

## Sexual behaviour among truck drivers in Pakistan

SOHAIL AGHA

This study examines the level of risk of acquiring sexually transmitted infections among truck drivers and their helpers in Pakistan. Quantitative, self-reported, sexual behaviour data were collected from 300 randomly selected long-distance truck drivers and their helpers. Qualitative information was gathered through conversations with drivers. The findings show that multiple sexual partnerships with men and women are common among truckers. Awareness of AIDS and knowledge of sexual transmission of HIV is high. However, most truckers do not believe that AIDS exists in Pakistan. Nor are they aware that condoms are an effective way of preventing HIV transmission. Knowledge of the risks associated with unprotected sex is low among truckers, who consider themselves invulnerable to sexually transmitted infections because of their self-perception of being moral persons. Campaigns to increase risk awareness should emphasize the importance of condom use as an STI/HIV prevention method. Interpersonal communication is likely to be important in convincing truckers that sexually transmitted infections can be prevented.

### Introduction

This study was undertaken as formative research to determine the sexual behaviour patterns of long-distance truckers in Pakistan. The study examines patterns of self-reported sexual behaviour and condom use among truck-drivers and their helpers at truck stands in the city of Lahore (a hub for the transportation of goods between different parts of Pakistan). Anecdotal evidence suggests that the sexual practices of Pakistani truckers place them at high risk of acquiring HIV: studies have shown that Pakistani long-distance truckers have sex with both with men *and* women (Ahmed *et al.* 1995, Mohammad and Bowerman 1998). By purchasing sex at different stops on the highway, truck drivers may transmit HIV along trade routes to the local populations of those areas (Carswell *et al.* 1989, Orubuloye *et al.* 1993) as well as to their wives.

In India, long-distance drivers are an important 'high-risk' group (Singh *et al.* 1993, Singh and Malaviya 1994, Rao *et al.* 1994). A study based on a representative sample of truck drivers in Delhi, India, showed that in 1992 the prevalence of HIV had reached 1% (Singh *et al.* 1993). Data from Chennai, Tamil Nadu, showed that HIV prevalence among truck drivers increased from 2% in 1995 to 8% in 1996. Because of a broad similarity of occupational and cultural circumstances, experts believe that long-haul drivers in other

---

Sohail Agha is Senior Scientist with Abt Associates, and Deputy Director of Research, Commercial Marketing Strategies Project, 1001 G Street, NW, Suite 400W, Washington DC 20001-4545, USA; e-mail: sagha@cmsproject.com

South Asian countries, including Pakistan, could have an important role in the spread of HIV (UNAIDS/WHO 1998).

At present, the available data suggest that the level of HIV infection in the general population of Pakistan is very low. Estimates suggest that HIV prevalence among sexually active adults is about one-tenth of 1% (UNAIDS/WHO 1998, UNAIDS 2000). The prevalence of HIV in high-risk groups is also below 1% (Ahmed *et al.* 1995, Muhammed *et al.* 1998, Baqi *et al.* 1999). However, because of high-risk sexual practices and low levels of condom use, sexually transmitted infection (STI) levels are very high in certain populations such as male commercial sex workers (Baqi *et al.* 1999). Among high-risk populations, HIV could spread rapidly in a short period of time (Khawaja *et al.* 1997). Moreover, because the size of some high-risk populations may be very large (according to the National Transport Research Centre, there are 128,000 licensed trucks and 1 million licensed truck drivers in Pakistan), the transmission of HIV in these populations could have a significant impact on the incidence of HIV in the population more generally.

### **Background**

Pakistan is a South Asian country with a population of about 131 million. It has six main provinces/regions: Punjab, Sindh, North West Frontier Province (NWFP), Baluchistan, Federally Administered Tribal Areas (FATA) and the capital, Islamabad. About 55.6% of the population lives in the Punjab, 23% in Sindh, 13.4% in NWFP, 5% in Baluchistan, 2.4% in FATA and 0.6% in Islamabad (Population Census Organization 1998). The main ethnic/linguistic groups are Punjabi, Sindhi, Pathan and Baluchi. Pathans, who are Pashtu speakers, are the main ethnic group in NWFP and FATA and also comprise a substantial proportion of the population of urban Baluchistan.

Pakistan shares a border with India, a country facing a significant AIDS epidemic. Because of broad cultural similarities between India and Pakistan, it can be anticipated that many of the factors that have fostered the spread of the HIV epidemic in India will also be important in determining the spread of HIV in Pakistan (Khan and Hyder 1998). These include gender segregation, the social unacceptability of relationships between men and women outside marriage, the importance of preserving family honour and the separation of public and private life (Khan 1996).

The sexual behaviour of men in Pakistan should be understood within the South Asian social and cultural context. In the public sphere, marital sex is the only legitimized sexual activity. Consistent with the popular Islamic belief system that views sex as important for procreation as well as for pleasure (Ali 1996), Pakistani men consider it important to provide pleasure to women (Douthwaite *et al.* 1998a). They perceive women as having a more powerful and potentially uncontrollable sexuality (Mernissi 1987, Douthwaite *et al.* 1998a) and have concerns about their ability to satisfy their wives. However, according to the public construction of masculinity in Pakistan, it is acknowledged that men have a stronger sexual drive than women. Although non-marital sex is frowned upon in Pakistan, the society tends to condone men who visit sex workers.

Female sex work has been associated with arts and culture in the Indo-Pakistan sub-continent and has always been highly visible. For example, in Lahore, the dancers of the famous *Heera Mandi* (Diamond Market)—a 'red light area'—are renowned for their skill in music and dance. This veneer has allowed sex work to flourish in present-day Pakistan, even though it is technically illegal (Khawaja *et al.* 1997). While there is broad societal awareness of this type of sexual activity, it is not openly acknowledged. At least until the mid-1990s, the government was reluctant to implement an AIDS awareness campaign among sex workers, because this would acknowledge that a thriving sex industry exists in Pakistan. Because efforts to increase awareness of AIDS among female sex workers have been very limited, many believe that AIDS does not exist in Pakistan (Haroon 1994).

Male sex work is extremely common and male sex workers are available at any time of the day in city parks and on public buses (Hanif 1993). Their clients include men from different social backgrounds, from well-to-do politicians to migrant labourers (Hanif 1993). It is estimated that there are thousands of male sex workers in Pakistan (Hanif 1993), and it has even been suggested that male sex workers outnumber female sex workers in South Asia (Khan 1999).

A number of factors help in understanding the context of same-gender sexual activity in Pakistan. Pakistan is a highly conservative society and, in the public discourse, sexual relations outside of marriage are forbidden. For unmarried men or for married migrants living apart from their families in urban areas, opportunities to meet women are limited. Both because of the importance of female virginity and because women symbolize family honour, romantic contact between a man and a woman does not normally lead to penetrative sex (except when it leads to marriage). Moreover, any contact between a man and a woman who are not married attracts attention. By contrast, their strict gender segregation leads men to develop close, loving relationships with other men. Public displays of affection (such as handholding during a conversation) are common between men. In these circumstances it is much easier to form a sexual relationship with a man than with a woman.

Younger/unmarried men often lack the financial resources to visit female sex workers. The lack of opportunities for having penetrative sex with women motivates some younger/adolescent males to have sex with other young males. On the supply side, poverty drives many adolescent males to sell sex. When adolescent or pre-adolescent males become the breadwinners of their families, selling sex can sometimes be one of the means available to them to provide food for their family.

Although it can certainly be easier for a Pakistani man to have a male rather than a female lover (Hanif 1993), sex between Pakistani men is often predicated upon a notion of sexual attraction and romantic love between men. Love of adolescent boys is a common theme in Urdu (one of the main languages of South Asian Muslims and the national language of Pakistan) poetry of the eighteenth century. Many verses of this period contain references to exclusively masculine attributes (e.g. down on the cheeks of pubescent boys), references to masculine items of clothing as well as unambiguous use of the words 'lad' or 'boy' for the poet's loved one. The greatest Urdu Ghazal poet, Mir Taqi Mir, wrote numerous verses about the

handsome boys of Delhi. Another important Urdu poet, Abru, is outspoken about his preference for boys over women: 'He who avoids the boy and desires the woman is not in love but a man of lust'. In a 250-verse poem, Abru describes the way a boy should dress to entice his male lovers. The Indian text *Kama Sutra of Vatsyayana* also contains a section on how men should have sex with eunuchs (Naim 1979).

Even though sex between men has been a part of sub-continental culture, there is not a social acceptance of sex between men. In fact, the only province in Pakistan where it is socially acceptable for a man to have a young male lover is NWFP. Among the Pathans of NWFP, being the active partner in male sexual intercourse is acceptable. However, Pathans consider the passive partner in male sex to be cowardly (Hanif 1993). It is perhaps noteworthy that segregation of the sexes is most severe in NWFP.

In this context, it is perhaps not so surprising that many truckers have sex with both men and women. The scant evidence available suggests that long-distance drivers have multiple sexual partnerships with both men and women. One small convenience sample of truck drivers indicated high levels of multiple sexual partnerships and purchase of sex. Twenty out of 35 truck drivers reported ever having sexual contact with female sex workers, and 24 reported having sex with a man (Ahmed *et al.* 1995). Although the study did not ask truck drivers about their use of condoms in casual sex, it is presumably quite low. There is an enormous need to mount educational campaigns that target high-risk groups.

### **HIV-prevention activities**

In August 1993, the official ban on the use of electronic media for HIV/AIDS education was lifted in Pakistan. In March 1994, in collaboration with the former WHO Global Programme on AIDS and the Ministry of Health, the National AIDS Prevention and Control Programme mounted a communications campaign through television, posters and informational pamphlets to educate the general population about AIDS. The television campaign, which has reached a large number of people, consisted of advertisements in which Pakistani celebrities warned people about the threat of AIDS (Lynn 1994). These advertisements focused on sex between men and women, blood transfusions and injections as the main mechanisms for transmission of HIV. However, the advertisements did not emphasize that condoms are an effective means of prevention of AIDS. Thus, the NAP communications effort has raised awareness of AIDS without emphasizing what is arguably the most important means of prevention: condom use. For example, a message that includes sex between men as a means of transmission does not specify how to avoid AIDS: 'AIDS is transmitted through sex between men and women and between men and men. Be careful in your intimate relations.'

Condoms have been promoted as a family planning method in Pakistan. They are the most popular reversible contraceptive method among married couples. However, overall contraceptive use is low (17%) and only a small proportion (4%) of married couples use condoms. Educated younger couples tend to use condoms as their first spacing method (Population

Welfare Division, Ministry of Planning and Development 1986, Ministry of Population Welfare and The Population Council 1995, Davies and Agha 1997, National Institute of Population Studies and Centre for Population Studies, London School of Hygiene and Tropical Medicine 1998). Because condoms have been marketed as a family planning method, at-risk individuals may not know that condoms are also an effective HIV prevention method. Anecdotal evidence suggests that Pakistani men engage in high-risk sexual behaviour without using condoms. Pakistani soldiers have reported not using condoms with sex workers because they believe that condoms are a family planning method to be used with their wives (Cato 1997).

Men who engage in high-risk sex in Pakistan are a highly vulnerable group (Khan and Hyder 1998) because they lack information concerning sexual and reproductive health (Sylvester *et al.* 1998). In general, family planning services in Pakistan have been targeted towards women, and men have not been educated about the risk of sexually transmitted infections. In fact, little is known about the reproductive health needs of men. Only recently has there been a systematic effort to understand the reproductive health needs of men (Douthwaite 1998b). There is an urgent need for more research on this subject.

### **Data and methods**

This study is based on a quantitative survey of truck drivers and their helpers. In order to develop an understanding of the social context in which the sexual behaviour of truckers occurred, qualitative information was collected prior to the survey. The use of qualitative information to supplement survey data has been used successfully in studies of the sexual behaviour of truck drivers (Orubuloye *et al.* 1993, Rao *et al.* 1994).

#### *The quantitative survey*

The present study is based on a survey of 300 truckers in Lahore, which is the hub of road transportation for Central and Northern Pakistan (Karachi being the hub for Southern Pakistan). According to toll tax offices situated on the four main roads that enter Lahore, about 2500 to 3000 trucks enter Lahore daily. The crew of most trucks consists of two drivers and a helper (Population Services International, n.d.). This suggests that about 5000 to 9000 long-haul truckers and their helpers enter Lahore every day. During their short stays in Lahore, truck drivers sleep at the premises of the goods company where they are employed.

Prior to data collection, the location of truck stands was mapped and a complete list of goods companies at the three main truck stands in Lahore (General Truck Stand, Band Road Truck Stand and Quinchi Amarsadhu Truck Stand) was prepared. A total of 300 interviews was conducted with truck drivers and their helpers. About 110 goods companies were randomly selected from the complete list of goods companies. This selection was made in proportion to the number of goods companies at each truck stand. About three interviews, each of 10–15 minutes duration, were conducted at each goods company.

The questions on sexual behaviour and condom use were designed using the WHO/GPA KABP questionnaire as a model (WHO 1994, Cleland and Ferry 1995). The wording of the questionnaire was informed by the qualitative research that was conducted as part of this project. The researcher who collected the qualitative information was involved in the training of field-workers to ensure that field-workers were comfortable in conducting interviews on sexual behaviour. The questionnaire was translated in Saraiklee, Pashtu and Punjabi. Interviewers fluent in these three languages conducted the fieldwork. The data were collected during May/June 1998. Sections of the questionnaire included questions on socio-demographic characteristics, media use habits, knowledge of AIDS, risk perceptions and attitudes towards condoms. The measurement of contraceptive use in this survey was different from the way it has been measured in previous contraceptive use surveys in Pakistan. Previous national surveys have asked respondents about 'current' contraceptive use (although the term 'current' is not defined), whereas in this survey respondents were asked about contraceptive use in last sex.

#### *Analysis of survey data*

At the bivariate level, Chi-square tests of independence were conducted to assess the significance of relationships between independent variables and outcomes such as sexual behaviour and condom use (not shown). At the multivariate level, to assess the net effect of independent variables on outcomes, we conducted Multiple Classification Analysis (MCA).

#### *Qualitative information*

A Pashtu-speaking researcher who had contacts with owners of goods companies was hired to collect qualitative information from truck drivers and their helpers, prior to the development of the questionnaire for the quantitative survey. Because of the perception that this information would be very difficult to collect in the social context of Pakistan, the interviews were not tape-recorded. The interviews took the form of informal conversations that were held with truckers and owners of goods companies over a period of 2 months. At the end of this period, a report was prepared by the researcher, which summarized the findings of his conversations with truck drivers. Statements made by truckers which were illuminating were recorded by the researcher.

#### *The context of sexual behaviour*

Drivers and their helpers spend no more than a day or two in Lahore, during which time they unload their goods, get paid for their last trip and repair their trucks, if necessary. They usually have no free time to visit other parts of Lahore during their short stay (Population Services International, n.d.). To accommodate their busy schedules, sexual services are available at or near the truck stands.

There are several brothels around the truck stops. Free-floating male and female sex workers (called *gashitis*) make themselves available to truck drivers at the stands. They include young boys (who usually provide massages), women and *Hijras*. *Hijra* is a term used in South Asia for a male who is a transvestite or a transsexual (Baqi *et al.* 1999). *Hijras* are clearly identifiable because they wear women's clothes (Sharma 1989). Some sex workers also wait for drivers on highways outside the cities. After having sex with them, drivers drop them at the next stop. The cost for free-floating male or female sex workers is about \$1. Sex workers associated with brothels around truck stops or in *Heera Mandi* are more expensive (\$2 upwards). However, because of lack of free time available during their short and busy stops in Lahore, most truckers do not visit *Heera Mandi* but instead engage the services of free-floating sex workers (Population Services International, n.d.). Sex also occurs between drivers and their helpers and between drivers and the owners of goods companies. Helpers are younger, usually in their 20s, and are expected to provide sexual services to truck drivers for no charge ('He becomes our helper. Why should he make a demand for money'). Many of the current owners of the goods companies were also long-haul drivers at an earlier stage and maintain long-term relationships with some truckers.

Informal conversations suggested that truck drivers had heard of AIDS, but did not believe that AIDS existed in Pakistan. Nor did they believe that they were at risk of contracting HIV. In general, they primarily considered immediate threats to their lives as risks to their health (Population Services International, n.d.).

### *Sample characteristics*

Characteristics of truckers in the sample are shown in table A (Appendix). The respondents are largely Pathans (89%). This is consistent with knowledge of the Pakistan labour market. Opportunities for professional employment are fewer in the NWFP than in the Punjab or Sindh. As a result, Pathans have tended to dominate Pakistan's transport industry. About 68% of the sample is under 35 years of age. Just over 80% are married. One-third of respondents have five or more children.

Slightly more than half (52%) of truckers have not attended school. The Demographic and Health Survey of Pakistan also showed that 50% of men in Pakistan had no formal education (National Institute of Population Studies and IRD/Macro International 1992). Consistent with qualitative information that long-haul truckers can be on the road for 1 or 2 months at a time, about 20% of respondents reported having been away from home for more than a month on their current trip.

## **Findings**

### *Knowledge of AIDS, knowledge of ways of prevention and risk awareness*

Knowledge of AIDS and of sexual transmission of AIDS is very high. Only 4% of truckers had not heard of AIDS. About 53% spontaneously identified

AIDS as a disease that spreads through sexual contact. Another 43% reported that they had heard of AIDS when prompted. Of those aware of AIDS ( $n = 289$ ), 94% reported that AIDS can be transmitted through sex and 9% reported that AIDS can be transmitted through injections (not shown).

Although truck drivers appear to be knowledgeable about sexual transmission of AIDS, they do not seem to have internalized this information, nor do they believe it. Only 4% of those aware of AIDS ( $n = 289$ ) felt that they were at risk of acquiring HIV. Qualitative data also suggests that many truckers believe that, ultimately, AIDS is transmitted to immoral persons ('We have heard that AIDS is spread because of bad doings'). Because truckers consider themselves moral persons, they do not think that they are at risk of HIV infection ('Only bad people have to be afraid of AIDS, we don't have any fear'). Most truckers (85%) believe that female commercial sex workers (who they consider immoral) are at risk of contracting AIDS. Moreover, 33% believe that someone who has extramarital sex with a woman (considered highly immoral in Pakistani society) is at risk.

Truckers believe that AIDS does not exist in Pakistan because Pakistanis are moral people ('AIDS is a bad disease. It exists in other countries. It does not exist in our country'). There are also important misunderstandings about AIDS transmission: about 8% of truckers believe that a dirty person is more likely to have AIDS than a person who stays clean (not shown). Truckers also report other erroneous beliefs about AIDS transmission (e.g. 'One gets AIDS through sexual contact with a female during her menstruation days'). Other mechanisms of AIDS transmission were reported less often: only 5% reported that drug-users or needle-sharers were at risk and 2% reported that blood transfusion increased HIV risk (not shown).

Truckers' knowledge of effective means of preventing AIDS is limited to abstinence or having fewer sexual partners. While some truckers know that AIDS can be prevented by stopping sex (61.9%), or by not visiting sex workers (22.1%), or by having fewer sex partners (20.1%) or by having fewer male sex partners (15.9%), only one respondent (0.3%) reported that AIDS could be prevented through condom use (not shown).

#### *Sex with female sex workers, sex with men and condom use*

The adjusted percentage of truck drivers who have ever paid for sex with a man or a woman is shown in table 1. About 60% of truckers have ever paid to have sex with a man or a woman. There is a significant association between formal education and paying for sex: 68% of truckers without formal education, compared with 49% of those with primary or middle education and 57% with secondary or higher education have paid for sex. Truckers younger than 30 years of age (64%) and those aged 30–34 years (66%) are more likely to have paid for sex than older respondents, but the relationship is only marginally significant ( $p < 0.10$ ).

Table 2 shows the adjusted percentage of truckers who have ever had sex with a female sex worker, with a male sex worker (most usually a *hijra*) and with a man. About 34% of men reported ever having sex with a female sex worker. Pathans are less likely to have had sex with a female sex worker

**Table 1.** Adjusted percentage of truckers who ever paid for sex with a man or a woman.

	% who ever paid for sex	n of cases
<i>Ethnicity</i>		
Punjabi	54.9	34
Pathan	60.3	266
<i>Age</i>		
Younger than 30	63.7	127
30–34	66.3	76
35–39	50.7	54
40 or older	47.5	43
<i>Marital status</i>		
Not currently married	58.3	50
Currently married	60.0	250
<i>Highest level of school attended</i>		
None	67.7*	155
Primary or middle	49.4	110
Secondary or higher	56.5	35
<i>Number of days away from home on current trip</i>		
1–30	57.7	241
More than 1 month	67.6	59
Total	59.7	300

\* $p < 0.05$ , \*\* $p < 0.01$ .

(31%) than Punjabis (55%). Being away from home for more than a month is associated with a higher likelihood of having had sex with a female sex worker (45%).

About 11% of men reported having had sex with a male sex worker. Pathans are more likely than Punjabis to have had sex with a male sex worker: 13% of Pathans compared with 1% of Punjabis. The percentage of truckers who had sex with a male sex worker was higher for truckers who had been away from home for longer than 1 month on the present trip: 19% of men who had been away from home for more than a month have had sex with a male sex worker compared to 9% of men who had been away from home for less than a month.

About 49% of men reported having had sex with a man who was not a sex worker. The likelihood of having sex with a man decreases with higher education: 55% of respondents with no education, 47% of respondents with primary or middle schooling and 31% with secondary or higher schooling have had sex with a man. Pathans (51%) are more likely than others (35%) to have sex with a man, but the relationship is only marginally significant ( $p < 0.10$ ).

#### *Condom use outside marriage*

Condom use outside marriage is very low. Only 6% of truckers reported condom use in last sex with a female sex worker, 3% reported using a condom in last sex with a male sex worker and 5% reported condom use in

**Table 2.** Adjusted percentages of truckers who ever had sex with a female commercial sex worker, with a male commercial sex worker and with a man.

	% who ever had sex with a female CSW	n of cases	% who ever had sex with a male CSW	n of cases	% who ever had sex with a man	n of cases
<i>Ethnicity</i>						
Punjabi	55.4**	34	0.9*	34	34.5	34
Pathan	31.3	266	12.7	266	51.2	266
<i>Age</i>						
Younger than 30	28.9	127	7.3	127	53.6	127
30–34	41.6	76	12.9	76	48.1	76
35–39	39.9	54	14.1	54	45.3	54
40 or older	28.2	43	17.0	43	44.2	43
<i>Marital status</i>						
Not currently married	25.4	50	13.3	50	54.2	50
Currently married	35.7	250	10.9	250	48.4	250
<i>Highest level of school</i>						
None	32.1	155	10.2	155	55.0*	155
Primary or middle	34.5	110	14.9	110	47.3	110
Secondary or higher	41.0	35	5.1	35	30.8	35
<i>Number of days away from home on current trip</i>						
1–30	31.3*	241	9.4*	241	48.4	241
More than 1 month	45.0	59	19.1	59	53.3	59
Total	34.0	300	11.3	300	49.3	300

\* $p < 0.05$ , \*\* $p < 0.01$ .

last sex with a man who was not a sex worker (not shown because of small number of cases for cross tabs).

### *Condom use in marriage*

The percentage of married men who used condoms in last sex with their wives is shown in table 3. Overall, 8% of married truck drivers report using a condom in last sex with their wife. This is slightly lower than the national urban condom use level of 10% (National Institute of Population Studies 1998). Men who have been on the road for longer are less likely (2%) to use condoms with their wives than other men (10%), although this relationship is only marginally significant ( $p < 0.10$ ). While the pattern of use suggests that condom use increases with age and the number of children, these relationships are not significant.

## **Discussion**

This study demonstrates that it is common for long-distance truck drivers who pass through Lahore to engage in high-risk sexual practices. About 60% of truckers in this study reported having ever paid for sex with a man or a

**Table 3.** Adjusted percentage of married truckers who used a condom in last sex with their wife.

	% who used condoms in last sex with wife	<i>n</i> of cases
<i>Ethnicity</i>		
Punjabi	6.3	25
Pathan	8.2	225
<i>Age</i>		
Younger than 30	4.0	82
30–34	7.9	74
35–39	8.8	53
40 or older	15.3	41
<i>Number of children</i>		
0 or 1	2.5	39
2	7.4	44
3 or 4	8.6	70
5 or more	10.0	97
<i>Highest level of school attended</i>		
None	9.7	126
Primary or middle	7.8	97
Secondary or higher	8.7	27
<i>Number of days away from home on current trip</i>		
1–30	9.7	198
More than 1 month	1.6	52
Total	8.0	250

\* $p < 0.05$ , \*\* $p < 0.01$ .

woman. About 34% have had sex with a female sex worker and 11% with a male sex worker. Nearly half of all truckers (49%) reported having had sex with a man who was not a sex worker. Condom use is less than 10% with any type of partner.

There appear to be ethnic differences in sexual behaviour. However, because of the small number of Punjabi men in the sample, these results must be treated with caution. The data suggests that Punjabi men are more likely to have sex with female sex workers, while Pathan men are more likely to have sex with male sex workers and with other men. Visits to sex workers are consistent with notions of masculinity in the Punjab, where men are expected to live life to the fullest (even to the extent of purchasing sex). Having a male lover can be consistent with masculine identity among the Pathans.

There is an association between duration of time away from home on the present trip and sexual behaviour. Men who stay away from home for longer periods are more likely to have sex with a female or a male sex worker. However, it is not possible to say from this analysis whether the association is due to a direct relationship between the two variables or because of possible confounding factors or selection effects.

Married men who stay away from home for longer periods are less likely ( $p < 0.10$ ) to use condoms with their wives. Again it is not possible to infer a direct relationship between duration of trip away from home and condom

use. However, it is possible that this reflects a wife's preference for using a family planning method that does not reduce her husband's sexual pleasure when he returns after a long trip. Consistent with this hypothesis, we found that use of other family planning methods is higher among married men who have been on the road for longer (not shown). Alternatively, a woman whose husband is away for long periods may be more likely to take a lover in her husband's absence and may want to use a more effective contraceptive method in order to avoid becoming pregnant.

That multiple sexual partnerships (including sex with other men) occur among truck drivers suggests that HIV transmission could be rapid among truckers once the virus is introduced in this population. Given that a large number of men are involved with road transportation of goods in Pakistan, this population could play an important role in an HIV epidemic in Pakistan. It is important to develop strong interventions to promote safer sex practices among truck drivers in order to control the transmission of STDs and HIV in this population. To be effective, HIV prevention interventions in this population should utilize findings from research on knowledge, attitudes, beliefs and sexual practices of truck drivers.

Knowledge of AIDS is high among truck drivers. However, their knowledge of ways of preventing AIDS is limited either to stopping sex or to reducing the number of sexual partners. Because truckers do not consider themselves at risk of AIDS, it is extremely unlikely that knowledge alone will lead to the adoption of safer sex practices. A disconnect between their own behaviour and the risk of getting AIDS stems from their belief that immorality and sexually transmitted infections are linked to each other. Admitting to the risk of sexually transmitted infections may amount to an admission of immorality ('We drivers, when we suffer from such a disease we cannot share it with friends out of shame'). For a man, this may be an acknowledgment of his not being able to care for and protect his family.

Their role as protectors of their family and their sexual insecurities may prevent men from becoming more knowledgeable about sexual matters. Traditionally, wives have been an important source of contraceptive information for married men (Douthwaite *et al.* 1998b). However, sexually transmitted infections are a very difficult subject to discuss with one's wife or even with a male friend, and Pakistani men are likely to remain vulnerable to HIV, in part, because of their lack of access to sexual health information.

Awareness that condoms prevent AIDS must be increased. Possibly because condoms have been marketed as a family planning method in Pakistan, truck drivers do not know that they can be used to prevent HIV. A peer education strategy that emphasizes the role of condoms in preventing HIV is needed. Reducing the stigma associated with sexually transmitted infections in a conservative population will only be possible by encouraging greater openness in discussion of sexual matters. This should be an important part of AIDS prevention activities in Pakistan.

The findings of this study indicate that truck drivers are at high risk of contracting STIs and of transmitting it to their wives: they use condoms rarely and do not know that condoms can prevent HIV transmission. Since this is one of the first studies among truck drivers in Pakistan, and because it is based on self-reported information, it is important to conduct

independent studies to substantiate these findings. In order to better understanding the risk of contracting STIs among truckers, data should be collected on the frequency of different types of sexual partners. Studies that explore how communication about sexual matters can be initiated in the Pakistan social context should be conducted. Such studies could test the acceptability of messages concerning sexual behaviour and determine the most appropriate means of promoting behaviour change.

### Acknowledgments

This study was made possible through financial support by AIDSMark/USAID and the Levi Strauss Foundation. Additional support was provided by Population Services International, which has core support from the UK Department for International Development. Jackie Gaskell co-ordinated the data-collection activities. This report has benefited from suggestions made by Dominique Meekers, Guy Stallworthy, Helen Crowley and Karen Toll. The author is grateful to Professors William Hanaway, Brian Spooner and Asif Agha of the University of Pennsylvania for their help in locating an important reference on South Asia.

### References

- Ahmed, A. J., Luby S. P., Zia, M., Pasha, O., Fisher-Hoch, S. and McCormick, J. B. (1995) *High Prevalence of Risk Factors for Sexually Transmitted Diseases in Long Distance Truck Drivers in Pakistan*. Second National Symposium on Research in Basic Health Sciences and Health Care in Pakistan (Karachi).
- Ali, K. A. (1996) Notes on Rethinking Masculinities: An Egyptian Case Study. In S. Zeidenstein and K. Moore (eds.) *Learning About Sexuality. A Practical Beginning* (New York: The Population Council), pp. 98–109.
- Baqi, S., Shah, S. A., Baig, M. A., Mujeeb, S. A. and Memon, A. (1999) Seroprevalence of HIV, HBV and Syphilis and Associated Risk Behaviours in Male Transvestites (Hijras) in Karachi, Pakistan. *International Journal of STD and AIDS*, **10**, 300–304.
- Carswell, J. W., Lloyd, G. and Howells, J. (1989) Short Communication, Prevalence of HIV-1 in East African Lorry Drivers. *AIDS*, **3**, 759–761.
- Cato, M. (1997) Personal communication.
- Cleland, J. and Ferry, B. (1995) *Sexual Behaviour and AIDS in the Developing World* (London: Taylor & Francis).
- Davies, J. and Agha, S. (1997) *Ten Years of Contraceptive Social Marketing in Pakistan: An Assessment of Management, Outputs, Effects, Costs and Cost-efficiency 1987–1996*. Population Services International Research Division, Working Paper No. 7 (Washington, DC: Population Services International).
- Douthwaite, M., Miller, P., Sultana, M. and Haque, M. (1998a) Couple Communication and Sexual Satisfaction among Withdrawal Users in Pakistan. *Reproductive Health Matters*, **6**, 41–49.
- Douthwaite, M. (1998b) *Male Involvement in Family Planning and Reproductive Health in Pakistan: A Review of the Literature*. Population Council, Research Report No. 7 (Islamabad, The Population Council).
- Hanif, M. (1993) No Safer Sex for Pakistan's Gays. *World AIDS*, **11** (London: Panos Institute).
- Haroon, A. (1994) Dancers of the Night. *World AIDS*, **11** (London: Panos Institute).
- Khan, O. A. and Hyder, A. A. (1998) HIV/AIDS Among Men Who Have Sex with Men in Pakistan. *Sexual Health Exchange*, **2**, 12–13, 15.
- Khan, S. (1996) Under the Blanket: Bisexualities and AIDS in India. In P. Aggleton (ed.) *Bisexualities and AIDS: International Perspectives* (London: Taylor & Francis), pp. 161–77.

- Khan, S. (1999) Through a Window Darkly: Men Who Sell Sex in India and Bangladesh. In P. Aggleton (ed.) *Men Who Sell Sex* (Philadelphia: Temple University Press), pp. 195–212.
- Khawaja, Z. A., Gibney, L., Ahmed, A. J. and Vermund, S. H. (1997) HIV/AIDS and Its Risk Factors in Pakistan. *AIDS*, **11**, 843–848.
- Lynn, W. (1994) Pakistan Launches Media Blitz on AIDS. *Global AIDS-News*, **2**, 1–2.
- Mernissi, F. (1987) *Beyond the Veil* (Bloomington, IN: Indiana University Press).
- Ministry of Population Welfare and The Population Council (1995) *Pakistan Contraceptive Prevalence Survey 1994/5* (Islamabad: Ministry of Population Welfare).
- Mohammad, T. and Bowerman, A. (1998) *Sexual Health Outreach Amongst the Hijra (transvestite) Community of Peshawar, Pakistan*. International Conference on AIDS, 12, 410 [abstract 23342].
- Muhammad, R., Soomro, M., Mujeeb, S. A., Agha, J. and Shoaib, M. (1998) *Pattern of Sexually Transmitted Diseases at a Referral Centre of Karachi*. International Conference on AIDS, 12, 1043 [abstract 60243].
- Naim, C. M. (1979) The Theme of Homosexual (Pederastic) Love in Pre-Modern Urdu Poetry. In M. U. Memon (ed.) *Studies in the Urdu Gazal and Prose Fiction*. University of Wisconsin Publication Series, Publication No. 5 (Madison, WA: University of Wisconsin), pp. 120–142.
- National Institute of Population Studies and IRD/Macro International (1992) *Pakistan Demographic and Health Survey 1990/1991* (Islamabad: National Institute of Population Studies).
- National Institute of Population Studies and Centre for Population Studies, London School of Hygiene and Tropical Medicine (1998) *Pakistan Fertility and Family Planning Survey 1996–7, Preliminary Report* (Islamabad: National Institute of Population Studies).
- Orubuloye, I. O., Caldwell, P. and Caldwell, J. C. (1993) The Role of High-Risk Occupations in the Spread of AIDS: Truck Drivers and Itinerant Market Women in Nigeria. *International Family Planning Perspectives*, **19**, 43–48, 71.
- Population Census Organization (1998) *Provisional Results of the Fifth Population and Housing Census* (Islamabad: Statistics Division).
- Population Services International (n.d.) *HIV/AIDS Pakistan Truck Drivers Study. Progress Report* (Washington, DC: Population Services International).
- Population Welfare Division, Ministry of Planning and Development (1986) *Pakistan Contraceptive Prevalence Survey 1984–85* (Islamabad: Population Welfare Division).
- Rao, A., Nag, M., Mishra, K. and Dey, A. (1994) Sexual Behaviour Patterns of Truck Drivers and Their Helpers in Relation to Female Sex Workers. *The Indian Journal of Social Work*, **4**, 603–615.
- Sharma, S. K. (1989) *Hijras. The Labelled Deviants* (New Delhi: Gian Publishing House).
- Singh, Y. N. and Malaviya, A. N. (1994) Long distance truck drivers in India: HIV infection and their possible role in disseminating HIV into rural areas. *International Journal of STD and AIDS*, **5**, 137–138.
- Singh, Y. N., Singh, K., Rajesh, J., Rustagi, G. K. and Malaviya, A. N. (1993) HIV Infection Among Long-Distance Truck Drivers in Delhi, India. *Journal of Acquired Immune Deficiency Syndromes*, **6**, 323.
- Sylvester, J. B., Siddiqui, S. A., Tapal, K. M. and Choudhary, T. A. (1998) *An experience of focus groups with adult men and women on sexuality in Pakistan*. International Conference on AIDS, 12, 230 [abstract 14241].
- UNAIDS/WHO (1998) *Pakistan Epidemiological Fact Sheet on HIV/AIDS and Sexually Transmitted Diseases* (Geneva: Joint United Nations Programme on HIV/AIDS).
- UNAIDS (2000) *Report on the Global HIV/AIDS Epidemic* (Geneva: Joint United Nations Programme on HIV/AIDS).
- WHO (1994) *Evaluation of a National AIDS Programme: A Methods Package* (Geneva: World Health Organization).

## Résumé

Cette étude examine le risque d'acquisition des maladies sexuellement transmissibles chez les chauffeurs routiers et leurs assistants au Pakistan. Des données quantitatives auto-déclarées sur les comportements sexuels dans cette population ont été collectées à partir de 300 routiers et assistants se déplaçant sur de longues distances, sélectionnés au hasard. Des

informations qualitatives ont été obtenues grâce à des entretiens avec les routiers. Les résultats montrent que le multipartenariat sexuel, aussi bien avec des hommes qu'avec des femmes, est fréquent chez les routiers. Le niveau des connaissances sur le sida et sur la transmission sexuelle du VIH est élevé. Cependant, la plupart des routiers ne croient pas à l'existence du sida au Pakistan. De même ne sont-ils pas conscients de l'efficacité des préservatifs dans la prévention du VIH. Le niveau de connaissance des risques associés aux rapports sexuels non protégés est faible chez les routiers qui se considèrent invulnérables aux maladies sexuellement transmissibles, en raison de la perception qu'ils ont d'eux-mêmes de « personnes ayant une conduite morale ». Les campagnes de prévention visant à améliorer la conscience du risque devraient souligner l'importance du préservatif en tant que méthode de prévention des maladies sexuellement transmissibles et du VIH. La communication interpersonnelle pourrait être un moyen important de convaincre les routiers que les maladies sexuellement transmissibles peuvent être évitées.

### **Resumen**

En este estudio se analiza el nivel de riesgo de adquirir de infecciones de transmisión sexual entre camioneros paquistaníes y sus ayudantes. Se recogieron datos cuantitativos de comportamientos sexuales, dados por 300 camioneros de largas distancias y sus ayudantes, seleccionados aleatoriamente. Se recogió información cualitativa a partir de conversaciones mantenidas con los camioneros. Los resultados indican que, entre ellos, es común tener muchas parejas sexuales tanto femeninas como masculinas. Aunque conocen bien los peligros del sida y de la transmisión de VIH la mayoría de los camioneros no creen que exista el sida en Pakistán- no saben que el preservativo es un método muy eficaz para evitar el contagio de VIH. En general, tienen poco conocimiento de los riesgos relacionados con relaciones sexuales sin protección y no se consideran vulnerables a infecciones de transmisión sexual porque, a su entender, son personas morales. Las campañas para hacer ver que existen riesgos deben recalcar que es importante utilizar preservativos como método para prevenir las infecciones de transmisión sexual y el VIH. Es probable que la comunicación interpersonal sea importante para convencer a los camioneros de que pueden prevenir las infecciones de transmisión sexual.

## Appendix

**Table A.** Sample characteristics.

	% distribution ( <i>n</i> = 300)
<i>Ethnicity</i>	
Punjabi	11.3
Pathan	88.7
<i>Age</i>	
Younger than 30	42.3
30–34	25.3
35–39	18.0
40 or older	14.3
<i>Marital status</i>	
Unmarried	16.0
Married	83.6
Divorced	0.3
Widowed	0.3
<i>Number of children</i>	
0 or 1	29.7
2	14.7
3 or 4	23.3
5 or more	32.3
<i>Highest level of school attended</i>	
None	51.7
Primary or middle	36.7
Secondary or higher	11.7
<i>Number of days away from home on current trip</i>	
1–30	77.3
More than 1 month	19.7
Lives in Lahore	3.0
Total	100.0

Copyright of Culture Health & Sexuality is the property of Taylor & Francis Ltd and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use.