

**REACHING MARGINALIZED POPULATIONS:
A PROJECT ON HIV/AIDS PREVENTION
AMONGST MEN WHO HAVE SEX WITH MEN
IN THE CITY OF LAHORE, PAKISTAN.**

INTERVENTION OF VISION, LAHORE.

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HOW IT ALL STARTED?

BACKGROUND:

- A QUALITATIVE RESEARCH WAS CONDUCTED IN 1999 IN THE CITIES OF LAHORE, KARACHI, PESHAWAR, QUETTA AND MURREE WITH MEN WHO WORKED AS MASSEURS

- **THE FINDINGS OF THE RESEARCH PROVIDE EVIDENCE OF HIGH VOLUMES OF MALE TO MALE UNPROTECTED PENETRATIVE SEX**
- **THE MIGRATION PATTERNS IN THE DATA REFLECT RURAL TO URBAN MIGRATION**

- **THE DEMOGRAPHIC INFORMATION REVEALS THAT 35% OF THE MASSEURS ARE MARRIED AND THEIR WIVES ARE LIVING IN THE VILLAGES**
- **THE COMMON MODE OF TREATMENT OF SEXUALLY TRANSMITTED INFECTIONS IS MAINLY THROUGH PEERS SHARING THEIR EXPERIENCES WITH EACH OTHER AND USING THE SAME SERVICE PROVIDER THAT THE PEER MAY HAVE USED (COMMONLY A QUACK)**

- **IN CITIES THE MASSEURS GENERALLY HAVE SEXUAL LAISION WITH ZENANAS (MEN WHO IDENTIFY THEMSELVES AS WOMEN AND MOSTLY WEAR WOMEN CLOTHING) APART FROM THEIR MALE CLIENTS.**
 - **THROUGH THE MASSEURS VISION STARTED INTERACTING WITH THE ZENANA COMMUNITY WHICH OTHERWISE IS MARGINALIZED AND HARD TO REACH.**

A DETOUR:

CHARACTERISTICS OF ZENANA COMMUNITY

ZENANA COMMUNITY HAS BEEN EXISTING SINCE TIME UNKNOWN IN THE REGION OF SOUTH ASIA. THERE IS ENOUGH EVIDENCE OF THEIR PRESENCE IN THE HISTORICAL WRITINGS OF BANGLADESH, INDIA AND PAKISTAN.

THE BINDING FACTOR OF THE COMMUNITY IS A HIERARCHICAL SET UP WHERE THE GURU IS AT THE TOP OF THE HOUSEHOLD AND THE CHELLAS ARE THE SUBJECTS.

REPORTEDLY A ZENANA AT HIS INITIATION CEREMONY HAS TO BE ACCEPTED BY ONE OF THE FOUR FAMILIES OF ZENANAS AND ONLY THEN THE GURU FROM THAT FAMILY CAN INDUCT THE ZENANA IN HIS HOUSEHOLD.

ONCE THE NEW ENTERANT IS ACCEPTED BY THE GURU, HE BECOMES THE JUNIOR MOST CHELLA. MOST OF THE HOUSEHOLD CHORES ARE HIS RESPONSIBILITY. IN ADDITION TO THESE CHORES HE ALSO HAS TO SELL SEX ACCORDING TO THE WISHES OF THE GURU. HE IS NOT ENTITLED TO HIS EARNINGS AND THE GURU TAKES IT ALL. IN LIEU THE GURU PROVIDES HIM HOUSING, CLOTHES AND PROTECTION IN CASE OF DISPUTES WITH OTHER ZENANAS.

A ZENANA WITHOUT A GURU IS LOOKED DOWN UPON IN THE COMMUNITY AND IS GENERALLY NOT WELCOME IN ZENANA HOUSEHOLDS.

ZENANA COMMUNITY HAVE THEIR OWN LANGUAGE. THEY CALL IT “FARSI”. THEY LEARN THE LANGUAGE AS SOON AS THEY BECOME PART OF THE COMMUNITY.

ZENANAS FROM BANGLADESH, INDIA AND PAKISTAN CAN COMMUNICATE WITH EACH OTHER IN FARSI.

CONTINUING WITH THE BACKGROUND:

**WHEN VISION TEAM STARTED
INTERACTING WITH ZENANAS IT
DISCOVERED THAT SELLING SEX WAS THE
ONLY WAY OF SURVIVAL FOR THEM.**

**AND WHILE SELLING SEX THEY WERE
BEING SUBJECTED TO**

***POLICE HARASSMENT**

***FORCED SEX**

***GANG RAPE**

***HUMILIATION BY HEAD AND EYEBROWS
BEING SHAVED**

***BEATING**

***MENTAL AND PHYSICAL TORTURE**

***VERBAL AND SEXUAL ABUSE**

***CONTRACTING SEXUALLY TRANSMITTED
INFECTIONS**

THE EVOLUTION OF THE INTERVENTION

THREE MEMBER TEAM THAT CONSISTED OF A MEDICAL DOCTOR, A LAWYER AND A TRAINED OUTREACH WORKER FROM THE ORGANIZATION STARTED VISITING ONE OF THE MORE POPULAR CRUISING SITES THAT NORMALLY ZENANAS WOULD USE FOR BEING PICKED UP BY THEIR CLIENTS.

A SMALL TEA SHOP AT THE SITE WAS USED AS THE CONTACT POINT WITH ZENANAS. RAPPORT WAS BUILT WITH THE TEA SHOP OWNER AND GRADUALLY A ROOM BEHIND THE TEA SHOP WAS MADE AVAILABLE TO THE TEAM. THIS ROOM PROVIDED SPACE FOR GROUP MEETINGS AND DOCTOR'S CONSULTATION. REFERRAL WAS BUILT WITH A MAINSTREAM GOVERNMENT HOSPITAL FOR CHECK UPS AND PATHOLOGICAL INVESTIGATIONS

SEPARATE SPACE WAS INTENTIONALLY NOT CREATED FOR THE ZENANA POPULATION THE RATIONALE WAS THAT THE EXISTING SPACE WAS THE SUPPORT STRUCTURE OF THE ZENANAS AS IT WAS FINANCIALLY BENEFICIAL FOR THE TEA SHOP OWNER TO HAVE ZENANAS VISIT THE TEA SHOP EACH EVENING. IT WAS REPORTED THAT IN CASE OF ANY ARREST THE TEA SHOP OWNER WENT TO THE POLICE STATION FOR NEGOTIATING WITH THE POLICE.

**AFTER FOUR YEARS OF WORKING FROM
THE TEA SHOP IN SEPTEMBER 2002,
VISION STARTED ITS FIRST DROP IN
CENTRE IN A AREA WHERE MOST
ZENANAS AND MASSAGE BOYS RESIDE.**

**THE ONE YEAR FUNDING OF THIS CENTRE
COMES FROM NAZ FOUNDATION
INTERNATIONAL IN UNITED KINGDOM.
VISION IS NAZ FOUNDATION'S PAKISTAN
PARTNER**

THE CENTRE OFFERS FOLLOWING SERVICES:

- *CLINICAL SERVICES**
- *PSYCHOLOGICAL COUNSELLING SERVICES**
- *LEGAL SERVICES**
- *EDUCATION ON HIV/AIDS PREVENTION**
- *CONDOMS**
- *MEDICINES**
- *SKILL BUILDING**
- *ART THERAPY**

THE CENTRE IS OPENED SIX EVENINGS IN A WEEK. IN THE BEGINNING IT OPENED FOR TWO HOURS BUT ON THE DEMAND OF BOTH THE POPULATIONS THE TIME DURATION HAS INCREASED TO 4 HOURS. THREE EVENINGS, THE SPACE IS EXCLUSIVELY USED BY ZENANAS WHERE AS THE REMAINING THREE EVENINGS IT IS OPENED FOR MASSAGE BOYS.

FOR THE WIVES OF BOTH ZENANAS AND MASSAGE BOYS REFERRAL HAS BEEN BUILT WITH ONE OF THE CLOSE BY WOMEN HOSPITAL, WHERE A FEMALE GYNECOLOGIST IS AVIALABLE FOR CONSULTATIONS AND CHECK UPS.

“WE DO NOT ENCOURAGE OR COUNSEL FOR HIV TESTING BECAUSE OF LACK OF SUPPORT INFRA STRUCTURE. WE ONLY EMPHASIZE UPON PREVENTION”

WHERE DO WE GO FROM HERE?

A TEAM OF 7 ZENANAS AND 3 MASSAGE BOYS HAVE BEEN EMPLOYED TO WORK AT THE DROP IN CENTRE. THEY ARE BEING TRAINED IN ADMINISTRATION SKILLS. THE IDEA IS TO HAND OVER THE CENTRE TO THEM (FOR ALL PRACTICAL PURPOSES) ONCE THEY KNOW HOW TO MANAGE THE CENTRE AND MOVE TO THE NEXT CRUISING AREA AND REPLICATE THE MODEL THERE.

**WHAT CHANGE HAS COME
INTO THE LIVES OF
ZENANAS AND THE
MESSAGE BOYS**

IN ZENANAS

***THEY HAVE GAINED SOME LEVEL OF
CONFIDENCE IN THEMSELVES**

***THEY ARE COMPARATIVELY MORE
ASSERTIVE**

***THEY HAVE STARTED QUESTIONING
THINGS THAT THEY NORMALLY
ACCEPTED OTHERWISE**

***THEY ARE EAGER TO COME TO THE
CENTRE AND WANT TO SPEND MORE TIME
THERE**

FOR MESSAGE BOYS:

- *IF THEY ARE EMPLOYED IN A JOB OF THEIR CHOICE THEN THEY STOP STANDING ON THE ROAD SIDE FOR GETTING PICKED UP**
- *THEY SHOW KEEN INTEREST IN SOME OF THE EDUCATIONAL ACTIVITIES AT THE CENTRE AND PARTICIPATE WITH INTEREST**

WHAT IS HAPPENING WITH CONDOM USE?

**BOTH POPULATIONS TAKE
CONDOMS FROM THE OFFICE
REGULARLY AND EDUCATE THEIR
PEERS ON CONDOM USE**

CHALLENGES:

**FINDING MONEY FOR SUSTAINING THE
EFFORT UNTIL IT BECOMES SELF
SUSTAINABLE**

**MEETING THE EVER INCREASING NEEDS
WITH THE EXISTING SET UP**

**ABSENCE OF SUPPORT FROM THE
GOVERNMENT SECTOR**

**DONOR'S LACK OF INVOLVEMENT IN THE
IDENTIFICATION PROCESS OF THE NGOS
WORKING ON HIV/AIDS PREVENTION**

LESSONS LEARNT

- **PREVENTION OF HIV/AIDS IN MARGINALIZED COMMUNITIES CAN NEVER BE EFFECTIVE IN ISOLATION**
- **MARGINALIZED COMMUNITIES HAVE LOTS OF INHERENT STRENGTHS SINCE THEY LEARN TO SURVIVE UNDER MOST ADVERSE CIRCUMSTANCES THESE STRENGTHS CAN SERVE AS GUIDELINES AND FRAMEWORKS FOR DESIGNING HOLISTIC INTERVENTIONS.**
- **A COMPLETE KNOWLEDGE OF THE DYNAMICS OF THE COMMUNITY IS ESSENTIAL BEFORE ANY PROGRAM OR INTERVENTION**