



# Gender

**IMPACT of HIV and AIDS  
in India**





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## Impact of HIV and AIDS in India

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सत्यमेव जयते

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## Foreword

The study on the Socio-Economic Impact of HIV and AIDS which was conducted in the six high-prevalence states of India, is an important initiative to assess the impact of HIV and AIDS on households and make projections at the macro and sectoral level. The National AIDS Control Organisation (NACO) commissioned this study to address the need for concrete evidence on the social and economic consequences of HIV and AIDS in India.

A unique feature of this study is the scale of the research. It is noteworthy for its detailed analysis of the phenomenon of stigma and discrimination and of the impact of HIV and AIDS on households, on people living with HIV and AIDS (PLWHA) and their family members.

There are many issues of concern highlighted in this study. The additional financial burden imposed on households with people living with HIV and AIDS (PLWHA) is forcing them further into poverty. An important indicator is the reduction in the aggregate income of the PLWHA households surveyed by around nine percent. This has a devastating impact considering that most of the sample households were from the low income group.

There are various factors that bring about a fall in income levels. One reason for lower income levels is the higher prevalence of HIV and AIDS among working people. Also, on an average, the per capita medical expenses of HIV households were four times higher than those of the non-HIV households. To meet this expense, almost 43 percent of the households had either borrowed or sold assets. As a result of lower savings and expenditure, dependants in the households such as children, spouses, caregivers and the elderly were also affected. For example, in Andhra Pradesh the number of children from HIV households who had to absent themselves from school due to their parents' illness was four times higher as compared to non-HIV households.

The study is timely for NACO and State AIDS Control Societies (SACS), particularly now as we are finalising the National AIDS Programme Phase III (NACP III) and the state level Programme Implementation Plans (PIPs). I have no doubt the study will be invaluable in guiding us on the road ahead. The States AIDS Control Societies (SACS), district and block level officers will also be able to tap state and district level findings to advocate for better decentralised cooperation.

The macro-model prepared in this study suggests that the long-term impact of HIV and AIDS is likely to be severe, on both aggregate and per capita GDP. NACO will use these findings to mobilise actors such as the private sector, media and non-health government ministries and to add momentum to ongoing efforts. Clearly HIV is not just a health issue and its impact has both social and economic ramifications. To overcome the challenges posed by HIV and AIDS we must ensure greater synergy between the efforts of several sectors as well as urgent action.

For instance, 39 percent of the women account for the total infections in India. A significant portion of the new infections occur in women who are in monogamous marriage and have been infected by their husbands who may have multiple sex partners. The study on “Gender Impact of HIV and AIDS in India” clearly indicates that women are even more affected by HIV having less access to information on HIV, few opportunities on access to treatment and they are also the main care givers. The study recommends the need to design programmes to empower women to negotiate safe sex with their husbands, access to information on HIV and tailor made programmes for HIV-positive widows.

I would like to congratulate the National Council of Applied Economic Research (NCAER), the United Nations Development Programme (UNDP), PLWHA networks, state level bodies, SACS and Voluntary Counselling and Testing Centre (VCTC) counsellors for their excellent contribution to the study.



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# Message

Globally, by the end of 2005, an estimated 40.3 million people were living with HIV and of these, as many as 17.5 million i.e. more than 40 percent were women. Though the “feminisation” of the pandemic is more apparent in Saharan Africa, the HIV infection rate among women in India is also steadily rising. In India, women account for around 2 million of the approximately 5.2 million estimated cases of people living with HIV in 2005, constituting 39 percent of all HIV infections. Of the 1,11,608 cases of AIDS reported in the country till 31 July 2005, females accounted for nearly 30 percent. It has been found that the impact of HIV and AIDS reaches far beyond the health sector with severe economic and social consequences and the impact is much more severe on women than on men. Women and girls seem to bear the brunt of the pandemic in many ways and the disease disproportionately affects them psychologically, socially and economically.

This report clearly brings out the adverse impact of HIV and AIDS on women and female children and highlights the heavy burden of care, domestic work and economic responsibilities on women in the HIV households and the role of women as caregivers. The report focuses on the gender differences in the health-seeking behaviour and out-of-pocket expenditure incurred by the HIV households on the treatment of opportunistic infections (OIs) and the gender gaps in the education of children from the HIV affected households. In our society, where gender differences exist in all walks of life, it is surprising that HIV-positive women face stigma and discrimination in the family and community. The study finds lack of knowledge among women about the modes of transmission of the infection to be greatly responsible for their negative attitude towards PLWHA and their families. A comparison of HIV widow households with the other HIV households in terms of their living conditions, the assets and consumer durables they possess, household income, pattern of consumption, savings and borrowings brings out the pitiable economic condition of the widows.

We are grateful to the United Nations Development Programme (UNDP) for entrusting this important and sensitive study to National Council of Applied Economic Research (NCAER).

We hope that the findings of this study would be helpful to policy makers, researchers and NGOs working in this field for designing and implementing various programmes for the welfare of the women living with HIV and AIDS.

I would like to thank Dr. Basanta Pradhan and Mrs. Ramamani Sundar for the successful completion of this pioneering study.

**Suman Bery**  
Director-General



## Message

The multi-dimensional nature of vulnerabilities that result from HIV and AIDS are at first glance difficult to comprehend and measure. At the global level, research is increasingly focusing on the relationship between HIV and other socio-economic issues.

In India, the impact of HIV and AIDS is not very visible due to the low prevalence rate and large population size. In such a scenario, it is even more important to document both human and economic dimensions of HIV and AIDS. Research studies conducted till date in India have measured the impact of HIV and AIDS on stigma and discrimination and income but their limitations lie in their small sample size. It was therefore thought necessary to conduct this study on a more comprehensive scale.

The study brings out the negative impact HIV is likely to have over the next decade on economic growth and livelihoods of people, particularly the poor, if current trends are not heeded. A case in point is the study finding that highlights that Persons Living with HIV and AIDS that have minimum social security, such as unskilled wage labourers, are even more at risk. This was substantiated by the sectoral study which revealed that HIV and AIDS hit those sectors harder that use unskilled labour intensively. Work in several African countries has highlighted that high-prevalence rate of HIV infection can lead to a reduction of the Gross Domestic Product. Not surprisingly, when such a trend sets in, it is the poor that are most affected.

The pervasiveness of stigma and discrimination is another cause for concern, making a strong case for mainstreaming HIV in the work of non-health sectors. In Maharashtra,

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