

Women living with HIV in the Middle East and north Africa

Only 2% of the total estimated number of people living with HIV reside in the Middle East and north Africa (MENA) region.¹ Fewer HIV transmissions in the MENA region compared with other regions had been attributed to several protective factors, including male circumcision and Islamic cultural traditions.^{2,3} However, relying only on the protective effect of religious and traditional values is not enough to prevent the progression of the HIV epidemic.⁴

In the past decade, AIDS-related mortality has almost doubled among both adults and children in the MENA region, alongside a rise in the total number of women living with HIV.¹ Most women living with HIV in MENA were infected through their husbands or partners, who were mostly not aware of their own infections, and rarely bridge the infection to the rest of the population, apart from occasional vertical transmission to their own children.⁵ In MENA, sex outside of marriage is viewed very negatively, particularly for women, and the fact that a large proportion of HIV infections among women are being transmitted within a marital relationship is still not widely understood.⁵ Hence, women living with HIV are more negatively influenced by stigma and discrimination than are their male counterparts.

Worryingly, health professionals in several countries of the MENA region are no less fearful or judgmental of women living with HIV than are the general public.⁶ Too often, women living with HIV revealed facing denial of care, stigmatising attitudes, discrimination, and breaches of confidentiality, particularly among health professionals who are not specialised in HIV care, regardless of how serious their health status was.⁶

After witnessing painful experiences and facing humiliation, many women living with HIV are somehow forced either to endure their unmet needs and pain in silence or to conceal their HIV status to have their health needs attended to.

Eventually, a culture of silence is created, preventing women from accessing HIV preventive and curative care. The situation is further complicated by the ongoing political instability, humanitarian crises, and increasing economic pressures that the region is currently witnessing, with a toll mainly on women. Such a situation could lead to a dramatic increase in the part women are currently playing in bridging the HIV infection to the general population and fulmination of the epidemic.

To mitigate the epidemic, global support is crucial to provide funding and technical assistance to a region with limited resources and weak health systems. Efforts should be made to train competent HIV-oriented health providers, empower women living with HIV to stand up for their rights to health, and combat stigma and discrimination. Additionally, more attention must be paid to prevention measures relevant for women married to men practising risky behaviours.

I declare no competing interests.

Copyright © The Author(s). Published by Elsevier Ltd. This is an Open Access article under the CC BY-NC-ND 4.0 license.

Doaa Oraby
doaaoraby@gmail.com

Consultant, Cairo 11451, Egypt

- 1 UNAIDS. Middle East and North Africa regional report on AIDS. Geneva: UNAIDS: Joint United Nations Programme on HIV/AIDS, 2011.
- 2 Bailey RC, Moses S, Parker CB, et al. Male circumcision for HIV prevention in young men in Kisumu, Kenya: a randomised controlled trial. *Lancet* 2007; **369**: 643–56.
- 3 Hargrove J. Migration, mines and mores: the HIV epidemic in Southern Africa. *S Afr J Sci* 2007; **104**: 53–61.
- 4 Ridanovic Z. AIDS and Islam. *Med Arh* 1997; **51**: 45–46.
- 5 Abu-Raddad L, Akala FA, Semini I, Riedner G, Wilson D, Tawil O. Characterizing the HIV/AIDS epidemic in the Middle East and North Africa: time for strategic action. Washington, DC: The World Bank, 2010.

- 6 UNAIDS. Standing up, speaking out: women and HIV in the Middle East and North Africa. Issue Brief 2012. Geneva: UNAIDS: Joint Nations Programme on HIV/AIDS, 2012.

