



Rapid Field Coordination survey to know reasons and high risk associated with TG community that leads to HIV

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## **Acronyms**

HIV	Human Immunodeficiency Virus
AIDS	Acquired immunodeficiency syndrome
STI	Sexually transmission infection
KSS	Khawaja Sira Society
TG	Transgender
PrEP	Pre-Exposure Prophylaxis
PEP	Post-Exposure Prophylaxis
CBO	community-based organization

## Glossary

**Discrimination:** A difference in treatment based on age, sex, ethnicity, religion or other factors, rather than on individual merit

**Gender:** The differences between women and men within the same household and within and between cultures that are socially and culturally constructed and change over time.

**Gender Identity:** An individual's internal sense of being male, female or anything else, since gender identity is internal, one's gender identity is not necessarily visible to others.

**Guru:** Guru is a teacher in the hijra system, under whose apprenticeship a chela (student) learns the principles of the hijra subculture and through whom a chela is identified. Guru is the counterpart of a "patriarch" in the hijra system.

**Chela:** Chela is a student of the guru in the hijra system.

**Hijra:** Member of the hijra subculture in South-Asia born as males but identifying as third-gender, two-spirit, bi-gender, or transgender women. The hijra sub-culture has its own indigenous language known as faarsi kalaam, and their norms and traditions.

**Hijra dera:** House where khawajasiras/moorats/hijras live together in a community

**Khawajasira:** Respectful Urdu term for hijras, transgender women and eunuchs

**firqa:** A term used for female clothing

**Khotki:** A term used for male clothing

## 1. Introduction

The present study focuses on the reasons and high risk associated with the TG community that leads to HIV. The research is conducted by conducting a survey in four cities of Punjab. The sample size for the collection of the information is 600 participants. Keeping in view the differences between challenges faced by the community, the participants are from different areas of Punjab, Pakistan and all the participants belonged to the TG community and which included all kinds of TGs like, hijras, zanas, sex workers, dera-based, beggars, firqa wearing and khotki TGs.

Transgender (Hijra) has been acknowledged in ancient Hindu scriptures. In India, hijras are viewed as an institutionalized “third sex” that has always existed. They are particularly associated with the worship of Bahuchara Mata, a version of the Mother Goddess, for whose sake they undergo maculation. In return, the Goddess gives them the power to bless people with fertility (Nanda,1999).

Transgenders are found in every part of the world, they are accepted and part of Muslim societies. During Mughal times in the sub-continent, transgender (kwajasaras) or eunuchs guarded the ladies of the harem. While working in the field among the transgender (Hijra) of Hyderabad, Jaffrey (1996) discovered that during the Mughal era (1526to 1857) when Hyderabad was a prince lustrate, hijras were employed to oversee the harem, as servants in the homes of the nobility, often becoming key advisors.

It was in the modern time period that they are completely excluded from mainstream society (Hoda, 2010). After 1870, British morality laws such as the Criminal Tribes Act,1871and the Dramatic Performance Act,1876restricted the activities of hijra and their inheritance and other rights, tarring themes & quote; sodomites. The British rulers in colonial India protected the hijras of the laws that granted them the security they received under Mughals and regarded them as a menace to society (CSS forum, 2010).

At present, the situation of the community is worse because they are left ignored, isolated without the survival facilities, healthcare, education, employment opportunities, identity crisis or even the conformity from the dominant social class. They are living more sever condition than other marginalized communities. Pakistani cities have sizable hijras communities, divided into clans, living mostly in ghettos and managed by a leader or guru. These communities are generally known as Chellas. Hijras, in past, earned their living by dancing at carnivals, weddings and births. However, with the outgrowth of novel means of celebrations, sex work and begging remain the only available occupational choices for the TG community.

## **Pakistan – Epidemiological Data for HIV**

Over the years, Pakistan has followed the HIV epidemic pattern that is typical of other areas in Asia. That is, it has shifted from low to high HIV prevalence among certain groups. Between 2010 and 2020, Pakistan has seen an increase of 84% in new HIV infections. With approximately 25,000 new infections in 2020 alone, it is clear that the epidemic is expanding across the country, and it remains largely concentrated among key populations including people who inject drugs, the transgender community, sex workers and their clients and men who have sex with men. These are marginalized groups that face widespread stigma and discrimination, and the fear of maltreatment impacts their willingness to pursue testing.

As a result, it is estimated that among the approximately 240,000 people living with HIV in Pakistan where 50% HIV burden is in Punjab and 43% in Sindh. Time to take action to prevent HIV otherwise cost of inaction will be too high to afford in coming months & years.

### **2. Method and material**

#### **2.1 Objective of the Study**

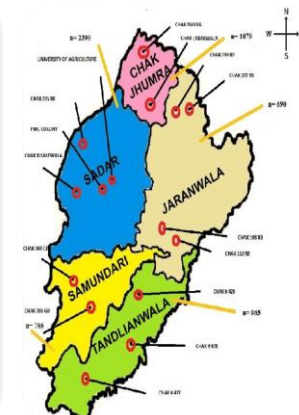
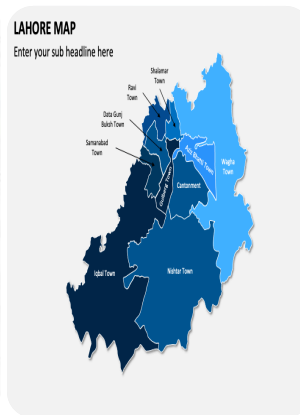
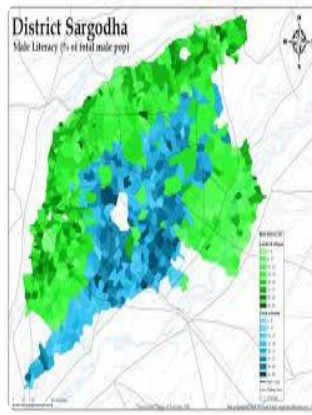
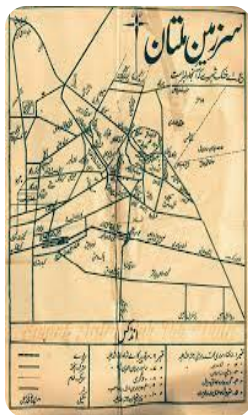
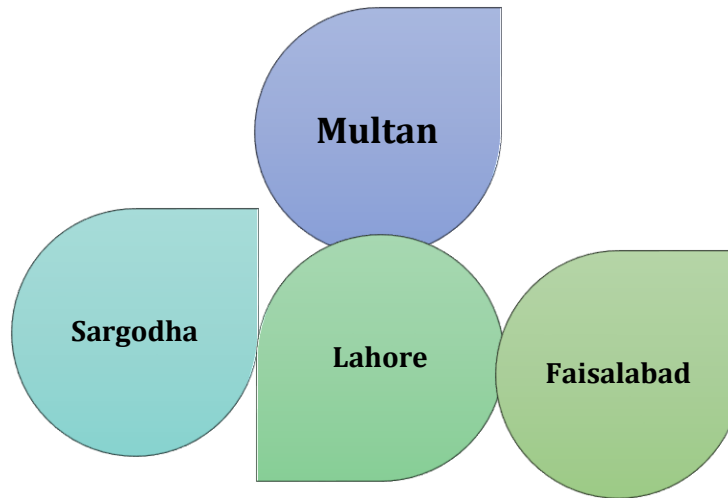
The objective of the study was to implement rapid field coordination survey to know reasons and high risk associated with TG community that leads to HIV.

#### **2.2. Method of study**

The methodology mainly employed for this study involved in-person in-depth interviews through a detailed questionnaire with the population under study.

### 2.3. Geographical coverage

The survey was done in four cities of Punjab

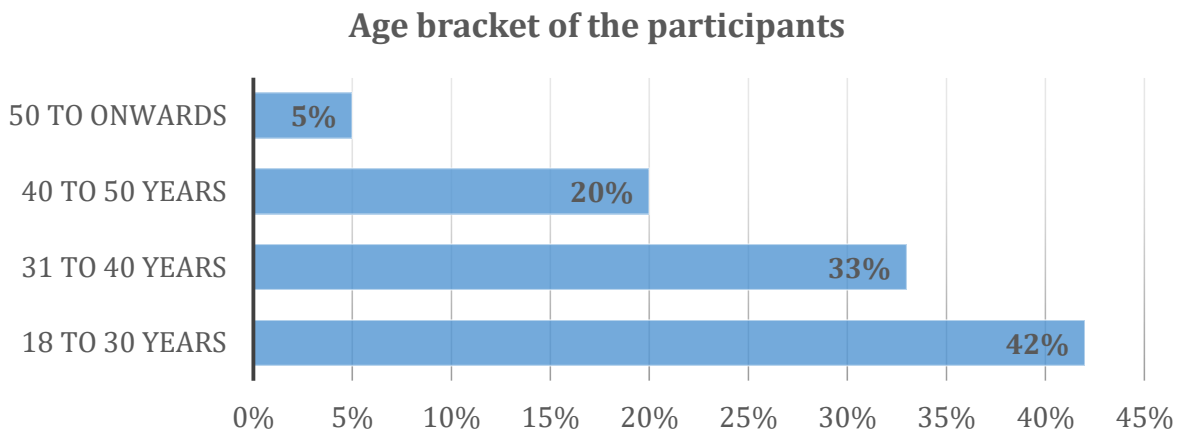


### 3. Results

#### Age bracket

For this particular research, a diverse group was selected to know the effective findings and differences between the generation gap.

As per results, a vast majority belonged between 18 to 30 years. On the other hand those community members who were 50 years old or more than 50 years old had minimum number.



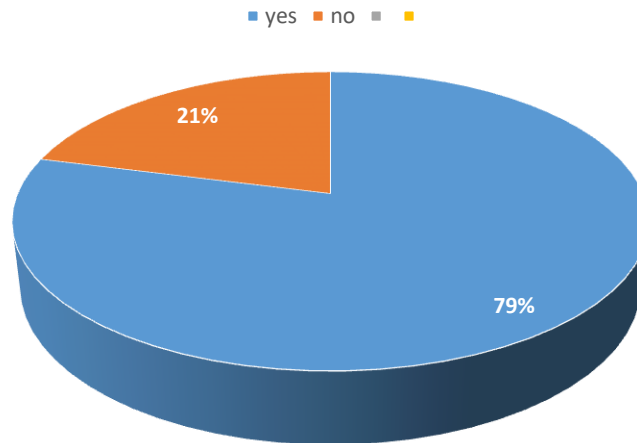
#### **The economic status of the community as a risk factor of HIV**

Both domestically and internationally, HIV is a disease that is embedded in social and economic inequity, as it affects those of lower socioeconomic status and impoverished neighborhoods at a disproportionately high rate. Limited economic opportunities and periods of homelessness have been associated with risky sexual practices, such as exchanging sex for money, drugs, housing, food, and safety. Ultimately, these practices can place individuals at risk for HIV. Living in poverty can also result in food insufficiency, which can contribute to HIV/AIDS infection. Lacking food can result in transactional sex and power differences in sexual relationships, which can place an individual at risk of infection.

As per the results, 79% of the TG community believed that economic instability increases the risk of HIV.



## ECONOMIC INSTABILITY AS A RISK FACTOR OF HIV

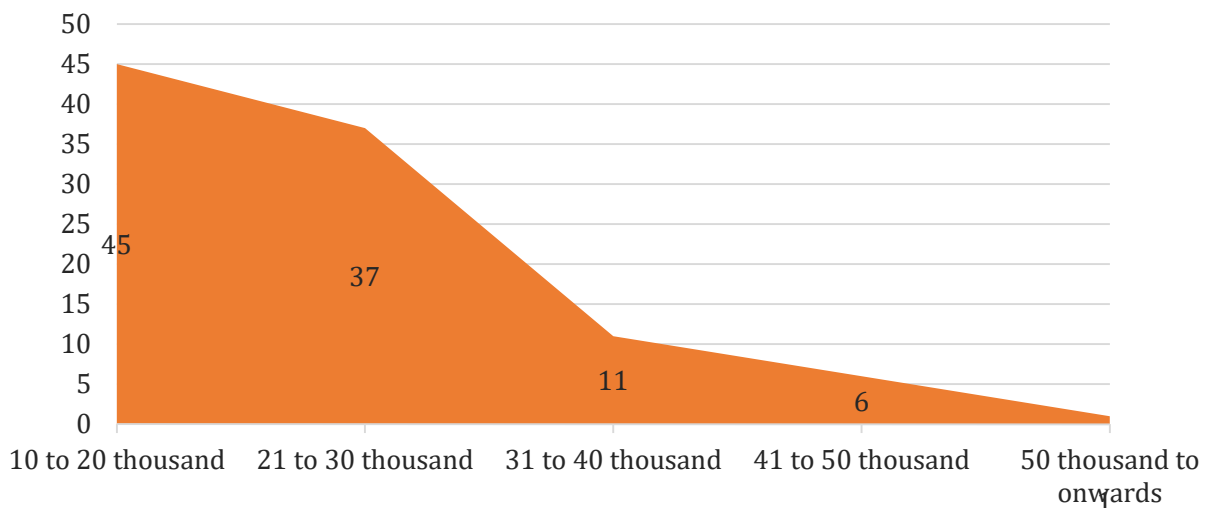


As per results, 45% community were earning 21000 to 30000 per month. Which is a very small amount to even survive. 37% of community members were earning 21000 to 30000 per month. Which is also a very low amount to pay the all utility bills and even the rent of the dera.

11% of community members were earning 31000 to 40000. See this is a very small number of the community. 6% were earning 41000 to 50000 per month. They could live a better life as compared to others. Only 1% were earning more than 50000.

In such a situation, when a person can't even eat properly within the limited resources how could be he/she able to buy medicine for him/ or buy contraceptives for the prevention of HIV. It increases their risk of HIV.

Monthly Income of TG community



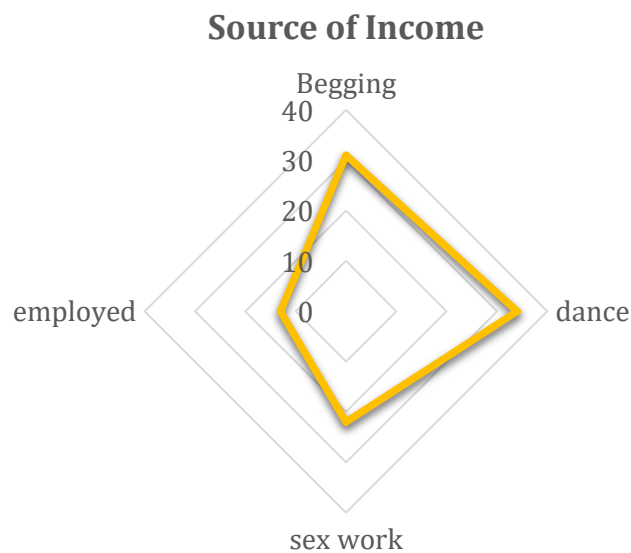
Sex work, dance, and begging are the three most prominent professions of the TG community. Society has led them to earn money from these professions mainly. Begging and sex work are illegal professions in the Islamic Republic of Pakistan and dance is also seen as an underprivileged profession. That is why the stigma increases in the TG community.

Sex work is directly linked with the risk of HIV and other STIs. They cannot force their clients to take preventive measures to be safe from HIV if they don't want to.

Beggars, who beg on signals and in the streets are more at risk of harassment and discriminatory behavior. People approach them for having sex. Beggar TGs don't depend mainly on sex work but they also do sex work when they need money.

TGs who do dance functions are also not safe. Most of the time, they face sexual violence.

As per results, 31% of community members were earning their bread and butter by begging, 34% were forced to dance to fulfill their expenses, 22% were doing sex work for their survival and only 13% were employed. They were doing underprivileged jobs as cooks, helpers, or laborers.



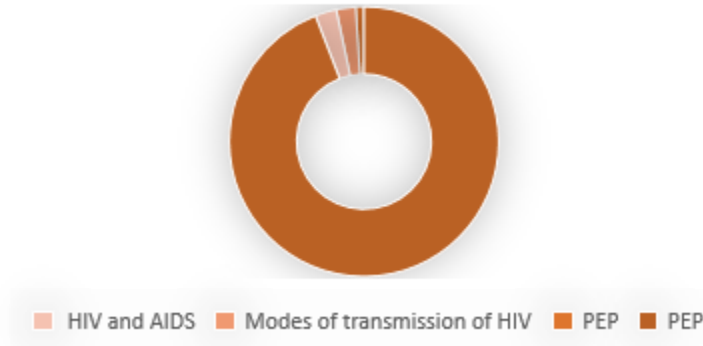
### **Lack of awareness regarding HIV, PREP, and PEP as a factor in HIV**

Most of the community members were aware of HIV and AIDS and their modes of transmission. The credit goes to CBOs who are working with TG community in these four cities from where the sample is taken. But still, it does not mean that they are using the preventive measures, particularly condoms and lubes to be safe from HIV. But a large majority were not aware of PREP and PEP. Most of them heard these terms for the first

time. Lack of awareness also increases the risk factor of HIV. Those who cannot use condoms cannot use PREP or PEP due to a lack of awareness.

As per the results, 98% of TG community members were aware of HIV AIDS, 89% were aware of its modes of transmission, 38% were aware of PEP and 36% were aware of PREP.

### Awareness on HIV, PEP and PEP

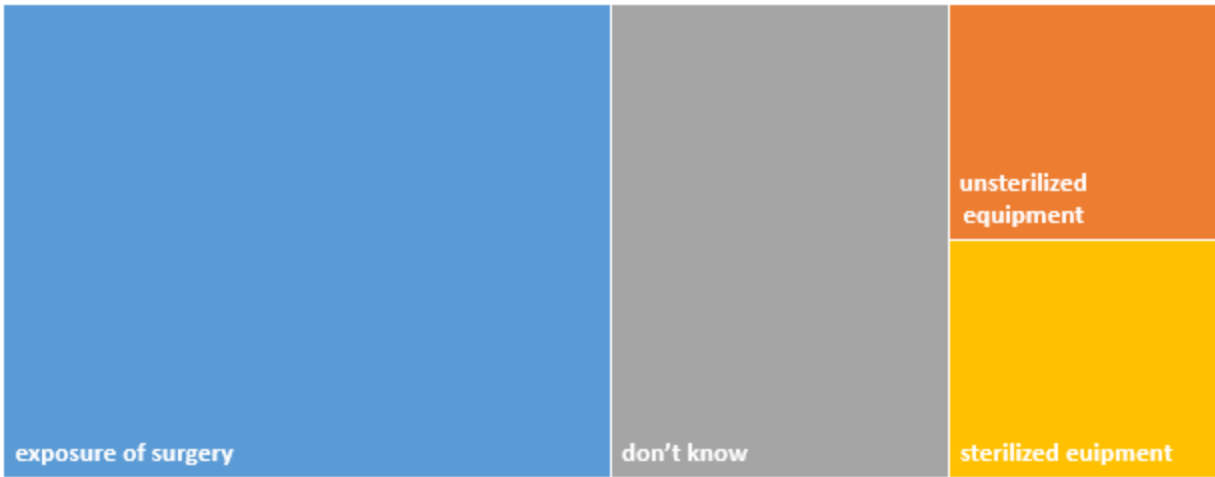


### Unsterilized surgical equipment as a risk factor of HIV

Although the vast majority was aware of unsterilized surgical equipment as a mode of transmission of HIV. They had gone through surgery including tooth surgery. But they were not sure that either sterilized equipment were used or not. It increases their risk of HIV.

As per the results, 18% of community members have gone through the surgery 4% said that the equipment was not sterilized and 10% didn't know whether the equipment was sterilized or not.

### exposure of surgical equipment

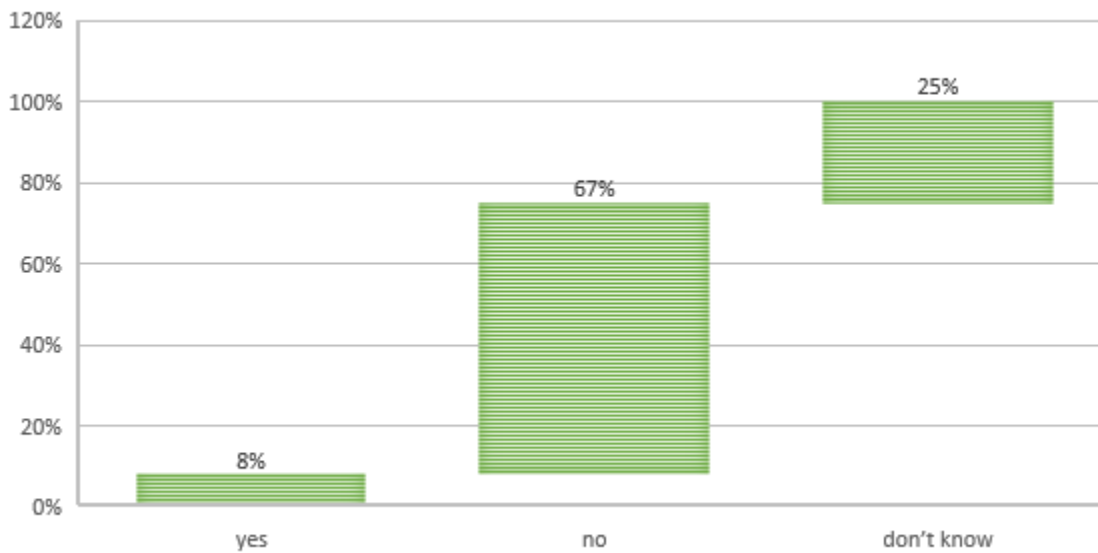


### Used needles, syringes, erasers, etc as a risk factor of HIV

Some of the community members were not serious about using the already used needles, syringes, erasers, etc. which increases their risk of HIV.

As per the results, 8% of the community members had exposure to already used needles, syringes, erasers,, etc, 67% had not that exposure, and 24% didn't know whether they had used or not.

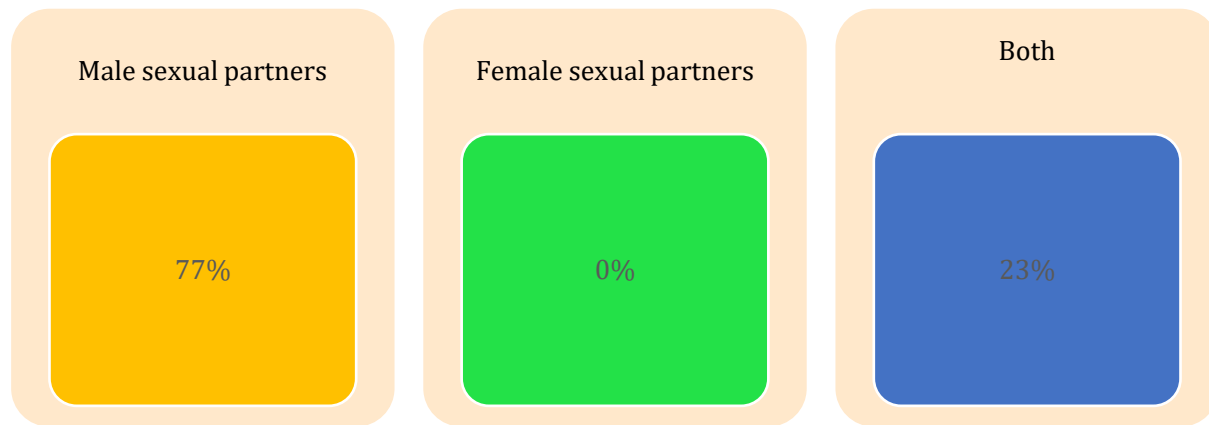
### EXPOSURE TONEEDLES, SYRINGES, ERASERS, ETC



## Sexual behaviors as a risk factor for HIV

According to the results, a vast majority of the community had male partners. Those who were married had both male and female partners. Community does anal sex with their male sexual partners. Anal sex is the riskiest type of sex for getting or transmitting HIV. Being the receptive partner (bottom) is riskier than being the insertive partner (top). The bottom's risk is higher because the rectum's lining is thin and may allow HIV to enter the body during anal sex.

As per the results, 77% of the community members had male sexual partners, none of them had female sexual partners solely, and 23% had both male and female sexual partners.

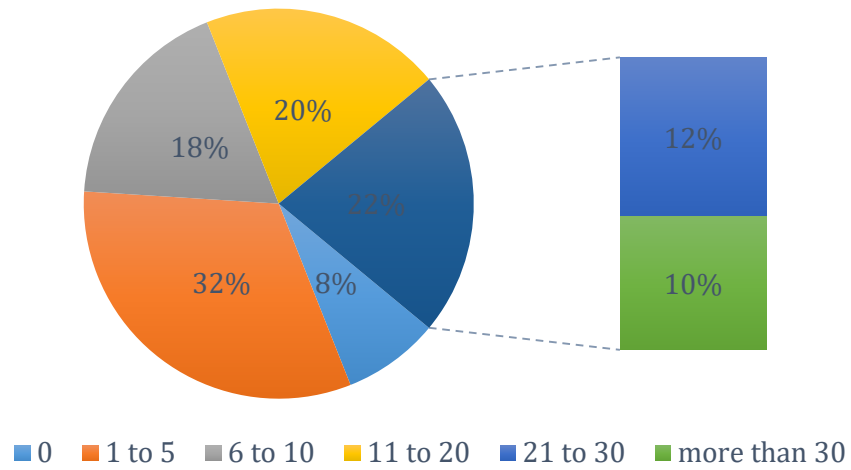


An increased Number of sexual partners increases the risk factor of HIV. As per the results, 22% of the community members had an average of 21 to 30 sexual partners in a month.

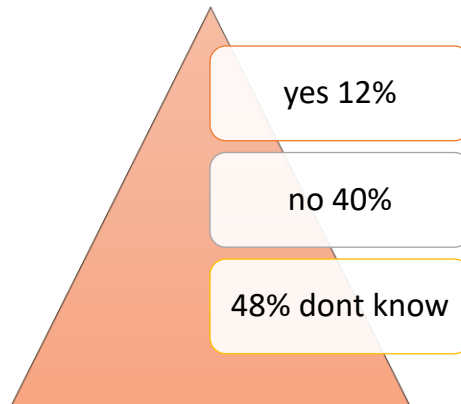
A vast majority were unaware of the HIV status of their sexual partners. They were aware of the STI status if the STI symptoms were visible like itching, rashes, etc., otherwise, if their clients were suffering from any STI whose symptoms were not visible, they were not aware whether their client was suffering from STI or not. If a person is HIV positive and is suffering from any STI as well, the chances of HIV transmission increase. As per the results, 40% of community members were not aware of the HIV and STI status of their sexual partners.

The use of condoms during anal sex was insufficient. It shows the careless attitude of the community. As per the results, 11% of the community members were not using condoms at all. It is an alarming number for increasing the risk of HIV and other STIs as well.

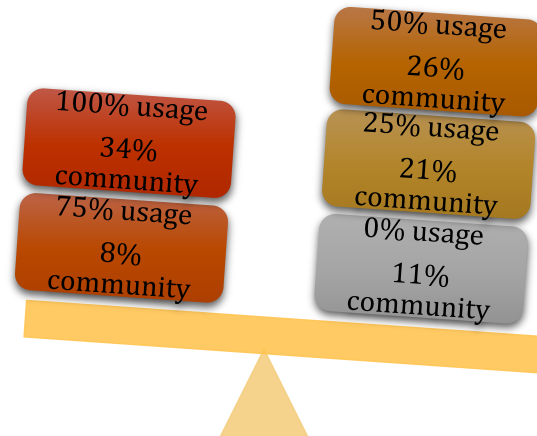
### Number of sexual partners in a month



### Information about HIV status of the sexual partner



## use of protective measures (e.g. condoms)



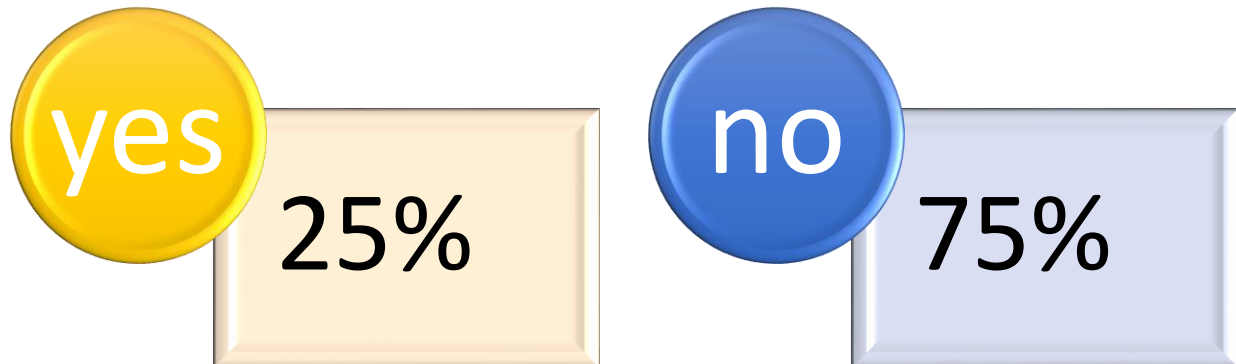
### Drug/substance abuse as a risk factor for HIV

The use of drugs/substances during or before the sexual encounter is also common within the community. After having the drug/substance, most of them don't use preventive measures and the risk of transmission of HIV increases. In addition to being at risk for HIV and viral hepatitis, people who inject drugs can have other serious health problems, like skin infections and heart infections. People can also overdose and get very sick or even die from having too many drugs or too much of one drug in their body or from products that may be mixed with the drugs without their knowledge.

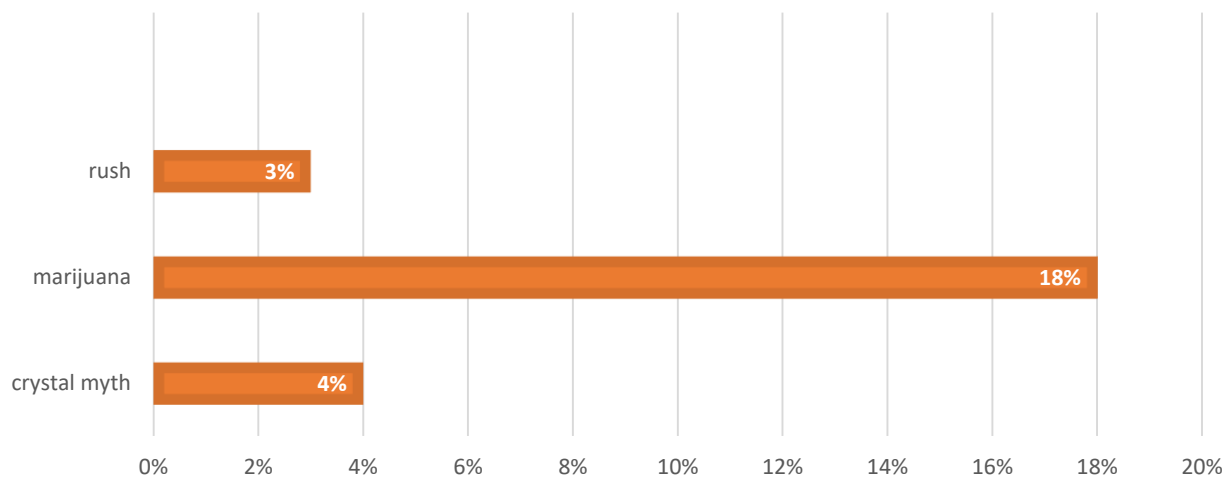
People who engage in drug use or high-risk behaviors associated with drug use put themselves at risk for contracting or transmitting viral infections such as human immunodeficiency virus (HIV), acquired immune deficiency syndrome (AIDS), or hepatitis. This is because viruses spread through blood or other body fluids. It happens primarily in two ways, when people inject drugs and share needles or other drug equipment and when drugs impair judgment and people have unprotected sex with an infected partner.

As per the results, 25% of the community members were using recreational drugs before or during sex. 18% of the community members were using marijuana. Which is again a big percentage within the community.

### Use of Recreational drugs before or during the sex



### USE OF RECREATIONAL DRUGS WITHIN THE COMMUNITY

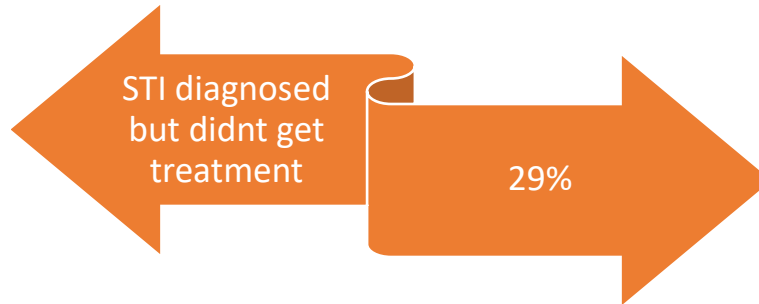


### Health-seeking behavior as a risk factor for HIV

STIs increase the risk factor of HIV. IF a person is suffering from any STI, his risk of the transmission of HIV increases. As per the results, 29% of the community members were diagnosed with any STI but they did not take the treatment to cure the infection/disease.

90% of the community members get tested in HIV 6 months ago.





### **Sexual violence as a risk factor for HIV**

Sexual violence is a poorly-studied, yet potentially important risk factor in HIV transmission that may be significant in the overall expansion of the AIDS epidemic and its disproportionate geographic and gender distribution. Different levels of transmission risk may be associated with different patterns and geographies of sexual violence, exploitation, and coercion. For example, in some scenarios, conflict-related rape can increase transmission risk at both individual and population levels. Intimate partner violence has also been shown to increase transmission risk, for both physiological and social reasons. Understanding the biological and social co-factors that increase vulnerability and susceptibility to HIV among different sub-populations can improve understanding of who is at most risk of sexual violence and HIV and why, as well as the conditions under which genital trauma can increase transmission probability. There are multiple, complex and, casual pathways between sexual violence, coercion, fear of abuse and, increased HIV risk. Violence victims often have limited ability to refuse unwanted sex, and negotiate safe sex. Genital trauma during forced or unwanted intercourse can facilitate HIV transmission. Anal sex has recently emerged as an important and understudied risk mechanism.

As per the results, 23% of the community members had faced sexual violence in the last three months.

## SEXUAL VIOLENCE

■ yes ■ no ■ ■

