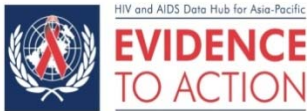


SEX WORK & HIV PAKISTAN



HIV and AIDS Data Hub for Asia-Pacific

Until recently, Pakistan was considered as a 'low HIV prevalence, high risk country' in relation to HIV.

The country is now classified as having a concentrated epidemic, with an HIV prevalence of more than 5% among injecting drug users (IDUs) in at least eight major cities in three of the four provinces and among *Hijras* sex workers in at least one city [1, 2]. At the end of 2009, it was estimated that there were 97,400 people living with HIV and AIDS, with 2,917 patients registered across the country, among whom 1,320 are on antiretroviral drug therapy [2]. The national adult HIV prevalence among the general population remains under 0.1% [2].

In the past, the majority of reported cases were among repatriated Pakistanis who had acquired HIV abroad, but currently most HIV infections are acquired indigenously – especially among the key populations at higher risk comprising IDUs, sex workers, and prison inmates [3, 4]. Although HIV infection rates among female sex workers (FSWs) remains low at just under 1%, there is evidence of sexual networking between FSWs and IDUs [5, 6]. Thus, the rising number of HIV prevalence among IDUs increases the risk of spilling over into the network of FSWs and their clients [2].

SEX WORK

Sex work is illegal in Islamic Republic of Pakistan, but has a long history and is a thriving industry in the country. Over the past three decades, sex work has evolved from a predominantly brothel-based culture to a more

diverse and dispersed pattern where women, men and transgenders (*Hijras*) sell sex. Male sex workers (MSWs) and *Hijras* mainly operate in public areas such as parks or streets [7].

Extrapolation of surveillance data in 2005 suggests that there are around 136,300 FSWs, 62,636 MSWs and 42,877 transgender sex workers nationwide [7]. Most are young (median age 22 years for MSWs and 27-28 years for FSWs/*Hijras*). They are often initiated into sex work at an early age (16-17 for MSWs and *Hijras*, and 21 for FSWs) [7]. Sex work is often the main livelihood for sex workers, and monthly income ranged from Rs 3,000 (US\$ 50) for MSWs, Rs 3,600 (US\$ 60) for *Hijras*, and Rs 12,000 (US\$ 200) for FSWs in 2005 [7].

A study of FSWs in eight cities in 2008 estimated that there were about 34,500 FSWs in these cities, ranging from 760 in Quetta to 14,150 in Lahore [6]. The characteristics of sex work differed substantially between these cities. Overall, about 58% of FSWs worked out of the home in *kothikhana*¹ settings, just over 40% worked in public places and only 2% worked out of brothels [6, 8]. Part-time call girls are mostly concentrated in Karachi and Lahore. In Karachi, some call girls operate independently. In Lahore, sex workers operate in the red light area of Heera Mandi (Diamond Market). The dancing girls (*mujra*) who sing for clients may also sell sex.

¹ A *kothikhana* is usually a rented house in a residential neighbourhood, run by a madam or 'mama' where sexual services are provided. The houses are usually rented for short periods of time ranging from six to 12 months.

Male sex workers

In Pakistan, male-to-male sex is reported among seafarers, prisoners, drug users, truck drivers, migrant men, and married men who engage in extramarital sex [9]. There is a wide range of classifications of men who have sex with men, including [9, 10]:

- *Hijras*² – (also known as *khusras*): biological males who are often fully castrated (eunuchs) [11]. They are receptive partners in anal sex and are highly vulnerable to the risk of HIV infection.
- *Zenanas* and *chavas* – (also *khotkis*): men who identify themselves with the female gender. *Zenanas* portray themselves as women and commonly sell sex and have multiple partners. *Zenanas*, however, are often married to women and have children for social acceptance. In sex work, they assume the female gender role. *Chavas* may switch sexual roles and assume either the receptive or insertive position.
- *Giryas* – (also *banthas*): men who marry *Hijras* or *zenanas*, and assume the role of the husband.
- *Maalishias*: young boys who work as masseurs but may also sell sex.

Male sex workers (MSWs) and *Hijras* sex workers (HSW) are emerging as the second-highest risk group for HIV infection (after IDUs) [12]].

The HIV and AIDS Surveillance Report for 2006-2007 estimated that over 19,000 MSWs were operating in 12 main cities, namely Karachi, Lahore, Multan, Bannu, Sargodha, Quetta, Peshawar, Larkhana, Sukkur, Hyderabad, Faisalabad and Gijranwala [13].

Table 1. Size of sex worker populations, estimated and extrapolated

SW group	Year	Size of sex worker population	Ref.
FSW	2008	34,500 in 8 cities	[6]
	2005	136,300	[7]
MSW	2005	62,636	[7]
<i>Hijras</i> SW	2005	42,877	[7]

Clients of sex workers

Estimates based on extrapolated national surveillance data suggested that over 60 million sex acts are sold annually to 3 million clients in Pakistan [7]. A study of 2,400 men conducted in 2007 reported that 30% engaged in non-marital sex in their lifetime (11% in the past 3 months); 41% of these acts were with FSWs and 14% with MSWs. In another study of 600 internal migrants, 13% reported non-marital sex in the past 12 months, of which 62% were with FSWs [7]

Truck drivers, miners and migrant workers are some of the common clients of sex workers [7]. In Lahore, it was found that 7% of migrant male workers reported visiting a FSW in the previous 12 months [6, 20].

A study on FSWs distribution and network mapping in eight cities found the average number of clients per month per FSW ranged from 7.6 in Hyderabad to 62 in Sukkur [6].

The majority of clients of sex workers are either solicited by “madams” (26%) or found on the streets (32%). The remainder are solicited by “pimps” and network operators³ (12%), referred by clients (7%) or through the telephone (20%) [16].

A particular concern in the risk of HIV transmission through commercial sex is with regards to the high prevalence of HIV among IDUs. Though prevalence among FSWs is still low, the epidemic potential is considerable due to low condom use and sexual

² *Hijras* is an umbrella term used in Pakistan for men who are transgender, eunuch, transvestites, hermaphrodites or intersexed, bisexuals or homosexuals.

³ In addition to being pimps, they may also connect clients to various madams and/or FSWs of different categories or may be working full-time for only one madam.

partnership with IDUs. It has been reported that 22% of IDUs reported paying for sex with FSWs and 13% with MSWs in the last 6 months. Of these, less than 20% used condoms [2].

Sex Work and the Law

There are specific laws that prohibit prostitution in Islamic Pakistan. Under the *Suppression of Prostitution Ordinance 1961*, running a brothel, enticing or leading a woman or a girl to prostitution or forcing a woman or a girl to have sexual intercourse are punishable crimes [21]. The *Women Protection Bill*, enacted in 2006, has major implications for the female sex trade as it removes the right of police to detain people suspected of having sex outside of marriage, instead requiring a formal accusation in court. Thus, FSWs are provided

with slightly more protection from exploitation especially by police. However, consensual (hence commercial) sex outside marriage is still a crime under the new law [16].

MSWs are also affected by the fact that male-to-male sex is criminalized in Pakistan, according to Section 377 of the *Pakistan Penal Code (XLV of 1860)*. Possible penalties include fines and/or imprisonment for 2 – 10 years, or imprisonment for life [17].

Though the creation of an “enabling environment” was mentioned in the National Strategic Framework II (NSF) as one of the strategic objectives, it has yet to be created within the existing legislation since the sex trade is illegal [19].

Table 2. Vulnerability of sex workers – Findings from the IBBS Special Round for female sex workers, 2009 and the Integrated Biological and Behavioral Survey National Report Round III, 2008

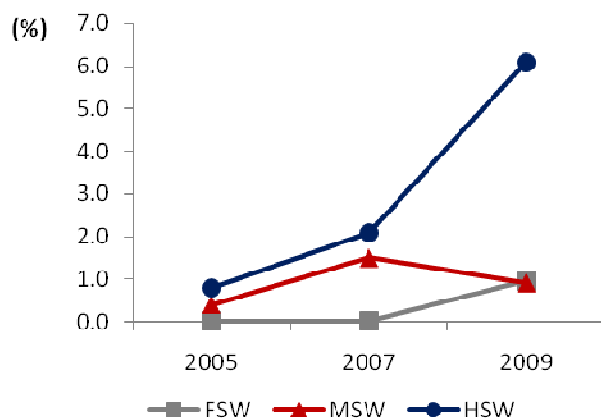
Indicators	Sex Worker Age groups	Percentage (%)
HIV Prevalence among sex workers	Female Sex Worker (FSW)	
	Total	0.97
	<25	1.2
	25+	0.9
	Hijra sex workers (HSW)/ Male Sex Worker (MSW)	
	Total	6.1% (HSW) 0.9% (MSW)
Percentage of sex workers who used a condom with their most recent client	Female Sex Worker (FSW)	
	Total	43.3%
	<25	49.5%
	25+	39.6%
	Hijra sex workers (HSW)/ Male Sex Worker (MSW)	
	Total	33.1%
Percentage of sex workers reached by HIV prevention programmes	Female Sex Worker (FSW)	
	Total	5.9%
	<25	5.6%
	25+	6.1%
	Hijra sex workers (HSW)/ Male Sex Worker (MSW)	

	Total	13.5%
	<25	11.7%
	25+	15.3%
Percentage of sex workers who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission	Female Sex Worker (FSW)	
	Total	1.2%
	<25	1.2%
	25+	1.0%
	Hijra sex workers (HSW)/ Male Sex Worker (MSW)	
	Total	23.1%
	<25	21.0%
	25+	25.6%
Percentage of sex workers who received an HIV test in the last 12 months and who know their results	Female Sex Worker (FSW)	
	Total	14.6%
	<25	15.5%
	25+	14.1%
	Hijra sex workers (HSW)/ Male Sex Worker (MSW)	
	Total	12.8%
	<25	11.5%
	25+	14.3%

SEX WORK AND HIV

In 2009, the estimated prevalence of HIV was less than 1% among FSWs (an increase from the previous low prevalence of 0.02% in 2007), 0.9% among MSWs and 6.1% among *Hijras* sex workers (Fig. 1) [2, 5, 14]. In 2006, HIV prevalence among MSWs was highest in Karachi (7.5%), Bannu (4%), Faisalabad and Larkana (2.5% each) [16]. *Hijras* have greater than 2% prevalence in Karachi, Hyderabad, Larkana (14%) and Bannu [16].

Figure 1. HIV prevalence among sex workers, IBBS data, 2005 – 2009



Source: HIV Second Generation Surveillance in Pakistan, in National Report Round III.

Clients of sex workers

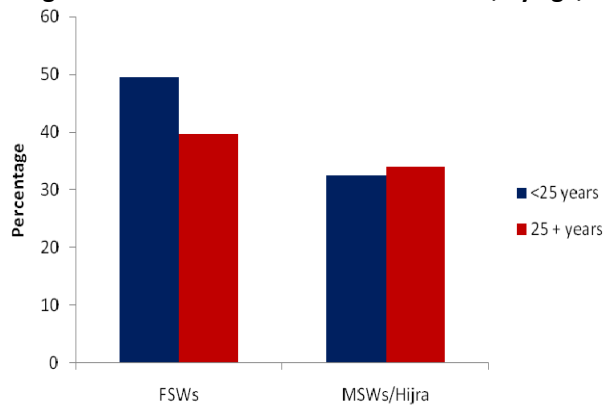
The recent 2009 FSW IBBS conducted in six major cities found that FSWs reported having four to 43 clients per month with an average of three non-commercial sex partners per month. MSWs reported a clientele averaging 20 per month, whereas HSWs had an average of 49 clients per month [2]. Another study found that sex workers have seven to ten clients per week [7].

Condom use

In surveys conducted in 2009, approximately half the FSWs under the age of 25 reported using a condom with their last client, while 40% of those above 25 reported the same (Fig. 2) [18].

Condom use by MSWs and HSWs with their most recent client increased from 22% in the last reporting period to 33% in 2009. Thirty-two percent of MSWs and HSWs under the age of 25 reported using a condom with their last client, while 34% of the older group used a condom with their last client [2].

Figure 2. Percentage of female, male and *Hijra* sex workers using a condom with their most recent client, by age, 2009



Source: NACP, UNGASS Pakistan Report, 2010

Table 3. Results of selected surveys on sex worker populations.

Population, year & sample	Sex worker profile	Risk factors	HIV/STI prevalence	Ref.
Sindh (2006-2007) MSW & HSW Multiple cities		Condom use: 6.7%	HIV prevalence: Karachi: 7.5% Larkana: MSW 2.5%, HSW 14% Hyderabad: HSW 2% (4/200)	[12]
Karachi (2005-2006) Round I IBBS MSW (n=200)			HIV prevalence: MSW: 4% (8/200) HSW: 1.5% (3/200) FSW: 0.021	[12]
Karachi (2004-2005) Pilot study MSW (n=200)			7% HIV prevalence (14/200)	[12]
Several cities Karachi Hyderabad Larkana Lahore Faisalabad Peshawar MSWs (n=1,205) HSWs (n=1,186)	MSWs Mean age: 21.7±5.1 Debut sex work: 16.2 years old Duration of sex work: 5.5 years HSWs: Mean age: 27.3±6.1 Debut sex work: 15.5 years old Duration of sex work: approx 12 years	MSWs Number of clients: 2/day 20/month 22.2% reported consistent condom use with paid clients in past month HSWs Number of clients: 3/day 49/month 20% reported consistent condom use with paid clients in past month	MSWs Prevalence:0.9% Karachi: 3.1% Hyderabad, Peshawar, Faisalabad: 0% Larkhana: 0.5% Lahore:1% HSWs Prevalence:6.4% Karachi:3.6% Hyderabad: 0%	[5]

2008		Peshawar:1.2% Faisalabad:2.5% Larkhana:27.6% Lahore:2.5%	
FSWs in seven cities, 2008 N=2,869	Mean age of sexual debut: 19 years Duration of sex work: mean 6.8 years	Number of clients: mean 4.2/day 36 past month Condom use at last sex act: 34%	[6]

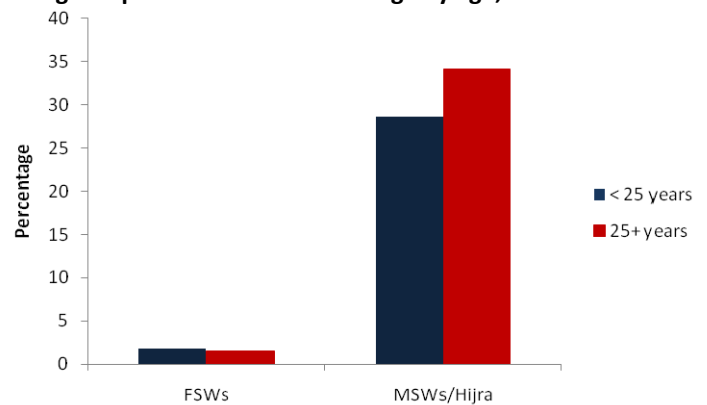
Vulnerabilities

HIV knowledge and awareness

Overall low levels of literacy and education hamper efforts to increase awareness about HIV. Female literacy, in particular, was only 42% in 2006 [15]. A study of 280 street-based sex workers in Lahore in 2004 revealed that up to 24% of the sex workers were illiterate and 35% had only primary level education [21].

According to the 2010 UNGASS Report, around 2% of FSWs above and below the age of 25 could correctly identify the ways of preventing sexual transmission of HIV, and rejected major misconceptions about HIV (Fig. 3)⁴. Approximately the same result was found among FSWs of an older age. Male and *Hijra* sex workers fared much better in this regard, with 29% and 34% of those below and above 25 having comprehensive knowledge, respectively [2].

Figure 3. Percentage of female, male and *Hijra* sex workers having comprehensive HIV knowledge by age, 2009



Source: NACP, UNGASS Pakistan Report, 2010

Other sexually-transmitted infections

In 2004, 58% of *Hijras* had at least one and 38% had multiple STIs [7]. In Karachi, 62% of *Hijras* had acute syphilis and 31% had either anal or urethral gonorrhoea. Seventy-eight percent of FSWs reported having STI symptoms in past 6 months, but only 10% from Karachi and 19% from Lahore had any current STIs as confirmed by clinical diagnosis. Among MSWs, 18% had anal gonorrhoea and 36% had syphilis [7]. The lower levels of STI prevalence among FSWs compared with MSWs and *Hijras* are consistent with surveillance findings of an increasing trend in HIV infection among MSWs and *Hijras* but not among FSWs.

⁴ This represents a significant decrease from the previous UNGASS report. This can be attributed to the fact that, in the IBBS round for FSW 2009, all five questions establishing comprehensive knowledge were asked whereas in the previous IBBS round only 4 questions were asked. 'Can having sex with only one faithful uninfected partner reduce HIV transmission risk?' was asked in 2009, and yielded a low number of correct responses.

Sexual networking among female sex workers and injecting drug users

Although HIV prevalence among FSWs remains low, there is evidence of high risk due to links with the IDU population. It was found that almost 30% of IDUs in Karachi and 34% in Lahore bought sex from FSWs, and of these only 17% and 32% respectively used a condom the last time they paid a woman for sex [16]. Twenty percent of FSWs reported that they had male clients who also injected drugs [16].

NATIONAL RESPONSE

Pakistan's Federal Ministry of Health established the National AIDS Control Programme (NACP) in 1987. Since then, focus has shifted towards implementing intervention programmes to prevent and control the spread of HIV, particularly among target groups (such as through the implementation of the five-year programme, Enhanced NACP) [4, 15]. The Medium-Term Development Framework 2005 – 2010 includes among its goals the halving of HIV prevalence in key populations at higher risk [4].

In early 2001, the Government of Pakistan, through a broad consultative process, developed a national HIV/AIDS Strategic Framework that set out the strategies and priorities for effective control of the epidemic and current action plans for the next phase will be covering the period from 2009-2013 [15].

The NACP and each of the Provincial AIDS Control Programmes have placed a high priority on scaling up targeted prevention programmes for FSWs in major cities [16, 20]. This includes contracting out service delivery packages for FSWs to local organisations in Karachi, Lahore, Multan, Hyderabad and Peshawar, with funding from World Bank, the EU, USAID, and UNFPA and more recently from the Global Fund [16].

The government of Pakistan spent US\$ 70 million during 2003-2008 to implement interventions among targeted

populations, and a quarter of these funds were used for prevention interventions for sex workers and IDUs [7]. In Pakistan, 6 populations have been identified as populations at higher risk (male and *Hijra* sex workers, FSWs, IDUs, jail inmates, truckers, as well as women and spouses). In 2008 & 2009, 33% of the spending allocated for populations at higher risk was spent towards sex workers (female, male, and *Hijra*) [2].

Surveillance

Rounds I and II of the IBBS found very low HIV prevalence among FSWs, resulting in this group being dropped from Round III surveillance in 2008. In response to this data gap, the NACP conducted a special round of IBBS among FSWs in 2009, collecting data from six cities in Punjab and Sindh provinces.

The National HIV/AIDS M&E Unit coordinates surveillance and M&E activities all over the country and between provinces. Its functions include the monitoring and evaluation of interventions that are implemented by the NACP, the coordination of HIV national surveillance and the collation of all epidemiological and program information for dissemination and analysis.

M&E activities are also coordinated by national M&E sub-committees which provide technical inputs to track the HIV epidemic and steer program interventions accordingly. In addition, the NACP contracts independent firms/organizations to conduct evaluations on blood safety, VCT and STI services.

Data for all national core indicators is obtained from:

- Integrated Biological and Behavioral Surveys (IBBS)
- M&E of programs and projects
- Special studies and research
- Financial monitoring of national response
- Other sources e.g. AIDS Case reporting System, DHS, HMIS, Statistical Bureau

Civil society and community based organizations

At least 54 non-governmental organizations are involved in HIV awareness and in the care and support of persons living with HIV/AIDS and these NGOs also work on education and prevention interventions targeting sex workers, truck drivers, and other key populations at higher risk [15]. These NGOs are also members of the Provincial HIV/AIDS Consortium which has been set up in all four of Pakistan's provinces to co-ordinate HIV prevention and control activities [15]. Nevertheless, coverage still remains low due to limited outreach and poor understanding by NGOs and government bodies as to which interventions should be prioritized and what overlap/gaps exist among service providers [7].

Current sex worker programmes provide less than 10% coverage in the cities while the national coverage of interventions for sex workers was less than 5% [7].

Access to intervention programmes

Surveillance data reflects that 6% of FSWs were reached with prevention programs. Male and *Hijras* sex workers reported more success, with 12% of those under 25 reporting contact with prevention programs and 15% of those older than 25 reporting the same [2].

Acknowledging the insufficient impact of service delivery packages, the NACP formulated a strategy to address HIV prevention among FSWs in 2010 [16]. Objectives of the strategy include [16]:

- Improving the mapping of the location, categories and numbers of sex workers,
- Creating an enabling environment in which services are provided to FSWs in a human rights-based manner
- Reducing the vulnerability of FSWs and their clients and their partners to HIV transmission
- Increasing access and quality of STI, reproductive health and primary health care services for FSWs
- Mobilizing and empowering FSWs to participate in decision-making regarding their lives and working conditions

- Strengthening the management and implementation capacity of institutions carrying out interventions with FSWs.

KEY ISSUES FROM THE DATA

- Cultural and religious restrictions act as major deterrents in educating and convincing the population about the effectiveness of HIV prevention strategies. This includes hesitancy to implement policies promoting 'safe sex', as it is viewed as the equivalent of promoting sex.
- MSWs and HSWs are difficult to reach due to the stigma attached to MSM and fear of harassment and violence. The society is generally unwilling to accept the existence of MSW/MSM. *Hijras* are identifiable and are relatively easier to work with, especially if the leader (commonly called *guru*) is involved in the process [12].
- Although HIV prevalence remains low among FSWs, their risk is high and the epidemic potential is considerable. There are high levels of interactions between sex workers and IDUs, along with low levels of condom use [4].
- Limited access to sexual health services among sex workers persist, along with low levels of HIV and STI knowledge [28].
- The substantial demographic, socio-cultural and economic differences between cities are likely to foster dissimilar sex work structures [20]. This will have implications on the levels of risk and intervention measures required.

AUGUST 2010

Acknowledgments:

This thematic capsule has been prepared by Megan Kendall (HIV and AIDS Data Hub for Asia-Pacific) and Karina Razali and was reviewed internally by Dr. Khin Cho Win Htin and Dr. Ye Yu Shwe. The Data Hub would like to thank its *ad hoc* Peer Review Panel, consisting of representatives from the Asia Pacific Network of Sex Workers, UNAIDS, UNICEF, UNFPA as well as members of the Data Hub's Science and Technical Advisory Group, who reviewed and provided input towards this finalized product.

REFERENCES

1. HIV Second Generation Surveillance in Pakistan. National Report Round III. 2008. Canada Pakistan HIV AIDS Surveillance Project. National AIDS Control Programme. Islamabad, Pakistan
2. NACP, *UNGASS Pakistan Report: Progress Report on the Declaration of Commitment on HIV/AIDS*. 2010, National AIDS Control Programme, Ministry of Health.: Islamabad.
3. NACP, *UNGASS Pakistan Report: Progress Report on the Declaration of Commitment on HIV/AIDS*. 2007, National AIDS Control Programme, Ministry of Health.: Islamabad.
4. USAID (2008) *Pakistan - HIV/AIDS Health Profile*.
5. NACP, *HIV Second Generation Surveillance in Pakistan*, in *National Report Round III*. 2008, National AIDS Control Programmes.
6. Blanchard, J., A. Khan, and A. Bokhari, *Variations in the population size, distribution and client volume among female sex workers in seven cities of Pakistan*. *Sex Transm Infect*, 2008. 84: p. ii24-ii27.
7. Khan, A.A. and A. Khan, *The HIV epidemic in Pakistan*. *J Pak Med Assoc*, 2005. 60(4): p. 300-307.
8. NACP, *Mapping Networks of FSWs in Kothikhana and Private Homes*. 2007, National AIDS Control Programme.
9. Rajabali, A., et al., *HIV and homosexuality in Pakistan*. *The Lancet Infectious Diseases*, 2008. 8(8): p. 511-515.
10. Collumbien, M., et al., *Reaching male and transgender sex worker communities in Pakistan: addressing public and private identities*, in *XVII International AIDS Conference*. 2008: Mexico City.
11. Jami, H., *Condition and Status of Hijras (Transgender, Transvestites etc.) in Pakistan*, in *1st International Conference of Asian Queer Studies*. 2005, <http://bangkok2005.anu.edu.au/papers.php>: Bangkok.
12. Altaf, A., S. Abbas, and H.A. Zaheer, *Men who have sex with men: New emerging threat of HIV/AIDS spread in Pakistan*. *J Pak Med Assoc*, 2008. 58(8): p. 419-420.
13. NACP, *HIV Second Generation Surveillance in Pakistan*, in *National Report Round II*. 2006-7, National AIDS Control Programmes.
14. National AIDS Control Programme. *HIV & AIDS Surveillance Project*. 23 April 2010; Available from: <http://www.nacp.gov.pk/>.
15. The World Bank (2008) *HIV/AIDS in Pakistan*.
16. NACP, *National Strategy on HIV Preventative Services for Female Sex Worker in Pakistan*, National AIDS Control Programme, Editor. 2010: Lahore.
17. As cited by International Lesbian and Gay Association (ILGA), *State-sponsored Homophobia: A world survey of laws prohibiting same sex activity between consenting adults*. ILGA, April 2007
18. NACP, MOH, HIV/ AIDS Surveillance Project, IBBS Special Round for FSW, 2009_cited in UNGASS Country Progress Report, 2010
19. FHI, *Situation Assessment: Sex Work and HIV Prevention in Pakistan*, September 2009
20. Faisal, A. and J. Cleland, *Migrant men: a priority for HIV control in Pakistan?* *Sex Transm Infect*, 2006. 82: p. 307-310.
21. Kazmi, S.M., *Tracking the sex workers along the roads of Lahore city and exploring the unsympathetic social behaviors in social GIS aspects*, in *Map Asia Conference*. 2004: Beijing.