

## Socio-Religious Perspectives of HIV/AIDS among Female Sex Workers in Lahore, Pakistan

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### **Introduction:**

Islam has taken a decisive and strict stance against adultery or fornication (*Zina*). The adultery has been declared as a major sin in the Holy Quran and thus stringently prohibited. Its atrociousness can be determined from the fact that in Holy Quran it has often been quoted adjacent to the most heinous of all the sins, that is, associating partners with Allah (*shirk*).

And come not near unto adultery. Lo! it is an abomination and an evil way.) (Al-Isra' 17: 32)

Adultery invites the anger of Almighty Allah as it is a socio-religious crime and has extremely bad effects on the society. Islam not only proscribes fornication, but also closes the means and avenues leading to it. The Holy Quran assures incentives for those who will not commit *Zina* in this life and in the life hereafter.

"O Prophet! when believing women come to you giving you a pledge that they will not associate aught with Allah, and will not steal, and will not commit adultery, and will not kill their children, and will not bring a calumny which they have forged of themselves, and will not disobey you in what is good, accept their pledge, and ask forgiveness for them from Allah; surely Allah is Forgiving, Merciful."(60:12)

The Holy Prophet (blessings and peace be upon him) said, "*Whoever guarantees me that he will guard his chastity, I will guarantee him Paradise*" (*Al-Bukhari*). Extremely harsh punishment for adultery has also been explicitly defined in the Holy Quran, with an objective to strictly curb this evil from the society. The calamitous consequences of adultery impinge on persons, families, and societies. Among these are that it involves disloyalty and betrays the belief and harmony that are fundamental for contented family life; it destabilizes a family's peace; it squanders one's energies; it erodes the transparency of one's spirit and, therefore, destroys one's trust; resultantly, exposing the person to the Allah's anger. The fornication also results in numerous diseases, out of which HIV/AIDS is the deadliest one (1), which is mainly passed on through unprotected sex with an infected person.

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Human Immunodeficiency Virus (HIV) damages a person's immune (defence) system, impeding his body to fight effectively against infections. When HIV enters the body, our defence system starts fighting against that virus and, eventually, the defence system of the HIV infected person becomes too weak to resist against various kinds of infections. This virus subsists in certain body fluids and causes AIDS. The AIDS is the abbreviation for Acquired Immune Deficiency Syndrome. When a person is affected by different cancers and infections due to weakened body's defences, then he is considered to have developed AIDS.

HIV gets transmitted in to a person's body through unprotected sex, by organ transplants from infected persons, through blood transfusion with HIV infected blood, from an infected mother to her baby and by sharing unsterilized syringes and needles (2). This virus cannot be transmitted through everyday contact like by shaking hands, touching, using toilet seats, kissing, sharing towels and crockery, insect bites or coughing.

In Islam, human life is considered a gift from Allah and is given a very high value. According to Islam perspective, Muslims believe that their life has been entrusted by Allah and they are bound to look after it and not abuse it. We are the trustees of body and health, which are Allah's gifts; hence, we should not misuse them. The importance of health has been stressed at several occasions by the Holy Prophet (peace be upon him);

"O' Abbas ask Allah for health in this world and in the next." (Al-Nasa'i)

"No supplication is more pleasing to Allah than a request for good health." (Tirmizi)

Hence, all those acts which can harm spiritual or physical health are forbidden in Islam. At the same time, Islam has always persuaded and encouraged dialogues and conversation which will assist us in protecting our life and health, for example, discussing HIV/AIDS which would involve talking about intimate matters and sexual relationships. Islam advocates modesty but Muslims (men and women) used to ask the Holy Prophet (peace be upon him) about intimate relations and sexual matters and never felt shy or hesitated to ask such questions. The subjects like family life, creation, reproduction and menstruation has been discussed in the Holy Quran. The Prophet (peace be upon him) said;

"Blessed are the women of the Ansar (citizens of Madinah): shyness did not stand in their way for seeking knowledge about their religion." (Bukhari & Muslim)

The Holy Quran and in *hadith*, the importance of acquiring knowledge has been repeatedly stressed.

"Are they equal those who do, and those who do not know?" (Qur'an 39:9)

Therefore, the Muslims should not hesitate or feel embarrassed while reading or discussing about HIV/AIDS as the religion encourages them to get the requisite knowledge about such pandemics.

### **Literature Review:**

Since the beginning of the global HIV virulent disease, roughly 29.4 million people have been infected with HIV (UNAIDS, 2011). Kallings (2008) reported that 25 million people have lost their lives since 1981 due to AIDS. In the past decade, China, a densely populated country, has experienced a rapid increase in HIV/AIDS cases. Although, there is easy availability of effective prevention strategies, but HIV has continued to rise among Chinese people (Dandona et al., 2005).

In Muslim majority countries, like Middle East and North Africa, the topic of HIV/AIDS has a great concern due to increasing of HIV cases and its vulnerability (UNAIDS, 2010; Shawky, 2009). Although strict Islamic norms are considered to protect from diseases like HIV/AIDS, the former researches pointed out that the Muslim majority countries are facing the high risk of spread of HIV/AIDS epidemic (Abu-Raddad et al., 2005; Hasnain, 2005; World Bank, 2008).

HIV has become a great concern for Muslim countries including Indonesia, Malaysia and Iran with HIV prevalence rate of 0.3%, 0.4% and 0.2% respectively (Hutter, 2009). In five Muslim majority countries; Bangladesh, Kazakhstan, Guinea-Bissau, Indonesia and Kyrgyzstan, HIV infection rate has increased by 25% since 2001 (Persaud, 2013). In Islamic world, Malaysia has claimed that our community is not protected from HIV/AIDS, although Islam is official religion and people follow religious norms (Olunduro, 2010). According to the Global AIDS Response 2012, 735 women were reported to be affected by HIV/AIDS in 2011 in Malaysia, the number of affected was 67 more people as reported in 2010.

National AIDS Control Programme (NACP) (2011) reported that the cases of HIV/AIDS are steadily increasing in Pakistan. According to the report, there are approximately 97,400 cases of HIV/AIDS in Pakistan. The report revealed that it will become a great threat to public health if it would not be controlled. The cause of this alarming situation is the lack of educational programmes for the sex workers about sexually transmitted diseases. NACP (2010) reported that Pakistan is a low HIV prevalence country but with high risk of HIV/AIDS. The more vulnerable group identified in the report was Injectable Drug Users (IDUs) with prevalence of more than 5%. In 2009, there were 87,000 people living with HIV/AIDS in Pakistan, among them 2,917 patients were registered in different hospitals of the country. The study revealed that among those patients, 1,320 were on anti-retroviral drug therapy. The prevalence of HIV remains under 0.1%

among the general population (NACP, 2010). The NACP report (2007) elaborated that the majority of the registered cases were among those Pakistanis who acquired HIV from foreign countries, but now, most of the HIV infections are acquired indigenously. These indigenous patients are Injectable Drug Users (IDUs) and sex workers, who are at a high risk of HIV/AIDS. Although, the rate of HIV remains low under 1% among Female Sex Workers (FSWs), but they are considered to be at high risk.

Clients of Female Sex Workers are expanding the risk of HIV and act as a bridge for spreading infection between the FSWs and the general population (4). A cross-sectional survey of 1,405 male workers was conducted in rural Zimbabwe, in which 48% of men reported that they were having sexual contacts with a FSW, which concluded that sexual relationship with FSWs played a significant role in the spread of HIV (5).

Morison et al. (2001) found that HIV prevalence was considerably higher among sex workers as compared to the other people. Baral et al. (2012) reported that according to the data, the overall HIV prevalence was 11.8% among female sex workers in all regions of the World between 2007 and 2011. The highest HIV prevalence rate was 36.9% in Sub-Saharan Africa and 10.9% was in Eastern Europe, 6.1% in the Caribbean and Latin America, 5.2% in Asia and only 1.7% was in North Africa and Middle East. Roua et al. (2007) reported that female sex workers were unaware of the risk of HIV/AIDS, predominantly those young girls who migrated from rural areas to cities or towns. The prevalence of HIV and sexually transmitted diseases (STDs) in FSWs recommended need of efforts for prevention and health education.

In India, NACO (2007) conducted a National Behavioral Surveillance Survey in 2006 and reported that the major carriers and instruments in the spread of HIV were the customers and clients of sex worker and the reason was sexual relationship between a limited number of sex workers and a large number of sexual partners. Goswami et al. (2010) depicted that 6% HIV prevalence was reported in a study conducted on clients of female sex workers in selected districts of Andhra Pradesh and Tamil Nadu in 2009. The study revealed that clients are potential conduits between female sex workers and low risk women.

In Turkmanistan, Female Sex Workers were not aware of the risk of HIV/AIDS transmission by sharing needles (6). In Indonesia, there were wrong perceptions on the modes of spreading of HIV among Female Sex Workers. It was reported about their misconception that shaking hands and eating in same plate causes HIV/AIDS and through antibiotics, HIV can be treated and that was all due to lack of knowledge about HIV (7). In various Asian countries, the studies have found an association between risky

behaviors and inadequate knowledge about HIV and low perceived risk of HIV infection among FSWs (8). For instance, in China, if client looked familiar and rich, then FSWs did not use condoms during sex (9).

In the light of the available literature, the present study was conducted to examine the knowledge of HIV/AIDS among Female Sex Workers, residing in Lahore, Pakistan and their practices. The objectives of the study were:

- To study the Female Sex Workers (FSWs) as the vulnerable group at risk of HIV/AIDS.
- To evaluate the awareness level about HIV/AIDS among Female Sex Workers.
- To check the association between knowledge of HIV/AIDS and usage of safety or precautionary measures for HIV/AIDS.

To achieve the above mentioned objectives, the following hypothesis was tested in the study:

H1: There is an association between knowledge about HIV/AIDS among Female Sex Workers and use of safety precautions for HIV/AIDS.

H0: There is no association between knowledge about HIV/AIDS among Female Sex Workers and use of safety precautions for HIV/AIDS.

### **Methodology:**

The survey method was used to conduct the present study. The universe of the study was Female Sex Workers in the Lahore city. 100 respondents were selected through cluster sampling method. Interview schedule was used as tool of data collection. The interview schedule consisted of 65 questions which were predetermined and structured, including open ended and close ended questions. It consisted of different parts like socio-demographic characteristics, information about sexual activities, knowledge about HIV/AIDS and preventive measures. The pre-testing was done with 10 selected respondents to check the validity of interview schedule and it was finalized after making some changes in the light of gained experiences during pretesting. After data collection, editing, coding, computerization and data analysis was done. For analyzing data SPSS (Version 16) was used. For testing hypothesis, Chi-square test was used.

### **Results:**

The average age of the respondents was found to be 28 years. Majority of the respondents (78%) were illiterate and 58% respondents were married. As shown below in Table 1, 98% respondents were Muslims and only 2% were Christian. Regarding the respondent's family system, 51% of the respondents were living in nuclear family system and 87% of the respondents had urban background. 46% of the respondents had 1 to 4

family members. Mostly the family members were working as daily wagers or labourers and even for 31% of the respondents, their family members were unemployed or not working. 88% of the respondent's family economic status was very low.

The study found that 64% of the respondents were living with their families. Only 22% respondents' families were aware about the involvement of respondents in commercial sexual activity. 73% of the respondents reported that they had a co-operative attitude with their families. 56% of the respondents were involved in sexual activity from the last 1 to 5 years, and 69% of the respondents had their first sexual activity in the age between 11 to 20 years. Alarming, the poverty was expounded as a major reason by 44% of the respondents for their involvement in this heinous profession. Monthly income of 85% of the respondent's (85%) was between Rs. 1000/- to Rs. 10000/-. 78% of the respondents never disclosed any issue related to their sexual activities with anybody.

The study found that 82% of the respondents watch TV program. Out of these, 22% respondents watch porno movies. Out of these 22% respondents, 55% had been watching porno movies with their co-workers and 33% respondents watched these movies with their clients. In most of the cases, that is, 87% respondents were influenced by these movies. 72% of the respondents were doing sexual activity 5 to 7 times in a week. In the last one month, 29% respondents had 20 or 24 customers who did vaginal sex with them, 21% of the respondents had 4 to 6 customers who did anal sex with them and 29% of the respondents had 4 or 6 customers who did oral sex with them. The study revealed that 91% of the respondents had the idea of safe sex and they considered vaginal sex as safer one.

While responding to the question regarding frequently suffered diseases and health issues, the respondents reported that they usually suffered from fever and menstruation problems. 62% respondents had not undergone any clinical tests, while 38% respondents had conducted clinical tests. A very nominal percentage of the respondents suffered from infections, 70% of the respondents became pregnant and 67% of the respondent got vaccination during pregnancy. In case of sickness, majority of the respondents (86%) were getting treatment from doctor, while for remaining respondents, the other sources of treatment were *hakims* or quacks.

As shown in Table 2, majority of the respondents (89%) were aware about HIV/AIDS. The main sources of information were television (TV) and NGOs. More than half of the respondents (58%) believed that healthy person cannot be infected with HIV/AIDS. Majority of the respondents (67%) had no idea about the symptoms of HIV/AIDS. 45% of the

respondents considered sexual intercourse as a mode of transmission of HIV/AIDS. An over-whelming majority (85%) considered that they cannot be infected with HIV/AIDS. 80% of the respondents considered use of condoms as a source of prevention from HIV/AIDS. As far as the awareness of issues related to HIV/AIDS was concerned, 72% of the respondents did not discuss these with anybody. 33% of the respondents believed that HIV/AIDS cannot be transmitted by living together and 41% of the respondents did not know that how many people in Pakistan are at risk of being infected with HIV/AIDS.

Almost half of the respondents (49%) knew about the place where HIV/AIDS is clinically tested and 45% of the respondents did not have any idea about the place where HIV/AIDS is clinically tested. Out of those who knew, 51% respondents knew that HIV/AIDS is clinically tested in Mayo Hospital, while 41% of the respondents told that in some NGOs the tests are conducted. 56% of the respondents had undergone the test of HIV/AIDS and 44% of the respondents never got this test conducted. Out of 56% of the respondents who had undertaken the test of HIV/AIDS, the result of 95% respondents were in negative and remaining 5% respondents did not know about the results of HIV/AIDS test. Most of the respondents (52%) had the idea that HIV/AIDS is an incurable disease and 27% believed that HIV/AIDS is a curable disease and the remaining 21% did not know about the curability or incurability of this disease.

Regarding the use of safety precautions and measures, as shown below in Table 3, 31% of the respondents used safety precautions. Out of total respondents, 86% of the respondents gave preference to the use of condoms than other safety precautions. Almost 60% of the respondents used the condoms in every sexual activity. Majority of the respondents (88%) used condoms during their last vaginal sex and 18% of the respondents used condoms during their last anal sex. Out of the total respondents, 13% used condoms during their last oral sex. Out of the total respondents, 90% had the idea of protection from HIV/AIDS and only 10% were having no idea of the protection from HIV/AIDS by the use of condoms.

The most commonly reported reason for not using safety precautions was that their customer did not allow them due to the reduction in enjoyment. Regarding negotiations with the customers to use safety precautions, it was found 78% of the respondents had the courage for negotiations and out of these 78% respondents, 86% of the respondents usually convinced their customers for using safety precautions by telling them the harmful effects of HIV/AIDS.

There were different sources through which the respondents were getting condoms. 30% of the respondents were purchasing condoms from

general stores and 30% from workers of NGOs. Some of the respondents got condoms through the customers and medical stores and a less number of respondents got the condoms from pimps. Out of the total respondents, 61% of the respondents knew about the awareness programmes regarding HIV/AIDS. Respondents were getting information about HIV/AIDS through different sources, for example, internet, books and 35% of the respondents got the information through TV. Out of the total respondents, 87% were influenced by the information about HIV/AIDS. With regards to the interest of getting more information about the HIV/AIDS, 49% of the respondents were interested in getting more information and remaining 51% respondents did not want to get more information about the HIV/AIDS.

Table 4 illustrated that there was a significant relationship between the two variables ( $p = .000$  which is  $< 0.05$ ), which is less than 0.05 level of significance of the calculated value. Hence, the alternative hypothesis is proved, that is, there is an association between knowledge about HIV/AIDS among Female Sex Workers and use of safety precautions for HIV/AIDS and the null hypothesis is rejected, that is, there is no association between knowledge about HIV/AIDS among Female Sex Workers and use of safety precautions for HIV/AIDS.

### **Discussion:**

Islam, as a religion, is very close to human nature. The sexual cravings, that humans have, are not barred in Islam. Rather, it encourages regarding fulfillment of these desires, and advocates marriage. Islam gives us a legal code for sexual enjoyment. But, the people engage in extra-marital sexual activities or have sex before marriage. Islam expects submission to Allah and preaches that Muslims should not indulge themselves in prohibited activities. However, the illicit sexual practices, forbidden by Islam, do exist. Hence, there is a dire need to accept the reality and to develop HIV/AIDS educational and awareness programs for all of our communities. Besides emphasizing on Islamic moral values in these programs, the people should also be informed regarding the methods of prevention from this life-threatening disease. Talbott (2007) reported that Muslim people are negatively correlated to the acquired HIV/AIDS infected number of people. Gray (2004) conducted a study in Harvard University and found that Islamic practices are very helpful in decreasing the risk of HIV/AIDS as control of sex before marriage and homosexuality.

Muslims might assume that diseases like HIV/AIDS which are associated with extra-marital relations are not issues of the Muslim community, but in reality, these are major issues in various Muslim countries. Hence, it is imperative to understand that Muslims are equally

susceptible to HIV and AIDS. Keeping in view the global increase in HIV infection, it is extremely crucial than ever that HIV and AIDS shall be discussed openly.

This study highlighted the awareness level of HIV/AIDS among Female Sex Workers in Lahore city. The study also indicated about their attitude and practice towards preventive measures. The study illustrated that majority of the respondents were young and the level of education of the respondents was relatively low. Due to poverty and illiteracy they joined this heinous activity (10). Majority of the respondents were married, had their children and were living with their own families. Overall economic status of the families was low. Although majority of the female sex workers were aware about HIV/AIDS, but alarmingly, majority of the respondents had no idea about modes of transmission of HIV/AIDS. Very few considered that sexual activity is the mode of transmission of HIV/AIDS. For preventing the spread of HIV/AIDS, sufficient understanding of HIV and its transmission must be given to the people and having no knowledge of HIV and about its misconceptions could worsen the existing conditions (11). World Health Organization (WHO) (2001) found that majority of the study respondents had idea of prevention of HIV/AIDS and considered that condom was the better source of prevention of HIV/AIDS.

In this study, more than two third of the respondents used safety precautions for HIV/AIDS, which reflects the extent of their knowledge (12). Weller et al. (2002) found in their study that consistent use of condoms decreases HIV incidence by 80%. In the present study, it was found that three fourth of the respondents negotiated with their customers for the use of safety precautions due to knowledge of HIV/AIDS and importance of condoms for FSWs.

Media, specifically TV, played an important role for creating an awareness regarding HIV/AIDS. Montazeri et al. (2009) reported in a study conducted in Islamic Republic of Iran that mass media is the source of getting information about HIV/AIDS and a very few got information from friends due to social desirability and hesitation.

### **Conclusion and Recommendations:**

On the basis of the study findings, it is concluded that Pakistan, being an Islamic country, although follows the Islamic ideology in which extra-marital and illicit relations are prohibited, but the presence of prostitution in the country cannot be denied. This segment of the population, FSWs, is at a higher risk of HIV/AIDS, which is not only harmful for them but is also a major cause for the spread of this dreadful disease in the masses. Hence, in Islam, men and women are strictly banned of having sex before marriage or extra-marital sex and have devised hardest

of the punishments just to refrain people from indulgence in such activity. The paper concludes that the practices and teaching of Islam should be stringently followed to reduce the spread of HIV/AIDS through illegitimate sexual relationship.

The study also concluded that awareness and knowledge of Female Sex Workers regarding HIV/AIDS helped them in negotiating and adopting precautionary and safety measures. The study also manifested that for curbing this social evil and religiously prohibited pandemic, serious steps are required to be taken to eliminate the root causes; poverty and illiteracy; due to which females get involved in this dreadful and atrocious activity. Only precise information regarding HIV/AIDS will help to control the spread of this disease in the communities. It is recommended that efforts should be made to develop and conduct massive HIV/AIDS awareness and prevention campaigns by the government, mass media, NGOs and social activists and health promotion interventions through peer education and Islamic based knowledge. Female Sex Workers shall be educated about the importance of blood test in preventing them from catching this heinous lethal disease. Studies should be conducted to enhance understanding about the scope and spread of HIV/AIDS and sexual attitude and behavior related to sexually transmitted diseases (STDs).

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