

# The Factors behind the Outbreak of HIV in Pakistan

Akmal Zubair<sup>1</sup> , Muhammad Ali<sup>1</sup>

1. Department of Biotechnology, Quaid-i-Azam University, Islamabad, Pakistan
2. E-mail any correspondence to: [akmalzubair@bs.edu.pk](mailto:akmalzubair@bs.edu.pk); [akmalkhattak1994@gmail.com](mailto:akmalkhattak1994@gmail.com)

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## Abstract

In Pakistan, the current estimate indicates that 183,705 individuals are living with HIV/AIDS, with a distribution across provinces and autonomous regions. The country's low literacy rate poses a challenge in comprehending preventive measures, contributing to the unchecked spread of HIV through sexual contact, blood transfusions, and the use of infected devices. High-risk groups include sex workers, transgender individuals, men having sex with men, and injecting drug users. Population migration and mobility, especially in Karachi, contribute to the high HIV incidence. Injecting drug users and their spouses are identified as particularly vulnerable, with a moderate risk of transmission. The hijra community, engaging in anal intercourse, is at a high risk of HIV. Other vulnerable groups include Zenanas and Chavas, male sex workers (Maalishias), and individuals affected by unsafe medical practices, such as outdated injectable equipment. Transmission from mother to infant is also a concern, with an increase in reported cases among females and children. Gender inequality, marked by lower socioeconomic status and restricted mobility for females, contributes to the disproportionate impact on women in the HIV/AIDS epidemic in Pakistan.

**Keywords:** HIV/AIDS in Pakistan, vulnerable populations, gender inequality impact, unsafe medical practices, HIV transmission risk

## Introduction

It is estimated that 183,705 persons are living with HIV/AIDS in Pakistan right now. This number includes four provinces (Punjab, Sindh, Khyber Pakhtunkhwa, and Baluchistan) and two autonomous regions (AJK, Gilgit-Baltistan, FATA, and the Islamabad Capital Territory). There are about 69% males and 21% females, with 3% being minors [1].

### Low literacy rate

Because many Pakistanis lack the education necessary to comprehend the preventative measures put in place by health care agencies, the country's already alarmingly low literacy rate contributes to the unchecked spread of HIV. The transmission of the human immunodeficiency virus (HIV) occurs via sexual contact, unprotected blood transfusions, and the use of infected devices [2].

### Sex worker

It was aided by transgender people having sex, men having sex with men, and women who engaged in the sex industry. Injecting drug users accounted for 23% of new infections in 2019, while men in gay relationships accounted for 18%, transgender people for 3%, and female sex workers for 1%.

### Population migration and mobility

The high HIV incidence in the Karachi zone is mostly attributable to the huge volume of individuals passing through the region. Mass athletic events, religious conferences, college studies, and manual labor are some of the main reasons why people relocate [3].

### IDUs and their Spouse

In 2008, it was projected that 21 % of Pakistan's 100,000 street-based injecting drug users were HIV positive. According to the findings of another research, intermittent drug users constitute the most prevalent demographic, accounting for 20.8% of all cases. A little over ninety-five percent of those who use intravenous drugs in Pakistan participate in sexual activity, and 38 percent of them say they have a regular sexual partner. The spouse of an intravenous drug user (IDU) is at moderate risk of catching HIV from their husbands if they engage in sexual relations with their husbands that are not protected and occur infrequently [4].

### Hijras (also known as Khusras)

In Pakistan, it is a collective noun for men who identify as polyamorous, intersex, transvestite, eunuch, or transvestite. People use the term hijras. Biological guys who are recognized as hijras are often castrated across their whole body (eunuch) [25]. They are both at high risk of contracting HIV since they engage in anal intercourse together.

### Zenanas and Chavas (Khotkis)

These people consider themselves male, even if they lean more toward the female gender. While they appear as women, they promote their sexual experiences with different partners. They often settle down with wives and start families. When they participate in sex work, they pretend to be a woman. Chavas may flip sexual roles [5].

### Maalishias

There are people of all ages who work as masseurs and participate in the sex services industry. Users of

injectable drugs are the most susceptible demographic to obtaining HIV; nevertheless, male sex workers are swiftly becoming the most vulnerable population.

#### *Unsafe and Invasive Medical Practices*

Pakistan has an extremely high incidence of medical injections, with around 4.5 injections per capita per year, according to a World Bank research released in June 2005. Several studies have shown that outdated injectable equipment is still used for about 94% of injections. Furthermore, it is standard practice in healthcare facilities to use unsterilized needles. The World Health Organization estimates that 62% of hepatitis B cases, 84% of hepatitis C cases, and 3% of new HIV infections are caused by incorrect injections.

#### *Barber Shops, Beauty Saloons.*

Barbers are multi-tool users; they also trim beards and shave. Barbers provide a wider range of hair care services than hairdressers, whose main focus is on cutting and styling. The practice of barbering has deep historical roots. Historical records indicate that barbers used to have the highest position within their tribe. Some barbering techniques provide an HIV transmission risk, according to studies conducted in Nigeria and other African and Asian countries [6].

#### *The Transmission of HIV from Mother to Infant*

Approximately 2.3 million children throughout the world are now living with HIV/AIDS. Southern Africa and Asia are home to the majority of these children. Transmission of illnesses from mothers to their infants during pregnancy, birth, or nursing is the most prevalent route of infection transmission in children. There has been a disturbing uptick in the number of reported cases of HIV/AIDS in Pakistan, particularly among females and children, according to government officials [7].

#### *Gender inequality*

Gender inequality is another probable cause of the ongoing HIV/AIDS epidemic in Pakistan. Female Pakistanis are more likely to get HIV than male Pakistanis for a variety of reasons. These include lower socioeconomic status, restricted mobility, and less power to make decisions. Due mostly to differences in educational achievement between the sexes, only 35% of Pakistani women and 59% of men can read and write [8].

#### **Conclusion**

Pakistan faces a complex HIV/AIDS landscape characterized by a significant number of cases, particularly among vulnerable populations. The interplay of factors such as low literacy rates, high-risk behaviors, and unsafe medical practices contributes to the epidemic. Targeted interventions are crucial, especially for groups like injecting drug users, sex workers, and transgender individuals. Gender inequality exacerbates the issue, with women facing higher HIV risks due to socioeconomic disparities and limited decision-making power. Addressing these challenges requires a comprehensive approach, encompassing education, healthcare reform, and empowerment initiatives. Urgent action is essential to mitigate the spread of HIV/AIDS in Pakistan and safeguard public

health.

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