



AIDS AND WOMEN'S CRUX IN INDIA (MANIPUR)

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Manipur 795008**Abstract**

The paper is focused on the women's living in HIV/AIDS affected in India. Women are already economically, culturally and social disadvantage lockage access to treatment, financial support and education. The paper is attempting to explore the situation they have been facing from various quarters. Stigma and discrimination is the only way through which they suffer unbearable mental stress in life. This paper integrates about the reasons of women's suffering from this dangerous disease and what is our government doing to stop this disease? How it remains successful to help the women's in facing the real world.

Keywords: HIV/AIDS, Sexual Violence, Women

HIV/AIDS is now a global pandemic, reported from every country. An estimated 33.2 million people are now living with

this disease. The figure are gradually increasing in spite of various activities. More than 95% of people living HIV/AIDS are low or middle income group and now the female PLHA comprises 50% of all PLHA. The increase of children PLHA, now over 2.5 million is a great concern.

India is the third largest HIV cases in the world, as in the USA and African countries; the rate of infection among women continues to rise faster than that of men. The health care of women is virtually neglected except, marginally, in the reproduction context. Economically, women have less access to the job market due to limited access to education and persisting gender bias. In the work place the status of women is lower than that of men and they experience rampant employment discrimination with the sanction of law, and sometimes even sanctioned by the court. For the most part, women are financially dependent on men. In most households, men are the decision makers. Large numbers of women are subject to mental, emotional, and physical cruelty. There are biological, social, legal, cultural, political and economic factors that make women more vulnerable to HIV/AIDS.

Manipur is one of the six high prevalence states in India with 1.13% of the general population estimated to be HIV infected. A lot of activities are underway to reduce the transmission of HIV from injecting drug user, Heterosexual, mother to child and from blood transfusion. When in Manipur HIV infection because first disease having no treatment. With the remarkable studies worldwide, this disease is now termed as a chronic manageable disease like other known chronic disease e.g. Diabetes, Hypertension, etc.

In 2002 study released by National AIDS control organization, India NACO shows that the incidence of HIV/AIDS is increasing among women and touches in general public. One in every three cases reported in India is a women, with heterosexual transmission being the single most common mode of transmission. In India, of the 2.47 million people living with HIV/AIDS, 39% are women

(NACO 2006). Current estimates place the national average adult HIV prevalence at 0.3 percent.

But, HIV infection varies greatly across the country. About two-thirds of reported HIV infections are six of country's 28 states and 7 union territories (Andhra Pradesh, Tamil Nadu, Maharashtra, Manipur, Nagaland and Karnataka), where prevalence is 4 to 5 times higher than in other Indian States (UNAIDS India 2007) To Dr. Shalini Bharat "women living with HIV/AIDS are often blamed. Ostracized or thrown out of their homes, while care is provided to the infected male partner. They are also determined access to training, shelter, and care and support" (Ramasubban 2000) HIV positive women fighting for right to life, fighting for their children, fighting against all odds are many times sexually abused and tortured by people who are considered as savior to them (Niken 2006) when they approach for help, they are welcomed and helped only to abuse their rights. HIV women seeking ART drugs for life was reportedly learned by a person working in ART centre. It is a new dimension of exploitation against HIV women. As of today ART is a life long therapy. Still the total eradication of HIV from an infected person is not possible at present.

The world is only beginning to recognized that the HIV is now a predominately female disease and that its violence against women in many countries. (Udita 2009) 2 million women were newly infected with HIV in 2002, and 1.2 million died of AIDS that year. 2.5 million of the HIV positive. Of the 14,999 new daily HIV infections each year, more than 1600 occur during pregnancy, childbirth and the postnatal period, women are four times more likely to contract HIV from infected makes them vice versa. Women make up 50% of those suffering from HIV worldwide.

The problem faced by women in Manipur in regards to AIDS affection can be discussed in three headings:

Stigma and discrimination: Stigma and discrimination is pivotal factor that violate human rights of people living with HIV/AIDS. Stigma is a common human reaction to



disease. Goffman defines "Stigma, is general, as an undesirable or discredit attribute that an individual possesses, thus reducing that individual's status in the eyes of society." Stigma can result from a particular can result from a particular characteristic, such as a physical deformity, or it can stem from negative attitude toward the behavior of a group, such as homosexuals or commercial sex worker. (Goffman 1963) Women who belong to poor or back word status are often denied access to basic Human Right. This discrimination renders them more vulnerable to HIV, as they have less power to protect themselves from infection. Experiences of and fears about discriminatory treatment cause many to conceal their status and deter many people from seeking care.

In general women can not disclose their suspicions of HIV infection. In most of the cases, they are just tested only when their husband died. On the other, rumor of the locality seem to strengthen her power the negative way to hide or far away which to the principal cause of stigma and discrimination, as well as the consequences to be followed in her future days. Women positive have also take greater share of the burden of caring for the sick. When they themselves fall ill, they face more problem than men.

Violence against Women: World Health Organisation has adopted the following definitions of physical and sexual violence to aid in research and programming, concentrating on identifiable acts.

Physical means a women has been: slapped, or had something thrown at her; push, slapped, or hair pulled; hit with a fist or something else that could hurt; choked or burnt; threatened with or had a weapon used against her.

Sexual violence means a women has been: physically forced to have sexual intercourse; had sexual intercourse because she was afraid of what her partner might do; or forced to do something sexual she found degrading or humiliating, though recognized as a serious and pervasive problem,

Emotional violence does not yet have a widely accepted definition, but includes, for instance, being humiliated or belittled; being scared or intimidated purposefully.

Domestic violence means a women has encountered any of the above types of violence, at the hands of an intimate partner or ex-partner; this is one of the most common and universal forms of violence experienced by women(Preeti 2000)

Sexual violence can occur, from the bedroom to the refugee camp, and how it can result directly in HIV infection. It may not kill immediately, like a bullet, but it can kill slowly, sex and life by undermining women's ability to protect them in our society.

Table No. 1 : State wise details of counseling, Testing & PPTCT Services provided to pregnant Women for the period

April-Dec. 2010 (descending order to percentage) NACO

Sl No	State/UT	No of ANC Registration	No of HIV Positive pregnant women	Percentage
1	Nagaland	10,628	111	1.07 %
2	Chandigarh	18,821	156	1.00 %
3	Meghalaya	14,065	74	0.86 %
4	Mizoram	12,935	105	0.73 %
5	Manipur	33,395	183	0.56 %
6	Maharashtra	611,753	2887	0.50 %
7	Goa	10,438	42	0.47 %
8	A. Pradesh	645,567	2,733	0.44 %
9	Karnataka	551,497	2232	0.42 %
10	Annachal Pradesh	7,036	3	0.40 %
11	Chhatisgarh	56,855	118	0.25 %
12	Bihar	179,372	279	0.24 %
13	Delhi	174,376	272	0.22 %
14	Punjab	94,032	166	0.19 %
15	Gujarat	395,211	674	0.18 %
16	Jharkhand	42,066	73	0.18 %
17	Daman & Diu	1,147	2	0.17 %
18	Odisha	163,755	195	0.16 %
19	Uttarakhand	30,936	39	0.14 %
20	Haryana	80,907	82	0.13 %
21	Madhya Pradesh	260,893	151	0.13 %
22	Tamil Nadu	689,181	887	0.13 %
23	Rajasthan	275,572	272	0.12 %
24	West Bengal	267,900	195	0.12 %
25	Puducherry	37,469	23	0.11 %
26	Uttar Pradesh	385,052	315	0.11 %
27	Tripura	8,010	7	0.09 %
28	Kerala	101,427	62	0.07 %
29	Assam	118,485	60	0.06 %
30	Himachal Pradesh	27,183	15	0.06 %
31	J & Kashmir	104,020	14	0.06 %
32	Dadra & Nagar	1,735	1	0.06 %
33	Sikkim	3,874	1	0.02 %
34	Andaman & Nicobar Islands	4,472	0	0.00 %
	All India	5,420,065	12,429	

Table No. 1 shows the details of state-wise number of ANC cases registered, Pre-Test counseled, Tested for HIV and detected positive are given .

The six States in India are identified as high prevalent state i.e. Nagaland, Chandigarh, Meghalaya, Mizoram, Manipur and Maharashtra. In Manipue out of 652687 blood samples screened upto 2012, the total number of HIV is 42,116 among them 11,778 are women and 2773 are children. As per Sentinels Surveillance Report 2008, the rate of HIV prevalence among the various category is as follows: Injecting Drug Users(IDU) - 28.65%; Pregnant Wonem (ANC) - 0.5%; Men having sex with Men(MSM) - 17.21%; Female Sex worker (FSW) - 0.87%; STD Patient - 2.9%.

As the HIV/AIDS epidemic in Manipur has penetrated into the general population from the IDUs through sexual rout, the epidemic among women has become alarming day by day. A study of AIDS awareness and sexual behavior among youths in the age group 15 to 24 years, undertaken as part of the National Family Health Survey-3 (2006) that publish on 2008, reveals that around 43.8% females and 56.1% males have comprehensive knowledge



of HIV and AIDS. In the 15 to 40 age group, the figure stands at 98.5% among women and 99% among men. One of the most common forms of marriage among Meitei Hindus, the dominant community in the State, is marriage through elopement. There are diverse viewpoints on the feasibility of this method. Traditionalists say it gives the girl a more democratic and empowered role in choosing her life partner.

The Right to Health uniting Manipur against AIDS: Every man has the human right to the highest attainable standard of physical and mental health without discrimination of any kind. Universal declaration of Human Rights mentioned that (1) Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of employment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control. (2) Motherhood and childhood are entitled to special care and assistance. All children, whether born in or out of wedlock, shall enjoy the same social protection (UNAIDS 2002).

The second International Consultation on HIV/AIDS and Human Right(E/CN. 41 1997/37) brought together 35 experts in the field of AIDS and human right; comprising government officials and staff of national AIDS Programmes, people living with HIV/AIDS, human rights activists, academics, representations of regional and national networks on ethics, law, human rights and HIV, and representatives of United Nations bodies and agencies, non-governmental organizations and AIDS service Organization (ASOs) were held in Geneva from September 23 to 25, 2006.

Issues and challenges facing by HIV women in the form of domestic violence become a hot question of Human right violation. Social view and legal negligence deprive their dignity of life and womanhood. Even before her HIV + husband died they have been suffering domestic violence. Since then their parental home usually do not welcome them back on the one hand and parents-in-law committed different strategy to chase out of their families. If both the spouse infected HIV/AIDS, the wife seems to lost moral rights from the family and socially as well.

Gender violence clearly remains a subject of passionate debate in many parts of world. Yet the kinds of measures needed to remedy this deplorable situation, especially in this new world of AIDS risk. Strengthening the legal framework, both at the international and national level, is

obviously crucial. So in order to survive in a world with AIDS, we need to protect the sexual and reproductive rights of women. While the International Criminal Court now recognizes rape and other forms of violence against women as a crime against humanity in time of war, governments urgently need to enforce national laws that criminalize gender violence and abuse.

The best laws will have little effect if there is not a strong will to enforce them. For millions of girls and women worldwide it is clear that violence, AIDS and human rights abuses are experienced. It is our obligation that respect and concern for human rights of the child as well as equality between men and women, must be at the core of a collective response to this disease. However, it should support ethical, legal and human right aspects at all levels and help government to draw up supportive legislation, as well as to transform social value relating to male behavior and attitude toward the girl-child, as both are crucial for preventing violence against women and the spread of HIV/AIDS in the country. Effective action to enhance human security reduces the threat of HIV/AIDS.

Remedial Steps: The most important needed for the precaution may be taken up for prevention against the virus, to avoid pre-marital sex, insist on voluntary pre-marital HIV testing among boys and girls, stick to monogamy after marriage, under unavoidable circumstances, use condom correctly and consistently, never share injecting equipment or any skin piercing instrument with others, use only HIV blood for transfusion patients, PLHIVs to be included in the decision making bodies of the women in MACS.

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