Women and HIV/AIDS

A Heterosexual Disease in Lebanon and the Middle East

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The first case of AIDS was reported in Lebanon in 1988. As of July 1994, 2,402 cases of AIDS, 398 ARC (AIDS Related Complex), and 8,423 HIV positive cases were reported in the region of the Middle East. The disease is heavily under-reported and under-estimated, according to the National AIDS Control Programme in Lebanon. The NACP was established in 1989 by the World Health Organization and the Lebanese Ministry of Health. Nada Aghar Naja, Advisor and Health Educator at the NACP told us the relevant shortcomings that have been identified so far: 1) less than complete diagnosis, 2) less than complete reporting, 3) delay in reporting, and 4) use of different surveillance definitions among countries. The NACP estimates there are 10,000 and more cases of AIDS in the Middle East. However, there are no statistics on HIV or ARC cases.

The Spread of HIV/AIDS in the Middle East and Lebanon

According to an Epidemiology update in May 1994 by the NACP, the reported number of people who are HIV positive in Lebanon is 251. The NACP estimates the actual number at approximately 2,500 of which women form 50 percent. By the year 2,000, an estimated 6,000 Lebanese will be HIV positive, 400 will have AIDS, and 1100 will die. **(1)**

It is difficult to interpret the increase in HIV/AIDS data, says Dr. Salim Adib, Assistant Professor of Epidemiology at the American University of Beirut. He is concerned whether these figures represent a real increase locally, or delineate infected emigrant Lebanese visiting or returning home after the war. The local population is a low prevalence group, with an infection rate of 1% or less, compared to the Lebanese who work abroad and travel back and forth to visit their families in Lebanon, confirm Dr. Elisar Radi, Manager of the NACP, and Nada Aghar Naja. Among all HIV/AIDS reported cases, 80% represent a history of residence or travel abroad.(2) There are approximately 500,000 Lebanese emigrants who commute between Lebanon and other countries all over the world (data confirmed by the Ministry of Foreign Affairs). Most of them are males.

The Epidemiology of HIV/AIDS spread in Lebanon and the Middle East has been clearly identified as predominantly heterosexual. It has risen from 61% in the period between 1986-1990, to 76% in 1994. This heterosexual transmission, which threatens to clench the epidemic in Lebanon, makes women the most vulnerable of all groups. **In almost all reported cases of HIV/AIDS among women in Lebanon, transmission occurred through sexual contact with an infected husband (3).**

Women and HIV/AIDS in Lebanon

According to Dr. Elisar Radi, women and HIV/AIDS in Lebanon entails a bi-modal problem: 1) men's lack of disposition to take

precautions because of their patriarchal attitude and upbringing. Thus, men maintain their promiscuity and resist using condoms; and 2) women's persistent submission and passivity to their husband's or male partner's sexual desires because of their traditional upbringing and secondary status in the family.

Married women are passive victims, notes NACP Health Advisor, Nada Aghar Naja. Their greatest dilemma in this pre-epidemic HIV/AIDS situation in Lebanon depends not only on convincing the men in their families to take precautions, but also on their ability to protect themselves from high risk husbands. This is a most difficult task because women have limited control over their sexuality, which is, generally speaking, the unconditional right of her husband. In general, women rarely question their subordinate status and their greatest achievement remains their household duties at the expense of the seemingly less important fulfillment of their affective life and sexuality**(4)**. Furthermore, women are exposed to danger much against their will because they do not have the dominance of men in family affairs especially about matters of sexual performance.

Despite limitations for generalization (due to sampling bias), a study of 500 women surveyed a restricted area in Beirut during the war in 1989, revealed that 42% of women aged 18-25 years and 25% of 34-42 years old were single and sexually active**(5)** . Of these women, 65% felt that their sexual education had been incomplete and inadequate. A focus group study on immigrant Lebanese in Canada in 1993 revealed that, in general, Lebanese men dislike the use of condoms because it decreases pleasure and attains their virility. More so, they do not undermine women to take the initiative in sexual relations and in condom use. Education, high socio-economic status and general awareness did not influence the adoption of safer behavior in members of high risk-groups. **(6)**

Members of lower socio-economic classes are of particular concern because health education and AIDS awareness is not yet part of their lives. The curriculum of public schools in Lebanon does not include education about the environment, nor drug abuse, nor sexual education. When asked whether HIV/AIDS was a disease of the lower or upper socio economic classes, Dr. Radi replied that it was among all classes, but that the balance is tilting towards poor people. This is largely due to lower levels of awareness and greater helplessness among the poor compared to middle and upper classes who attend better schools and are exposed to awareness campaigns when traveling. Furthermore, Dr. Radi indicated that AIDS is an expensive disease in Lebanon because the health system is not developed enough. Homebound health services and counseling systems to answer patient calls are seriously lacking. Hence, the treatment during the first phase of HIV costs $300/month. It increases to $1,000 in the second phase (ARC) and reaches a minimum of $2,000/month for the treatment of AIDS victims. So far, the Government has been subsidizing all AIDS patients in Lebanon.

Pre-Marital Testing Is Now Compulsory in Lebanon

As of November 15, 1994, a pre-marital medical exam is compulsory in Lebanon. HIV/AIDS is one of the exams required, in addition to Syphilis, Rubella, Hemoglobin count, blood type, and others. The exam will cost 50,000 in local currency, the equivalent of US$30. The Decree passed by the Minister of Public Health, Mr. Marwan Hamadeh, on October 31, 1994, stipulates the following procedures for HIV/AIDS testing**(7)**: Private labs may not inform patients of test results within the first ten days of testing. The patient's blood serum should be sufficient to allow for repeating tests with suspicious results. If the patient tests HIV+ the lab is responsible for transferring the positive serum and results to the Central Government's Laboratory, where the test is repeated for further accuracy and confirmation. The Central Laboratory must then return the results in a sealed and confidential envelope to the private lab that performed the original test who must in turn report the results to the patient's physician. The physician is then responsible for informing the HIV+ patient and instructing him/her of telling his/her partner. If the physician suspects that the patient did not tell his/her partner, the phy-

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sician must do so and must instruct the couple on the precautions to be taken. The physician must then prepare a report which the couple will have to present to the Priest or Sheikh registering their marriage. Records of the patient and the examining physician are kept by the doctor him/herself and the Lebanese Syndicate of Medical Doctors.

Epidemiologist, Dr. Salim Adib hopes this strategy will be efficient, but fears that the number of "false positive" results will be high due to an expected high margin of error in testing and the lack of an accurate denominator about the size of the population. Hence, the size of the epidemic and its epidemiological characteristics risks being distorted.

Adib feels that women are a vulnerable group and explains that centers for family planning and health care centers are important channels through which women can be reached and educated about STDs and HIV/AIDS. He insists on creating more of these center and use the existing ones for disseminating awareness among women, instead of erecting new hospitals all the time. In other words, Adib is stressing that prevention is as important if not more than post-factum treatment facilities.

WORLD AIDS DAY, DECEMBER 1, 1994: AIDS and the Family - Families Take Care

The impact of an HIV/aids infection in Lebanon and similar Arab countries is disastrous for the family, both nuclear and extended. A Lebanese woman who was infected by her husband (he works abroad and had contracted the disease through risky sexual encounters) was asked to share her story with the public in a Televised program. When she did, her husband and other members of her family and community accused her of shaming them by exposing the problem. Her son was dismissed from school. The financial burden grew as her husband's condition deteriorated and members of the extended family found themselves under pressure to help her and her family. She did not have any skills by which she could earn an income. The social stigma was harsh and atrocious against her and members of her family. In short, the entire family was destroyed. It is estimated there are 2,000 similar cases in the country.

Discussing issues related to HIV/AIDS continues to be difficult in society, despite the revelation of real stories and testimonies through the media and other channels for creating awareness. The difficulties lie in the fact that these issues touch upon sexuality, family honor, and men's virility, especially when they are asked to use condoms or get tested. Based on extensive research and expert counsel, the NACP feels that women and HIV/AIDS can best be addressed through efforts for the empowerment of women. Empowerment through education and activism for legal and human rights are essential for long-term prevention and circumvention of the epidemic.

However, to address women alone may only produce partial results at best because they have limited power over their own sexuality and that of their husbands. The NACP wants to address women and men together. Furthermore, quasi-ethnic differences between the various religious and social communities in Lebanon is an additional difficulty that cannot be overlooked. Each community will need to be addressed in a manner that agrees with its customs.

The family remains the most powerful and primary socio-economic unit of production most likely to control and police its members. Yet the success of **AIDS and The Family - Families Take Care** depends on the family s willingness to listen and interact with the sexual dimension of the problem, or contest it on the grounds that it encourages sexual promiscuity among its young members and threathens the virility and patriarchy of the father.

HIV/AIDS has become the marker revealing all our problems, says Dr. Radi. As a heterosexually transmitted disease it threatens to ignite volatile controversies that will touch on women's rights, reproductive rights, legal rights of women, gender change in knowledge, attitude, practices and behaviors. It would be a shame to find ourselves forced to address these issues after rather than before the fact in order to prevent an epidemic.

Families take care

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(1) **Epidemiological Status of HIV/AIDS and Expectations for the Future**. Report by the National AIDS Control Programme/World Health Organization, May 1994, in Beirut, Lebanon.

(2) Jihane Tawilah, MD, MPH, **The Lebanon Report for The Regional Workshop on the Role of Women in aids Prevention and Contro**l. NACP, Cairo, May 16-18, 1994.

(3) Ibid

(4) Appearing in the **NACP Report**, May 1994.

(5) Appearing in the **NACP Report**, May 1994 from Marie Threrese Khair-Badawi. **Le Desir Ampute, Vecu Sexuel des Femmes Libanaise**. Edition l'Harmattan. 1989.

(6) **NACP Report**, May 1994.

(7) **An-Nahar** daily Lebanese Newspaper. November 1, 1994.