HIV & AIDS and Gender in Indian Context

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Flow of Presentation

• Societal roles
• HIV across the world
• HIV/AIDS in India: A snap-shot
• What does HIV do to an individual?
• HIV/ AIDS and Gender Gap
• Experience from the field
  ▪ Economic aspects
  ▪ Social aspects
• Government Response
• Conclusion
Societal roles

• Customs and culture define gender roles in a society

• These societal roles and responsibilities ➔ Gender Inequality
  - Access to economic opportunities ➔ economic dependence
  - Existing power relations – no hand in decision making, lack of choice(s)
  - Overall unequal status

Photo source: http://womenanimating.blogspot.in/2010_06_01_archive.html
HIV across the world

- The UNAIDS Global Report (2012) states that 34 million people in the world are living with HIV.

- A World Bank report (2011) states that 50% of those living with HIV are women
HIV/AIDS in India: A snap-shot

- National Family Health Survey (NFHS) Round III (2005-06)
  - HIV prevalence in adult population 15 to 49 years is 0.28%
    - For women in this age group 0.22%
    - For men in the age group 0.36%
  - For women in the age group 30 to 34 years
    - HIV prevalence is 0.45%

- Of those suffering from HIV related illnesses, 26% are women and 36% are under 30 years of age (NACO, 2006)

- Though absolute numbers of PLHIV in India is high; this is lower than in Sub Saharan countries
In India though the HIV prevalence rate for females is lower than that of males, the impact on females is much higher!

Many studies look at the impact of HIV/AIDS on the lives of PLHIV, but not as many focus only on the gender aspect of the infection (Ashraf & Godwin, 1998; Gupta, et al., 2003)
What does HIV do to an individual?

- Directly affects their health status

- Indirectly affects their social, economic, psychological well-being
  - For PLHIV, lack of social acceptance makes it tougher to come to terms with their illness

- For women living with HIV, responsibility increases even more if their husbands died of HIV related illnesses (ILO, 2003)

- Social response to PLHIV is more intense and negative when those infected have a lower social status (Mawar, N., et al., 2004)
HIV/ AIDS and Gender Gap

• How? For women:
  ▪ More stigma & discrimination & hardships (Bharat et al., 2001)
  ▪ Blamed for bringing HIV curse to their families
  ▪ Expected to take care of others in their families setting aside own health priorities → less leisure time (Pradhan & Sundar, 2006)
  ▪ Are considered less ‘acceptable’ as compared with men with the same infection (Bharat, S., 1999)
  ▪ Emotionally, physically and financially affected more (Pradhan & Sundar, 2006)

• Biologically women are 3 times more vulnerable to contracting HIV/ AIDS
  ▪ Lack of choice in terms of a say in practising safer sex
  ▪ Gender violence (physical and mental)!
What is the actual scenario?
Results from a primary survey undertaken in Pune city, Maharashtra, India during 2008 (Sharma, V.)

Data collected from 401 households (covering 1621 individuals), each had at least 1 adult member living with HIV
Experience from the field

• The study provides **empirical** evidence

• Demographic characteristics

  ▪ **37% (148)** households were headed by women
  ▪ **309 households** are headed by PLHIV
  ▪ Out of 309 Households **36%** are headed by WLHIV
  ▪ When we look at individuals, we see that:
    ○ **27%** of WLHIV were non-literate
    ○ **66%** WLHIV were widows

(double the stigma)
Economic aspects

• Female headed households:

  ▪ A compromised economic status with average annual income of Rs 26,000 per household
    ○ On the other than, for male headed households the average annual income was Rs 39,500 per household

  ▪ 50% had annual income lower than Rs 20,000

  ▪ Had less number of durable goods

  ▪ There was a significant difference in the Standard of Living Index (SLI) among households headed by males and females; the mean scores were 19.03 and 15.41 respectively
Social Aspects

• Most PLHIV disclose their HIV status to one member in their family

• Familial reactions
  ▪ 36% WLHIV were not accepted (as against 8% males)
  ▪ 19% WLHIV did not get support (as against 3.4% males)
  ▪ 35% WLHIV felt neglected (as against 10% males)
  ▪ 8% were asked to leave their homes (as against 2% males)
  ▪ 11% WLHIV were denied share in property post death of their husbands

• Neighbourhood reactions
  ▪ PLHIV usually do not disclose their HIV+ status – fears of negative reaction and poor attitudes
  ▪ Women who have disclosed their HIV+ status faced verbal teasing, reduced access to basic amenities, their children were ostracized
Social Aspects (contd.)

• **Workplace reactions**
  - Most WLHIV were working in **unorganised sector**
  - 63% were **working** of which 82% did not disclose their status to employers – fear of losing their job

• **Health facility**
  - 14% WLHIV reported **discrimination** (as against 11% males)
  - Pregnant women are often **refused aid during delivery** even though risk for doctors and attending staff is minimal (ILO, 2003)
Government Response

• 1986: 1\textsuperscript{st} reported cases of HIV infections in India
• GOI response
  ▪ 1991: GoI launched the National AIDS Control programme (NACP)
  ▪ 1999: NACP II
    o National Blood Policy
    o Greater Involvement of People Living with HIV/ AIDS (GIPA)
    o National Council on AIDS (NCA) organised
      -- Policy guidelines and political leadership to HIV response
    o National Rural Health Mission (NRHM)
    o National Adolescent Education Programme
    o Provision of anti-retroviral treatment (ART)
    o Formation of an inter-ministerial group for mainstreaming PLHIV
  ▪ 2006: NACP III
  ▪ 2012: NACP IV (draft)
Government Response (contd.)

- Government focus has been on:
  - raising awareness,
  - behaviour change,
  - national response to decentralised response,
  - higher engagement of NGOs,
  - creating a network of PLHIV

- However, gender issues and issues related to WLHIV still **not** adequately addressed

- NACP sees PLHIV as **one single group**; not WLHIV separately
Conclusion

• International agencies such as UNDP (Weaving destination project in Assam), Suzlon Foundation (We-Farm, Radhapuram, Tamil Nadu) have taken some initiatives to uplift the economic status of women – are these adequate?

• The need...
  ▪ Address problems of gender, inequality, poverty
  ▪ Look at the links between these and HIV infection – more empirical/ macro level proof
Thank you for your kind attention