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**Culture vultures: HIV/AIDS, structured disparities and stigma in Sindh province of Pakistan**

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**Abstract:** The transmission rate of human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) is significantly increasing in Pakistan, which amounts to the second most rapid spread in Asia. In early 2019, the media reported on a HIV outbreak in the Taluka (sub-district) of Ratodero, located in the Larkana district of Pakistan's Sindh province. In just one village, approximately 1,150 cases were diagnosed. Unfortunately, most of them were children. The outbreak, on the one hand, is a result of a conjuncture of local, national, and global economic and political inequalities. On the other hand, it is multiplying the adverse consequences for the economically and politically marginalized segments of society, such as children and women. This paper proposes strategies to address the outbreak and provides model questions for studying it. Outbreaks such as HIV pose a significant challenge to human existence. They require specific attention at different levels in order to be dealt with effectively. They require studies to examine the crucial role of sociocultural, economic and political factors in their origin and prevalence as well as the impact of sociocultural differences on the outcome.

**Keywords:** HIV/AIDS; infectious diseases; structural violence; Sindh; Pakistan

**Introduction: unraveling the complex web of HIV/AIDS in Pakistan**

In Pakistan, the human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) was first reported in 1987. Since then, the prevalence of HIV/AIDS has steadily increased, primarily due to the interplay of various factors known as “biosocial” events or “syndemics” as identified by medical anthropologists [1, 2]. These factors include pre-existing biological, socio-cultural, economic, and (geo-) political conditions such as widespread economic poverty and gender imbalance. Since 2003, Pakistan has experienced approximately eight instances of HIV outbreaks, prompting officials from the World Health Organization (WHO) and the Joint United Nations Programme on HIV/AIDS (UNAIDS) to declare the transmission of HIV in Pakistan as the second most rapid spread in Asia [3].

According to the WHO report for 2017, around 21% of Pakistan’s population has tested positive for HIV, with approximately 9% of those individuals receiving antiretroviral therapy [4]. In 2018, there was a significant increase in HIV cases in the Kot Momin area of Punjab province [5]. The spread of this virus continues in the country.

In 2019, an unprecedented viral outbreak occurred in Gharo Rind, a small village located in Pakistan’s Sindh province. This outbreak resulted in the infection of approximately 1,150 individuals, which accounted for one in every 200 inhabitants of the village. Notably, around 900 of those infected were children, with the youngest infected child being only a few months old. On occasion, the infection has been found to affect multiple children within a single family [5]. For this unprecedented outbreak, the apparent cause was attributed to a biomedical doctor named Muzaffar Ghangro1 [1]. He was suspected of using a single syringe and cannula on multiple patients, which resulted in the spread of the disease within the village. Shockingly, it was reported that he was also afflicted with the same virus. Additionally, the media reported a distressing incident in which a man named Bahadur Rind1 allegedly murdered his wife, Kareema,1 who was the mother of their four children. The motive behind the crime was said to be Bahadur’s accusation that Kareema had contracted HIV through an extramarital affair [6]. In September 2021, Pakistani media reported that the virus had spread to neighboring districts, resulting in the unfortunate deaths of approximately 50 children due to HIV infection. Such a critical outbreak exemplifies the

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1 The original names mentioned by media.
intricate interplay of socio-cultural, economic, and political factors, which I will delve into further below.

**Culture vultures and the nexus of inequities**

Given that life-threatening viruses tend to target and impact the most vulnerable and marginalized segments of society, the reprehensible action of Bahadur Rind serves as both a reflection and a manifestation of the prevailing gender-based power imbalance at the local level. Kareema’s potential exposure to the virus could have occurred through various routes. It is possible that she was exposed to the virus through the reuse of an infected syringe during her healthcare center visit. Additionally, she may have been infected during labor or birth due to the use of unsterilized instruments. Another potential source of infection could be the receipt of blood from an HIV carrier during delivery, especially considering her malnourished state. Furthermore, the virus could have been contracted through the use of unsterilized needles for piercing purpose, which is mostly a cultural phenomenon. Lastly, there is the possibility of transmission through sexual intercourse, either with her husband or another individual, as her husband suspected. There exists the potential that Bahadur himself may have been the HIV carrier. Despite the various potential sources of Kareema’s infection, her husband opted to believe that she had been involved in an extramarital affair and subsequently killed her. In a demonstration of cultural transformation, he was subsequently arrested for that action, a result of which may not have been feasible in earlier times of Pakistani history. Nonetheless, it is possible that some community members may still consider his odious action justifiable. This requires ethnographic research to appropriately collect evidence and make a solid argument.

Moreover, in the patriarchal society of Pakistan, Bahadur, as a male member, enjoys more power than Kareema, yet lacks the knowledge and a more extensive awareness that he might have received from a proper education. Although economic and political factors drive people like him, these factors remain obscured. He appeared to be merely one individual culprit responsible for that action. Simultaneously, the sociocultural, economic, and political forces that enabled him to feel justified in killing his wife remain obscure.

One could argue that his action was partially influenced by the inequitable and hierarchical economic and political policies and practices [7–10]. The creation of equal resources and opportunities to receive sufficient education and its related wider awareness is undoubtedly a responsibility of the state. Yet the Pakistani government has not provided equal opportunities, especially for education and health—visible differences exist among the resources allocated to men vs. women, some provinces vs. others, and rural vs. urban regions [3, 10]. As a male member, Bahadur had the power and privilege to exert structural violence on his wife and, including the extreme form, to kill his wife. Yet as an inhabitant of an economically poor and rural region, he suffered from structural inequities that could have otherwise allowed access to necessary education and knowledge and thus prevented him from causing and practising extreme form of institutionalized violence. This reveals various shades of disparities as to how the vulnerable could be a result of different scaled disparities but yet powerful to impact extra-vulnerable individuals. In other words, creating and impacting the vulnerable becomes part of a culture since various elements operate as determinants or confounders. From that, Bahadur’s unacceptable act can be situated within the broader perspectives.

Economic and political disparities occurring globally also significantly contribute to national and local level inequalities and inequities. Macro-level structure possesses a significant concentration of power, enabling them to exert influence over micro-level structure. Although the etiology of illness can be “scientifically” right, other factors may significantly contribute to providing an environment conducive to the production and distribution of that illness. These factors shape interpersonal relations, determine social behavior, yield social meanings and form collective experience. HIV/AIDS can be situated within political and economic contexts (at any scale), which formulate human relationships, shape social behaviors, create collective experiences, rearrange local ecologies and influence their cultural meanings [11]. It is important to examine disease distribution and health services under a variety of economic systems while focusing on the effects of stratified social, political, and economic relations within the world’s economic system [12, 13].

It is widely acknowledged that certain nations possess a greater degree of power and access to resources compared to others. To ensure the provision of essential services, such as healthcare, many countries with limited resources heavily depend on foreign aid to address certain challenges while also giving rise to new ones [14]. Aid institutions such as the World Bank and the International Monetary Fund (IMF) exert further pressure and generate new structural differences in already low-income countries [15, 16]. The impact of these programs is prominently evident in Pakistan, as the country undertakes structural adjustments following the
IMF’s bailout package, leading to various significant consequences, including an increase in the inflation rate [10].

The HIV outbreak in Pakistan and its related narratives highlight the diverse structure and level of local, national, and global disparities and injustices in operation. Such disparities give rise to various forms of precarity, including economic poverty, gender discrimination, political instability, famine and food insecurity, and inadequate healthcare provision. These disparities also have a significant impact on the occurrence of challenging situations – such as the increased risk of HIV infection – by exacerbating their critical effects.

HIV/AIDS exemplifies a complex interplay of biological, socio-cultural, economic, and political factors. These factors not only serve as the foundation for health emergencies, but also play a crucial role in influencing the effectiveness of health interventions. Such factors can directly contribute to the development of diseases or indirectly create conditions that increase the likelihood of contracting a disease. Additionally, these factors can also shape and reshape cultural interpretations and explanations of illnesses from a specific perspective [7, 9]. The occurrence and management of diseases occur within the larger context of the world system and its embedded systems of social stratification and social violence that are influenced by social stratification.

I posit that inequalities and inequities have evolved into a “culture” – a societal norm – for both the individuals responsible for creating them and those who are affected by them. Inequitable social, (geo-)political, and economic structures have been intricately formulated and appropriated by the architects of these inequalities. Influential stakeholders have strategically organized “the system” in a manner that imposes various forms of sociocultural, economic, political, psychological, and emotional violence on individuals. Furthermore, they utilize preexisting cultural notions, such as Qismat (fatalism), an Arabic term which asserts that all events are predetermined and thus unavoidable, to rationalize the inflicted suffering. These vulnerabilities are thus socio-culturally accepted and justified in the name of Qismat. Despite the significant challenges posed by the stigma associated with AIDS, local individuals, particularly those who are infected, opt to maintain silence, thereby multiplying the negative consequences of this disease. This is particularly detrimental to the most vulnerable segments of society in terms of socio-cultural, economic, and political aspects, namely women and the impoverished. In this context, illness can be perceived as a “misrepresentation” that ultimately benefits the influential sectors of society, including elites, individuals who benefit from prevailing economic structures, or those who hold positions of power based on gender [17].

Historically, the presence of fatalistic perceptions and practices has frequently led to the development of a submissive and passive attitude towards various life events. A belief in Qismat is considered a fundamental value that the Pakistanis endeavor to uphold, as it serves to establish a harmonious equilibrium between societal disorder and peace. However, it is a common occurrence for influential stakeholders, such as political regimes, to exploit this concept in order to rationalize their exploitation of people, suppression of dissidents, and control of resources and authority to maintain their uninterrupted governance. In various manners, the concept of Qismat is used as a pretext to stifle dissenting voices and impede the implementation of essential reforms aimed at addressing existing disparities.

These persistent perceptions and practices have given rise to what I perceive as the invisible network of structural disparities and injustices in Pakistan. I contend that these concealed networks are gradually eroding the well-being of individuals, akin to the predatory behavior of vultures. Therefore, I have coined the term “culture vultures” to describe this phenomenon.

As argued earlier, the HIV epidemic is a manifestation of various instances of exploitation and inequality occurring at the global, national, and local levels. The fundamental elements in the conjuncture include poverty, economic inequality, social alienation and marginalization, exposure to violence, insufficient nourishment, and a weak political structure. The disparities in resources, education, and awareness produce multiple crises such as measles, polio, and HIV. We can demarcate the causes of these crises into two primary categories: (1) local sociocultural practices; and (2) stratified economic and political regimes, whereas the second category possesses the power to exert a substantial influence on the preceding category [10].

Approaching and investigating the HIV spread

If the unchecked transmission of the virus persists, subsequent generations will bear witness to the profound impact and devastation it inflicts. Therefore, addressing this outbreak necessitates the implementation of focused and pragmatic strategies for prevention and curative measures. This includes mitigating various forms of inequalities at the aforementioned levels, ensuring access to antiretroviral therapy (ART), raising awareness among the general
population [18], and providing training to healthcare professionals.

On the contrary, given the multifaceted nature of the outbreak, it necessitates extensive interdisciplinary research. To date, anthropology has studied the phenomenon of HIV/AIDS in Africa from four distinct perspectives [19]. These frameworks have specifically concentrated on investigating the origins and transmission of the disease. We can employ a multidisciplinary approach and synthesis of research, such as combining the interpretive and critical paradigms, in the field of medical anthropology [20]. Additionally, concepts such as “structural violence” [7], “social suffering” [9], “legacy of the past” [8], “societal memory” [10], “continuum of violence” [21], and “critical event” [22] can be utilized to further our understanding.

Social sciences, particularly the fields of medical anthropology and medical humanities, play a crucial role in investigating the inexorably intertwined links between local, national, and global inequalities. These inequalities arise as a consequence of several critical, historical as well as present events. We can investigate the underlying causes and consequences of viral outbreaks. It is indispensable to inquire into the factors that drive and captivate a doctor’s decision to reuse syringes. What are the underlying factors that compel an economically poor man to commit the heinous act of murdering their life partner, thereby leaving their children bereft of parental care? Why and how is it possible for him to make inferences based solely on one perspective? What is the nexus between macro-policies and micro-politics that influences the choices and decisions of individuals and contributes to the emergence of risky behaviors and vulnerable populations? The interplay between socio-cultural processes at the grassroots level, which contribute to the risk of infection, and their connection to broader global dynamics, such as economic imperialism, is a topic of interest.

Significance of these inquiries

The importance of these studies can be manifold. These studies are expected to yield significant geographical, theoretical, and practical contributions. Geographically speaking, the existing body of social science literature on HIV/AIDS in Pakistan is still scant. To date, a limited number of (medical) anthropological investigations have been undertaken regarding this particular ailment. One notable contribution in this area is the research conducted by Qureshi [23, 24], which examines the transfer of power from the state to non-state actors within the global neoliberal framework, and its impact on service provision. These studies should emphasize the complex interaction of various factors contributing to HIV outbreaks in Pakistan, as well as the potential for increased infection rates and worsening conditions for the vulnerable population. It is crucial for these studies to involve multiple stakeholders, including laypeople, in order to amplify their often-overlooked perspectives and narratives. This type of ethnographic research is essential for conducting a comprehensive analysis of a phenomenon and for enabling public engagement in policy-making and practical applications.

The inclusion of these studies would theoretically make a significant contribution to the field of critical medical anthropology, primarily due to their specific geographical focus. This study would contribute to the existing body of literature on “anthropology at home”, “native anthropology” and “medical anthropology of Pakistan”.

Practically, these research accounts will make valuable contributions towards finding concrete solutions by emphasizing key aspects that can be utilized to develop necessary and efficient policies. Also, they will help raise awareness about HIV, reduce stigma among the affected population, and enhance their access to effective treatment.

Conclusions

The complex web of HIV/AIDS in Pakistan reveals a deeply rooted and interconnected set of issues, including biological, socio-cultural, economic, and (geo-)political factors. The frequent outbreaks and their devastating consequences highlight the immediate need for comprehensive and multidisciplinary approaches to address this crisis. The impact of these viruses goes beyond the physical realm, causing distress that worsens the numerous challenges faced by those affected. It is imperative that we focus our attention on these marginalized individuals who face numerous challenges and obstacles in their lives.

This has resulted in cultural metamorphosis, which has the potential to become a vulture, feasting upon the most vulnerable members of our society. This cultural vulture preys upon the destitution and powerlessness of its victims, perpetuating a cycle of suffering that is both insidious and pervasive. It is a phenomenon that thrives amidst a landscape of inequality, a stark reminder that we must combat not only the disease itself but also the cultural systems that allow it to persist among marginalized populations.

The case of Bahadur Rind’s heinous action serves as a stark reminder of gender-based power imbalances in local communities, where women often suffer from societal injustices. This incident underscores the critical role of education...
and awareness in addressing disparities and preventing future tragedies.

The HIV epidemic in Pakistan can be seen as a manifestation of global, national, and local inequalities and injustices, such as poverty, economic inequality, social marginalization, and inadequate healthcare. These disparities are perpetuated by economic and political systems that are stratified, both within Pakistan and globally. Precisely, to effectively combat the HIV epidemic, it is necessary to address these inequalities at various levels, ensure access to antiretroviral therapy, increase awareness, and train healthcare professionals. Unraveling the complex web of HIV/AIDS in Pakistan requires a comprehensive approach that addresses the intricate realm of factors contributing to the epidemic. Protecting the most vulnerable segments of society and preventing further devastation is a challenging task that requires collaboration, awareness, and a commitment to justice and equity.

Moreover, interdisciplinary research, particularly in medical anthropology, public health and medical humanities, are necessary to shed light on the underlying causes and consequences of HIV outbreaks, examining the interplay between socio-cultural processes and broader global dynamics. These inquiries have both academic significance and practical implications. They can inform the development of policies and interventions aimed at reducing HIV transmission, improving access to treatment, and decrease stigma. Additionally, involving local communities and amplifying their voices in research and policy-making processes are essential to ensure a more comprehensive and effective response to the HIV/AIDS crisis in Pakistan. Meticulous studies will play an irreplaceable role in guiding us through the complex terrain of infectious this disease. These inquiries should delve deep into the complex interplay of sociocultural, economic, and political factors, aiming to untangle the enigma of its origins and continuous spread, while highlighting the profound impact of sociocultural differences on the outcome of these diseases.

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