

A GEOGRAPHICAL PERSPECTIVE ON HIV/AIDS IN INDIA

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The twin plagues of HIV and AIDS certainly count among the least tractable epidemiological disasters facing today's world. Initially diagnosed in developed countries, the epidemic of HIV/AIDS was first tracked among populations of homosexual and bisexual males. But as it reached developing countries the epidemic spread increasingly through heterosexual contact, with its scope growing all the faster.

Among heterosexuals, key links to rising levels of HIV/AIDS cases are economic instability and associated poverty, drug use, gender inequality, and low levels of literacy. Unsurprisingly, the epidemic substantially affects the demography, health, economy, and social fabric of developing countries. Demographic impacts include a lowering of life expectancy at birth, an increasing death rate and elevated under-five mortality rate, and a growing number of orphans. Counted among the economic consequences associated with HIV/AIDS are escalating medical expenses, loss of labor supply, and a marked drop in productivity (Barnett and Blaikie 1992; Mann, Tarantola, and Netter 1992; Bongaarts 1996; Pyle and Gross 1997; UNAIDS and WHO 1997; Population Today 1998; Shanghvi 2002). With low per capita income, and given the stratospheric cost of the "cocktail" of drugs that can now suppress HIV, the vast majority of infected people living in developing countries cannot take advantage of available treatment. This results in faster progression to full-blown AIDS (Linge and Porter 1997; UNAIDS and WHO 1997). A generally low level of economic growth and development in a country therefore plays an important role in increasing the vulnerability of its people to HIV/AIDS.

In India, the virus was first reported in the mid-1980s. Since then HIV has spread largely through heterosexual intercourse. The epidemic has moved from urban to rural areas and from high-risk populations to low-risk populations. The highest rate of occurrence is reported among those between the ages of fifteen and forty-nine (Brown and Xenos 1994; Thomas 1994; NACO 1996, 1997, 1998; Nag 1996; Arnold 1997; Bloom and Godwin 1997; Godwin 1998). In the context of HIV/AIDS-infected populations, the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the World Health Organization (WHO) define adults as fifteen to forty-nine years old (2000). Globally, this age group is most active sexually and is at a high risk of contracting HIV. For India, I look at the geographical distribution of HIV/AIDS cases, the prevalence of HIV among different population groups, and the underlying factors that explain the spread of the epidemic.

Data on HIV/AIDS cases are unreliable in developing countries and are no less demonstrably suspect in India (Gould 1993; Paul 1994; Oppong 1998). Data here are garnered from various reports put out by WHO, UNAIDS, and the National AIDS

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