



SEX-WORK, DRUGS, VIOLENCE AND HIV&AIDS

URGENT NEED FOR HARM REDUCTION SERVICES FOR FEMALE SEX
WORKERS IN LAHORE

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Introduction:

BAHAM is a non-governmental and not for profit organization
BAHAM currently implementing HIV prevention program to
improve the health, empowerment and human rights of FSWs.

This presentation reflects our experiences of working with FSWs
since Dec 2018.

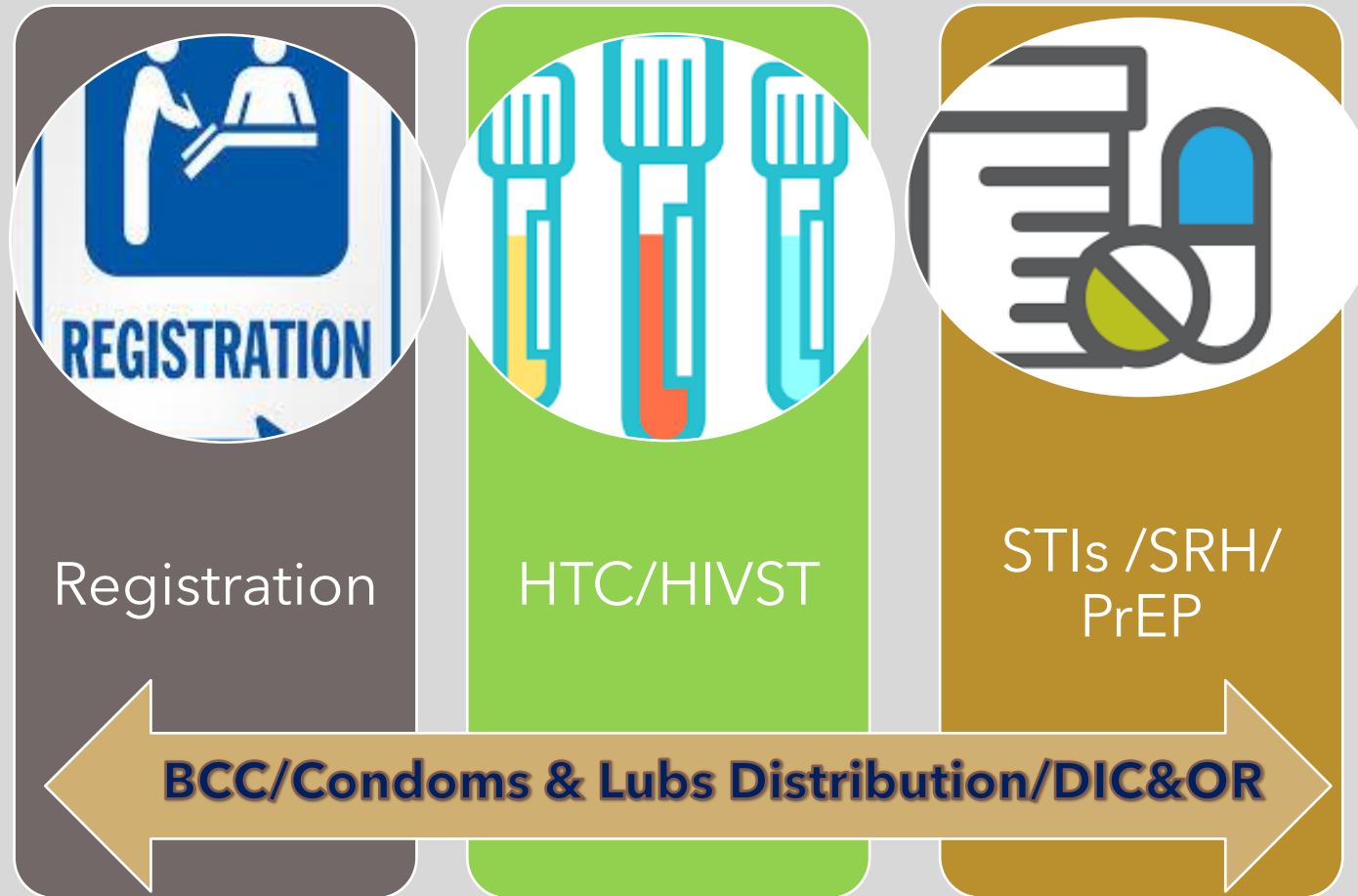
Major part of BAHAM's work is supported by Global Fund
through UNDP-Pakistan (PR).

A Contextual Approach:

- In the context of BAHAM we are focusing to identify and reduce risks and vulnerabilities of women in a contextual way. Within various frameworks of marginalized women, there is a range of diversified feminine roles as accepted or tabooed by the society. BAHAM respectfully accept communities, networks, and collectivities, as well as just behaviours without any sense of affiliation to an identity or community.
- This statement addresses the concerns of all these diversities within the framework of marginalized women in Pakistan.

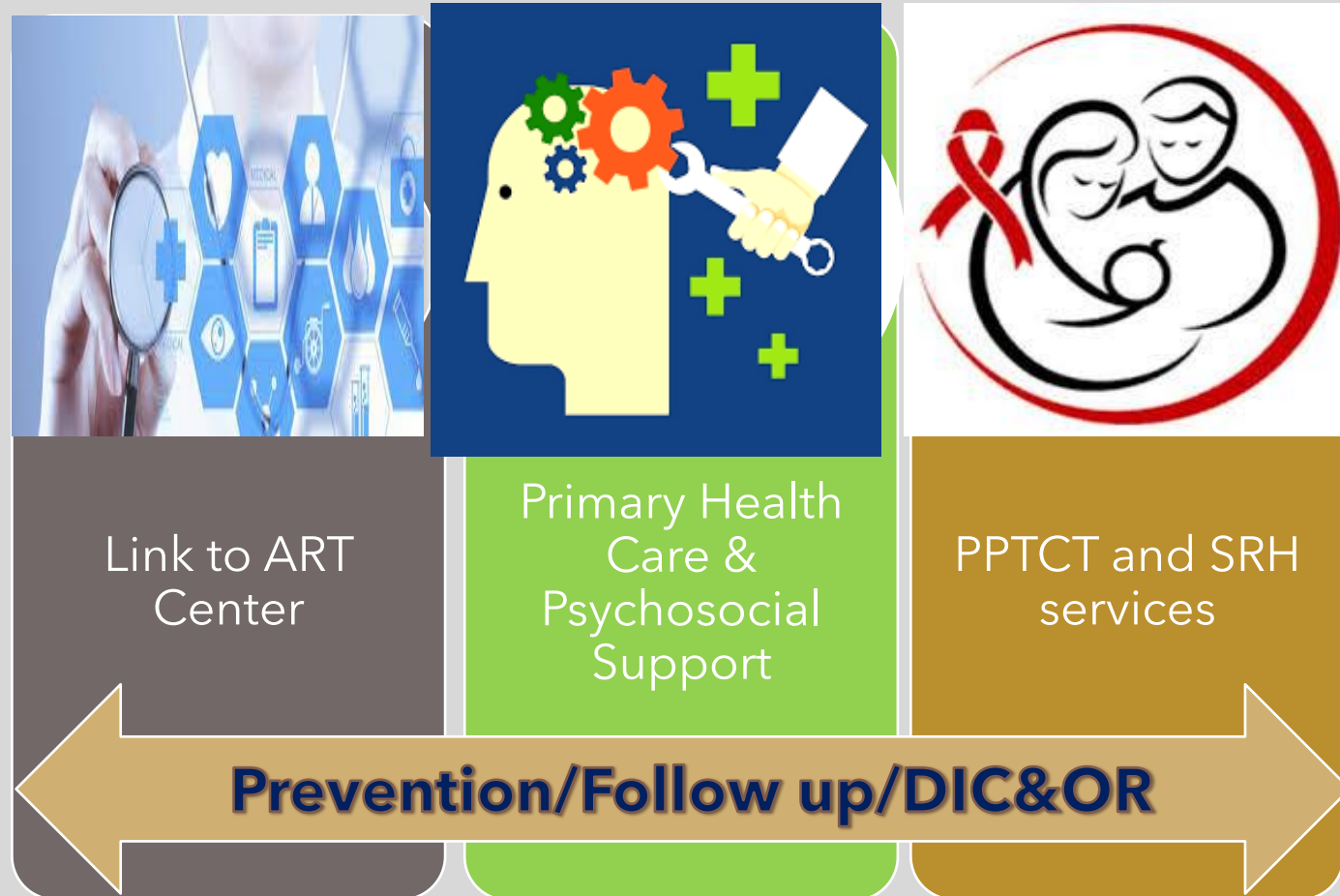
BAHAM Service Delivery Model

1. HIV&AIDS Prevention & Testing



BAHAM Service Delivery Model

2. Treatment and care of WLHIV



BAHAM Service Delivery Model

3. Supportive Services



BAHAM Service Delivery Model

4. Referral Services (Needed)

- Registration with Special clinic
- Access to HIV related lab
- OIs diagnosis & Trt
- Access to ARVs

HIV Trt & Care



- Access to safe SRH services
- Advanced STIs trt
- Reproductive health services
- Primary health

SRH



- Child protection
- Women protection and social support
- Shelter homes for children and women

Social Services



- Legal support to pursue court cases
- Family counseling
- Beautification and grooming

Legal & other



- Female drug treatment and rehab facilities

Drug Detox & Rehab



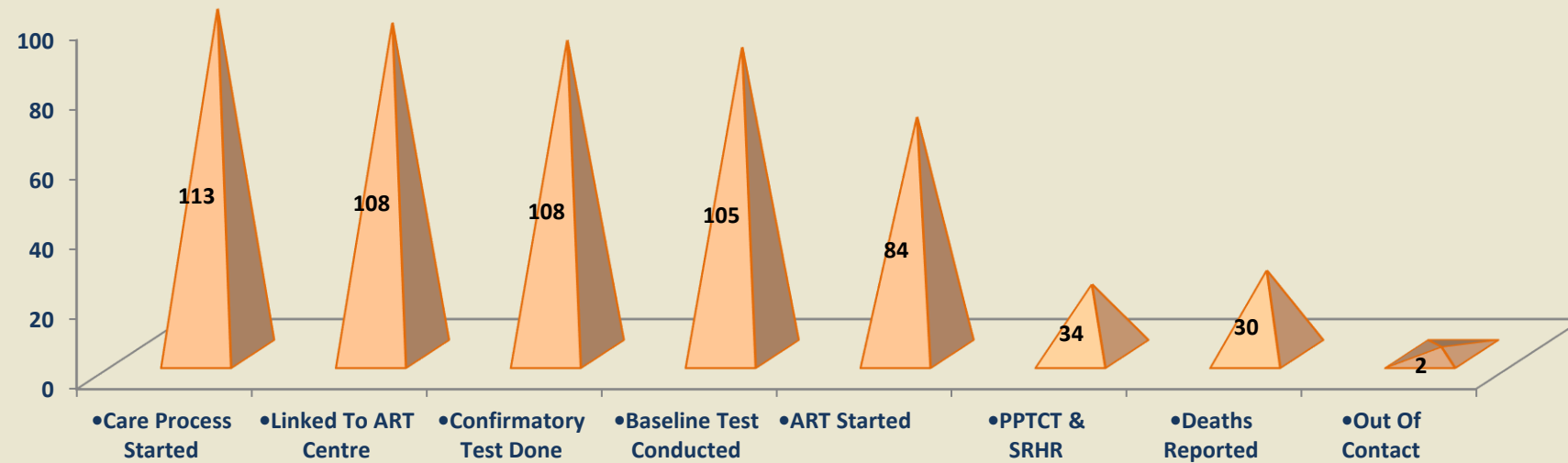
FSWs Using Drugs in Lahore

Total SB FDUs Registered	Total Spots	No. of HIV+ve cases	Age Range	Clients registered in Highest risk areas
5940 (Home based/ brothel based) 670 (Street based)	60-70	49	90% of FSWs fall in the age range of 20-40 years with minimum 15 years age of initiation reported	10700

***Out of 49 street based PLHIV FDUs 21 have lost their lives.
This unacceptably high mortality rate indicates to a rapid response to the situation of these highly stigmatized and marginalized women.***



FSW PLHIV situation Lahore







Age, Low Literacy, Devastating effects of SW and DU

- This research finds that 89% of FSWs are from age range of 20-40 years and minimum age of initiation of sex work reported is less than 15 years.
- Majority of FSWs (61.4%) are illiterate, only few (14.8%) have even attended primary school. This diminishes their ability to understand their social, health and legal rights and protect themselves.
- Other devastating effects of sex work include:
 - Extreme level of stigma (89.5%),
 - Social boycott (44.2%),
 - Domestic violence (40%),
 - Never ending family disputes (68.8%), relationship problems (78.6%),
 - Malnutrition (55.1%) and child abuse (19.3%).

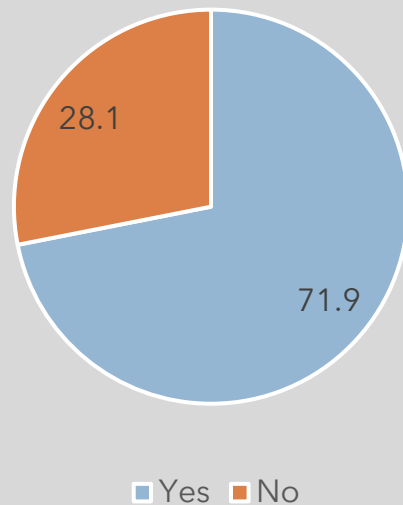
Incarceration, Effects of COVID-19, Poverty

- 72.6% FSWs have reported being arrested by police with a large portion reporting abused verbally (80.6%), sexually (36%), physically (40.3%), financially (93.5%) and psychologically (66.1%). These findings indicate active engagements of LEAs in interventions being designed for FSWs.
- COVID-19 has affected FSWs' lives and work devastatingly as 87.1% have reported their work is affected due to it. 74.2% have reported reduced income while more than 10% have someone infected by COVID-19 in family or friends. These findings suggest urgent and appropriate COVID-19 related services to enable FSWs' community to combat this pandemic.
- Less monthly income is strongly correlated with age (below 20 and above 40 years) and increased number of clients in a day (above 5). It suggests programs to have strong empowerment and grooming components for FSWs that will also decrease their health vulnerabilities associated with increased number of clients in sex work.

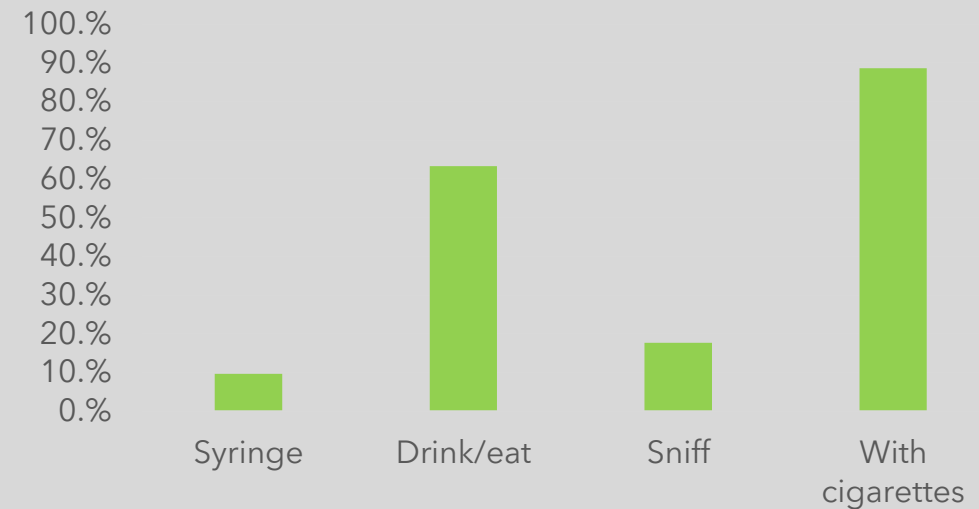
Drug use, Modes of drug use

- Drugs and alcohol use within sex work (77%) and other than sex work (71.9%) and severe effects and risks associated with it have been reported by majority of the FSWs. Programs without addressing issues pertinent to drugs related harm reduction and treatment may be lacking significance in impact.

Use of drugs other than Sex Work

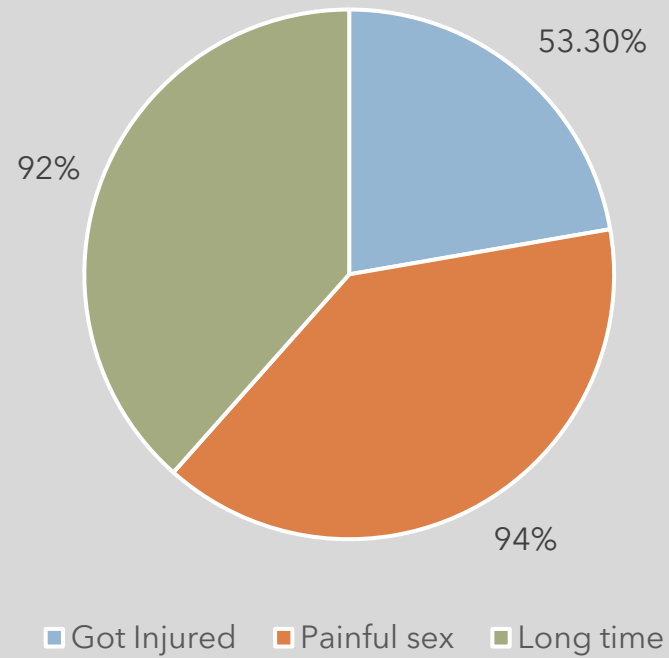


MODES OF DRUG USE



Violence and drug use

Effects of Drug Use during Sex work



Influence of partners, Poor Health status

- The research has revealed facts about partners of FSWs who vary in number, paying capacity and types. These clients ranging from unmarried boys as young as 10 years to old men of age 70 years exhibit their sexual desires differently, hence FSWs' vulnerability to face violence, low wages and drug use is increased. Among various partners in sex, injuries, painful sex and abrasive sex are mostly reported with clients of FSWs. These facts need to be focused while designing and implementing empowerment strategies, service delivery packages and BCC programs for FSWs.
- Study findings suggest poor health status of FSWs (94.6% reported mental issues, 68.5% reported physical problems & 77.8% reported SRH issues), low healthcare seeking behavior (57% never accessed healthcare) and unwelcoming behavior of healthcare service providers. These findings highlight need for the BSLS programs, PHC services and focused IEC materials focusing health issues of FSWs.

Conclusions

- Reported symptoms of **STIs and prevalence of high risk behaviors of FSWs in context of HIV are alarmingly high** with a diminishing psychological ability to cope with health related challenges.
- Programs need to have **strong health components including mental health interventions**.
- **Low literacy about HIV among FSWs** (40% ever heard and upto 21.2% know any means of transmission) has been indicated by results, which needs to be urgently addressed in BCC and IPC strategies.
- These findings suggest **HIV & SRH programs for FSWs to be developed with a holistic and humanistic approach** targeting their needs associated to child protection, SRH integration, partners' counselling, safety nets and family counseling etc .
- **Gender related vulnerabilities and extreme level of stigma and discrimination** makes FSWs more vulnerable to Gender based violence and lack of control on decisions related to their health and social well being.

Recommendations

- A national level Harm Reduction forum is required to promote an inclusive approach towards responding needs of various communities already bearing affects of drug use including FSWs and LGBT.
- More research on various aspects of vulnerabilities is required to guide programing for FSWs
- Focused advocacy is required to engage pertinent stakeholders to effectively respond to the harm reduction needs of FSWs beyond HIV prevention and testing.
- A sustainable solution to empower FSWs which is the most marginalized group in society.
- Development of a network of FSWs at district level to catalyze a community driven movement for empowerment of FSW.

Acknowledgements

- Our dear Street based and brothel based FSWs registered with BAHAM, as their sufferings and lived experiences are the driving force behind all the good work we are doing.
- BAHAM's outreach team, DIC coordinator and M&E Officer who have always been supportive to adequately articulate community needs.
- President & BODs and Advisory Pannel of BAHAM as their meaningful support for research and programmatic initiatives made it possible to adhere to good standards of service delivery.
- Global Fund and UNDP for their continued support to engage community in HIV prevention testing and care programs.
- Harm Reduction International for support to present this work at HR25



THANK YOU