the conventional social norms of being heterosexual (people who are attracted to a different gender than their own) and cisgender (people whose gender corresponds to their sex assigned at birth). The multiethnic Malaysian LGBTQ population also encompasses people who adopt culture-specific LGBTQ identities such as *mak nyah* and *tongzhi* (同志) that carry intricate sociocultural meanings.<sup>1</sup> Rather than merely equating these culture-specific terms with English definitions, a culturally appropriate lens should be used to affiliate these terms with historical (eg, reclaiming identities that have been long subjugated by colonizing cultures), political (eg, advocating for normalization of identities that have referred in a derogatory manner), and social (eg, connecting with other LGBTQ members who share similar identities) connotations.<sup>1</sup> To date, no agencies (including the Department of Statistics) have examined the demography of LGBTQ people in Malaysia; so as a consequence, the prevalence of this population is not known.

This viewpoint aims to address common LGBTQ misconceptions in Malaysia and highlight the roles of psychologists (including practitioners and researchers) in improving the health and well-being of this marginalized population. In light of the surge in number of Malaysian research pathologizing the living experiences of LGBTQ people,<sup>2</sup> this viewpoint draws on LGBTQ-affirmative psychology<sup>3</sup> to challenge the societal bias, prejudice, and discrimination against people of diverse sexuality and gender. The LGBTQ psychology adopts an inclusive and interdisciplinary approach by working with LGBTQ psychologists and cisgender and heterosexual allies from psychology, sociology, law, public health (to name a few) to empower LGBTQ people who have been long affected by the historical, social, and legal contexts of marginalization.

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## Cisheterosexism in Malaysia: Debunking Misconceptions

To date, jurisdictions that criminalize same-sex conducts, and gender identity and/or expression of transgender people, still exist in Malaysia. These comprise the federal legislation (ie, Section 377A of the Penal Code (Act 574)) that penalizes carnal intercourse “against the order of nature” such as anal sex in same-sex relationships, and Sharia laws that regulate normative expressions of sexuality and gender among Muslim.<sup>4</sup> Criminalization of LGBTQ identities since British colonial rule has led to the rise of cisheterosexism among Malaysians.<sup>5</sup> Derived from “cisgenderism” and “heterosexism”, the term “cisheterosexism” denotes prejudices that pathologize (perceive LGBTQ people as mentally disordered), marginalize (privilege cisgender and heterosexual people), and delegitimize (reinforce that sexuality and gender are binary concepts) noncisgender and nonheterosexual forms of expression, role, and identity.<sup>2</sup> Cisheterosexism is evident across various levels of Malaysian LGBTQ people’s life, ranging from individual (internalization of negative societal attitudes toward one’s own LGTBQ identity), interpersonal (unfair treatment, rejection, and victimization), to institutional (discriminatory laws and noninclusive policies).<sup>6</sup>

Cisheterosexism is also prevalent in the field of psychology.<sup>7</sup> It is concerning that psychologists who are in a position to contribute to improved well-being of marginalized groups and influence policies in institutional settings,<sup>8</sup> may perpetuate cisheterosexism in their own practices. In a qualitative study of 28 LGBTQ young people in Malaysia, participants reported distrust toward mental health professionals’ competency in LGBTQ care and avoidance of services due to fear of being stigmatized.<sup>9</sup> Corroborating finding of low knowledge level on supporting LGBTQ clients was observed in a study that interviewed 15 Malaysian counsellors, and recommendations were made to provide specific education and guideline for counsellors for who are interested in delivering LGBTQ-affirming services.<sup>10</sup>

Below, I summarize 4 common misconceptions derived from Malaysian studies utilizing a cisheterosexist lens, and draw on local and international empirical evidence as a basis of argument.

### 1. LGBTQ people have poor mental health?

Through interviews with 6 Malaysian LGBTQ people, researchers from a study claimed that people with depression and anxiety are likely to identify as LGBTQ.<sup>11</sup> To support their inference, the researchers cited statements from an Australian mental health organization, Beyond Blue, that reported elevated risks of depression, anxiety, and suicidality among LGBTQ people compared to those identifying as cisgender and heterosexual. Whilst it is an established fact that LGBTQ people experience mental health inequities, there is a need to understand the

antecedents of mental health difficulties as related to cisheterosexism.<sup>12</sup>

Cited by more than 10,500 times to date (source: Google Scholar; October 2021), Meyer’s minority stress theory<sup>13</sup> posits that LGBTQ people encounter minority stress due to their marginalized social position. Minority stressors may manifest as stigma and discrimination, which are not experienced by those in privileged position (ie, cisgender and heterosexual people), and can have specific negative effects on the mental health of LGBTQ people. Recently, psychology scholars have expanded on the utility Meyer’s theory by positioning cisheterosexism as the origin of minority stress<sup>14</sup> and incorporating a biopsychosocial framework<sup>15</sup> to examine the adverse biological effects (eg, sleep disturbance and immune dysregulation) resulting from minority stress. Although no Malaysian studies to date have examined mental health effects of minority stress of LGBTQ people, a large-scale quantitative study in Singapore (which share similar sociocultural context with Malaysia) has revealed a strong association between discrimination based on LGBTQ identities and suicidal ideation.<sup>16</sup> With the overwhelming evidence demonstrating negative mental health effects of cisheterosexism, it is crucial for psychologists to be prudent when seeing LGBTQ clients and recognize that minority stress is one of the contributors for mental distress.

A culturally competent psychologist involves being cognizant of the social marginalization context of Malaysian LGBTQ people. Hence, the association of poor mental health and LGBTQ identities should be understood based on existing models of mental health difficulties related to cisheterosexism.<sup>13-15</sup>

### 2. Childhood sexual violence leads to LGBTQ?

Based on a quote extracted from gay participant on his high libido and childhood sexual victimization experience, a Malaysian study of 5 LGBTQ participants insinuated that childhood sexual victimization is a factor for people identifying as LGBTQ.<sup>17</sup> Not only that the conclusion drawn was highly premature, the researchers also wrote in a language that could be construed as victim-blaming (ie, suggesting LGBTQ people are at fault for the sexual harm that befalls them). Further scrutiny of that particular study found that there was no approval granted from an ethics committee nor was carried out in consultation with any LGBTQ groups in Malaysia.<sup>15</sup> On the other hand, another Malaysian qualitative study of 33 gay men reported that participants commonly described homosexuality as inherent (nature) and that interpersonal (eg, friends and family members) and institutional (eg, school environments) factors (nurture) play crucial roles in healthy development of LGBTQ identities.<sup>18</sup> International population-based estimate

indicates that the LGBTQ population is a diverse entity with increasing number of people situating their identities across spectrums of sexuality and gender diversity. For instance, a national probability survey of transgender people reported a higher percentage of young people identifying as nonbinary (including genderfluid and genderqueer) and those of older age groups were more likely to use binary transgender identities (trans man and trans woman).<sup>19</sup> Therefore, a narrow conceptualization of sexuality and gender, especially from a cisheterosexist perspective, is likely to lose its applicability over the years.

It is not uncommon to come across victim-blaming narratives around LGBTQ people in Malaysia. Psychologists should be provided with LGBTQ-affirmative resources and trainings to improve our ability to discern evidence-informed LGBTQ research from those that attempt to blame LGBTQ people for their experiences of sexual violence.

### 3. LGBTQ is a mental illness that should be curbed?

Lack of interventions from parents, religious authorities, and educational institutions have also been cited as reasons underlying the proliferation of Malaysian people identifying as LGBTQ.<sup>11,17</sup> However, the notion that LGBTQ identities are pathological and ought to be rectified stands in contrast with LGBTQ-affirming approaches that support LGBTQ people in developing a positive sense of self. Efforts to revert LGBTQ people's sexual orientation and/or gender through religious counseling, aversion therapy, and other methods that hinder LGBTQ people from taking medical and social steps to affirm their identities, are commonly known as "conversion therapy."<sup>20,21</sup> International studies with large samples of LGBTQ people have uncovered the association between exposure to conversion efforts and heightened risk of suicidal ideation and suicide attempts,<sup>20,21</sup> providing empirical evidence that conversion efforts may cause mental distress and psychosocial morbidity. Some of the most crucial domains of social support with known protective influences on LGBTQ people's mental health are family members, friends, and significant others that can include people from LGBTQ and religious communities.<sup>12</sup> International LGBTQ research also found those surrounded by supportive social networks were less likely to be affected by minority stress and cisheterosexism.<sup>14</sup> All psychologists have the ethical responsibility to promote the mental health and well-being of marginalized groups (including LGBTQ people),<sup>8</sup> and we should critically scrutinize research that seeks to cause harm. In this instance, psychologists should question the moral intent of researchers who urged those in close social ties of LGBTQ people to perform conversion efforts which have little scientific credibility in altering sexuality and gender.

Internalized cisheterosexism (also sometimes known as internalized homo/transphobia) is the feeling of self-hatred and shame that some LGBTQ people may develop within themselves following the negative societal attitudes.<sup>13,14</sup> Negative self-perception of LGBTQ identity should not be muddled with LGBTQ people being confused with their identities, although some do continue to question and explore their sexuality and gender across lifetime.<sup>3</sup> The level of LGBTQ-inclusiveness that a country portrays, plays a key role in determining LGBTQ people's self-acceptance toward their identities. Also evident in a cross-cultural quantitative study of gay men in Australia and Malaysia, the researchers found that the latter group had a higher level of internalized homophobia.<sup>22</sup> This finding is perhaps unsurprising, given that Australia has legalized same-sex marriages and banned conversion practices in certain states, whereas these privileges were not enjoyed by Malaysian LGBTQ people. For researchers suggesting that LGBTQ people may wish to "return to normal life" due to internalized cisheterosexism,<sup>11</sup> psychologists should reflect on minority stress theory that elucidates internationalized cisheterosexism as a proximal stressor arising from distal stressors (eg, societal rejection of LGBTQ identity).

Historically, LGBTQ people have been medicalized through Diagnostic Statistical Manual (DSM) and International Classification of Disease (ICD) which are diagnostic tools widely used by professionals in the fields of psychology and psychiatry. Homosexuality is no longer listed as a mental disorder in the latest version of DSM-5 and ICD-11.<sup>23,24</sup> The American Psychiatric Association made a symbolic change to replace "gender identity disorder" in DSM-IV with "gender dysphoria" in DSM-5 to shift away from the framing of transgender identity as a mental disorder.<sup>23</sup> In attempts to dissociate transgender people with mental disorders, the World Health Organization moved the ICD-11's classification of "gender incongruence" for transgender people from the "Mental and Behavioural Disorders" chapter to the new chapter of "Conditions Related to Sexual Health."<sup>24</sup> Overseas psychology bodies such as the American Psychological Association and the New Zealand Psychological Society have also published statements asserting that identifying as LGBTQ is not a form of mental illness.<sup>25</sup>

The misconception that LGBTQ phenomenon can be mitigated through conversion efforts from peers, parents, and religious leaders does not align with the latest guideline provided by international bodies such as the American Psychiatric Association and the World Health Organization.<sup>23,24</sup> Part of the role of a psychologist is to actively update ourselves with the

latest evidence-based guideline, and these include challenging pathologizing narratives around LGBTQ (eg, suggest that LGBTQ can be cured) and providing services that recognize the self-determination of LGBTQ people in identifying their own health needs.

#### 4. LGBTQ is merely a Western influence?

A few research has suggested that LGBTQ is a Western influence that has little relevance to the Muslim-majority Malaysian context.<sup>11,17</sup> The claim that LGBTQ is only a recent phenomenon in Malaysia was refuted by early Malaysian research that pointed out that LGBTQ people have had a long history of residing in Malaysia. In fact, there was a period (before 1983) when transgender people were presented options to undertake gender-affirming surgeries in Malaysia without a repercussion of being detained.<sup>26</sup> It should be noted that this viewpoint has no attempt in undermining the freedom for Malaysians to practice preferred religions, although religious practices should not be used as a medium to justify cisheterosexism and persecute LGBTQ people.<sup>27</sup> International Human Rights Standards, such as the Yogyakarta Principles, acknowledges that all individuals have the basic right to freedom from criminalization and sanction regardless of their sexual orientation, gender, and sex characteristics (Principle 33).<sup>27</sup> On this basis, all Malaysian LGBTQ people should be provided opportunities to flourish which include adequate access to social determinants (eg, LGBTQ-competent health care) through an equity lens.<sup>2</sup> A scholar proposed that current laws criminalizing Malaysian LGBTQ people stem from intersecting religious, historical, and political imperatives; the multitude layer of influences perhaps explains the slow progress made in the LGBTQ decriminalizing movement in this country.<sup>28</sup>

Often, the Malaysian public is sensitized to the deleterious Western influence in promoting LGBTQ-affirmative practices by disrupting traditional family values and religious teachings. This misconception ought to be contested as it reinforces a cisheterosexist framework of understanding sexuality and gender and risks further stigmatizing the human rights of LGBTQ people who constitute an already marginalized population in Malaysia.

## Implications for Psychologists

Generally, Malaysians have a low acceptance level toward LGBTQ people, with one nationally representative study reporting that 60.5% thought same-sex attraction was not morally justifiable.<sup>5</sup> As aforementioned, negative attitude toward LGBTQ people stems from cisheterosexism that criminalizes (through both secular and religious laws), marginalizes, pathologizes, and delegitimizes noncisgender and nonheterosexual forms of identities. There are currently a low

number of LGBTQ-affirmative psychologists in Malaysia,<sup>10</sup> and it is more important than ever to upskill psychologists in the area of LGBTQ-cultural safety and competence to respond to the increasing mental health needs among the Malaysian LGBTQ population due to cisheterosexism and the resultant minority stress. Cultural safety expands beyond culturally competence that requires psychologists to have basic knowledge in delivering LGBTQ-affirmative care (eg, working with the input of LGBTQ people to identify their health needs), and include an ongoing self-reflection that questions power structures related to their own culture, prejudice, and privilege that may affect quality of care.<sup>29</sup> In the Malaysian context, this means psychologists should be aware of how their personal assumption is shaped by cisheterosexism and how power differential between provider and patient can disempower LGBTQ people from seeking timely and appropriate care.<sup>9</sup>

The widespread cisheterosexism across various Malaysian institutions has, however, presented immense challenges for psychologists to meet the goal of being culturally safe and competent when providing care for LGBTQ people. As a researcher endorsing LGBTQ-affirmative psychology, I can understand the hesitancy for Malaysian psychologists to take a similar stance in their own practices with LGBTQ clients. In no way I am pressuring psychologists to put their careers at stake for voicing out for the marginalized LGBTQ population. Rather, I encourage psychologists to work closely with local LGBTQ community organizations to identify best practices when interacting with LGBTQ clients and provide referral to other LGBTQ-competent specialists where necessary. With the increasing cisheterosexist attitudes toward Malaysian LGBTQ people, some LGBTQ organizations have emerged to provide a counternarrative that affirms the lived experiences of LGBTQ people.<sup>2</sup> For instance, the SEED foundation (a transgender-led organization) has collaborated with the Galen Centre (an independent advocacy organization) to create a guideline for health professionals in the provision of trans-specific primary care in Malaysia.<sup>30</sup> Meanwhile, it is fine for psychologists to not know everything about LGBTQ issues, as long as we maintain an open-minded attitude to learn about the health needs of LGBTQ people and foster a culturally safe relationship with LGBTQ clients.

## Final Note

News of authorities targeting LGBTQ people and activists are not uncommon in Malaysia. In 2021, Nur Sajat, a Malaysian trans woman entrepreneur was charged under Syariah laws for dressing as a woman at a religious event.<sup>31</sup> The Nur Sajat's case, followed by various state authorities escalating restriction on LGBTQ people, exemplifies the repressive climate based on cisheterosexism which has spurred much fear among LGBTQ people to express their identities openly in Malaysia. However, there are also examples of significant progress in combating persecution of the



LGBTQ community such as the overturning of the ruling of “sex against the order of nature” on a Muslim gay man.<sup>32</sup>

Cisheterosexism that includes criminalization of LGBTQ identities has detrimental effects on LGBTQ people’s mental health. A recent review of existing Malaysian studies with LGBTQ people reported limited research focusing on mental health and well-being of this population.<sup>2</sup> Specifically, critical literature gaps exist on the prevalence of mental health difficulties and the negative mental health impacts of minority stress on Malaysian LGBTQ people. More contextually relevant research on this topic is required so that we can advocate for change at the local level. Psychologists should be prepared to support graduate students (especially those who identify as LGBTQ) who express interest in researching on LGBTQ health. This includes helping students to understand the effects of cisheterosexism on LGBTQ people’s mental health and encouraging students to work in consultation with LGBTQ community organizations. At times, there will be voices that deter Malaysian researchers from exploring LGBTQ health with claims of potential backlashes from anti-LGBTQ groups or little changes that can be made to improve situation for LGBTQ people in Malaysia. My counterarguments for these sentiments are: If not now, then when?

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### References

- Baba I. Gay and lesbian couples in Malaysia. *J Homosex*. 2001;40(3-4):143-163.
- Tan KKH, Lee KW, Cheong ZW. Current research involving LGBTQ people in Malaysia: a scoping review informed by a health equity lens. *J Population and Social Studies*. 2021;29:622–643.
- Ellis SJ, Riggs DW, Peel E. *Lesbian, gay, bisexual, trans, intersex & queer psychology: an introduction (2nd ed.)*. Cambridge University Press; 2019.
- Singaravelu H, Cheah WH. Being gay and lesbian in Malaysia. In: Nakamura N, Logie CH, eds. *LGBTQ Mental Health: International Perspectives and Experiences*. 2020:121–135. American Psychological Association.
- Manalastas EJ, Ojanen TT, Torre BA, et al. Homonegativity in Southeast Asia: attitudes toward lesbians and gay men in Indonesia, Malaysia, the Philippines, Singapore, Thailand, and Vietnam. *Asia-Pac Soc Sci Rev*. 2017;17(1):25–33.
- Lim SH, Brown S-E, Shaw SA, Kamarulzaman A, Altice FL, Beyrer C. “You have to keep yourself hidden”: perspectives from Malaysian Malay-Muslim men who have sex with men on policy, network, community, and individual influences on HIV risk. *J Homosex*. 2020;67(1):104–126.
- Ansara YG, Hegarty P. Cisgenderism in psychology: pathologising and misgendering children from 1999 to 2008. *Psychol Sex*. 2012;3(2):137-160.
- Malaysia Psychological Association. *About Persatuan Psikologi Malaysia*. <https://www.psima.org.my/about-psima>. Accessed October 10, 2021.
- Zay Hta MK, Tam CL, Au SY, et al. Barriers and facilitators to professional mental health help-seeking behavior: perspective of Malaysian LGBT individuals. *J LGBT Issues Couns*. 2021;15(1):38–58.
- Jamal SH, Subhi N, Amat S. Counsellor’s diligence and value competencies in managing gay and lesbian counselling. *Jurnal Psikologi Malaysia*. 2020;34(3):53–64.
- Hesamuddin DM, Azrin Harris MAD, Mohammad Din MM, Mohd Nor N. The rising of the LGBT in Malaysia. *e-Journal Media Soc*. 2019;3:1–13.
- Haas AP, Eliason M, Mays VM, et al. Suicide and suicide risk in lesbian, gay, bisexual, and transgender populations: review and recommendations. *J Homosex*. 2010;58(1):10–51.
- Meyer IH. Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: conceptual issues and research evidence. *Psychol Bull*. 2003;129(5):674–697.
- Tan KKH, Treharne GJ, Ellis SJ, Schmidt JM, Veale JF. Gender minority stress: a critical review. *J Homosex*. 2020;67(10):1471–1489.
- Christian LM, Cole SW, McDade T, et al. A biopsychosocial framework for understanding sexual and gender minority health: a call for action. *Neurosci Biobehav Rev*. 2021;129:107–116.
- Tan RKJ, Low TQY, Le D, et al. Experienced homophobia and suicide among young gay, bisexual, transgender, and queer men in Singapore: exploring the mediating role of depression severity, self-esteem, and outness in the Pink Carpet Y Cohort Study. *LGBT Health*. 2021;8(5):349–358.
- Akhir NM, Abdullah F, Kamaluddin MR. Factor that influence students to be involved in LBGT activities at public higher education institutions in Klang Valley. *Perdana*. 2019;6(2):50–62.
- Felix MS. Nature or nurture? A qualitative study of the source of homosexuality. *Pertanika J Soc Sci Humanit*. 2016;24(4):1445–1463.
- Feldman JL, Luhur WE, Herman JL, Poteat T, Meyer IH. Health and health care access in the US transgender population health (TransPop) survey [published online May 25, 2021]. *Andrology*. doi:10.1111/andr.13052.
- Salway T, Ferlatte O, Gesink D, Lachowsky NJ. Prevalence of exposure to sexual orientation change efforts and associated sociodemographic characteristics and psychosocial health outcomes among Canadian sexual minority men. *Can J Psychiatry*. 2020;65(7):502–509.
- Veale JF, Tan KKH, Byrne JL. Gender identity change efforts faced by trans and nonbinary people in New Zealand: associations with demographics, family rejection, internalized transphobia, and mental health [published online September 16, 2021]. *Psychol Sex Orientat GenD Divers*. doi:10.1037/sgd0000537.

22. Brown J, Low WY, Tai R, Tong WT. Shame, internalized homonegativity, and religiosity: a comparison of the stigmatization associated with minority stress with gay men in Australia and Malaysia. *Int J Sex Health*. 2016;28(1):28–36.
23. American Psychiatric Association. *Diagnostic and statistical manual of mental disorders (5th ed.)*. American Psychiatric Publishing; 2013.
24. World Health Organization. *International statistical classification of diseases and related health problems (ICD)*. <https://www.who.int/standards/classifications/classification-of-diseases>. Accessed October 10, 2021.
25. New Zealand Psychologists Board. *Best practice guideline: working with sex, sexuality, and gender diverse clients*. [http://www.psychologistsboard.org.nz/cms\\_show\\_download.php?id=594](http://www.psychologistsboard.org.nz/cms_show_download.php?id=594). Accessed October 10, 2021.
26. Teh YK. Understanding the problems of mak nyahs (male transsexuals) in Malaysia. *South East Asia Res*. 1998;6(2):165–180.
27. Yogyakarta Principles. *The Yogyakarta principles plus 10*. [http://yogyakartaprinciples.org/wp-content/uploads/2017/11/A5\\_yogyakartaWEB-2.pdf](http://yogyakartaprinciples.org/wp-content/uploads/2017/11/A5_yogyakartaWEB-2.pdf). Accessed October 10, 2021.
28. Tan BH. The rise of ‘Islamic’ sexual morality and state power in Malaysia. In: Harding A, Shah D, ed. *Law and Society in Malaysia: Pluralism, Religion, and Ethnicity*. Routledge; 2018.
29. Baldwin A, Dodge B, Schick VR, et al. Transgender and genderqueer individual’s experiences with health care providers: what’s working, what’s not, and where do we go from here? *J Health Care Poor Underserved*. 2018;29(4):1300–1318.
30. Seed Malaysia. *Practical guidelines for trans-specific primary healthcare in Malaysia*. [https://seedfoundation.com.my/wp-content/uploads/2021/03/Bilingual\\_Guidelines-for-trans-primary-care\\_Final-2.023.10.2020.pdf](https://seedfoundation.com.my/wp-content/uploads/2021/03/Bilingual_Guidelines-for-trans-primary-care_Final-2.023.10.2020.pdf). Accessed October 10, 2021.
31. Reuters. *Thailand considers deportation of Malaysian transgender entrepreneur*. <https://www.reuters.com/business/media-telecom/thailand-considers-deportation-malaysian-transgender-entrepreneur-2021-09-22/>. Accessed October 10, 2021.
32. Beh LY. *Malaysian man wins landmark challenge against Muslim gay sex ban*. <https://www.reuters.com/article/us-malaysia-lgbt-rights-trfn-idUSKBN2AP0YD>. Accessed October 10, 2021.