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**ECONOMIC IMPACT OF HIV/AIDS ON WOMEN
LIVING WITH HIV/AIDS IN KARNATAKA INDIA**

Economic Impact of HIV/AIDS on Women Living With HIV/AIDS in Karnataka India

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Abstract – HIV/AIDS has been mayhem for the society across the world. It has wrecked the lives of many and is an epidemic which has the potential to ruin the entire generation. It is very difficult to measure the extent and the amount of destruction that HIV/AIDS can lead to. HIV/AIDS is a medical as well as socio-economic issue. India is not an exception; AIDS has infiltrated the Indian society from lowest to the highest strata of population. HIV/AIDS not only adversely impacts the physical health of the infected but also affects his or her economic status. HIV/AIDS can lead to a state of economic deprivation and thus forcing people to die. Women are the worst affected by this epidemic. Karnataka is one of the major states out of 6 high HIV prevalent states of India. This paper aims to study the economic impact of HIV/AIDS on women existing with HIV/AIDS in Karnataka, India.

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INTRODUCTION

I. Introduction to HIV/ AIDS in India, particularly Karnataka

India has been an important breeding ground for one of the most dreadful diseases in the history of human race that is HIV/AIDS. India has been ranked at the second position in the world for having large numbers of persons living with HIV/AIDS. Studies have been conducted by various organizations both at national and international level which prove this fact. The areas largely affected by HIV/Aids in India are southern and north-eastern regions (Laudon et al, 2007). As per reports by National Aids Control Organization of India in 2010, approximate 60% of the HIV/AIDS infected people live in 6 states of India namely, Maharashtra, Karnataka, Andhra Pradesh, Tamil Nadu, Manipur and Nagaland (HIV, Health and Development Programme for Asia and the Pacific, 2011). A survey report by National Aids Control Organization of India in the year 2011 has revealed startling facts depicting the poor state of India in relation to HIV/AIDS. As per this report the officially recorded approximate number of people with HIV/ AIDS infected people residing in India is 2.39 million (Avert, 2013). Out of this female proportion comprises of 39% whereas the proportion of infected children is 3.5% (Avert, 2013). The report also outlines that a large number of cases go unreported also mainly due to unawareness and negative reactions from society.

II. Present condition of people infected with the disease in India

Acceptance of people with HIV/AIDS in India is very low and approximately 90% of estimated infected women become homeless (National AIDS Control

Organization, 2010). HIV/AIDS is widespread among Dalits, Adivasis, women and children in India. Problems of people in segment suffering from HIV/AIDS increases by multifold as they lack power, have low status in the society, do not have access to nutritional food and adequate health care facilities, lack awareness and information and last but not the least do not have adequate capital that would help them to deal with this disease. In spite of various measures taken by national and international organizations in India to control and eradicate HIV/AIDS by spreading awareness, the results are not very promising.

The condition of people suffering from HIV/AIDS is pathetic in India, especially women. Infact approximately 79% of women whose husband's died due to HIV/AIDS are denied rights in husband's property and assets (HIV, Health and Development Programme for Asia and the Pacific, 2011). This depicts the extent of discrimination against women due to HIV/AIDS. Further women suffering from HIV/ AIDS are subjected to torture of various types like domestic violence and burden of extra work. They are also pushed out of their homes thus suffer due to homelessness. To worsen their condition, these women are also deprived of social support and society looks down upon them. Infected women also lack the attention of health service providers and medical aid providers. Even the government of country lacks to protect these women as they have failed to design policies to provide these deprived with their rights.

A. LITERATURE REVIEW

I. The spread of the disease in India

Human Immunodeficiency Virus (HIV) is a deadly disease causing virus which was detected in early 1980s. It is a virulent disease which is a menace to public health (Giard et al, 2006). Internationally this disease is dreaded as there are limited remedies to cure this disease (Vacca, 2012). According to Godbole and Mehendale (2005) the origin of HIV in India can be traced back to 1986 when the earliest case was detected (Godbole and Mehendale, 2005). It was detected in Chennai among the commercial sex workers (CSW) (Jain and Stephens, 2008). Since then HIV has spread across state boundaries infiltrating and infecting almost all of them. The disease has spread its tentacles at a rapid scale as within a year after the first HIV case detected in India around 135 cases were further identified (Jain and Stephens, 2008). Both HIV-1 and HIV-2 are present in India (Godbole and Mehendale, 2005). Mostly people in India are found to be suffering from HIV 1-C (Godbole and Mehendale, 2005). It was after detection of the presence of this disease, various centers to control spread of HIV were established under the Ministry of Health and Family Welfare. This center was namely National AIDS Control Organizations (Godbole and Mehendale, 2005)

The spread of HIV in the early nineties in India was very swift which is evident from various surveys conducted by national and international organizations. As per Jain and Stephens (2008), a survey report in 2000 by World Health Organization (WHO) outlined that in India the number of deaths due to HIV was around 179,365 people only in 1998. People from the age bracket between 15 years to 49 years were the worst sufferers of this disease (Perkins et al, 2009). India has had the dubious distinction of being a country with the highest number of AIDS orphans by World Bank report in 2002. One of the major reasons, responsible for spread of HIV/AIDS in the country is unprotected heterosexual relationships (The World Bank News, dated 10 July, 2012). Out of all the states in India, the worst affected states are Maharashtra, Karnataka, Andhra Pradesh, Tamil Nadu, Manipur and Nagaland (Perkins et al, 2009). HIV in India is not predominant in a particular section of people rather it has affected people from all walks of life within a society, with women being the worst affected.

II. Overview of condition of women living with HIV/AIDS in Karnataka

Karnataka is one of the worst affected states with AIDS epidemic. In Karnataka the adult HIV prevalence is 0.63% with approximately 250,000 people living with HIV/AIDS (PLHA) (Avert, 2013) (The World Bank News, dated 10 July, 2012). Women in India suffer from low status and thus have limited ability to save themselves from being harmed. This enhances their susceptibility towards the disease as they are suppressed by the men who prefer to have unprotected relationships within and outside marriage. It has been also proved that women with HIV/AIDS suffer due to problems related to legacy, sheltering

and been taken care of (Martin, 2004). Women suffering from this disease are discriminated and no proper care is provided to them. Even employees in hospitals including government ones refuse to treat such women sympathetically. They do not touch such patients and throw medicines at them from distance making them feel even worse (Martin, 2004). Women with HIV/AIDS infections are kept in isolation and are forbidden of a social life. Even their family members comprising of in-laws and own discard their existence (Martin, 2004). They are subjected to domestic violence. The condition of such women is pitiable. Most of them are expelled of their homes. They live a distressed life resulting in paramount depression which compels them to commit suicide in many cases. In most of the cases, the society perceives that it is the women in Karnataka who are responsible for transmitting the infection. They punish them and thus do not consider them as a part of the society. This perception prevails even it is proved that it is the man or husband due to which the infection is transmitted (Martin, 2004).

III. Economic implications of the disease on women

According to Falleiro (2012), women with HIV/AIDS infection suffer considerable economic drawbacks (Falleiro, 2012). Working women who suffer due to HIV/AIDS have to give up their work as they are either not accepted within the work place or physically unable anymore to continue working (Pradhan et al, 2006). This thus makes them dependent on family members for treatment. Further they have an access to select treatment which further worsens their condition. Thanks to strong ignorance and unawareness of people women are dejected from families and are denied economic assistance. They are left at the mercy of government hospitals and social workers. Due to economic depravity most of the patients die from being unable to afford medical treatment (Pradhan et al, 2006). In many cases where the women are not suffering from the disease they have to act as care takers of the persons infected within their family (Pradhan and Sundar, 2006). This results in decline in income forcing women to suffer. Women are forced to indulge in unfavorable activities like commercial sex to earn to support themselves and their children (Pradhan and Sundar, 2006). This adds to the spread of disease.

Women have to pursue multiple roles if either they are infected or any family member is infected with HIV/AIDS. They have to undertake economic activities to be able to meet financial expenses related to treatment. They also have to perform household activities resulting in a life full of stress and denial. (HIV/AIDS and the World of Work Branch (ILOAIDS), 2003)

B. RESEARCH METHODOLOGY

This study is based on descriptive research design. The study is conducted in Karnataka which is a high HIV prevalent state of India. The population for the study comprises of all those women inhabiting in Karnataka and suffering from HIV infection. Karnataka is a state with 30 districts as per the geographical divisions made by Karnataka government. For the purpose of this study a simple random sampling method was adopted and 6 districts were thus randomly selected. In order to collect primary data, a list of 300 respondents was prepared based on the data names procured from HIV positive work related non government organizations or networks. This shortlisting of respondents was done through inclusive and exclusive criteria. These respondents comprised of only married women (live in) and were infected for more than a year through purposive sampling. Primary data was collected through one to one interview method using a structured interview schedule. Cross-tabulation method has been adopted to analyze and interpret data and to establish relationship between 2 or more variables. Suitable statistical techniques were employed to analyze the data.

C. ANALYSIS

The current study to understand the economic status of the respondents utilized a questionnaire which had been categorized under three heads. These three criteria were mainly chosen to study the economic status as these are the basics to determine the standard of living of an individual. This standard of living further determines one's position in the society and the ability of availing medical treatment in the long run.

I. Owning Property or Having Savings

Greater part of the respondents confessed that they had neither owned a property nor did they have any savings. Regarding savings, 73.67% respondents were without any savings whereas the rest 26.33% respondents had an average savings ranging from Rs. 20000 to Rs. 22000. Regarding property, 77% respondents were without any property of their own and 17.33% had an ownership to a property. This ownership is because they had purchased the property for themselves or it had been either transferred by their parents or husband. The property was mainly in two forms that is land and house. Out of the respondents owning a property, 34.62% owned a land and 65.38% owned a house. Rest 5.67% remained silent and thus had not provided for any opinion.

Interpretation- Larger portion of the respondents did not have any ownership to a property nor do they have savings. The amount of savings if any was also very meager.

II. Willingness of family members to share property

A larger part of respondents that is 52.33%, accepted that their family members (parents or husband) disagreed to share their property with the respondent, whereas 31.94% respondents stated the family was either willing or have already provided a share to the respondent in property. 16.33% respondents were silent about this question. A few even told that their families snatched the properties back as soon as they were diagnosed to be HIV infected.

Interpretation- The family members of majority of respondents were not willing to share property ownership rights with the respondents. Infact even if they share they tend to take back ownership in-case the respondent was detected with HIV infection.

III. Debts and torture of Money Lender

Out of all the respondents, 40% had a debt whereas 60% were with no debt. Respondents having debt had an average debt of Rs. 43,000 per head. There were a number of reasons outlined for taking a debt. These were medical treatment (28.33% respondents), construction of new house or repair of existing (30.88% respondents), business (5.83% respondents), marriage (5.0% respondents), maintenance of family and advance for rented house (17.50% respondents), agricultural purpose (7.50% respondents), meet husband's requirements for gambling and alcohol (1.67% respondents) and education of their children (3.33% respondents). Out of the money taken as debt for medical purpose 52.94% respondents used debt money for the treatment of their husbands.

18.33% respondents who had taken debts from money lenders were subjected to torture by them. Out of this 91.91% confessed that torture was done by using verbally abusive language and discussions with neighbors whereas 9.09% respondents were threatened for repayments. Out of total number of respondents, 74.17% did not experience any torture from money lender whereas 7.5% remained silent.

Interpretation- The two major reasons for respondents undergoing debt are medical treatment and construction of new house or repair of existing. Debts to educate their children score the least.

D. DISCUSSION

Based on the study followed by the analysis it can be very clearly derived that the economic status and conditions of the HIV infected families especially women is very pathetic in Karnataka. These people lack economic security and support which is the most crucial requirement for getting treated for HIV infections. Through the study it is been found that it is the medical treatment in which major investment by households is done. There are various ways in which

policy makers could have controlled the situation. In order to control property ownership related issues, the policy makers could have designed and implemented adequate laws that would have provided for economic security of women like provisions for equal share in ancestral or husband's property. Given the low economic status of women, the government should have had taken measures through which subsidized medical treatment and availability of generic medicines could have been provided to the affected. Another measure that could have been adopted was execution of stricter regulations and monitoring of medical centers and hospitals to ensure proper treatment of HIV/AIDS infected people especially women. This would have helped in prohibition of discrimination against HIV/AIDS infected women. Another measure that could have been taken by policy makers was development of employment opportunities especially for women suffering from HIV/AIDS to provide them with economic independence that would have helped them support medical treatment and secure their future too.

E. CONCLUSION

HIV/AIDS are continuing to demolish human race and thus it is the need of hour to consider this seriously and urgently. With the changing times and the situations becoming worse, policy makers are showing their concerns towards this epidemic. Various organizations nationally and internationally are taking extensive measures to control the spread of this epidemic.

Women and children the worst affected of all, are been taken care of and economic aid is also provided to them in many circumstances. Awareness programs and education programs are been undertaken at a massive scale to educate and guide people regarding HIV/AIDS as well as creating monetary provisions as financial security. These programs will help the deprived and minimize their sufferings due to economic inabilities.

Though strong measures have been taken but yet the present scenario is very pathetic and requires even more aggressive measures.

Conflict of Interest

The authors declare that there is no conflict of interest

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