



Health
and
Gender



Gender and HIV/AIDS

in the Eastern Mediterranean Region

Almost as many women as men are now dying of AIDS. However, there are important differences between women and men in the underlying mechanisms of the HIV/AIDS infection and in the social and economic consequences of HIV/AIDS. These stem from biology, sexual behaviour and socially constructed gender differences between women and men in roles and responsibilities, access to resources and in decision-making power. A number of studies have examined the role of gender inequalities on women's risk and vulnerability to HIV/AIDS. Comparable information on gender, men and HIV/AIDS is however, very limited. In the Eastern Mediterranean Region, rates of HIV/AIDS infection are still under-reported, and the infection is little discussed or researched, although public health specialists recognize that the infection is on the brink of rapid expansion in the Region. It is estimated that there are 700 000 people living with HIV/AIDS, although only 14 198 cases have been registered since the start of the epidemic.

What we know

Transmission modes and prevalence among males and females

Regional cases of HIV infection are mostly associated with heterosexual transmission. Reports estimate that approximately 80% of HIV/AIDS cases are related to heterosexual transmission [1]. An 18-year surveillance programme in Saudi Arabia found that men represented 71.6% of HIV cases [2]. In Egypt, 45% of those having contracted HIV infection are estimated as having done so through heterosexual transmission [3]. In the Islamic Republic of Iran, a total of 10 265 HIV infections have been recorded of which 9751 are male (95%), and 514 are female [4]. Among men, injecting drug use is a common transmission route. Drug users comprise a large proportion of reported HIV cases in the Islamic Republic of Iran [4].

In Saudi Arabia, a study found a larger proportion of women (22%), compared to men (7%) were infected due to blood product transfusion [5]. This could be related to the number of women receiving transfusions during childbirth, although this mode of transmission has declined as blood supplies are increasingly protected.

Specific female issues in HIV/AIDS

For some women, being vulnerable to HIV can simply mean being married. Social norms that accept or ignore extramarital and premarital sexual relationships in men, combined with women's inability to negotiate safe sex practices with their husbands, make HIV infection a risk even in women who have only had one partner in their lives. There are other groups of women in the Region identified as vulnerable to acquiring HIV, including those married to injecting drug users, sex workers or migrant workers.

Conflict situations and natural disasters aggravate a number of factors which fuel the HIV/AIDS crisis. These include breakdown of families and communities, forced displacement, poverty, the collapse of health services and physical and sexual violence. Women are at a greater risk of rape and sexual assault than men in these vulnerable situations. Studies of mother-to-infant transmission of HIV are scarce in the Region. A report from Uganda found HIV transmission rates significantly lower in formula-fed infants than infants who were breastfed, although it is not known if similar rates would be found in the Eastern Mediterranean Region [6].

Specific male issues in HIV/AIDS

Risk-taking is socially glorified for males in society, especially for young males. Risk-taking behaviour may make men more vulnerable to acquiring HIV. Almost a quarter of all AIDS patients worldwide were infected during adolescence. Among young Lebanese conscripts, higher risk-taking was associated with higher education and younger age of first sexual experience [7]. Very low levels of condom use are reported among high-risk groups, in addition to low levels of awareness of the sexual transmission risk for AIDS.

Of 608 drug users in a study in Pakistan, 99.8% were male. Of those cases, 98.7% smoked drugs and 15% injected. Injecting drug users are nearly twice as likely to have donated blood and to have heard about HIV/AIDS compared to non-injecting drug users [8]. Drug use patterns are changing to greater use of injected heroin rather than inhalation because it is more cost effective, this in turn will increase the risks of HIV transmission [9].

While drug users may have greater awareness of HIV/AIDS, not all are necessarily aware of the risks or of prevention techniques. For example, a study of high-risk sexual behaviour among drug users in Pakistan found that only 41% of male drug users contacted through street outreach programmes had heard about HIV/AIDS, and of these only 17% knew that the disease could be transmitted through sexual contact. Forty-four per cent (44%) of the respondents were married, 50% had paid money for sex, and only 10% had ever used condoms [10]. Another study of Pakistani and Afghani drug users in Quetta, Pakistan, similarly found a very low level of awareness of HIV/AIDS. None of the sexually active Afghani respondents had ever used condoms, as compared to 5% of Pakistanis who had [11].

Brothels for male and female sex workers are often found at truck stops in Pakistan. A survey of 300 truck drivers in Lahore found a high level of awareness of HIV/AIDS with over half of the drivers being aware that the disease was spread through sexual contact. At the same time, however, many of those surveyed believed that HIV/AIDS did not exist in Pakistan as they believed Pakistanis were a moral people. Approximately 60% of truck drivers reported having paid for sex with a man or a woman, with higher rates found among the lesser educated.

Only 6% of truck drivers reported condom use in their last sexual encounter with a female sex worker, and only 3% in their last sexual encounter with a male sex worker. In addition, only 8% of married truck drivers reported using condoms with their wives [12]. This is especially alarming since a study of transmission of HIV in Saudi Arabia showed that 63 of the 65 women heterosexually infected acquired HIV from their husbands, whereas 111 of 124 heterosexually infected men acquired the virus from commercial sex workers [5].

Knowledge of HIV/AIDS

In a study of knowledge of HIV/AIDS among prisoners in

the Islamic Republic of Iran, 36% of women sampled had knowledge of HIV/AIDS, including methods of transmission and prevention. This was greater overall knowledge than the men sampled in the same study [13]. Another study in the Islamic Republic of Iran also found that girls had slightly better knowledge about the infection than boys [14]. In Yemen, however, it was found that males knew more about HIV/AIDS than females; 4% of males sampled had no knowledge about HIV/AIDS as compared to 12% of females sampled [15].

Migrants and foreign nationals

There are many migrant workers and expatriates living in the Region. The HIV/AIDS status of migrants and foreign nationals is often thought to be higher and to include different transmission routes than the local population. In Bahrain, from 1986 to 1996, 51% of those identified with HIV were foreign nationals. For nationals, the ratio of male to female HIV cases was 10:1, with injecting drug use as the main mode of transmission, while for non-nationals the ratio of male to female HIV cases was 1:1.4 with transmission through sexual contact as the main mode of transmission [16].

Challenges

Stigma associated with HIV/AIDS is a major factor which prevents both men and women from accessing health services. Women may be more affected by stigma because of social norms concerning acceptable sexual behaviour and because women tend to be more economically vulnerable than men. There is a reluctance to openly discuss HIV/AIDS-related issues, especially those pertaining to heterosexual and homosexual behaviour. The media's reluctance to tackle sensitive HIV/AIDS-related issues has frustrated health programmes and presents challenges to raising awareness [17].

Voluntary counselling and testing services are underutilized in the Region. Only 16% of the population who need sexually transmitted disease services can obtain them and only 6% of those who want voluntary care and testing have access [18]. The illegality of homosexuality and drug use in many countries discourages those people most at risk from coming forward for the testing and treatment of HIV/AIDS.

The importance of HIV disclosure to sexual partners cannot be underestimated; it has impact on motivation to seek testing and to change risky behaviour which ultimately leads to decreased transmission of HIV. There are also benefits for the individual in HIV disclosure in terms of increased support, access to care and implementation of risk-reduction strategies with partners. However, there are also risks associated with HIV disclosure which can include loss of economic support, blame, abandonment and social isolation, physical and emotional abuse, discrimination and disruption of family relationships.

Rates of disclosure in the developing world range from 17% to 86%, with around half of infected patients in current or steady relationships telling their partners [19]. Rates of

disclosure in the Eastern Mediterranean Region are not yet well known. Condom use levels are low throughout the Region as family planning programmes focus on intra-uterine devices and injectibles. A study in rural Lebanon found only 7% of married women used condoms. Reasons for not using condoms included perception of reduced sexual pleasure and gender-related fears and tensions in promoting their use [20]. There are also existing population groups who believe that condoms are immoral [21].

Between 20 000 and 40 000 children are estimated to be exploited through child prostitution in Pakistan [22]. This is also an area of concern in Marrakesh, Morocco, where child sex tourism exists [23]. Child sex workers are vulnerable to acquiring HIV infection and have little awareness of prevention or little power to negotiate preventive measures.

What research is needed?

- More research is needed on specific gender and HIV/AIDS issues for men and women, such as the perceived impact on masculinity of vulnerability to HIV, as well as gender-related factors that impede women and men's access to HIV/AIDS testing and treatment.
- Research on gender differences in risk perception and behaviour across different age groups and in different settings would help disseminate more relevant information, and improve education and communication interventions in HIV-prevention programmes.
- There is a need for community-based, qualitative research that seeks to understand the cultural patterns and dynamics that relate to sexually-transmitted HIV/AIDS transmission and prevention in the Region.
- More research is needed on the response of health systems to HIV-positive patients, across the life-cycle and for both males and females, focusing on gender differences and barriers to access.
- The ways in which different service delivery settings influence the process of disclosure of HIV-positive status to one's partner, and the consequences of this for women and men, need to be better understood.
- Information gaps in the Region on HIV/AIDS prevalence, health response services, modes of transmission, patterns of disclosure, etc. need to be addressed.

What interventions are needed to improve HIV/AIDS policies and prevention programmes?

- Male and female condom promotion efforts need to recognize, identify and address gender issues that inhibit condom use.
- HIV/AIDS is a problem for men as well as for women. Even though the proportion of women becoming infected is increasing, prevention needs to involve men, as gender stereotypes determine that men usually dictate the terms of a sexual relationship, even within marriage.
- Increased awareness-raising of how social norms relating to masculinity and femininity may increase risky sexual behaviour, especially targeted to youth, is necessary.
- Programmes addressing increasing injecting drug use in the Region and the corresponding risks to injecting drug users and their spouses of HIV-transmission must be developed and implemented.
- Voluntary counselling and testing services should take into account the risk of violence and other adverse consequences when evaluating different approaches to disclosure.
- Both men and women should be involved in prevention of mother-to-child transmission programmes. Antenatal services can educate men about sexuality, fertility and HIV prevalence, to raise their awareness and increase their sense of responsibility.
- Community home-based care approaches currently being integrated into national AIDS programme strategies need to include a special effort to promote the role of men as caregivers in the family and community, and to provide adequate support and guidance to enable male participation.

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