Sexuality, power dynamics and abuse among female, male and transgender sex workers in Pakistan

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Objectives
- Understand how power dynamics and abuse shape the risk environment of men, women and transgender who sell sex in Pakistan.
- Compare the levels of abuse by different actors according to the gender and orientation of the sex workers.

Background
Recent studies in Pakistan have shown higher HIV and STI prevalence among transgender (TGSW) and male sex workers (MSW) than among the female sex workers (FSW). Social norms surrounding sexuality, stigmatising attitudes towards sex workers, and illegality of both sex work and male to male sex considerably constrain the individuals’ ability to act and reduce risk.

Methods
Peer ethnography1 was used, training 3 separate groups of 15 female (FSW), 15 male (MSW) and 15 transgender (TSW) sex workers to interview their own peers on social life, risks and problems and health. We use data from in-depth interviews with peer interviewers. The qualitative phases clarified any findings are triangulated with reported levels of abuse in a subsequent bio-behavioural survey among 533 FSW, 646 MSW (368 feminised and 278 male gender-identified) and 269 TGSW recruited through respondent-driven sampling in Rawalpindi and Abbottabad.

Results
Women coming into sex work open themselves to abuse from family, neighbours, acquaintances, clients and police. Poverty and drug addiction in the family may add to these women’s vulnerability, impeding her ability to reduce risk of infection and other health risks. The FSW were mainly home-based, often living with children and husband or in extended families. Vulnerability depends to a large extent on maintaining sex work secret from family, community and the police, avoiding violence from these different sources. However, family and police can also be co-opted into protecting sex workers. FSW seemed to be more pro-active in creating personal links with authority, while TGSW and feminised MSW relied on ‘gurus’ as leaders of strong peer networks to organise protection. Among male and transgender sex workers, issues of identity are central to sexuality, social organization, access to support structures, vulnerability and sexual health. While MSW generally lived with their family, TGSW lived in households sharing with other TGSW (Table 1).

<table>
<thead>
<tr>
<th>Table 1: Socio-demographic background characteristics of the sex workers</th>
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<tr>
<td>Gender</td>
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<tr>
<td>Mean age (median)</td>
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<tr>
<td>Currently married</td>
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<tr>
<td>No formal education</td>
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<td>Lives with family</td>
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Violence was a common experience in the lives of sex workers. The comparison of perpetrators of abuse is interesting, and FSW seem to suffer most at the hand of their husbands, especially physical abuse. Violence from clients (38%) was also common and 24% were beaten up by neighbours. The low levels of abuse perpetrated by police are to be explained by pre-empting it as 35% reported to have provided free sex to them and about 60% bribed them within the last year. Their alliance also resulted in 34% of women receiving protection from the police and 32% had denounced clients to them. Details from the qualitative study show how women manage their business with discretion and how monetary rewards for sex ‘empowered’ the sex worker to negotiate her position in different relationships, yet still suffered abuse from the husband.

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Implications for interventions
With gender segregation restricting women’s free movements in the neighbourhood, and FSW’s anxiety about being exposed as a sex worker omnipresent, the active participation of FSWs in intervention programmes is very challenging, as their fear of abuse may over-ride their motivation and ability to reduce risk of infection and other health risks.

For MSW and TGSW, gurus are key stakeholders and primary gatekeepers to the communities under their ‘domain of influence’. Recognise the benefits of condom use on long term earnings will be essential yet this will take persuasion and debating within the community. There is need for collective action by all sex workers to insist on condom use and formation of new norms. However, this is where the socio-cultural and legal constraints of the Pakistani context become important, as it is interpersonal power relationships and structural barriers that make the adoption of safer sex practices much more difficult. Promoting ‘safety’ for an essentially illegal activity (selling sex), is fraught with difficulties.

Police have established business and sexual relationships with sex workers and the latter could not operate without bribing police in some way or providing free sex in return for protection; in return the police receive financial rewards for ‘protecting’ sex workers, and also demand and receive sex from these highly vulnerable groups. These existing links and the implied risks they pose need to be acknowledged by the Programme. Denial will both undermine any intervention targeted at vulnerable groups, and fail the police and their families.

References
2. Hawkes S et al. Sexually Transmitted Infections and HIV Among People With High Risk Behaviours: Results of Behavioural and Biological Surveys in Rawalpindi and Abbottabad, Pakistan. Document prepared by London School of Hygiene and Tropical Medicine for MAPC.
5. Shewchuk S, Kavanagh, J., McAloney, SP, (2000). A Review of Knowledge about the Sexual Networks and Behaviour of Men Who Have Sex with Men in Asia. Australian Research Centre in Sex, Health and Society, La Trobe University, Melbourne, Australia, Monograph Series Number S1.