REPORT

WOMEN AND AIDS IN LEBANON:

A Question of Rights and Responsibilities

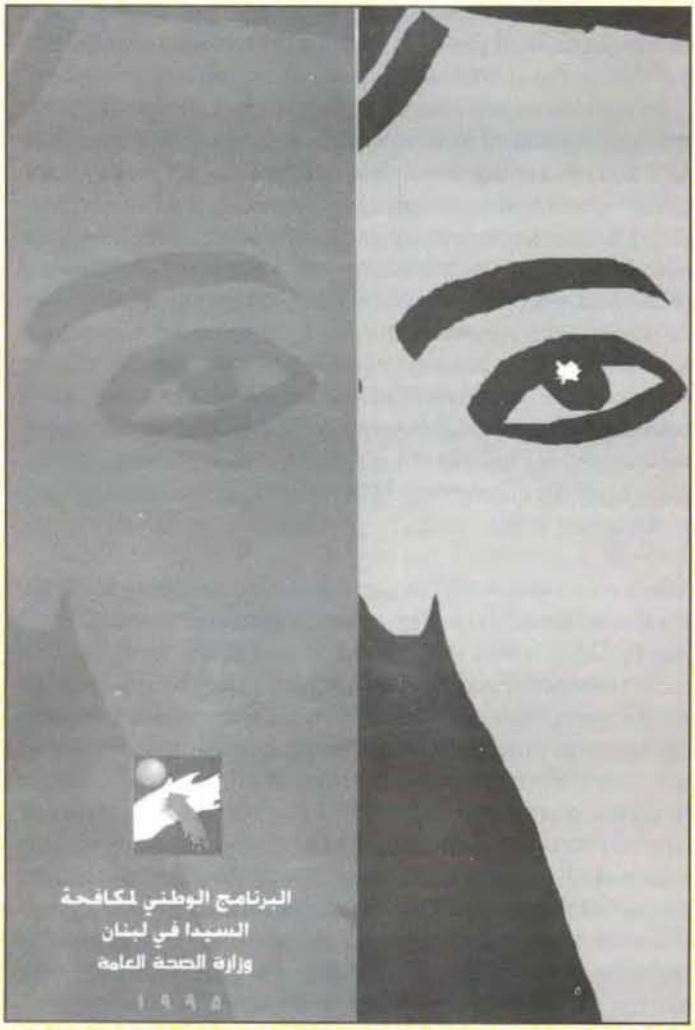
by Laurie King-Irani

The young mother was anxious. Her baby son, 14 months old, did not seem to be gaining much weight and he was continuously beset by health problems. Her two older children were already walking at his age, but the boy was too weak to stand up by himself. She herself had also been feeling ill; for nearly three months she had been battling a persistent flu and a low-grade fever. The young woman attributed her poor health to simple exhaustion. She had so many tasks to attend to in the absence of her husband, who spent half of the year away overseeing his business interests in West Africa.

One day, the little boy developed a high fever and severe diarrhea. In a panic, she took him to the emergency room. Her son was hospitalized, and after a two-week barrage of medical tests and questions, a solemn-faced doctor ushered the young woman into his office, where he calmly gave her the most devastating news anyone can receive: tests had revealed that her baby son was HIV-positive, and she was the only possible source of his fatal infection. In the immediate, chilling aftermath of this shock, she suddenly realized that her husband, on whom she was completely dependent and in whom she had placed all of her trust, had infected her and their only son.

At least one hundred variations on this harrowing tale have unfolded in clinics and doctors' offices throughout Lebanon during the last six years. Unfortunately, hundreds more Lebanese wives and mothers will receive the crushing news that they and their children have contracted the human immunodeficiency virus (HIV) from their husbands, who invariable become infected through heterosexual extra-marital affairs, often while living abroad. The emerging AIDS crisis in Lebanon is not only an index of a looming public health disaster, it is also an illustration of how easily and how often women's human rights are violated in Lebanon, largely because women do not know, value, or defend their own rights. Regardless of social class, educational level or confessional background, most Lebanese women are brought up to serve men's needs unquestioningly, to ignore their spouses' sexual peccadilloes, and to adopt passive and fatalistic attitudes concerning the repercussions of their husbands' behaviors. Furthermore, Lebanese women are neither expected nor encouraged to lead independent lives of economic self-sufficiency. If they do not marry, they usually must live with a father, brother, or other male relative and his family. With the advent of the AIDS virus in Lebanon, these socialization patterns and role expectations place Lebanese women at increased risk of contracting a virus which will lead to a painful death for them and any infected children they may bear. (1)

As of mid-1996, 400 medically-documented cases of HIV/AIDS infection have been registered with the National AIDS Program of the Lebanese Ministry of Health. (2) Of these 400 people, 100 are women, 99 of whom contracted HIV from the only sexual partners they have ever known: their husbands. To date, 15 Lebanese children have been born with the virus. Dr. Alissar Radi, MD, a dynamic young physician who



A flier designed by the Lebanese Ministry of Health to warn women of their vulnerability to AIDS

heads Lebanon's National AIDS Program, notes that the official number of registered HIV/AIDS cases represents only the thin edge of a much wider wedge. Using tested epidemiological models, medical researchers estimate that the true number of HIV-positive Lebanese citizens is at least 2,500, the vast majority of whom do not even suspect that they are infected. Dr. Radi has been vocal in calling attention to the rapid increase in AIDS infection rates among Lebanese women. "Just four years ago, there was one infected Lebanese woman for every six infected Lebanese men; now, the ratio is one to three! In other words, the infection rate among women has doubled in only three years. This is incredible; it indicates that Lebanon will soon be facing a social, medical and psychological catastrophe of great proportions, and very few individuals or institutions in Lebanese society are ready for what is coming. In the not-so-distant future, we will have to cope with the needs of a lot of widows and orphans."

The demographic profile of HIV/AIDS patients and the prevailing patterns of HIV/AIDS transmission in Lebanon closely parallel the West African AIDS experience. In both settings, HIV is transmitted primarily through heterosexual contact, thus threatening the entire family unit — men, women and children — to a greater extent than is the case when homosexual contact is the main route of infection. "Since so many Lebanese individuals and families have emigrated to various West African countries during the second half of this century, it is no surprise that AIDS in Lebanon mirrors the African model," notes Dr. Radi. "A significant number of Lebanon's documented HIV/AIDS cases originated in West African countries. Many Lebanese men have active business interests in these countries, and although their families reside in Lebanon, they spend a lot of time on their own in Africa, where they meet their sexual needs by visiting prostitutes or even founding a second household and family there with an African woman. These men are thus at risk for contracting AIDS and bringing it home to their unsuspecting wives."

In order to respond effectively to Lebanon's nascent AIDS crisis, the National AIDS Program, in conjunction with the World Health Organization (WHO) and the Lebanese Ministry of Health, has conducted field research on attitudes, activities and beliefs among Lebanese in order to ascertain which behaviors can and must change if the spread of the virus is to be slowed and ultimately halted. As a result of initial studies, certain obstacles to confronting AIDS in Lebanon have become clear. First and foremost is the difficulty of discussing AIDS and the nature of its transmission in a conservative society hedged around with religiously-sanctioned family laws and uncomfortable with frank talk about sex and sexuality. Radi noted that Christian and Muslim religious leaders were initially very receptive to the message of the National AIDS Program, *i.e.*, that married couples should behave responsibly and commit themselves to monogamous sexual relations within the marital context. They were somewhat less supportive, however, of the National AIDS Program's dual strategy of disseminating information about the use of condoms and encouraging women's empowerment. The AIDS awareness campaigns that have had some success in Europe and North America would never work here, asserts Dr. Radi, since the basic message of these Western campaigns seems to be "use condoms, and have as much sex as you want, with whomever you want!". Such a message would alienate, rather than educate, the vast majority of the Lebanese public. "Our approach has been to encourage people to go back to the traditional values, to respect the sanctity of the family and engage in sexual relations only with their spouse, and primarily for the purpose of procreation," Radi explains. "We see behavioral changes as the man's responsibility, so we emphasize traditional cultural expectations which stress men's important roles as providers and protectors of the family unit; we try to convince them to practice responsible behavior not only for their own sake or even for their wives' sakes, but for the sake of their children. Thus, we communicate to the man that he should be monogamous in order to preserve his family's health and integrity, and if he can't be monogamous, we tell him to use condoms; he has no choice *but* to use condoms!"

The educational emphasis on men's roles and behaviors points to the most disturbing obstacle to AIDS prevention in Lebanon: the powerlessness and passivity of the Lebanese wife. Dr. Radi relates that the National AIDS Program's staff has conducted workshops and seminars for women from a variety of non-governmental organizations in order to create networks of Lebanese women through which to disseminate information and provide social and psychological support to those stricken with AIDS. However, they quickly discovered that Lebanese wives are structurally isolated and disempowered in the marital relationship; they exercise little, if any, decision-making power in the home, and place crucial decisions concerning health, sexual relations, and contraception in the hands of their husbands, on whom they are utterly dependent economically. "What we originally wanted to do was empowerment training for Lebanese women, and we are still pursuing this strategy, especially among younger women who are not yet married, or those who are just newly-wed. But we face a number of interrelated obstacles to the empowerment of women here, particularly, a fatalistic mentality expressed by the phrase *"qadaa' wal-qadar"*, which implies that it is a woman's fate or destiny to contract this entirely preventable disease. Confronted with the evidence that men who engage in extra-marital affairs without the use of condoms are likely to contract AIDS and pass it along to their spouses and children, Lebanese women too often adopt a passive attitude rather than being proactive in preventing their own infection or asking critical questions about the double standards that allow men to be philanderers. It shows a basic imbalance in the marital relationship here: the wife has the obligations, and the husband has the rights.

"Another obstacle is the pronounced discomfort Lebanese

women feel about discussing sex with their husbands. Lebanese women are not brought up to negotiate sexual matters with their husbands; they let the husband decide when and how they will have sex and whether or not they will use any form of protection. Women say 'I have no power! What can I say or do? It is his right to have sex with me whenever and however he wants to; if I don't comply, he might divorce me or have affairs with other women!', which indicates their almost total dependence on their husbands. We now realize that, in order to protect the woman from AIDS, we cannot go to her directly and say, 'do this; don't do that.' Rather, we have to reach the women through the men, by appealing to the man's sense of responsibility and his desire to live up to traditional cultural expectations. And since it is the man's behavior which is ultimately linked to the transmission of the virus in Lebanon, perhaps it is only rational that we direct our educational efforts at the husbands in order to protect the wives. However, we have started a campaign to encourage more frank and effective communication about sexual and health matters between husbands and wives."

Another hindrance to responding to AIDS in Lebanon is the lack of ethnographic data about actual practices and beliefs which facilitate the spread of AIDS. Although medical data are not hard to obtain, it is much more difficult to discern what sorts of practices between which categories of people actually transpire in the privacy of the Lebanese home. Such sensitive data would be hard to collect in any society, but it is especially challenging to conduct such research in Lebanon, a religiously conservative society. "We want to do some intensive, qualitative field studies, but first, we must obtain the support and permission of relevant governmental ministries, religious and political leaders, and academic institutions. The controversial nature of sexuality makes it difficult to get the support we need to initiate this research project. It is especially difficult to discuss, let alone research, such controversial issues as bisexuality and homosexuality, which are literally illegal in Lebanon. We suspect that there is a high rate of bisexuality in Lebanon, however, since most families of homosexual men are eager to marry them off as soon as possible. Once married, most of these men continue a secret homosexual lifestyle parallel to their married life, which obviously places their wives and children at increased risk of contracting AIDS."

Dr. Radi feels that qualitative studies would be useful in understanding changing routes of AIDS transmission in Lebanon, thus enabling her staff to design better educational programs. Such data are crucial for understanding, and hence preventing, women's vulnerability to HIV. "We have significant anecdotal evidence that anal sex is used in the marital relationship as an alternative form of contraception, and this, or course, is very high-risk sexual behavior! Another suspected route of transmission is the practice of *ziwaj muta'a*, 'pleasure marriage,' which is increasing among Lebanese sects which permit this form of temporary marriage. For many young men, the current dire economic situation prevents them from obtaining enough money to marry and build a home, so they meet their sexual needs through this religiously-sanctioned institution, but this practice increases the number of sexual contacts between men and women, and may constitute an avenue for the spread of AIDS, though it is probably not a primary route."

Finally, Lebanon's pronounced confessional pluralism and the country's post-war sectarian and geographic fragmentation pose a challenge for the National AIDS Program's staff members responsible for designing effective media campaigns with a limited amount of funding. "Although Lebanon is a relatively small country, we sometimes feel that we are trying to reach out to ten different countries within this one nation! The message we design for one section of the country cannot always be used to communicate with another section because of pronounced socio-cultural differences." Radi indicated that she and her staff do not rely only upon the informal educational sector to disseminate the message that AIDS is deadly but preventable. "We are currently working on a big project with the Ministry of Education to introduce AIDS prevention curricula in all secondary schools in every region of Lebanon."

As Dr. Radi stepped away from her desk to find more reports for me in her large filing cabinet, I went back to the notes I had jotted down about women's passivity and resignation before the risks of AIDS. It was difficult to grasp that any woman could be so disempowered as to accept the danger, damage and eventual death brought on by AIDS as simply "her fate." Speaking more to myself than anyone else, I asked aloud: "What would happen if Lebanese women actually began to value and stand up for themselves?" One of Dr. Radi's colleagues, a young man in his late twenties, looked up at me from a report he was reading and said *"thowra"* ("revolution"). Thinking about his surprising comment later, I realized that he was only partly correct: the revolution would have to precede, rather than follow, Lebanese women's empowerment, and would have to be a psychological, rather than a political, revolt. Arab women must undergo a revolutionary change of thinking about their rights and duties in the context of the family. It is time that they claimed more rights and began to hold their husbands accountable for their lack of responsible behavior. If Lebanese women don't value and protect themselves, who will?

Endnotes

(1) According to the World Health Organization, approximately fifty percent of children born to HIV-positive mothers will also be infected themselves.
(2) This figure represents only Lebanese citizens who have tested positive for the virus that causes AIDS; it does not include HIV-positive Palestinian refugees or foreign workers residing in Lebanon.