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Gender Inequality and AIDS

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Gender inequalities in, among other things, education, income, property ownership, and power, are often cited as factors that fuel the HIV/AIDS epidemic (see, for example, Human Rights Watch, 2003). One specific pathway through which inequalities can impact the spread of HIV/AIDS is transactional relationships where young/poor women receive gifts from older/wealthier boyfriends. Transactional relationships, which imply concurrent relationships as opposed to serial monogamy, are common in many parts of the world. Such relationships, combined with the penetration of global consumer goods into poor countries, imply that income inequalities between genders might exacerbate the epidemic (Epstein, 2004). While this has been hypothesized, testing it empirically requires data on both this specific inequality and HIV/AIDS. Over *et al.* (2004) examine the relationship between income inequality and AIDS at a cross-country level and Lin has examined this relationship for the United States at the state level. Using data for Thailand, this paper aims to examine the relationship between gender inequality and patterns of the AIDS epidemic (i) by constructing appropriate inequality measures that reflect economic inequalities between young women and older men, and (ii) by utilizing HIV and welfare data at the local level in a single country. Our approach avoids using a possibly weak proxy (such as a Gini coefficient) for the kind of inequality that might matter for the transmission of HIV and models the question at the appropriate local level avoiding possible aggregation bias.

This study will use multiple sources of data from Thailand. For province-level analysis, the household data source will be the Socio-Economic Survey, a national survey representative of the 76 provinces of Thailand. Given the gap in time between contracting HIV and developing AIDS, we will use both latter and earlier rounds of the SES data, going back to 1994. These data will be combined with information on the number of AIDS cases in each province from the 2002 sentinel surveillance. Since the household survey data are not representative below the province, district-level analysis will utilize data from the 2000 Population Census, along with the imputed household consumption measures constructed for the Thailand poverty mapping exercise. District-level AIDS cases will be identified from careful matching with the 2002 sentinel surveillance.