



# *Attitudes Toward Restricting the Sexual and Reproductive Rights of Women Living With HIV Infection in Yemen*

Abdallah M. Badahdah, PhD\*

*A considerable amount of research has demonstrated the pervasive and destructive power of discrimination against people living with HIV, which limits their full and equal participation in society. This study surveyed 613 young adults from Yemen about their attitudes toward the sexual and reproductive rights of women living with HIV (WLWH). Among survey respondents, 80% believed that WLWH should be sterilized and not allowed to get married. Furthermore, 62% thought that WLWH should be forced to have abortions if they became pregnant. Men were more likely than women to impose restrictions on the sexual and reproductive rights of WLWH. HIV stigma predicted respondent attitudes toward WLWH, but religiosity and knowledge about HIV did not. The results of the study have implications for developing programs to protect and promote the rights of WLWH in Yemen.*

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Women living with HIV (WLWH) represent roughly 40% of the approximately half a million people living with HIV (PLWH) in the Middle East and North Africa (Joint United Nations Programme on HIV and AIDS [UNAIDS], 2012), and most of the women were infected in their prime reproductive years by their partners. For instance, a study from Saudi Arabia (Alrajhi, Halim, & Al-Abdely, 2004) found 63 of 65 (97%) WLWH acquired HIV from their

husbands, whereas 90% of the husbands acquired HIV from female sex workers. Similarly, a study from Iran found that 76% of WLWH had been infected by their husbands (Ramezani, Mohraz, & Gachkar, 2006). Despite these statistics, no research has examined public attitudes in the Middle East and North African (MENA) region toward WLWH and their sexual and reproductive rights (SRR). The present study intended to bridge this gap in knowledge by examining the attitudes of young college students from Yemen about the SRR of WLWH.

Discrimination against PLWH lowers quality of life and presents a major barrier to effective responses to the HIV epidemic. The outcomes of HIV for women differ notably from those for men, because HIV leaves women more vulnerable to various forms of maltreatment from family members and health care providers. A study from Vietnam found that WLWH were more likely to be separated from their children and to be stigmatized and blamed for having HIV than their male counterparts (Hong, Van Anh, & Ogden, 2004). In India, Nyamathi, Thomas, Greengold, and Swaminathan (2009) found that health care workers treated mothers living with HIV unkindly. WLWH have also reported greater fear and maltreatment upon disclosing their seropositive status (Dworkin et al., 2013).

Another discriminatory behavior that WLWH face has been related to their SRR, which are often denied

*Abdallah M. Badahdah, PhD, is an Associate Professor, Department of Sociology, University of North Dakota, Grand Forks, North Dakota, USA. (\*Correspondence to: [abdallah.badahdah@und.edu](mailto:abdallah.badahdah@und.edu)).*

and violated (Kendall & Albert, 2015). A study from Nigeria, for example, noted that 53% of participants held the opinion that WLWH should not bear children (Asekun-Olarinmoye, Adebimpe, Sekun-Olarinmoye, & Olugbenga-Bello, 2013). In a sample of South African women, Myer, Morroni, and Cooper (2006) reported that 77% of participants thought that PLWH should not have children, and 46% said PLWH should not be sexually active. A recent study compared college students' attitudes toward the acceptability of childbearing and parental fitness of pregnant WLWH to that of women with obesity, lung cancer, and diabetes (Lawson, Bayly, & Cey, 2013). The study found that participants were more likely to disapprove of WLWH being pregnant and rated them as being less fit to parent. On the positive side, a study from Qatar (Black, Wilby, & Perepelkin, 2013) found that only 14.3% of pharmacy students believed that PLWH should be prevented from having children.

A review of the extant literature on WLWH revealed that no empirical studies have been conducted on the attitudes toward WLWH SRR from the MENA region. The available studies on WLWH have been related to WLWH knowledge of HIV, experiences living with HIV, and adherence to antiretroviral therapy (e.g., Badahdah & Pedersen, 2011). Therefore, the main purpose of this article is to present the findings of a study designed to examine the attitudes of 613 young adult Yemenis toward WLWH SRR and how HIV stigma, religiosity, general knowledge about HIV, and knowledge about the pattern of HIV infection from husband to wife influenced their attitudes.

## Women and HIV in Yemen

Yemen is a traditional conservative Arabic country in the Arabian Peninsula with 25 million inhabitants, mainly Muslim Arabs, with 75% living in rural areas (United Nations International Children's Emergency Fund [UNICEF], 2011). Yemen is one of the poorest countries in the Arab world. According to the Multi-dimensional Poverty Index, which identifies multiple deprivations in the same households in education, health, and standard of living, 52.5% of the Yemeni population lives in multidimensional poverty (United Nations Development Programme [UNDP], 2013a).

According to the United Nations Population Fund's Gender Inequality Index, which gauges gender inequalities based on reproductive health, empowerment, and economic activity, Yemen scored 0.747, which relegated it to the bottom of all countries in the world in terms of gender (UNDP, 2013a). Women rarely leave home without being chaperoned or having been given permission by a male relative, which restricts women's freedom of mobility and access to education, employment, and health care services. Legally, a woman is not considered a full person, and in some cases, a woman's testimony is worth less than a man's (UNICEF, 2011). In addition, the citizenship of Yemeni women married to non-Yemeni men cannot be given to her children legally unless she is divorced, or her husband is dead or has abandoned her (UNICEF, 2011).

Women in Yemen experience systematic discrimination due to the conservative interpretation of Islamic laws and a strong tribal patriarchal system that sustains and promotes male domination and perpetuates female subordination. Yemeni women have been treated as a commodity and exposed to numerous forms of physical and psychological abuse within and outside the family, including deprivation of education, early marriage, and forced marriage (Country Assessment on Violence against Women, 2010). About 32% of Yemeni women ages 20 to 24 years marry before their 18<sup>th</sup> birthdays, and 25% of them in the same age category give birth before age 18. The maternal mortality rate is at 270 deaths per 100,000 live births, and every day six Yemeni women die for pregnancy-related reasons (World Bank, 2014). Less than 8% of adult females in Yemen have attained a secondary or higher level of education, compared to 24% of adult males, and only 25% of women ages 15 years and older are working or looking for work (UNDP, 2013b).

As for the HIV situation in Yemen, the Country Progress Report (UNAIDS, 2013) estimated the number of PLWH in Yemen to be 35,000, with evidence that showed Yemen as having a concentrated HIV epidemic among men who have sex with men. Data from 2011 showed that 81% of PLWH in Yemen were 15 to 49 years of age and that women represented 19% of PLWH ages 30 to 34 years, compared to only 14% of men in the same age category.

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