

HIV and homosexuality in Pakistan

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In Pakistan, seven times more men are reported to be infected with HIV than women. Among the Pakistani population, modes of HIV transmission include infection through sexual contact, contaminated blood and blood products, injecting drug use, and mother-to-child transmission. Although most sexual transmission of HIV results from unsafe heterosexual contact, homosexual and bisexual contact also represent important modes of transmission. According to unpublished reports, the prevalence of HIV among homosexual and bisexual Pakistani men is reaching alarming proportions. We describe the Pakistani homosexual and bisexual culture, review statistics regarding HIV prevalence and risk behaviour, and identify areas of improvement in the HIV policy with specific focus on men who have sex with men.

Introduction

The prevalence of HIV in men who have sex with men is important for several reasons. In 2006, more than 70% of HIV-positive people in south and southeast Asia were men.¹ In Pakistan, of the reported cases of those infected with HIV, men outnumbered women by seven times, and 7% of HIV-positive individuals were men who have sex with men.¹ Owing to high-risk behaviour, such as drug use and promiscuity, the risk of HIV transmission may be greater among the homosexual than the heterosexual population.²⁻⁴ It is therefore imperative that men who have sex with men are treated as a high-risk group for HIV and receive due attention when HIV awareness and control strategies are devised.

The first case of AIDS in Pakistan was reported in 1987, in Lahore.^{5,6} Since then, the number of people infected with HIV has gradually increased.⁷ The official number of reported HIV cases in 2002 was 1913,^{8,9} which had increased to 85000 by 2005.¹ The most frequent modes of HIV transmission among the Pakistani population include infection through sexual contact, contaminated blood and blood products, injecting drug use, and mother-to-child transmission.¹² Although most sexual transmission of HIV is caused by unsafe heterosexual contact, homosexual and bisexual contact are also important.^{2-4,7}

We review the population of men who have sex with men in Pakistan. We describe the Pakistani homosexual and bisexual culture, review statistics regarding HIV prevalence and risk behaviour, and identify areas of improvement in the HIV policy with specific focus on men who have sex with men. The source material for this Personal View was accessed through PubMed and Google search engines. Because of the paucity of published data on the subject, we also accessed several unindexed journals and newsletters, such as those of the Pakistan Infection Control Society, Pakistan AIDS Prevention Society, and Naz Foundation International. Reports from the Pakistan National AIDS Control Programme and UNAIDS were consulted for current HIV/AIDS statistics. Additionally, we visited some homosexual communities in Karachi, Pakistan, and interviewed men who have sex with men to gain insight into the structure of Pakistani homosexual and bisexual culture and to identify specific behavioural patterns and issues associated therewith.

Pakistani men who have sex with men: a social perspective

Pakistan is an Islamic republic, where culture, society, and law integrate religion in all codes and values that determine everyday life. Sex outside marriage, including homosexual sex, is taboo in Pakistan;¹⁰ under the tenets of Islam, sex of any kind, other than that between husband and wife is *haram* (strictly forbidden). Because it is legally and socially censured, overt homosexual behaviour in this country can lead to social stigmatisation, class discrimination, ostracisation from family and friends, and, in extreme circumstances, prosecution by law. Furthermore, since the prevailing sexual taboos in the country are reinforced by social and cultural norms, most Pakistanis tend to believe that HIV transmission through illicit sexual activity cannot be a problem in the Muslim world.¹¹ The statistics, showing that HIV transmission through sexual activity is gradually rising, contradict this popular notion.

In Islamic cultures, the social denial concerning sexual transmission of HIV is a major deterrent in educating and convincing the population of its prevalence.^{11,12} Given

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Figure 1: Zenana/hijra during a public performance



Figure 2: A network among hijras and zenanas helps them communicate with and cater to their clients in private houses

that all extramarital sex is forbidden by Islam, one would suppose that the fear of God in itself would be enough to discourage illicit sex among men who have sex with men. Unfortunately, the moral approach serves only to drive the behaviour underground.^{11,12} An alternative approach is to create awareness among men who have sex with men about the increased risk of HIV infection by promiscuity and unprotected anal sex, and to educate this vulnerable population about safe sex. In a Muslim state, however, promoting safe sex is viewed as the equivalent of promoting sex. This places our policy makers in a quandary—prevention strategies need to be implemented without implying violation of the religious codes.

Men who have sex with men demography in Pakistan

In Pakistan, male to male sex appears to exist among seafarers, prisoners, drug users, truck drivers, migrant men, male prostitutes, and married men who have extramarital sex contacts.^{13–17} Within the broad definition of men who have sex with men, *hijras* (transvestites), *zenanas* (she-males), *maalishias* (masseurs), and *chavas* (men who have sex with men who switch sexual roles) represent subsets of men who have sex with men that have a substantial risk of HIV infection.^{8,18}

Hijras

The *hijra* origin dates back to India where *hijras*, sometimes synonymously identified as eunuchs, were devotees of the Mother Goddess *Bahuchara Mata*.^{19–21} The *hijras* were revered and were often political advisers to kings and bodyguards to queens. Today, however, they represent a highly stigmatised group of individuals that has been marginalised from society. Although biologically male, *hijras* identify themselves with the female gender

because they associate femininity with spiritual power. Consequently, they are receptive partners in anal sex, and therefore at a greater risk of infection than their penetrating partner.²⁰

Zenanas and chavas

Zenanas and *chavas* also identify themselves with the female gender (figure 1). *Zenanas* are the receptive partners in anal sex; however, *chavas* may switch sexual role and become either the penetrated or the penetrating partner.²¹ A *zenana* believes he is a woman trapped in a man's body and therefore behaves as a woman. They sell sex and normally have multiple sex partners. Unlike *hijras*, however, *zenanas* are married to women and often have children. The lack of social acceptance of the *zenana* leads to clandestine homosexual intercourse that is maintained in the background of a heterosexual marriage. A *zenana's* female identity is often unknown to his family and he leads a double life—playing the male gender role with his family and the female gender role when with fellow she-males and while seeking customers. The promiscuous behaviour of *zenanas* places their wives and offspring at risk for HIV infection.^{20,21}

Giryas

Hijras and *zenanas* often marry other men. The men that take the role of the husband in this case are termed as *giryas*. The *giryas* is biologically male, and identifies with the male gender role. He may often be unaware of his spouse's promiscuity, which adds him to the list of those at risk of infection from *hijras/zenanas*.^{21,22}

Maalishias

Maalishias are boys who are masseurs by profession, but who may also sell sex. Unlike *hijras* and *zenanas*, they identify with the male gender.^{21,22}

Male sex workers and drug users

Male sex workers sell sex and identify themselves with the male gender, but are prostitutes by profession. Additionally, a substantial proportion of drug users with high-risk sexual behaviour has been documented; reportedly, among these promiscuous drug users are men who have sex with men.^{14–17} According to estimates, there are 180 000 injection drug users (IDUs) in Pakistan.¹⁵ Among the high-risk groups, IDUs have been reported to have the highest rate of HIV. In Karachi, for instance, 27% of IDUs are known to be HIV positive.²³ Government and non-government-established service centres exist for raising awareness and implementing HIV control strategies among IDUs;¹⁷ however, HIV in this group is still on the rise.

Pederasts/paedophiles, truck drivers, prisoners, and migrants

Certain patterns of homosexuality exist in parts of Pakistan where it is traditional to take young boys as

sexual partners. Among other subgroups of men who have sex with men in Pakistan are truck drivers who sometimes have male sexual partners as travelling companions, male prisoners who have sex with fellow male prisoners,¹⁸ and migrant Pakistanis living abroad adopting homosexuality as a transient lifestyle.¹ One of our studies²⁴ has indicated that Pakistani migrants living for an extended period abroad may have contracted HIV in foreign countries through sexual contact. Some of these migrants may have acquired the infection through homosexual contact.

High-risk behaviour in men who have sex with men

The social classes of men who have sex with men described above are often involved with selling sex, and are normally promiscuous in their sexual behaviour. On average, a male sex worker will service three to five customers per night. Identified meeting places for sex partners include the street (49%), private homes (21%), and public spaces (24%).⁸ In the urban areas, there is also a network among *hijras* and *zenanas* that helps them communicate with and cater to their clients in private houses (figure 2). Such networks could potentially spread sexually transmitted infections (STIs) and augment endemics.

According to a number of *zenanas* that we interviewed, one-time service charge for a male sex worker can be as little as 50–100 rupees (US\$0.8–1.6) per client: a meagre compensation for the entailing jeopardy, especially considering that the intercourse among these sex workers is generally unprotected. In 1998, a study on transvestites in Karachi reported that, of the 300 participants studied, 81% acknowledged commercial sex with men. 33% reported having four sexual partners per month, and 39% had more than ten partners per month. Despite high-risk behaviour, none of the participants tested positive for HIV.²⁵ Similar results were found in Lahore: the Naz Foundation International assessment of men who have sex with men in 2002 reported that 75% said they had seven partners per month or more.⁸ Since the Karachi study, an increase in HIV prevalence in Pakistani transvestites is likely to have occurred, keeping in mind that from 1993 to 1995 HIV was reported to have risen in male prostitutes in Indonesia, a Muslim country with a similar social scenario.²⁶

Overall, a notable prevalence of STIs—eg, syphilis, hepatitis B, hepatitis C, and HIV—has been noted among men who have sex with men.²⁵ Epidemiological studies from sub-Saharan Africa, Europe, and North America have suggested that the presence of a pre-existing STI increases the risk of getting infected with HIV four-fold.²⁷ In Pakistan, the national estimate of HIV prevalence is 64 per 100 000 population. Among patients with STIs, the seroprevalence of HIV may be as high as 6100 per 100 000.²⁸ A study on men with STIs in Pakistan reports that, of the 465 men studied, 55% acquired the STI



Figure 3: Male sex workers in Pakistan

heterosexually, 11.6% through homosexuality, and 18.4% through bisexuality.²⁹ Among these 465 cases, one case of HIV was also reported. Knowledge of STIs was found to be poor: whereas 43.3% knew they had acquired the infection through sexual contact, 55% men said they did not know the source of infection. Only 28.3% of the study population knew that they could transmit the disease to their partner. Almost all men (93.3%) knew that the infection could be prevented but only 16.7% were aware that the prevention lies in safe sex.²⁹

The study on 300 male sex workers in Karachi showed that 79% had heard of AIDS but 42% did not know about its mode of transmission.²⁵ Additionally, 80% said they had never used a condom.²⁵ According to a recent study in Karachi and Lahore, 4% of 200 male sex workers/*hijras* tested were found to be HIV positive.⁷ Data from the study on men who have sex with men in Lahore in 2002 indicate that although most respondents had experience of condom use (79%), use was highly irregular: only 17% of anal sex acts were protected in the previous month.⁸ Low rates of condom use can be attributed to several factors, including unavailability of condoms and water-based lubricants. During interviews with *hijras*, *zenanas*, male sex workers (figure 3), and masseurs, several said that their customers refused to use condoms and paid less for protected sex. It is difficult for these men who have sex with men to convince their male clients to use condoms when the clients could easily find other prostitutes willing to have unprotected sex. Customer refusal to use condoms is mainly based on the concern that condom use compromises sexual pleasure during anal sex. Fear of poverty, coupled with their stigmatised social status and illiteracy, renders sex workers unable to negotiate safe sex. Some male prostitutes expressed little concern about infecting their clients. According to them, spreading the disease among society would be their vengeance on the very people who have marginalised them. Interestingly, for some of the male sex workers we

interviewed, refusal to use condoms was a matter of low self-esteem. They choose not to wear condoms, believing that if they acquire HIV it will be divine punishment for their sinful sexual practices. It is not surprising, therefore, that during our interviews with these groups, they reported high rates of suicide. The overall challenge for intervention programmes thus appears to be to provide care for people who do not care for themselves.

Controlling HIV/AIDS in Pakistani men who have sex with men

The political setup and social dynamics in Pakistan present unique challenges to the implementation of a proactive and organised AIDS prevention programme. The relatively conservative south Asian countries of India and Bangladesh have begun to address the issue more openly.^{30–32} In Pakistan, however, sociocultural and religious taboos hamper recognition of HIV/AIDS as a sexually transmitted disease and limit discussion on sexual health.¹⁰ Although Islamic strictures and traditional social pressures discourage sexual licence to an extent, poor standards of public health and education in Pakistan still make the population vulnerable to HIV.³³ Large sections of Pakistani society are still unaware or have misconceptions about HIV/AIDS. The situation is bleaker for high-risk groups such as men who have sex with men, who have been marginalised from mainstream society and have very little knowledge about the disease.⁹

Encouragingly, media attention to this issue has steadily increased over the past few years.^{30,34} Since 1993, the government has allowed the use of electronic media to propagate AIDS awareness. However, the advertisers are still not allowed to use the words “condom” and “sex” in their advertisements.¹ On occasions, the posters promoting awareness, deemed explicit, have been forcefully removed from public places, and replaced with censored but ineffective material.³⁵ Condoms are not allowed to be mentioned or displayed in shops or used in electronic or print media campaigns.³³ It is, in fact, illegal to carry a condom, and this constitutes grounds for arrest. During an interview with a male sex worker, fear of police detainment was cited as a reason for not carrying or using a condom.

Before devising a programme to work with men who have sex with men and to create awareness among the general population about HIV/AIDS, it is essential to recognise the myths that surround sex and dispel them. For instance, many of the men who buy or sell sex do not consider anal sex to be a form of sex, and therefore believe that protective measures that ensure safe sex do not apply to anal sex. Any pamphlets, education programmes, or posters that propagate safe sex, therefore, must emphasise the definition of sex itself and identify all practices that will result in transmission of the virus.

Male homosexuality is tolerated in parts of Pakistan in the form of pederasty. In North-West Frontier Province (NWFP) in particular, rich elderly men are known to keep

boys for sexual gratification with the thought that women are for children, and boys are for pleasure.³⁶ When the boys mature, they are abandoned, and sometimes find their way onto the sex trade. A study in 1997 by the National Coalition for Child Rights found that 23% of people in NWFP consider paedophilia a matter of pride, 14% see it as a symbol of social status, and 11% do not consider it wrong.³⁶ Law enforcement agencies need to offer protection for the boys who are victims of sexual abuse. Furthermore, efforts need to be made towards changing views on this practice.

In 1999–2000, the government of Pakistan, with the assistance of UNAIDS and other stakeholders, undertook a strategic planning exercise that resulted in the formulation of an expanded HIV/AIDS control programme.⁸ The overall objective of this programme was to “prevent HIV from becoming established in vulnerable populations and spreading to the general adult population, while avoiding stigmatisation of the vulnerable populations”. The programme was implemented in all four provinces of Pakistan, Azad Jammu and Kashmir (AJK), and northern areas of the country, and is to reach its targets during the period of January, 2003, to December, 2008. The programme is divided into four components, one of which aims to expand interventions for vulnerable populations, including men who have sex with men.⁸ A number of non-governmental organisations and the Pakistani government are investing efforts into establishing various services for HIV-positive, high-risk, and vulnerable groups. Through the National AIDS Control Programme of the Ministry of Health, Pakistan, government-established service centres are operating in major cities, providing assistance with antiretroviral therapy, voluntary counselling and testing, and laboratory testing for HIV. Special attention is being given in this regard to high-risk groups, including men who have sex with men.³⁷

Recognition of men who have sex with men as a vulnerable group is a highly commendable aspect of the government’s policy and programme. A refinement in this regard, however, could be to appreciate the unique differences among various subgroups of the Pakistani homosexual and bisexual population. Homosexual insertive partners, for instance, who deny a homosexual or bisexual identity, might not be receptive to a message directed toward the homosexual communities. Similarly, the *hijra* and *zenana* population is demarcated in Pakistan, whereas the masseur, truck diver, and migrant population is fairly scattered, with no common umbrella underneath which they operate. It is therefore important that the outreach plans access these subpopulations to understand their specific needs. The method of access may also be tailored specifically to reach various subgroups. The truck drivers and masseurs, for example, may be accessed at truck stops and massage parlours, respectively.

Finally, the greater national challenge appears to be the integration of HIV policy in the constitution. Carrying a

condom is a crime in the country, which makes the distribution and use of condoms a thorny matter. Legal restrictions are being relaxed for IDUs—the distribution of free disposable syringes is now allowable among them—and similar changes need to be extended to promote safe sex in the men who have sex with men population. As insurmountable as the challenge may seem, this will only occur when advocacy is used to sensitise policy makers, politicians, and religious figures in the country.

Conflicts of interest

We declare that we have no conflicts of interest.

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