Socio-economic impact of HIV at the individual and household levels in Indonesia: a seven province study

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Outline

- Background
- Methodology
- Limitations
- Main findings
- Key recommendations

Background

- **Status of epidemic**
  - Low prevalence, concentrated epidemic
  - About 314,500 PLHIV (0.22%); projected to rise to 0.37% by 2014
  - 2010-2014: about 23,000 projected annual deaths
- **Objective**
  - Assess SE impact in wide range of areas (income and employment; consumption, assets and savings; coping mechanism; stigma; health; education; gender etc)
  - Inform impact mitigation policies and programmes
- **Partners**

UNDP, BPS, ILO, UNV, NAC, UNAIDS, JOTHI

Methodology

- **Quantitative and qualitative:** questionnaire survey, FGDs, in-depth interviews, case studies
- **5 high prevalence provinces** (Jakarta, West Java, East Java, Bali & Papua) & **2 low prevalence provinces** (NTB, NTT)
- **Purposive, quota sampling:** 1019 PLHIV-households & 1019 control households (non-PLHIV households)
- **Control households** from same socio-economic background in the neighbourhood

Limitations

- No sampling frame available and accessing PLHIV-households difficult
- No equal probability for all PLHIV households to be selected
- Selection bias because of access through PLHIV-network
- Recall errors, approximation by respondents etc
- Inhibition in disclosing intimate details, money matters

Sample distribution

Number of samples proportional to the number of reported AIDS cases

PROVINCES	Number of Reported AIDS cases	Number of Deaths	Sample Households		
			Target	Control	Total
(1)	(2)	(3)	(4)	(5)	(6)
Jakarta	2.781	419	280	280	560
West Java	2.888	544	197	197	394
East Java	2.591	584	211	211	422
Bali	1.177	228	56	56	112
West NT	80	47	25	25	50
East NT	110	23	25	25	50
Papua	2.382	351	225	225	450
TOTAL			1.019	1.019	2.038

PLHIV Profile (%)

Age Group	Male	Female
< 20	2.2	10.1
20 - 30	58.4	55.5
31 - 40	33.2	26.9
41 - 50	4.7	6.3
51 - 60	1.0	1.2
> 60	0.5	0

PLHIV Categories	Male	Female
IDU	73.4	20.9
Transgender	7.0	0.3
CSW	5.6	14.3
MSM	2.1	0
Spousal transmission	4.3	48.4
Mother-to-infant transmission	1.3	6.3
Blood transmission	0.4	0
Others	1.0	1.5
Do not know	4.9	8.4

Main findings

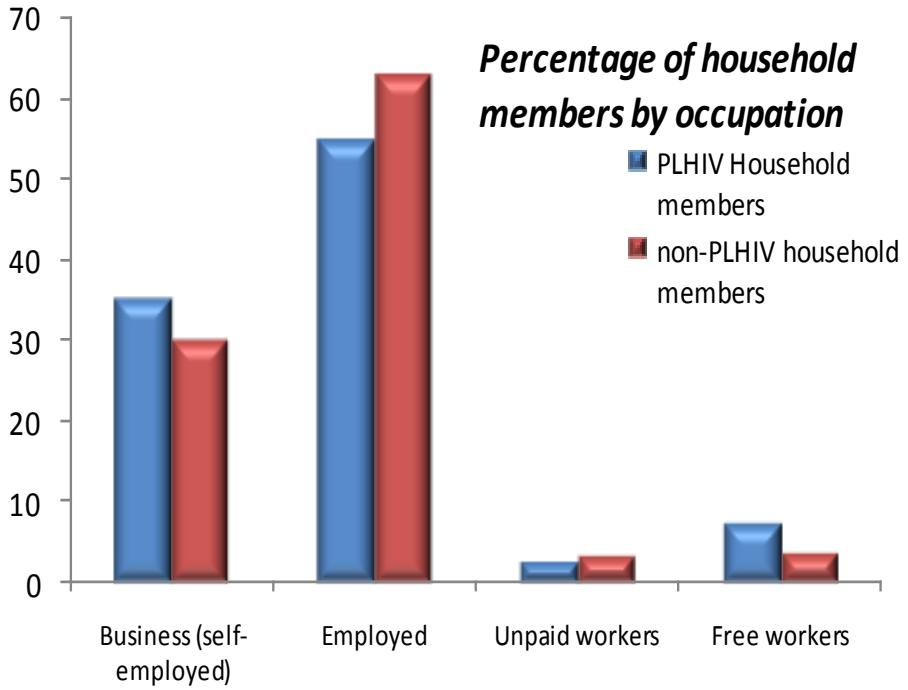
Impact on income, consumption, assets & savings; coping mechanisms

Employment

Formal employment is considerably lower among HIV-households

More PLHIV-households are self-employed (own business)

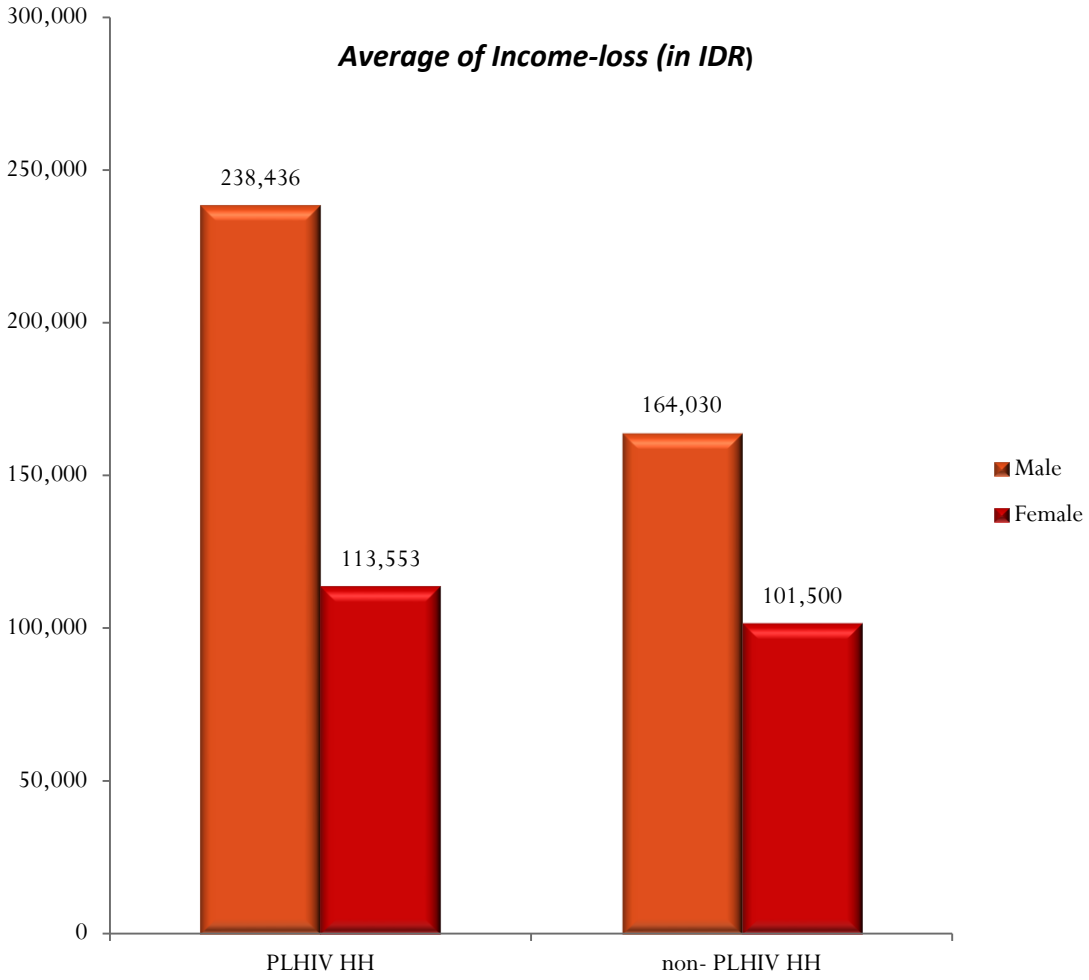
Free workers more in PLHIV-households



Income-loss

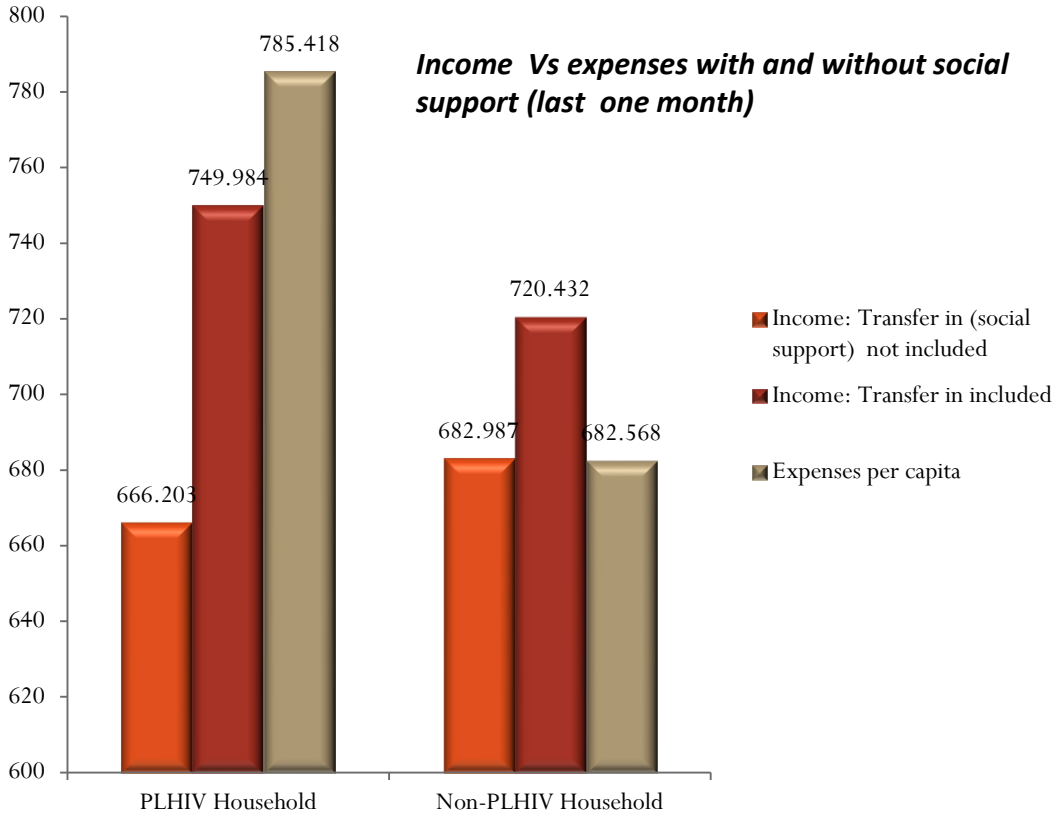
Caring for the sick cost 55 % more income-loss in PLHIV-households than regular households

Loss of income more pronounced for men



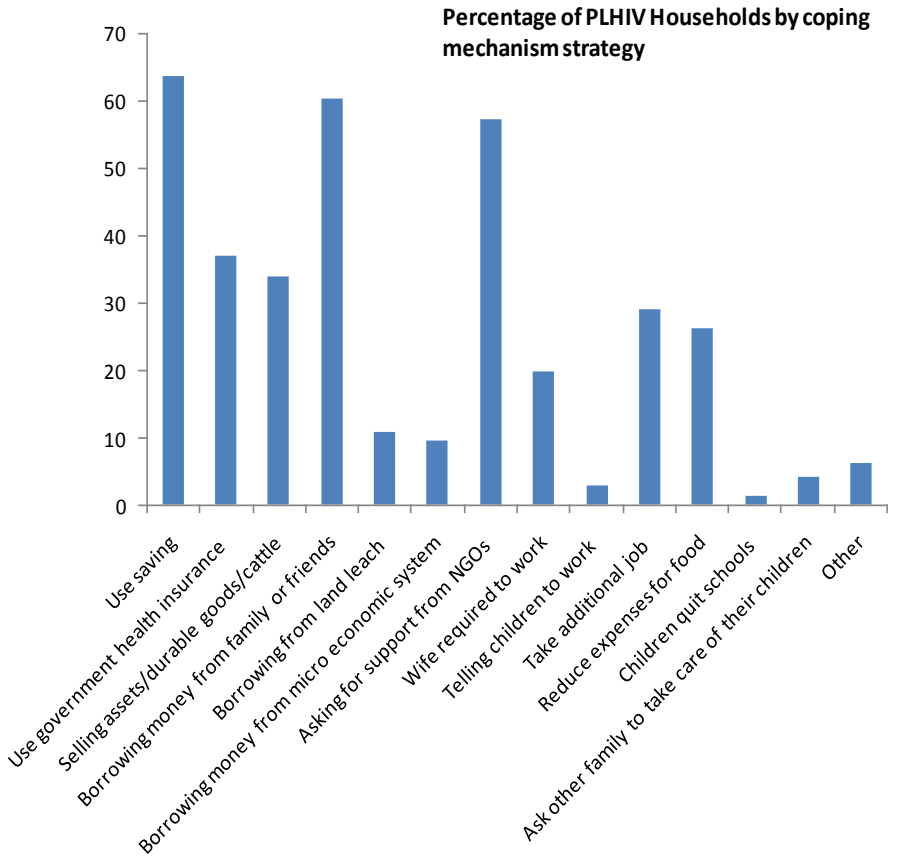
Income Vs expenses & social support

- Big gap between income and expenses in PLHIV households
- Expenses higher than income
- Social support bridges the gap to some level
- Without social support , high risk of impoverishment



Coping mechanisms

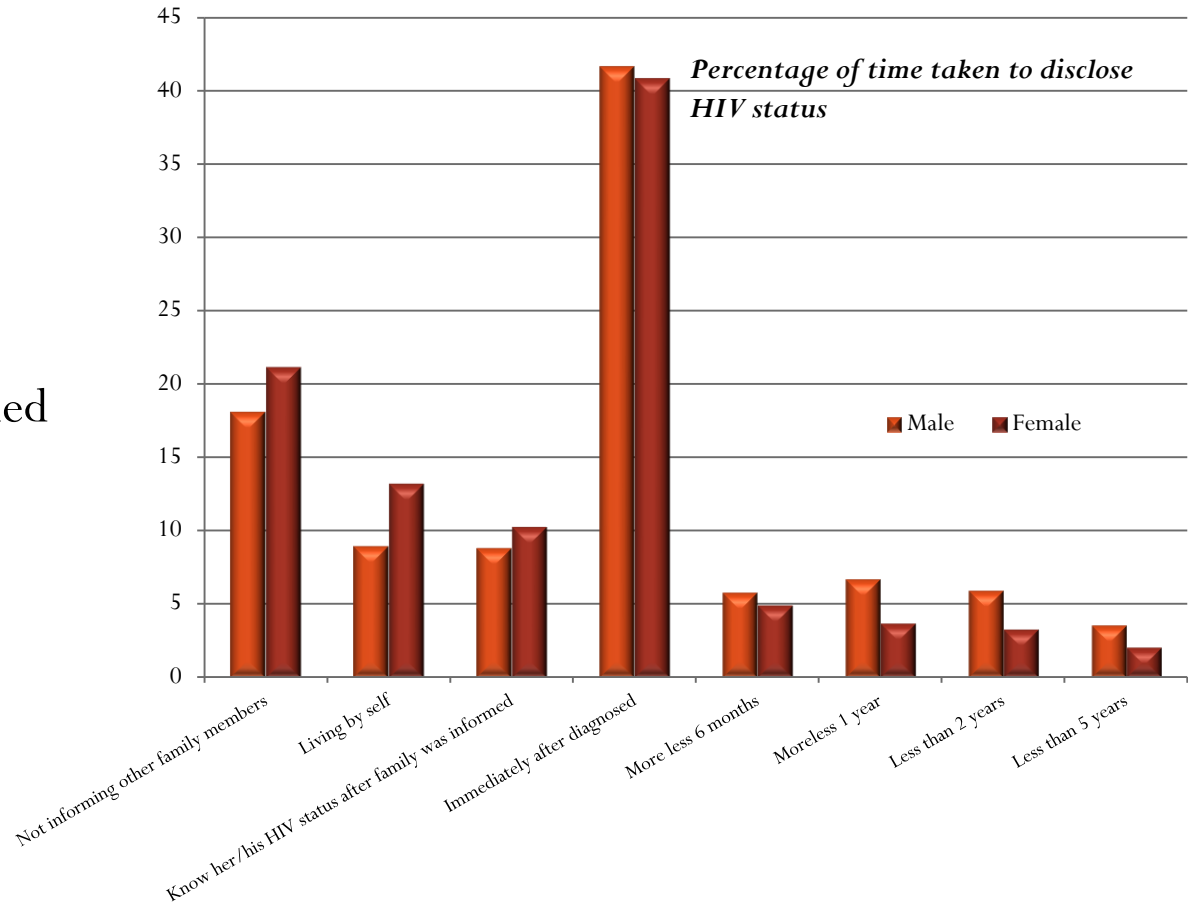
- 74% said HIV has led to additional expenses
- 63.56% used up savings
- 60.32% PLHIV borrowed from families and friends
- Significant liquidation of assets
- Social support great relief



Stigma & discrimination

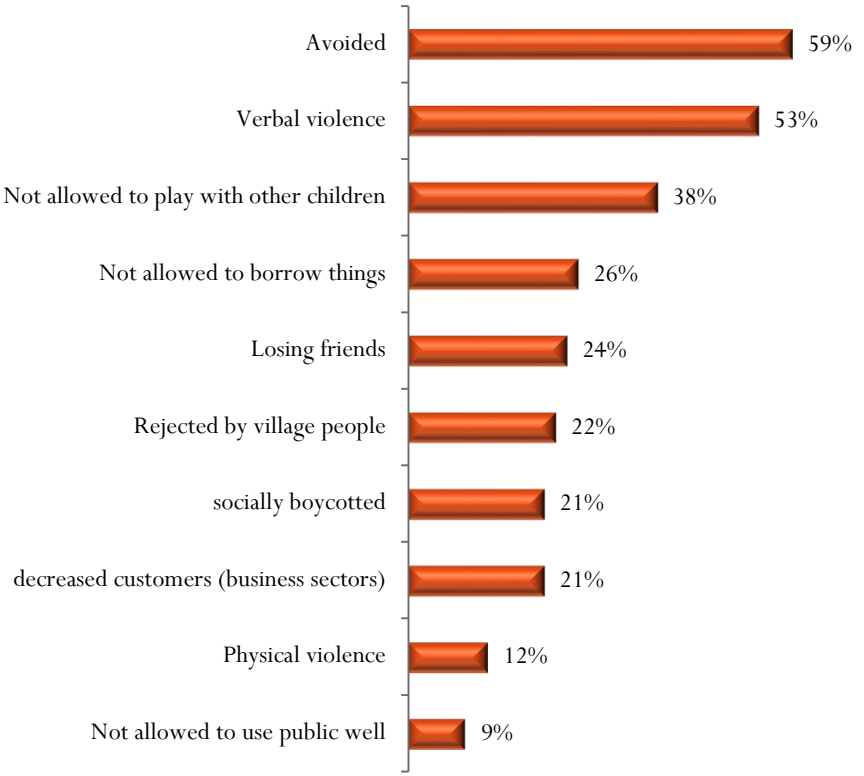
Time for disclosure

- 18% still not informed families
- 9% live in isolation
- 5% took 1-2 years
- Level of disclosure among female PLHIV is lower: 21.25% still haven't informed families
- 13% live in isolation
- 41% informed the family immediately after the diagnosis.



Discrimination in residential settings

- 17% households said they experienced discrimination
- Most common (59%) was avoidance by others.
- 53% were subjected to verbal abuse
- 38% reported children were not allowed to play with the children of the neighborhood.
- 12% experienced physical violence
- Loss of friends and customers in business, rejection by community & social boycott were common



Percentage of PLHIV households undergoing discriminatory treatment in residential settings by types of discrimination

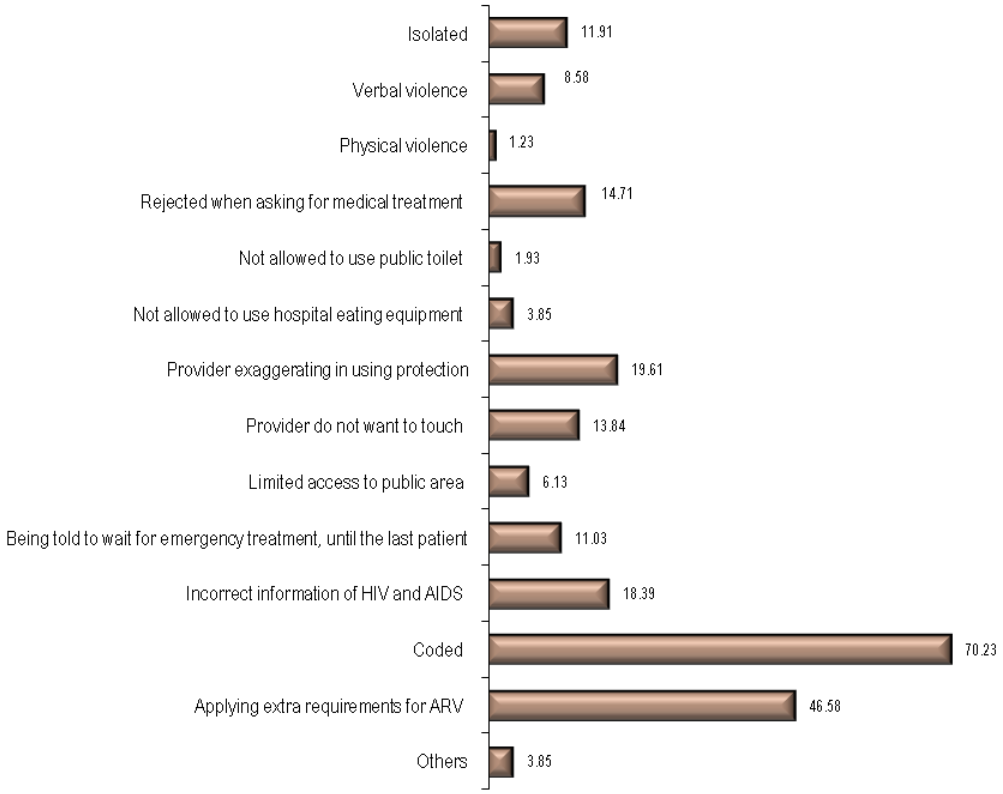
Discrimination in healthcare settings

- > 50% PLHIV felt discrimination

- Worst form (70.23%) was that they were publicly marked as HIV+ in hospitals.

- 10% PLHIV-households also felt discrimination

Percentage of the types of discriminatory treatment experienced by PLHIV households in health facilities

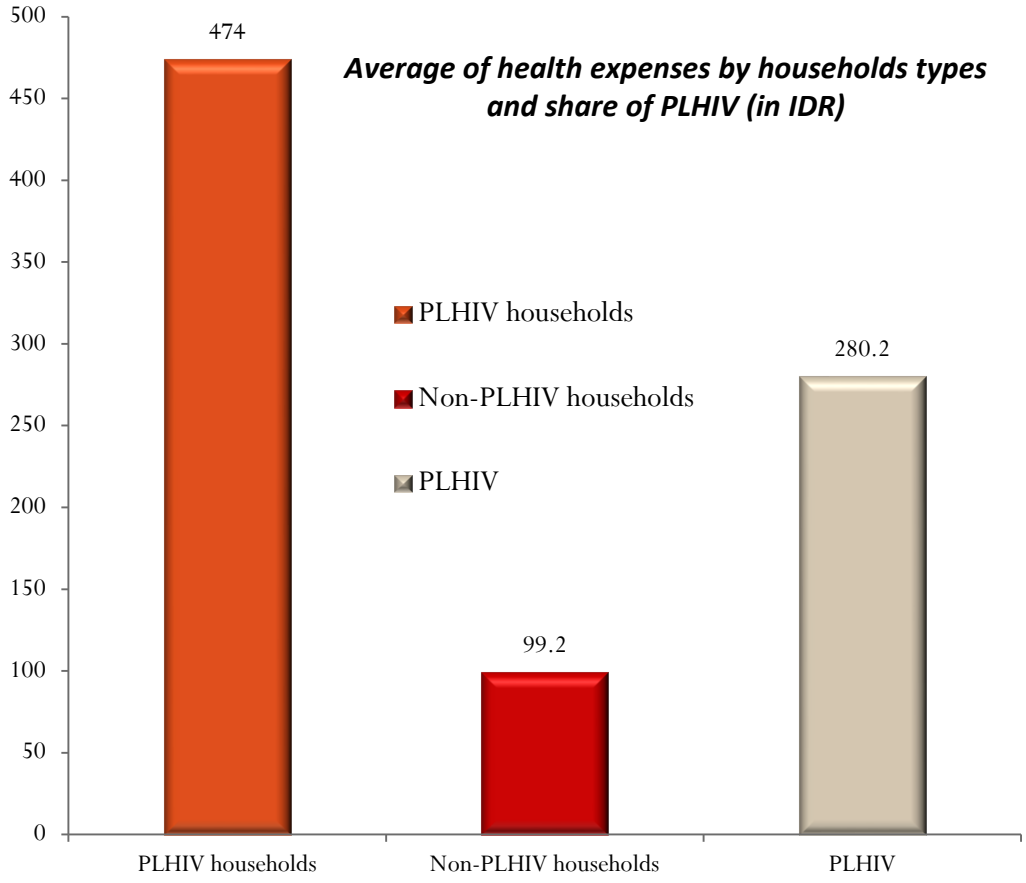


health

Health expenses

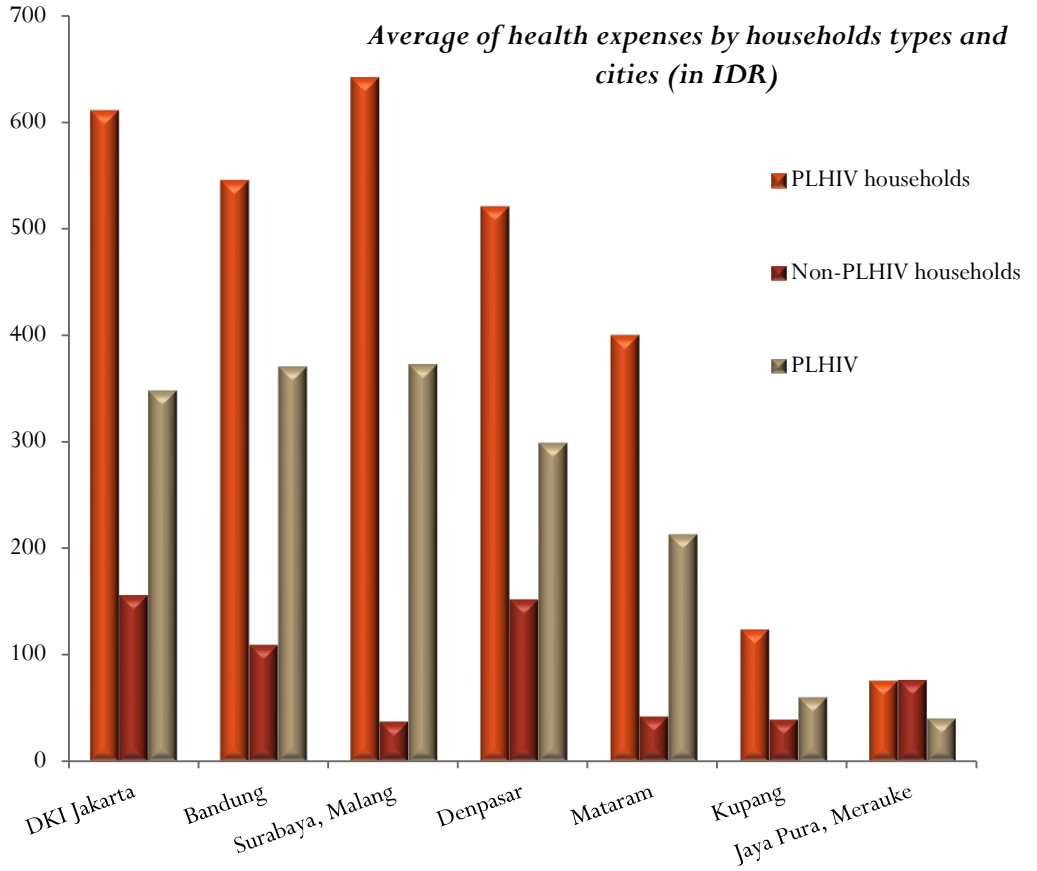
- PLHIV-households spent 5 times more than non-PLHIV households on medical expenses

- Average medical expenses of PLHIV alone are 3 times higher than the total medical expenses of non-PLHIV households



Medical expenses - provincial variation

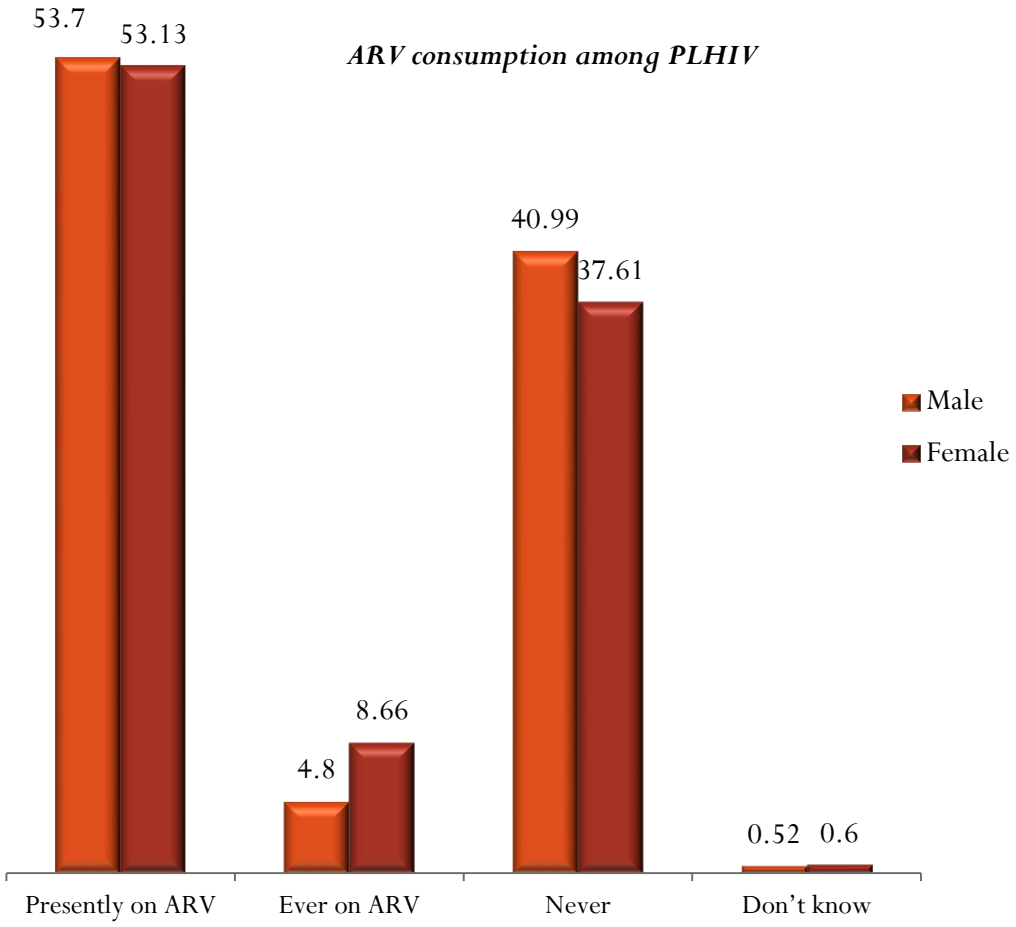
- Medical expenses 17 times higher in Surabaya-Malang
- 9.5 times higher in Mataram



ARV consumption

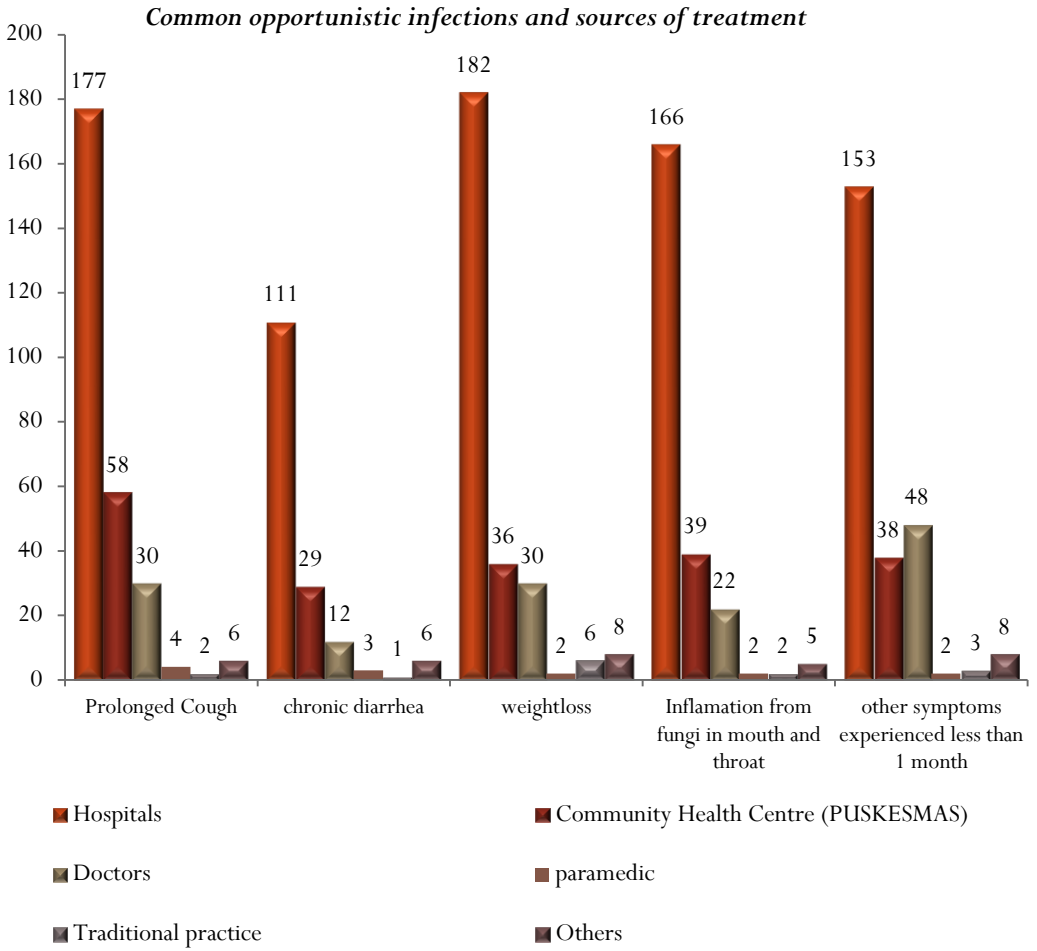
- 53.7% of the respondents said they use ARV, mostly supported by the Government

- Incidence of opportunistic infections fallen to 35.4%, commensurate with increasing ARV coverage as well as increased access to treatment.



OIs and places of treatment

Most PLHIV access treatment in government hospitals and community health centres - need for health and community systems strengthening.

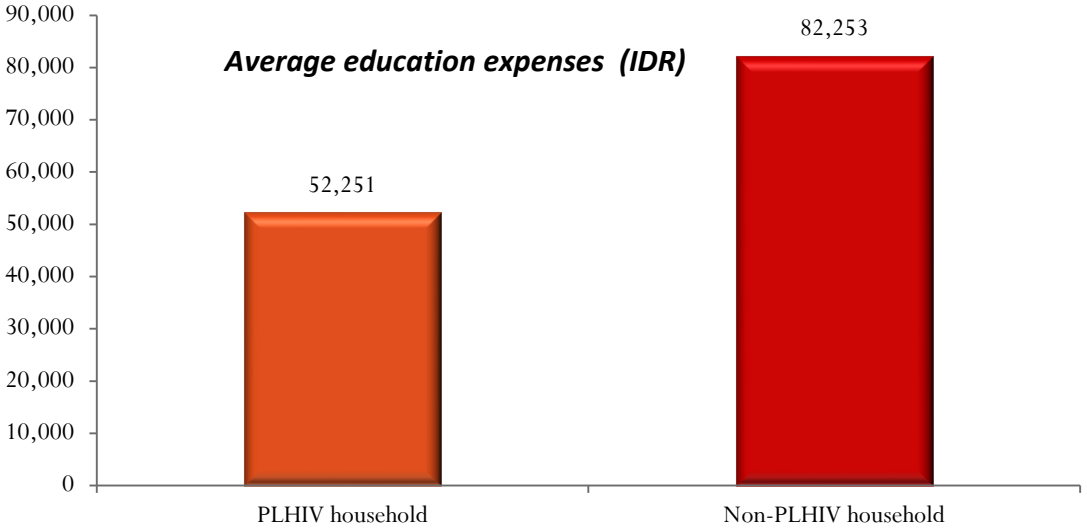


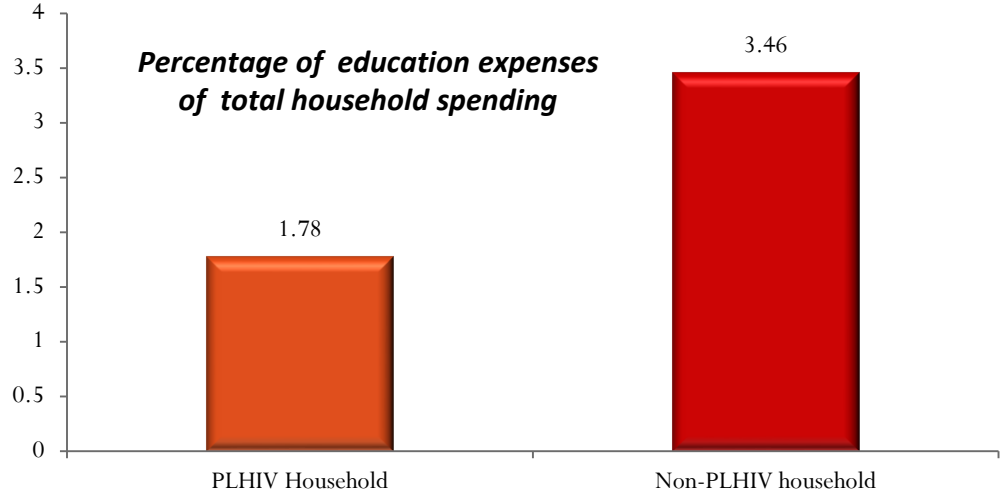
Education and gender

Education expenses

- HIV households spend 36% less on education compared to the non-HIV households.

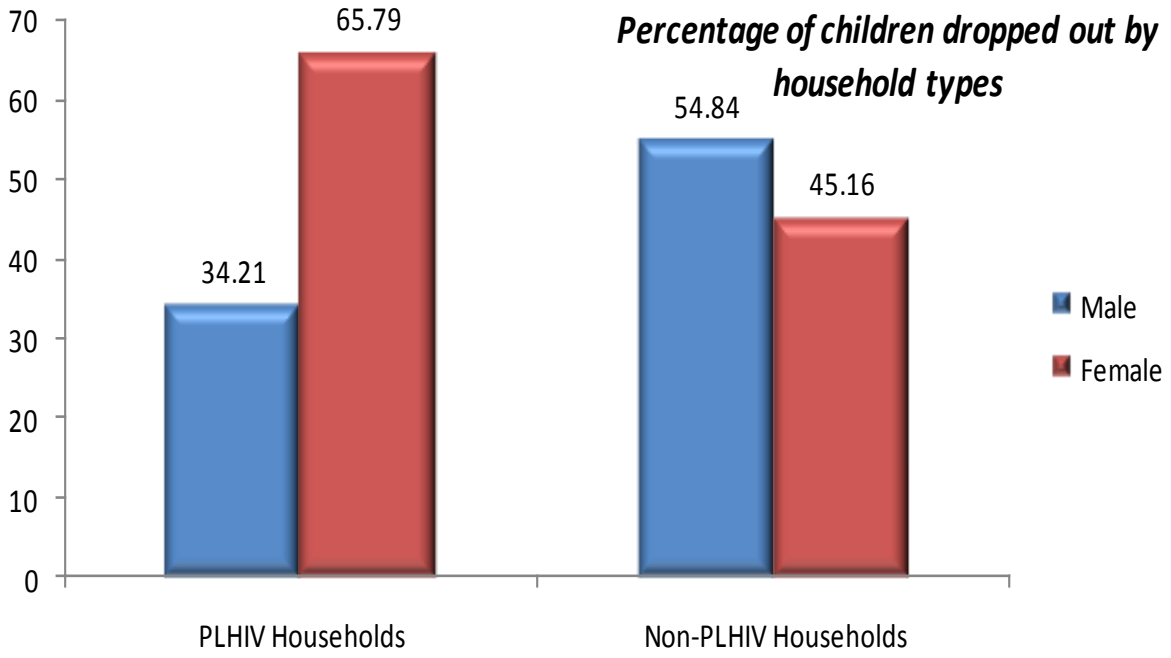
- Non-HIV households spend 3.46% of household income on education, for HIV households, it is only1.78%.





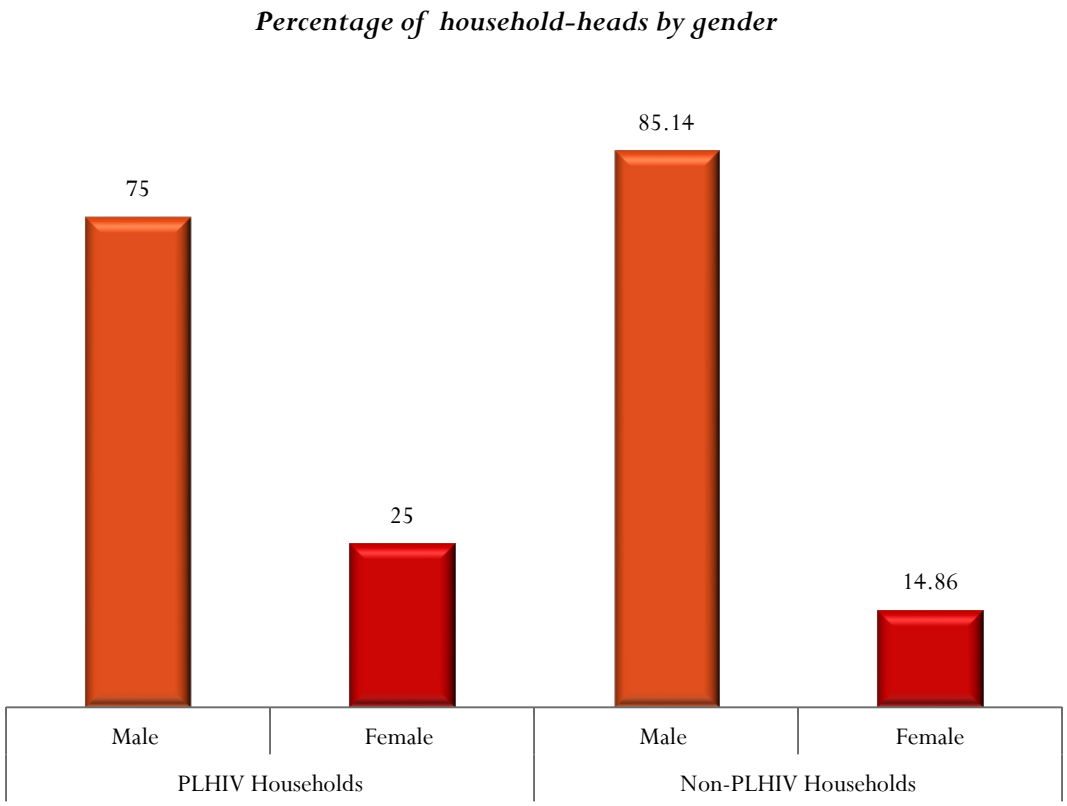
School drop out

- School drop-out among PLHIV-households significantly higher
- Drop-out higher among higher classes compromising higher education
- Twice as many girls drop out compared to non-PLHIV households
- Considerable absenteeism – twice compared to non-PLHIV households



Household-heads by gender

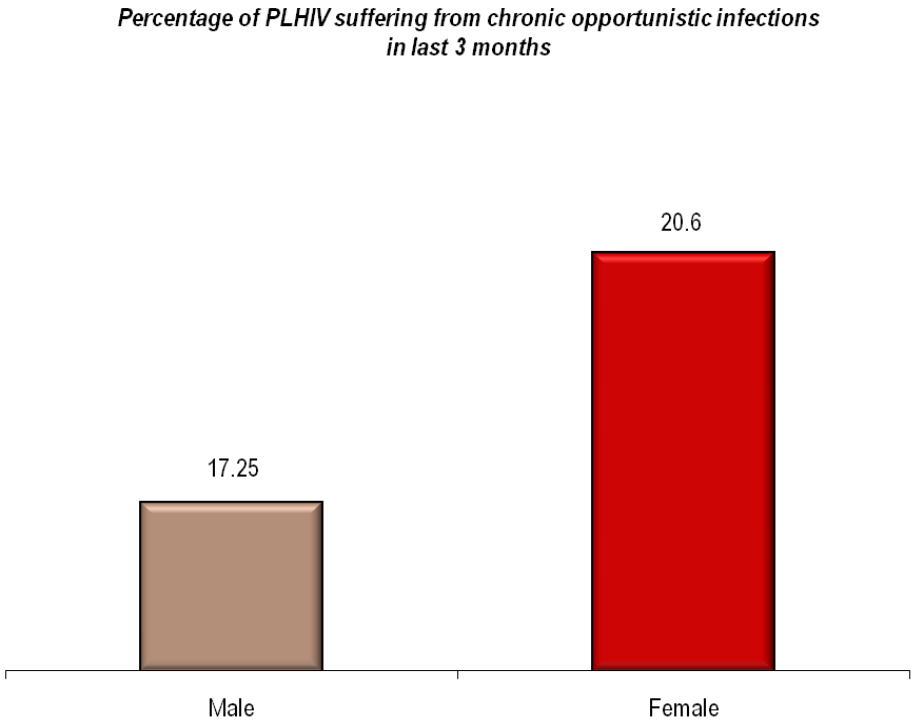
Women-headed households 10% higher in the HIV-affected families.



Chronic OIs by gender

- HIV-related illnesses and morbidity are higher among women – lack of attention and medical care

- 20.6% women had chronic OIs during last 3 months as against 17.25% men



Gender disparity in treatment

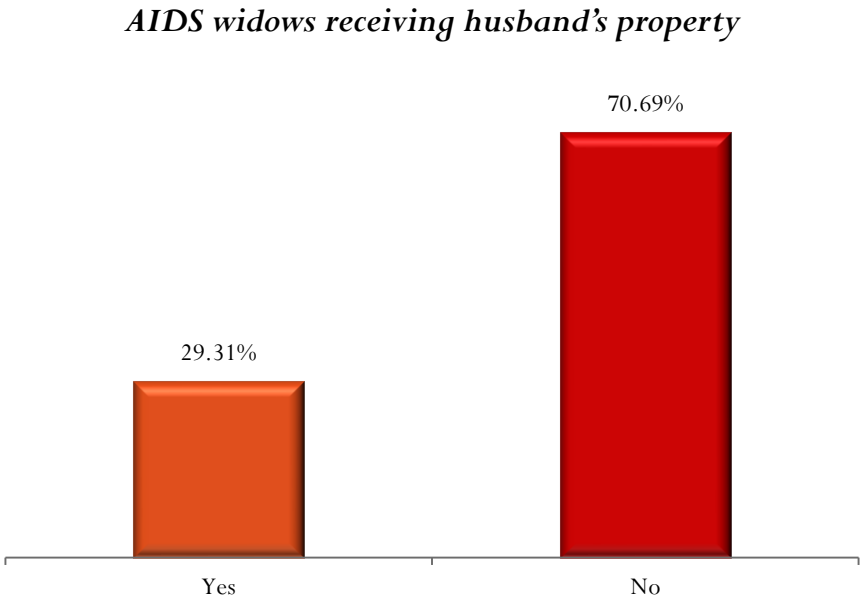
- Twice as many women as men reported difficult access to healthcare facilities (20.83% Vs 10.31%) as the major reason for accessing treatment.

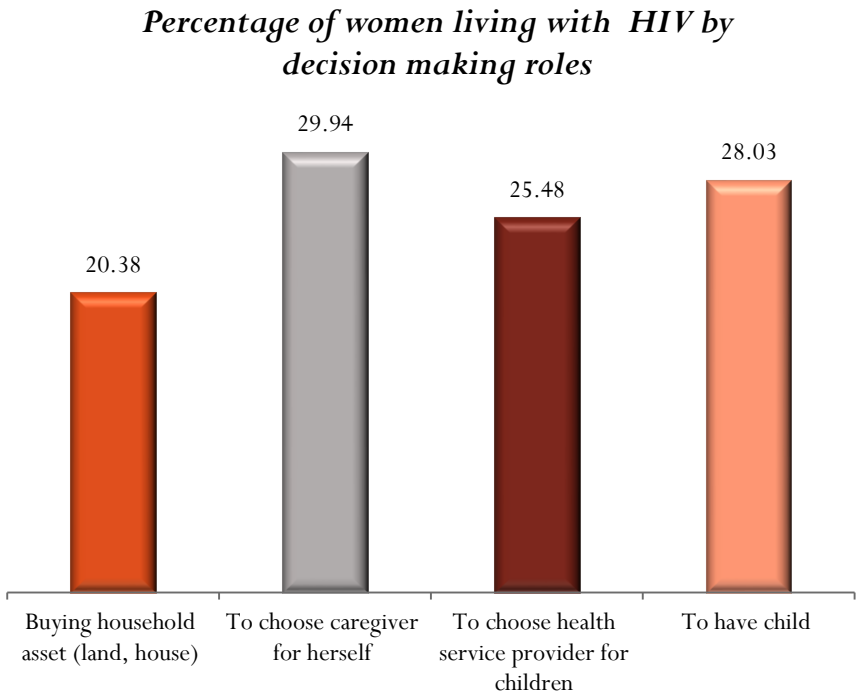
- Higher number of women (23.6% against 16.03% men) also cited fear of disclosure to the healthcare provider as a reason for not accessing treatment

Percentage of PLHIV with opportunistic infections not taking treatment by reasons

Reasons	Male	Female	Total
(1)	(2)	(3)	(4)
Cannot afford medical cost	48,47	37,50	47,68
Health facility difficult to reach	10,31	20,83	13,00
Afraid of being known his/her HIV status by health provider	16,03	23,61	18,27
Afraid of discrimination	10,31	8,33	10,22
Other	14,89	9,72	14,24
Total	100,00	100,00	103,41

Decision making roles: women living with HIV





Summary

- Significant impact on income, employment, assets and savings
- Compounding deficit in family budgets leading to impoverisation
- Borrowing and liquidation of assets high
- Education, particularly in higher classes and of girls badly compromised
- Serious impact on women: education-health-care burden-household burden etc
- Health expenses crippling; compromises other expenses
- Stigma in residential and healthcare settings high; low self esteem
- Social protection considerable relief
- Increasing ARV coverage and reduction of OIs
- Government major source of support

Recommendations (1)

- Impact mitigation efforts should be an integral part of the national and provincial AIDS strategies – should be budgeted
- Impact mitigation efforts should be aimed at the household levels
- Local socio-economic variations of the impact may be seriously considered while designing and implementing impact mitigation steps
- HIV should be strategically integrated into social protection schemes , and specific social protection schemes may be designed to address PLHIV-households
- Steps are needed to address stigma and discrimination, in both community and public services settings. A combination of legal empowerment and awareness creation may be strategically implemented.

Recommendations (2)

- Time-bound plans required to address discrimination in the hospital settings
- Special attention on the multiple burden of women, spousal transmission and low access to information and services, including treatment should be prioritised
- Considerable efforts required to increase coverage of treatment, including for OI and ARV. Particular attention should be paid to bring more women into the treatment coverage.
- Treatment drop-out also should be seriously addressed.
- Specific efforts should be made to ensure that children from PLHIV-households are not pulled out, particularly in higher classes

THANK YOU

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