

**UZBEKISTAN'S WOMEN, THEIR STATUS IN THE
FAMILY AND VULNERABILITY TO HIV/AIDS**

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M.A. (POPULATION AND REPRODUCTIVE HEALTH RESEARCH)

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Due to economic and social disruption following the collapse of the Soviet Union, and the high prevalence of intravenous drug use, HIV prevalence is rising rapidly in Uzbekistan. For many traditional women in Uzbekistan, the promiscuity of their husbands can represent a serious risk of acquiring HIV infection, if she is not in position to bargain safe sex due to low status in the family or lack of information about HIV/AIDS. In Uzbekistan men marry young, high unemployment challenges them to seek jobs beyond their residences, commercial sex is available and affordable, safe sex and drug injecting practices are neglected. In other words, the risk of acquiring HIV infection increases with marriage for many women in the country.

The objective of the study is to see when the status of Uzbekistan's women in the family affects their vulnerability to HIV/AIDS. Data from the Demographic and Health Survey (DHS), Republic of Uzbekistan, 2002 were used for the study. The sample for the analysis consists of 3666 married women from 17 to 49 years old.

The status of the women in this study was explained by their basic demographic characteristics and by the variables: having given birth to a son, married to a relative, duration of knowing the husband before marriage, and involvement in choosing the husband. Statistical analysis showed that the status of women, indeed, has associations with vulnerability to HIV/AIDS; it is especially critical for newly weds and rural women of Muslim origin. Women themselves found violence from an intimate partner as justifiable. Particularly, women who had met their husband right on the wedding day, or had known their husband for a very short period, accepted domestic and sexual violence in some situations. Primary and secondary school graduates were found to be vulnerable to HIV infection by all examined characteristics: they were tolerant of sexual and domestic violence, demonstrated lack of sex bargaining power, a lack of knowledge on prevention, and a lack of confidence to talk to spouses on HIV. Neither middle-aged nor younger women of low social status had adequate information on HIV/AIDS.

The study recommends that campaigns to control HIV/AIDS in Uzbekistan should pay more attention to traditional women and housewives who are not usually believed to be at risk. Campaigns should inform women about their vulnerability to infection, and encourage them to learn about prevention and discuss it with their husbands.

KEY WORDS: WOMEN/STATUS/FAMILY/ HIV/AIDS / UZBEKISTAN

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