

Working Paper

ENHANCING HUMAN SECURITY THROUGH GENDER EQUALITY IN THE
CONTEXT OF HIV/ AIDS EPIDEMIC

ROLE OF MINISTRY OF SOCIAL JUSTICE & EMPOWERMENT

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HIV/AIDS IN INDIA: A GROWING THREAT

The rapid spread of HIV/AIDS in the last two decades of the 20th century has created a global crisis. HIV/AIDS has emerged as the single most challenge to public health, human rights and development in the 21st century. International efforts to fight against the disease have brought the complex nature of HIV/AIDS into focus. Issues of governance – not just political and administrative nature of the governance – but those relating to empowerment and building individual capacity to meet developmental needs in the face of the HIV/AIDS crisis have been raised by various international forums. Between 1999 and 2001, the number of people living with HIV/AIDS in the world increased from 33.6 million to 40 million, and no continent or country has been spared from the growing pandemic.

Since 1994, Asia has seen a 100% increase in the spread of HIV/AIDS. Although the South Asian region has a relatively low adult prevalence rate of 0.6% as compared to that of Sub-Saharan Africa with 8.8%, the region has the second largest population of people living with HIV/AIDS (PLWHA) in the world. Because 25% of world's population lives in South Asia, a slight increase of prevalence rate has devastating consequences in the region. Rapid growth in the number of PLWHAs in the region highlights an emerging need to address the underlying causes of growing epidemic, as well as how to contain the spread of the HIV virus. There are several common features associated with the spread of HIV/AIDS in South Asian countries. Some of these common features include:

- high rates of poverty and consequent poor living conditions
- gender inequality
- high levels of illiteracy coupled with a lack of preventive knowledge
- increased labour migration, immigration, human trafficking and displacement

The majority of people who are most affected by above-mentioned issues comprise of those from socio-economically poor and disadvantage groups both in the urban and rural areas.¹

The spread of HIV/AIDS in India is alarming. Since the first case of HIV/AIDS was reported in 1986, the number of PLWHA in India has grown every year. Around 4 million people are currently estimated to be living with HIV/AIDS.² There are a number of socio-economic factors that accelerate the Indian HIV epidemic, yet many of the trends that characterize the global HIV/AIDS crisis are also applicable to India. Some global trends that are applicable to India are as follows:

- Rapid spread of the virus to all segments of the population
- Infection at the prime age of the life: 89% of the cases are reported in the age group of 18 to 40 years – a group that is sexually active and economically most productive.
- “Feminization” of HIV/AIDS: women living with HIV/AIDS rose from 41% in 1997 to 47% in 2000
- Increasing number of mother-to-child transmission: HIV is spreading among low-risk women, resulted in the increase of the number of newborns infected with the virus
- Orphaned children – the number of children orphaned due to AIDS or those with living with one parent reached 14 million by 2001

¹ HIV/AIDS and Development in South Asia, 2003 Regional Human Development Report, UNDP

² AIDS Epidemic Update, 2003, WHO/UNAIDS

- Heterosexual intercourse becoming the major mode of transmission: 80% of new HIV cases are transmitted through heterosexual intercourse

(Source: Report on the Global HIV/AIDS epidemic, UNAIDS, 2002)

Multiple Characteristics of HIV/AIDS

In order to understand the challenges HIV/AIDS poses to human security and women in particular, it is essential that HIV/AIDS be understood as a:

- Gender Issue
- Human Rights Issue
- Developmental Issue
- Multi-Sectoral Issue

The UN General Assembly Special Session on HIV/AIDS (UNGASS) held in June 2001 made clear that HIV/AIDS is a global emergency, and that HIV/AIDS is one of the most formidable challenges to the enjoyment of human rights, as well as undermines the socio-economic development throughout the world.³ HIV/AIDS is a multi-disciplinary, multi-dimensional problem with social, economic, political and developmental implications for individuals, families, societies and governments. It therefore has linkages with a large number of disciplines and sectors. Experience gained by Governments and organizations in evolving and implementing policies and programs for prevention and control of HIV/AIDS has established beyond doubt that it is not a public health issue alone. The gender dimension of HIV/AIDS is discussed in detail in the following section.

Why HIV/AIDS is a Gender Issue

Around the world, women are more vulnerable to HIV infection than their male counterparts because of the physiological, economic, socio-cultural reasons. At the end of 2001, women consisted of almost 50% of people living with HIV/AIDS in the world, increasing the share of women from 41% in 1997.⁴ India has not seen the equal share of men and women living with HIV/AIDS yet, however the percentage of women among people living with HIV/AIDS is rising sharply as the epidemic matures.

Physiologically, women are more vulnerable to HIV/AIDS, because semen has higher concentration of the virus than vaginal fluid, and risk of transmission through unprotected sex is two to four times that of men for women. Limited access to information, education and health services keeps women from learning how to protect themselves from the virus. Indian society expects women to be unaware about their sexuality and unskilled in sexual relationships, thus negotiating condom use remains as an immense challenge for many women. Economic dependence on their male counterpart also makes women hesitant to negotiate safer sexual practice within marriages, even when they suspect their husbands are having sex outside of marriage. Women and girl children are also likely to bear the burden of care for their family members living with HIV/AIDS, thus the socio-economic impact of the epidemic on women is

³ Para 2., Declaration of Commitment, UN General Assembly Special Session on HIV/AIDS, June 2001

⁴ UNAIDS, *ibid.*

enormous. Some studies also show the greater impact of HIV/AIDS on women, that when infected with the virus, women face severer stigma and discrimination from the society. Gender inequity in access to AIDS care, especially to the ARV treatment in resource-scarce setting, is also the growing gender concerns in the epidemic of HIV/AIDS.

Men in India are also vulnerable to HIV/AIDS due to their culturally defined gender roles. Indulgence with high risk behaviour such as drinking, drug use, and sex with commercial partners are often considered as a symbolic act of macho-ism. Male-to-male sexual relationships are either a taboo or “immoral”, if not classified as an inhibited act. Such discrimination against men who have sex with men prevent them from seeking much needed HIV/AIDS information/education.

Although the Government of India is implementing the national AIDS control programme, gender sensitive approaches to the epidemic are yet to be developed or strengthened. Gravity of impact and challenges HIV/AIDS poses on women – whether they are infected or directly affected by HIV – must be further understood by key decision makers in the field of HIV/AIDS to accelerate gender-sensitive HIV/AIDS responses. Some gender dimensions of HIV/AIDS that are specifically concerns to India are:

- Social construction of sexuality that makes both men and women vulnerable – i.e., socially proscribed men’s behaviour that involves risk taking, the widely held view that women should be virgins at marriage, etc.
- Women’s low socio-economic status – women’s power to negotiate safe sex practices within marriage/relationship and in commercial sex are limited
- Early marriage – close to 60% of women in rural areas get married before they are 18 and become mothers before they turn 19
- High patronage of commercial sex – vulnerability for both men and women
- Culture of silence – taboos in discussing sexuality especially for women, barriers for reproductive/sexual education and information
- High incidence of violence against women, including sexual exploitation, human trafficking and domestic violence – safe sex practice in violent situation is almost non-existent
- High fertility – unprotected sex among regular partners
- Low use of condoms as a method of family planning
- High population mobility/migration (in-country and cross-border)
- Rapid globalization, economic growth – changing social values and norms
- Burden of care on women at both household and community level, for the lack of institutional care facilities for AIDS patients
- Growing feminization of poverty – poverty is both a cause and consequence of HIV/AIDS

Why HIV/AIDS Matters to the Ministry of Social Justice and Empowerment

There are currently around 4 million People Living with HIV/AIDS (PLWHAs) in India.⁵ It is widely recognized that various social problems such as increased poverty, gender inequality,

⁵ AIDS Epidemic Update, 2003, WHO/UNAIDS

labor migration, illiteracy, and high rates of communicable diseases have led to the rapid spread of HIV/AIDS in India over the past 20 years. The Ministry of Social Justice and Empowerment (SJ&E), as the nodal Ministry for care, protection, welfare and development of socio-economically disadvantaged group, is working on the empowerment of these people who are also the most vulnerable to HIV/AIDS infection. The impacts of HIV/AIDS on such marginalized populations and families can be devastating, especially for those already struggling to meet basic subsistence needs with limited resources. Lack of skills and job opportunities complicates their lives as the burden of additional medical expenditures and care leads to greater impoverishment.

Studies sponsored by the Ministry of SJ&E show that 70% of the beneficiaries of drug abuse prevention schemes are from the same groups that are at greater risk of contracting HIV/AIDS. (i.e., socio-economically disadvantaged groups including scheduled castes and tribes, alcoholics, women, and drug users) Children, especially adolescent girls, living in difficult and destitute conditions such as street children and juvenile delinquents are at greater risk of acquiring HIV/AIDS. It is due to the fact that they have extremely limited power to negotiate safe sex while securing livelihoods through exchanging sex for money.

Linkage Between HIV/AIDS, and Social Justice & Empowerment

As outlined above, there is a close linkage between the groups that the Ministry of SJ&E targets and those most vulnerable to HIV/AIDS infection. These groups of highly vulnerable population who are also target groups of SJ&E include:

- **Injecting Drug Users: (IDUs)**
- **Socio-Economically Disadvantaged**
- **Destitute Juveniles and Street Children**

Injecting Drug Users (IDUs):

Sharing needles for intravenous injection is the most known mean of accelerating the HIV epidemic among IDUs throughout the world. Sharing HIV-infected needles by IDUs transmits the disease and is one of the leading causes of HIV transmission in India, along with heterosexual intercourse, mother-to-child transmission, and blood transfusion. According to NACO, 8% of the reported HIV/AIDS cases in 2000 were found among IDUs due to sharing infected needles. Sharing infected needles among IDUs makes those who abuse intravenous drugs and their families at extreme risk of contracting HIV/AIDS.

The Ministry of SJ&E is responsible for providing prevention, treatment, and follow-up care services for drug abusers through its Counseling, De-addiction and Rehabilitation Centres. *National Survey on Extent, Patterns, and Trends of Drug Abuse in India*, commissioned by UNDCP⁶ and the Government of India, examined the various issues related to drug abuse, including gender dimensions of drug abuse and how drug abuse differentially impacts men and women. These studies⁷ not only revealed that drug abuse adversely impacts families and personal relationships but also that it depletes financial

⁶ United Nations Drug Control Programme

⁷ “Burden on Women due to Drug Abuse by Family Members”, “Study on Substance Abuse among Women” and the “Rapid Assessment Study”

resources and increases health care costs, unemployment, and emotional stress. It is therefore not difficult to anticipate devastating consequences of HIV/AIDS infection for IDUs, as HIV/AIDS will convey more financial and emotional burden on IDUs and their families. In these regards, various efforts of HIV/AIDS prevention among IDUs through SJ&E's existing framework of assistance is deemed most effective in order to minimize challenges posed by both drug abuse and HIV/AIDS.

Socio-economically Disadvantaged Population:

The Ministry of SJ&E is also responsible for the welfare and development of socio-economically disadvantaged groups. Through its policies and programmes, the Ministry of SJ&E attempts to improve the socio-economic status of minority groups such as Schedule Castes (SC), Scheduled Tribes (ST), and Backward Classes (BC) and women. Many people from these groups live in poverty and experience marginalization, which often results in disempowerment and inability to control their living environment and make informed choices. Lower socio-economic status also deprives people of access to facilities and services including health care and education; services that empower people to strengthen communities and to cope with rapidly changing societies. Faced with the aforementioned challenges in addition to limited occupational choices and unsafe living conditions, many are exposed to a higher risk of HIV/AIDS infection. Furthermore, many international studies suggest that women and girls belonging to marginalized and deprived groups are at greater risk of HIV/AIDS than their male counterparts.⁸ Their high vulnerability is due to economic dependency on men that makes it difficult for them to negotiate safe sex practices, as well as their lack of decision making power in other domains. Since poverty and economic disadvantages are said to facilitate the spread of HIV/AIDS (or increase peoples vulnerabilities to HIV/AIDS infection), it is important to examine the socio-economic causes and consequences of the epidemic. Once the firm linkage between socio-economic status and vulnerability to HIV/AIDS in India is established, ministries like SJ&E have a larger role to play with its policies and programmes. SJ&E has various existing platforms for contributing to the national efforts to control the spread of HIV, through improving the livelihoods of the poor and people living with HIV/AIDS. Mainstreaming HIV/AIDS issues into the work of SJ&E is imperative for HIV/AIDS is now thought to further impoverish and reverse the gains of development and national growth.

Destitute Juveniles / Street Children:

It has frequently been said that destitute, delinquent and abused, orphaned, and neglected children are extremely vulnerable to HIV/AIDS. Often without families or other support systems, these children are faced with inadequate and unsafe living conditions. Lack of shelters and income makes these children – especially girls – more susceptible to sexual exploitation, for many of them have no other means than to exchange sex for food and shelter. In addition, these children are often exposed to a world of crime, alcoholism, drug abuse and trafficking, all of which contribute to the increased vulnerabilities of people and thus the acceleration of the HIV/AIDS pandemic. Infection with HIV/AIDS virus only creates another layer of stigma and discriminations for those children who are already socio-economically disadvantaged.

⁸ “Report on the Global HIV/AIDS Epidemic, 2003”, UNAIDS

The Ministry of SJ&E is committed to the issues of destitute juveniles / street children through provision of care, protection, and rehabilitation under the Juvenile Justice Act. It provides for a special system of adjudication, which aims at integrating children into society by using a corrective and humanitarian approach. Through its programmes, the Ministry of SJ&E works to empower destitute juveniles and street children, in order to strengthen their capacity to protect themselves from sexually transmitted infections (STIs) including HIV/AIDS.

These groups of population who are highly vulnerable to HIV infection, and also the target groups of the Ministry of SJ&E, must be provided the necessary services to curb the epidemic of HIV/AIDS. It is also important to address issues specifically related to these high risk groups so that negative impact of HIV/AIDS do not deplete socio-economic gains made through SJ&E's initiatives. In addition, HIV/AIDS related stigma and discrimination has an adverse impact on the objective of the Ministry; that is to ensure social justice for socio-economically deprived and marginalized groups.

Social Justice and Empowerment, Gender Equity, and HIV/AIDS

As the global epidemic of HIV/AIDS matured in the last decade, an increasing number of socio-economic factors that accelerate the epidemic became widely recognized. Promoting gender equity and equality is one of these socio-economic issues, and it is an internationally agreed principle in the field of HIV/AIDS. Gender equity is imperative in order to achieve the rights-based responses to the epidemic, as well as to effectively curb the fast-growing epidemic.⁹ Social justice is also considered an essential element in HIV/AIDS responses, for it helps ensure equality irrespective of caste, creed, sex or religion. Both of these principles that are fundamental aspects of human rights have the characteristic of empowerment. And only when people are empowered and their human rights are ensured, they have means of protecting themselves from HIV/AIDS infection.

In a world of AIDS, the lack of human rights protection can become a matter of life and death.¹⁰ Human rights are also required for PLWHAs to cope more successfully with the consequences of HIV/AIDS. In these regards, ensuring human rights in general is an urgent action to take in order to create an enabling environment for the control of HIV/AIDS epidemic

In India, with recognition of the social inequities that perpetuate discriminatory practices, the Ministry of SJ&E implements special programmes to facilitate the growth and development of marginalized groups. The Ministry has been implementing policies of positive discrimination in order to ensure equal treatment and access to opportunities. However, negative consequences and impacts of HIV/AIDS threaten the objectives of equality and social justice, and thus limit the Ministry's capacity to improve the lives of its target groups.

⁹ Declaration of Commitment, UN General Assembly Special Session on HIV/AIDS, June 2001

¹⁰ Report on the Global HIV/AIDS Epidemic, 2002, UNAIDS

Gender-based discrimination, stigma, and women's subordinate social status along with their arduous domestic responsibilities leads to a denial of basic human rights such as access to resources, education, training and employment. Consequences of such a denial of women's basic human rights are that women usually work in the informal sector, engaged in unskilled, manual, ancillary jobs that are low paid and unprotected by labour legislations. As a result, in addition to the lack of skill and vocational training, gender inequality/equity limit women's capacity to generate financial resources that are required to care for family members living with HIV/AIDS. In these contexts, it is not difficult to understand that gender equality/equity as a part of social justice is imperative in HIV/AIDS responses.

The Ministry of Social Justice and Empowerment: Policies and Programmes

The overall objective of the Ministry is to ensure equal rights and opportunities and to raise the status of its target groups. The Ministry of SJ&E implements programmes and schemes through government/non-government organizations, private institutions, as well as professional institutions. It coordinates and monitors actions taken by other ministries and state governments in order to ensure equal access to facilities and services for the underprivileged. Since the main thrust of the Ministry is empowerment, it also legislates protective measures and undertakes positive interventions for its target groups, in order to accelerate their socio-economic development. The Ministry of SJ&E for example implements social security programmes to support and empower the most socially and economically marginalized groups of Indian society. It is also responsible for the welfare of persons with disabilities, the aged, prisoners and destitute juveniles such as orphaned, neglected and abused children. The Ministry also implements programmes for victims of alcoholism and drug addiction. It also administers matters relating to administration of Waqfs.

One of the Ministry's nodal functions is to facilitate alcohol and drug abuse prevention programmes. It coordinates and monitors all aspects of drug abuse prevention including abuse assessments, de-addiction, care and rehabilitation. The Ministry is also responsible for disseminating information and public education on drug abuse. In view of the psycho-social, medical dimensions of alcohol and drug abuse, the Ministry has adopted a multi-dimensional strategy to safeguard people from their harmful effects. The Ministry supports over 450 voluntary organizations all over the country and provides services through counseling, de-addiction, follow-up care and rehabilitation. In an area of drug abuse prevention, the Ministry aims to achieve its objectives by:

- Building awareness and educating people about the harmful effects of drug abuse
- Implementing programmes focusing on drug addiction, counseling, treatment, follow up care and social reintegration
- Capacity building by training volunteers, professionals, and paramedical for providing services to voluntary and other sectors

The Ministry of SJ&E does not have a specific mandate to work on issues of HIV/AIDS. However, in view of the close linkage between drug addiction and HIV/AIDS, the Ministry of SJ&E has been working with the Ministry of Health and National AIDS Control Organization (NACO) to strengthen its anti-drug counseling services and to educate people about the causes of

HIV/AIDS. This is admittedly being done in limited scopes however the vast network of organizations working with the Ministry of SJ&E on drug abuse prevention can be strengthened by mainstreaming HIV/AIDS into existing drug abuse prevention programmes. Also, considering the Ministry is responsible for the socio-economic development of the poor, there is great potential for its role in containing the spread of HIV/AIDS. It assists over two thousand voluntary organizations to achieve its goals and therefore has tremendous capacity to reach those most vulnerable to HIV infection.

Major SJ&E Schemes/Programmes with Great Potentials of Mainstreaming HIV/AIDS

- Assistance to Non Governmental Organisations – Scheme of Grant-in-Aid to voluntary organizations working for Scheduled Castes
- An Integrated Programme for Street Children.

Scheme of Grant-in-Aid to Voluntary Organizations Working for Scheduled Castes:

The main objective of the scheme is to involve the voluntary sector and improve educational and socio-economic conditions of the Scheduled Castes (SC) with a view to upgrade skills to enable them to start income generating activities on their own. It is also to help them to get gainfully employed in suitable jobs in different sectors. Under the scheme assistance is available for establishing educational centers and developing services for upgrading skills. NGO's are provided aid to set up residential and non-residential schools, ITI's, arts and crafts centers or any other income generating activity. Balwadis, and crèches can be set up under the scheme. Medical facilities and coaching centers for upgrading standards can also be provided. Assistance is also provided to train voluntary organizations and for awareness generation amongst the SC's about the facilities available for loans, grants, grievance redressal etc. Similar schemes are also being implemented for ST's, BC's, Minorities through the NGO's.

The NGO's implementing the scheme should be trained and provided with information and material on the causes and consequences of HIV/AIDS so that they can educate the beneficiaries of the programmes and help them to protect themselves from contracting the virus. The field of activity under the scheme is very vast. Information regarding health, safe sex, preventing diseases like STD and HIV can be included in the form of a package and imparted to not only those directly benefiting from the scheme, but also members of their families and other people in the area.

The scheme has provision for education and vocational training for upgrading the skills and standards of the SC's. All teachers employed by the NGO's and trainers should be trained to give details of how and why HIV virus spreads and the ways in which people can protect themselves. Special vocational training programmes should be evolved for women from these groups, keeping in mind their qualifications and capacity, to enable them to earn adequately to cater to the needs of the families infected with HIV/AIDS.

The ministry can through provisions under the scheme help set up support services for health and other care. The NGO's should be able to avail of assistance to provide support to families of PLWHA in taking care of the family members. This will not only enable women to earn better, but also allow children and specially girls to continue with school education. Such support

systems if provided by the community or NGO's will also save women and girls from sexual and other exploitation. NGO's can also be assisted to set up training –cum-production centers for those affected to save them from stigma and discrimination.

An Integrated Programme For Street Children:

The objective of the scheme is to ensure full and wholesome development of children without homes and family ties to prevent destitution, and bring those living on the street into the mainstream of national life. The scheme aims at doing so by providing non-institutional supports necessary for growth and development of these children and especially those vulnerable to abuse and exploitation such as children of sex workers. For fulfilling the objectives of the scheme support is provided for developing awareness and building capacity of the Government (Central, State and Local), non-governmental organizations and the community at large to realize the rights of the child enshrined in the Convention on the Rights of The Child and the Juvenile Justice Act.

Under the scheme the following activities can be taken up:

- City level surveys to determine the number of destitute and neglected children.
- Documentation of existing facilities and preparation of city level action plans.
- Contact programmes offering counseling, guidance and referral services to neglected and destitute children to eventually withdraw them from the streets.
- Establishment of 24 hours drop-in shelters for children with facilities for stay etc.
- Non-formal education programme imparting literacy, numeracy and life education.
- Programmes for reintegration of children with their families and placement of destitute children in foster care, homes, hostels, residential schools etc. and their maintenance.
- Programmes for providing facilities for training in meaningful vocations, trades and skills for increasing earning capacity. And for their occupational placement.
- Mobilizing preventive health services and ensuring access to treatment facilities
- Programmes for reducing incidence of drug and substance abuse, HIV/AIDS and STD and other chronic health disorders amongst these children.
- Programmes for providing recreational facilities.
- Programmes for capacity building of NGO's, local bodies and State Govts. to undertake responsibilities for such children.

Street children are vulnerable to HIV infection on account of the unprotected lives they live. Lack of shelter and family support makes them vulnerable to abuse and exploitation. Through the scheme:

- Care and protection can be provided to all street children without parental support to save them from abuse and exploitation. Those with families to support them can be counseled and restored with parents and/or guardians.
- Awareness education programmes to educate all street children about how and why of HIV/AIDS and its consequences can be taken up on a large scale.
- Medical and health care facilities can be ensured.
- Vocational and other training to improve earning capacity can be provided.

- Girls on the streets are much more vulnerable and therefore, have to be provided with physical and other protection. To save them from sexual exploitation which makes them vulnerable to STD, HIV/AIDS etc.