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HIV and men who have sex with men

I. RESPONSE HIGHLIGHTS

- Pakistan has emphasized key affected populations, including *hijras* and male sex workers, since its 1999-2000 national AIDS plan.¹⁴
- In 2009, the Supreme Court of Pakistan ruled that transgender citizens should have equal rights and access to government benefits—encouraging dialogue around issues of gender and sexual expression.¹⁵
- Pakistan is one of the recipient countries of the approved South Asia Multi-country Global Fund Round 9 Programme.¹⁶

II. PRIORITIES FOR “GETTING TO ZERO”

- Broaden surveillance and programmatic activities relating to men who have sex with men (MSM) to include those who self-identify as male and are not sex workers.
- Consider MSM in outreach activities to other key affected populations that may practice sex between men, such as masseurs, truck drivers, and migrants.
- Ensure consistent programmatic funding to prevent gaps in access to HIV prevention materials such as condoms and lubricant.
- While Pakistan has demonstrated progress in removing legal barriers to effective HIV prevention, Penal Code 1860 Section 377 that severely punishes sex between men should be repealed. The national legal environment must be improved to offer better legal protections for MSM faced with violence and discrimination.

III. THE CURRENT SITUATION

Pakistan’s HIV epidemic is driven by key affected populations. In 1999, Pakistan, in partnership with UNAIDS, determined that it would prevent a generalized epidemic by targeting key vulnerable groups. Subsequent surveillance activities revealed disproportionate HIV risk among injecting drug users and *hijra* and male sex workers, who exhibit HIV prevalence of 37.8, 7.2 and 3.1 percent, respectively.¹⁷ Targeted HIV prevention interventions among these three groups continue to be the cornerstone of Pakistan’s HIV response. *Hijra* and male sex workers are commonly considered MSM by Pakistani AIDS authorities and so determining whether data correspond to MSM who self-identify as male and are not sex workers is at times difficult.

Sex other than that between husband and wife is strictly forbidden by Islamic law. Consequently, overt expressions of homosexuality carry the risks of social stigmatization, class discrimination, ostracism from family and friends, and extreme physical punishment under current sodomy laws.¹⁸ Yet sex between men appears to exist among segments of society beyond those included in definitions of *hijra* and male sex workers.^{19,20} More overt examples of male-to-male sexual behavior include the practice of keeping boys

DATA SUMMARY

Indicator	Estimate	Year
Epidemiology		
Estimated no. of MSM*1,2	2,285,500	‘10
% of all cases that are among MSM ^{3,4}	2.6%	‘08
HIV prevalence among MSM (national) ^{†5}	10.9%	‘09
No. of times higher than among general ^{‡5,6}	109.0	‘09
HIV prevalence among youth MSM	-	-
No. of HIV-positive MSM needing ART ^{§8}	17,275	‘10
Syphilis prevalence among MSM ⁴	-	-
Behavioural data		
Condom use during last encounter, MSM [†]	-	-
HIV test in last year, MSM [†]	-	-
Prevention knowledge [†]	-	-
Reported vaginal sex in past month, MSM	-	-
Programmatic situation		
Prevention spending on MSM, US\$ ¹⁰	738,492	‘09
Spending as % of total prevention spending ¹⁰	4.8%	‘09
Cost for full service coverage, US\$	-	-
Reporting on UNGASS indicators ⁶	0 of 4	‘12
HIV prevention coverage, MSM	-	-
Existence of national network of MSM ¹¹	No	‘12
MSM-specific programme line in NSP ¹¹	Yes	‘12
Specific MSM and HIV strategy ¹¹	No	‘12
Inclusion in ongoing HIV surveillance ¹¹	No	‘12
Legal environment		
Male-male sex ¹²	Illegal	‘12
Sex work in private ¹³	Illegal	‘12
Soliciting for sex ¹³	Illegal	‘12
Laws that pose obstacles for MSM ¹⁰	Yes	‘12

* In the absence of a country-specific size estimation study, the South Asia estimate of same-sex sexual behaviour provided by Cáceres et al. is used together with 2010 medium-range population estimate of men ages 15-49 in Pakistan (see reference).

† In the absence of an official reported figure, an epidemiological survey of 396 MSM was used. The participants were mainly from Karachi (69.19 percent) followed by nearby rural areas of Sangar (18.18 percent) and Larkana (12.62 percent).

‡ This figure is calculated using the latest general HIV prevalence figure reported via UNGASS/Global AIDS Progress Reports.

§ This figure is calculated by multiplying the estimated number of MSM in the country by the low-range estimate of HIV prevalence and then multiplying this number by 0.7, assuming that approximately 70 percent of HIV-positive MSM are clinically eligible to receive anti-retroviral therapy.

LOCAL INTERPRETATIONS OF GENDER & SEXUALITY

The term 'men who have sex with men' is used to refer to several different identities in Pakistan, including: *hijras*, who identify themselves as neither men nor women, but of the third sex (younger generations of *hijra* are understood to increasingly identify as female and take the receptive role in anal sex);⁷ *zenanas*, who believe they are women trapped in men's bodies and are often married to women; *chavas*, who identify with the female gender and may switch roles in anal sex; *giryas*, who take the role of the husband to *hijras* and *zenanas*; and *maalishias* are males who are masseurs by profession, sell sex to men and identify with the male gender.⁹

for sexual gratification observed among rich elderly men in Khyber Pakhtunkhwa Province.²¹

It will be important in the implementation of the forthcoming national strategic plan for efforts intended for MSM to cater to the specific needs of various subgroups. Significant overlap exists between MSM and other key affected populations such as migrants, truck drivers, and drug users.⁶ There exists an opportunity to improve the effectiveness of prevention efforts through better integration and nuance.

IV. ADDITIONAL EPIDEMIOLOGIC INFORMATION

- Khanania et. al performed the only known HIV prevalence study among MSM who self-identify as male in Pakistan. Other studies fail to distinguish between transgender, MSM, and male sex worker study participants. Of the 396 study respondents recruited across the three study sites (Karachi, Sangar, and Larkana), 385 were male-identified, 42 (10.9 percent) of whom tested positive for HIV.⁵ In the absence of an official figure, this proportion is used to estimate HIV prevalence among MSM in this document.
- Of the participants recruited in Larkana, 18 percent tested positive for HIV, whereas this figure was 12.4 percent in Karachi and 2.8 percent in Sangar.⁵

V. ADDITIONAL BEHAVIOURAL INFORMATION

- Of the 396 MSM and transgenders surveyed in Khanania et. al's study (11 were transgender), 86 (22.2 percent) reported recent injection drug use, 17 (4.3 percent) reported multiple sex partners, and 25 (6.3 percent) reported contact with sex workers.⁵
- In the same study, 165 (60.2 percent) respondents reported being married and 35 (8.8 percent) reported being engaged in sex work.⁵
- In 2007, the lifetime prevalence of male same sex behaviour was 3 percent with non-commercial partners and 1 percent with male sex workers.²¹
- Males who sell sex to other men also buy sex from women, and *hijras* who sell sex to men also buy sex from male sex workers. In 2007-08, 9.5-15 percent of *hijra* sex workers paid a man for sex.^{23,24}

VI. ADDITIONAL PROGRAMMATIC INFORMATION

Community-based responses

- There is very little published information about MSM and transgender people/*hijra* in Pakistan.
- In 2006, it was reported that MSM are informally organized, with two to three social groups. There are no known MSM-oriented community organizations or NGOs, though there are more formal networks of *hijras*.^{25,26,18}

National MSM networks

- There are no known national MSM networks in Pakistan.²⁶

International support

- The South Asian MSM and AIDS Network (SAMAN), which includes Pakistan, was awarded a multi-country grant in Round 9 of the Global Fund for AIDS, TB, and Malaria (GFATM). The grant will finance support from the Naz Foundation International (NFI), Population Services International (PSI), and the United Nations Development Programme (UNDP).¹⁶
- In 1999-2000, the Joint UN Programme on HIV/AIDS (UNAIDS) assisted the government of Pakistan in establishing an expanded HIV control programme, where a specific aim was to, "prevent HIV from becoming established in vulnerable populations and spreading to the general adult population, while avoiding stigmatization of the vulnerable populations."¹⁴
- HIV prevention efforts described as MSM-specific have historically focused on *hijra* sex workers and male sex workers.^{14,18,6}

National health system

- There is no information on the extent to which Pakistan's national health system is inclusive of MSM or other sexual minorities.
- Given that Pakistan's anti-homosexuality laws and beliefs are among the most restrictive in the region, it is reasonable to expect that MSM face barriers accessing sexual health services in Pakistan.^{18,27}

VII. ADDITIONAL LEGAL INFORMATION

- Sex between men is illegal under Section 377 of the Penal Code.²⁸
- In 2009, the Supreme Court ruled that transgender people/*hijras* should have equal rights.²⁸
- In 2006, it was reported that MSM/transgender people/*hijras* and HIV workers face problems with law enforcement authorities.²⁶
- The legal system has been classified as "prohibitive in high intensity" and "highly repressive" for MSM/transgender people/*hijras* in two UN legal reviews.^{28,29}

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View all MSM Country Snapshots at: www.aidsdatahub.org, www.apcom.org, and <http://asia-pacific.undp.org/practices/hivaids/>

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