CHAPTER III

THE STUDY AND SOCIO-CULTURAL CONTEXT OF MANIPUR
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The Chapter is divided into two parts. The first part deals with the review of literature, the significance/relevance, the objectives, the methodological tools and the sampling procedures of the study. In the second part, it situates the study in the socio-cultural context of Manipur.

Part I: The Study

Review of Literature

There has been considerable literature examining the cultural differences in response to illness, patterns of providing care, and beliefs about health practices and medicine. There are important and significant studies undertaken by sociologists and anthropologists in the field of health in India. For example, Marriott (1955) and Carstairs (1955) were the first to carry out formal social science studies in this field in India. Marriott (1955), in his study of the western medicine in a village of Northern India, attempted to analyse the cultural problems involved in introducing what was considered to be more effective medical technique to a ‘conservative’ village. He has highlighted the importance of the cultural valuational aspects of medical role like trust, responsibility, charity power and respect which are important for interpersonal relations in the medical sphere. Analysis reveals several strains and conflicts that have existed in the past between the roles assumed by indigenous and western medical practitioners have acted as barriers to the spread of western medicine.

Carstairs’ (1955) study of medicine and faith in rural Rajasthan outlined the importance of ‘faith’ and ‘assurance’ in the
patient which the traditional medicine establishes while the modern medicine, lacking this 'aura of conviction', focuses on showing result dramatically and without delay. His conclusion was that sickness is as much as physical crisis to the people of rural India. Further, Mathews (1974) spent over two years (1970-72) to carry out a health focussed village study in the North Arcot district of Tamil Nadu. The main emphasis was on villagers' own beliefs in causes and treatment of different diseases, different types of healers, maternal and child health and family planning. She has emphasised on the importance of understanding beliefs of people and communication gap between a doctor and a patient in particular. She has also drawn attention to the effect of poverty on health.

Furthermore, Pokarna (1994) conducted a study of two villages of Jaipur to examine the structure of beliefs and practices in relation to health and disease. The study clearly pointed out that the modern health care delivery system has not made much headway in the rural areas and that the traditional healers continue to play a predominant role in the treatment of diseases through magico-religious, herbal and massage therapy. Most people still believe health as the absence of disease and the normal functioning of the body. Diseases are still believed to be caused by sins and are considered as an outcome of physical conditions and supernatural deistic and demonestic beliefs (Pokarna, 1994). Thus, most of the studies reviewed so far are based on observations in the field and lack variability in methodology. These are primarily exploratory and to some extent diagnostic in nature.

Systematic studies of the relationship between culture and health practices in the context of Manipur are very few. There are some studies on AIDS. It is found by many studies (Balwar and Jayaram, 1991; Lal et al., 1994) that students/youth as well as
general population today are increasingly knowledgeable about HIV/AIDS. Balwar and Jayaram (1991) conducted a community based cross-sectional, analytical study among children aged 13 to 19 years, who were studying in high school, intermediate or graduate classes, in a rural area of Maharashtra. Findings of the study reveal that the general awareness of AIDS was very high, with more than 90 percent of the respondents having heard of AIDS and also identifying it as an important health issue in our country. However, less than 50 percent knew correctly about the etiology of AIDS, or the difference between HIV and AIDS.

Studies have also found the difference in the knowledge level related to HIV/AIDS among the students from urban and rural areas. For example, Lal et al., (1994) in their study of the knowledge and attitudes of university students regarding HIV/AIDS found that the knowledge of urban students was significantly better than their rural counterparts. A majority of the urban students knew that AIDS is a killer disease carrying high mortality. However, the rural students had significantly less awareness regarding the fatality of the disease. It was also revealed that the level of knowledge was uniform between male and female students. However, some studies have reported a better knowledge about AIDS among male as compared to female students (Lal et al., 2000).

Studies also pointed to the misconceptions regarding AIDS specially those related to its modes of transmission. For instance, Benara et al., (1992); Chandra et al., (1993); Lal, et at.(1997), in their studies found that a majority of the students were in favour of isolating AIDS patients and against letting them work in various public places. Surveys also identified substantial deficiencies in knowledge of AIDS in certain key areas. For instance, majority of students considered AIDS as a curable disease (Verma et al., 1994).
Sudha, *et al.* (2005) conducted a study on the awareness, attitudes and beliefs of the general public towards HIV/AIDS in Hyderabad. It was observed that there was good awareness level toward the modes of HIV transmission and prevention but still some areas needed special attention. A majority of the respondents were ready to take care of their spouse/child but almost nobody was willing to reveal the HIV status to others if he/she or any other family member turns out to be reactive, which could be basically due to the fear of discrimination from society. In another study by Singh *et al.* (2002) about the attitude of students towards HIV/AIDS patients in Varanasi study, it was found that more than 51 percent of the students responded that they would like to be friendly with HIV/AIDS while 37.5 percent were against the friendly relationship. More than three-fourth of the students had the attitude that identity of a student with HIV/AIDS, if admitted to their college should be disclosed.

As far as Manipur is concerned, a few studies have focused on the general population. For instance, Sehgal *et al.*, (1997) conducted a study to assess the knowledge, attitude, beliefs and practices relating to AIDS in Manipur among the general population. They found that a majority of the respondents were aware of AIDS and loss of immunity in an AIDS case. The respondents cited mass media like newspapers, radio, T.V. and also friends as their sources of information about HIV/AIDS. The study also revealed that majority of the respondents (67.9 percent) knew about the modes of transmission of HIV/AIDS and precautions from catching HIV infection/AIDS.

In another study conducted over a period of two years in Imphal city regarding HIV testing and counseling among Injecting Drug Users by Sarkar *et al.*, (1995), the findings showed that although a majority of the subjects (93 percent) knew that HIV may
be transmitted through needle sharing from a healthy looking
person, a huge percentage (70 percent) of IDUs still engage in
sharing an unclean needle. It was also found that counseling and
testing offered in Manipur are definitely not intensive and aimed at
abstinence rather than safe injection.

In another investigation by Thomas (1997) on the social
context and community perception of HIV/AIDS prevention in
Churachandpur district of Manipur, IDUs showed much greater
awareness about HIV/AIDS risk than all the other respondents.
According to the respondents, an injection culture is prevalent and
is considered to be a magical solution for any disease in the study
area. Some of the respondents were aware that through unscreened
blood transfusion, HIV transmission could occur and according to
few respondents, everybody in the project area was at risk.

The review of literature thus indicates that though college
going students/youth are increasingly knowledgeable about AIDS
and HIV transmission, substantial confusion is also observed. The
studies did not reveal the influence of informal and formal
education on health practices and diseases among the students.
Further, none of the studies on adolescent students and youth
have examined the important question of whether or not students
are communicating with their parents about HIV/AIDS and
whether or not schools/colleges or teachers are playing any role in
impacting knowledge about health and disease in general and
particularly about HIV/AIDS. It is this gap that the present study
tries to bridge. It aims to provide a social and cultural context to
the HIV/AIDS awareness among the college going students in
Manipur. It attempts to understand the extent of AIDS awareness,
the role of the family, the peer groups, the community and the
schools/colleges in educating students about health practices and
diseases like AIDS. It also examines the perceptions of students on
aspects of stigma and discrimination with respect to persons with HIV/AIDS.

**Significance of the Present Study**

As discussed so far, HIV/AIDS has penetrated into the Indian society in recent years. Nearly 2.5 million people are reported to have been affected by the HIV. It has penetrated into every district of Andhra Pradesh, Maharashtra, Karnataka, Manipur, and Nagaland with a prevalence rate of 1 percent or more, causing national and international concern. The prevalence of 1 percent or more is a marker of a generalised epidemic which is not restricted to any one group. Beyond this threshold, the number of patients with HIV would be on rise as it is difficult to control a generalised epidemic. In several districts in the states mentioned, the prevalence rates are as high as 5 - 6 percent. In Manipur, AIDS has emerged as a new and serious public health emergency, spread through IDUs. The highest proportion of HIV positives also comes from 21- 30 years age group (43.26 percent) and this high prevalence of HIV in the age group 21-30 years shows the vulnerability of the college going youth to the epidemic.

In this context, the under-graduate college students are the most vulnerable group to HIV/AIDS epidemic. Assessing their perceptions and interpretations on various aspects relating to a disease like HIV/AIDS is an important pre-intervention strategy in developing culturally sensitive HIV/AIDS prevention programmes. Besides, the influence of informal and formal socialisation in terms of health practices and disease are enormous. Understanding these roles or influences will be useful in generating awareness among students of different cultural backgrounds and in preventing further spread of HIV/AIDS epidemic.
The present study may be useful in planning future health, educational and participatory programmes/policies for undergraduate college going students both for the government and other concerned non-governmental organisations and civil society. It is also hoped that programme implementers such as school and college teachers, health workers and social workers, and policymakers may find the study valuable in adopting better approaches for the execution of their programmes. Most importantly, the study is a unique attempt to understand the issue of AIDS awareness from the vantage points of sociology of education, sociology of health, medicine and public health perspectives.

**Objectives of the Study**

The broad objective of the present study is to understand how undergraduate college students perceive, interpret and respond to the issues of health and disease like AIDS within their socio-cultural context.

The specific objectives of the study are as following:

1. To understand the extent of information and awareness about AIDS among the students.
2. To assess students’ perceptions of the disease and their attitudes towards people who are HIV positive and AIDS patients.
3. To study how the informal family context shapes students’ perception of health/disease in general and AIDS in particular.
4. To investigate the strategies adopted by formal socialising agents like schools and colleges in addressing the issue of AIDS awareness and how do they propagate information of a disease like AIDS.
5. To study the perceptions of students on issues of stigma attached to HIV/AIDS. Here the experiences of AIDS patients and those without it would be collected in order to construct case studies of people and their perceptions of the societal responses towards those with AIDS.

Methodology

Data Collection

With a view to provide an objective empirical support to the present study, both primary and secondary sources are used. These include documents of both government and non-governmental organisations (NGOs) and existing secondary sources on the subject. It includes published and unpublished records of National AIDS Control Organisation (NACO), Government of India; Status Reports of National AIDS Control Programme, Manipur State AIDS Control Society (MACS), Imphal; newspaper clippings etc. The primary data is collected from various respondents though the focus was mainly on perceptions of students in under-graduate colleges of Manipur. Observations of the Principals, teachers on the campus who have the opportunity of intimate contact with the students and officials of the Manipur State AIDS Control Society are also included. Besides, the researcher spoke to the parents, community members and traditional healers in the community in order to understand the socio-cultural roots of health beliefs and practices within the Manipur society.

Tools for Data Collection

The present study used a pre-tested, semi-structured interview schedule to collect data on health beliefs, practices and behaviours relating to HIV/AIDS from the under-graduate students. The interview schedule includes questions for assessing the information and knowledge, perceptions of students towards
HIV/AIDS. Questions on awareness about different aspects of HIV/AIDS such as etiology, high-risk groups, modes of transmission, treatment and methods of prevention are also included in the schedule. Separate interview guides are used to collect data from the parents, teachers and Principals regarding the cultural and institutional roles of socialisation.

Interviews are also conducted with the local physicians or traditional healers (Maibas and Maibis) with the help of an interview guide to understand the roles played by them in dealing with a disease like AIDS. Informal interviews are also conducted with the officials of the Manipur State AIDS Control Society to get their observations on the issue. Besides, efforts are made to develop case studies of HIV/AIDS patients in order to understand the perceptions of the societal responses towards those with AIDS.

**Sample Selection**

As reported earlier, the study is conducted among the undergraduate students and their families in Manipur. In the present study, multi-stage quota sampling is used to suit the purposes of the study. In the first instance, the colleges are selected based on their location in high, medium and low HIV prevalence districts of Manipur.

Though all the nine districts in Manipur are affected by HIV, they vary in their degree of prevalence. For the present study, three colleges are selected from the three districts based on highly, medium and less affected districts by the epidemic in the state - Imphal, Thoubal and Chandel. All the three colleges are co-educational.

*D.M.College of Arts:* This College is situated in the heart of Imphal, the capital city of Manipur. According to Epidemiological Report of Manipur State AIDS Control Society (MACS), out of the total HIV
cases in the state, Imphal East and West districts combined accounts for 56.33 percent with 13091 HIV positives. Imphal West is one of the AIDS high prevalence districts in India\(^1\). The seropositivity rate of the Imphal district (west and east combined) is 14.63 percent. Many of the students in this college are both from rural and urban areas. However, majority of the students in this college belong to Meitei community.

**Thoubal College:** The College is located at Thoubal district, one of the valley districts of the state. Out of the total HIV cases in the state, 10.08 percent with 2343 HIV positives are reported from this district. Thoubal district is also one of AIDS high prevalence districts in India. The seropositivity rate of the district is 9.47 percent. Students, in this college, are also both from the rural as well as urban areas. Majority of the students are from Meitei community.

**South East Manipur College:** This College is located at Chandel district, one of the hill districts of the state and also share an international border with Myanmar. Out of the total HIV positive cases of the state, about 5 percent with 1179 positives are reported from this hill district. However, in Manipur, the highest seropositivity rate (21.75 percent) is witnessed in this district. Majority of the students are from rural areas and predominantly from tribal communities.

In the second stage, efforts are made to include at least 50 students from each college. To be specific, the number of students included in the study are 50, 52 and 53 from DM College of Arts, Thoubal College and South East Manipur College respectively. The

\(^1\) Imphal district was bifurcated into Imphal East and Imphal West districts. As of now, the data on HIV positives for the two districts is shown as a combined one for both the districts by MACS. Out of the 49 AIDS high prevalence districts in India according to NACO, four are in Manipur. The details in this regard discussed in Chapter II.
sampling procedure adopted at this stage of selecting respondents is purposive sampling keeping in view the intention of taking both men and women, and rural and urban students in equal proportions. The data analysis, however, presents an additional variable of ethnic category (tribal or Meitei) in order to enhance the understanding varying cultural contexts. However, it may be pointed out that the tribal and Meitei students are not equally distributed and sample has higher number of Meitei students compared to the tribal students.

**Part II: Manipur: Socio-Cultural and Historical Context**

Manipur, literally meaning the 'jeweled land', is a predominantly hilly state which is situated in the easternmost part of India bordering Myanmar. It has an area of 23,327 square kilometers and is bounded on the north by Nagaland, on the west by Cachar of Assam, on the east by Burma (Myanmar) and on the south by Mizoram and Chin state of Burma. The state of Manipur is divided into nine districts, namely, Imphal West (capital), Imphal East, Thoubal, Bishnupur, Chandel, Churachandpur, Senapati, Tamenglong and Ukhrul. Nature divides Manipur into valley and hills, which surround the central valley. The hill areas constitute about ninetytwo percent of the total geographical area of state. The hills are inhabited by numerous tribes who are broadly classified into two groups- Kukis-Chins and Nagas. The valley is inhabited mostly by the Meiteis and the Pangans (Muslims), besides smaller communities who migrated from different parts of India. The Manipur valley has been described by C.J. Lyall as “....singular oasis of a comparative civilisation and organised society, set in the midst of a congeries of barbarous peoples....” (Cited in Hodson, 1968). The valley is densely populated, highly fertile and has advanced technology and better social and economic organisations.
which all led to the growth of kingdoms and principalities while in the hills the political systems could not develop beyond the village society or village republics (Kabui, 1988) because of the geographical location.

Ethnologically, people of Manipur belong to the Kuki-Chin group of the Tibeto-Burman family of the Mongolian race. The Meiteis are the dominant ethnic group of Manipur, largely inhabited in the valley. Although they are genetically Mongoloid and speak a Tibeto-Burman language, they differ from the surrounding hill tribes in socio-cultural spheres including religion. Majority of the Meiteis follow a synthesis of pre-Hindu Meitei religious beliefs and practices and with those of Hinduism. Historically, due to its geographical location Manipur had cultural influences of both South Asia and South East Asia. Thus Manipur valley became the melting point of different ethnic groups and cultures from the time immemorial. The Manipuri language (Meiteilon), which is the official state language, is basically the language of the valley people (Meiteis and Manipuri Muslims). Other languages/dialects spoken by the tribes in the hills are classified under Tibeto-Burman family. Manipuri language is the lingua-franca of the state.

**Social Structure of the Valley**

Broadly there are six groups in the valley of Manipur, namely, the Meitei, the Loi/Chakpa, the Yaithibi, the Brahman (Bamon), the Bishnupriya and the Pangan (Muslim). Of these, the first three - Meitei, Loi/Chakpa and Yaithibi claim to be and are regarded by other as indigenous while the last three- Brahman, Bishnupriya and Pangan are immigrants from the plains of Assam and undivided Bengal (Saha, 1994) and other parts of India. There is a sizeable Nepalese population also. The Manipur Valley presents a
pattern of inter-group stratification while intra-group stratification is not prominent.

Originally, the name Meitei applied to one of the most powerful clans of the valley, the Ningthoujas (Constantine, 1981). From 33 A.D., when the recorded history of Manipur is supposed to have begun, for a few centuries the valley was occupied by seven clans who had divided it among themselves into as many principalities. These seven clans gradually merged with the Ningthoujas. But the clans themselves survived. For the valley people, the term Meitei is applicable to anyone belonging to the seven clans.

The Meitei society covers the entire Manipur valley; although socially they are distinguishable from each other. From functional point of view the Meitei society (that is valley society), however, does not act as a single society with interdependent parts (Saha, 1994: 79). The Loi community which is recognised as Scheduled Castes elsewhere was once part and parcel of the Meitei group. They were pushed down the social ladder by royal decrees. They and their descendents are thus non-Meiteis by branding and not by birth. Some of them have been re-admitted into Meitei community again by royal grace. They were assigned occupations such as distillation, poultry farming, sericulture, swine rearing, pottery making etc.

There are different opinions about the origin of Loi/Chakpa. The legend of the Loi/Chakpa indicates that they formed an independent tribe which ruled the valley. According to Brown (1975), the Loi is not recognised as pure Manipuri; they appear to be descendents of the former inhabitants of Moirang (one of the Principalities of Manipur which formerly occupied the valley to the south. According to one view, they were formerly independent, but were reduced ages ago by the Meiteis; hence the name Loi or 'subdued' which was given to them after their subjection.
The Yaithibis are also under the Meitei fold in all respects of cultural pattern but once considered social “outcastes”. One version of ex-communication of the Yaithibis is that they were exiled because of their indulgence in socially tabooed traditions. The Yaithibis concede that they were the outcastes but they do not accept the Meitei’s version and they give a different version for the reasons of their ex-communication. Another story says that all the criminals who were to be executed were sent to the Shugnu village. But such executions could be prevented if the wife of Shugnu Hanjaba, the headman of Shugnu village, wanted. So, those who were pardoned by her were sent to that Yaithibi village so as not to have any social connection with their parent society. In this process, they became untouchables and grouped in one village, Waithou, situated near present village, Thoubal Khunou. It is believed that they served as scavengers in king’s palace. It is they were not allowed to move freely in the Meitei villages.

Bamon (Manipuri Brahmins) is the local term for the Sanskrit word Brahmin. They are an integral part of the religious life of Vaishnavite Meiteis. After acceptance of Vaishnavism by the Meitei, the Meitei Kings brought them into Manipur Valley from various parts of India. Originally, they were immigrants from different parts of India, who came as priests and scholars of Hinduism. From the reign of Kyamba (1467-1508) onwards small batches of Bamons started immigrating to Manipur (Singh, 1992). Some of them brought their wives along with them but most of them married Meitei girls and settled down in the valley. The offsprings of the latter, however, were given the social status of Brahmans. Today, the Brahmans have acculturated the Meitei way of life and they are now Meiteis, so they are called Meitei Brahmans. Priesthood and cooking for community feasts (socio-religious) are the main
traditional occupations of the Meitei Bamons. All the community feasts of the Gauriya (Vaishnavite) Meiteis must be cooked by them.

There are two distinct popular versions of the origin of the Bishnupriyas. The first one is by the Bishnupriya themselves. According to this, they are the indigenous people of the valley, the autochthon Kshatriya who were the descendants of Babhrubahan of Mahabharata. They claim to be the original worshippers of the Vishnu God. But when the Meitei king became powerful, they were driven out of the Manipur but came back and settled down when Vaishnavism came to the valley. Bishnupriyas have distinctive facial appearance, which is quite similar to that of the North Indians. For this, the Meiteis even grouped them within the category of ‘Mayangs’.

But the present day Bishnupriyas are indistinguishable culturally and socially from the Vaisnavite Meiteis. They have almost forgotten their original language and they speak of Manipuri. Today, there is also increasing number of inter-marriages between them and other Meiteis.

The early Muslim settlers are said to have come from Bangal, then called Bengal. The Manipuri term for Muslim is “Pangal”, a corruption word of “Bangal”. The native Muslims are the progeny of Muslim-Meitei mixed marriages. Because of this they are called as Meitei Pangals (Constantine, 1981:38). The educated cautiously call them Mussalman (Khan, 1972). Historically, the Meiteis came into contact with the Muslims during the reign of Khagemba (1597-1652) who captured large number of them in a battle against his own brother Sanongba. The latter who fled to Cachar (Assam) organised large army including Muslims and invaded his elder brother’s kingdom to settle the account. But he was defeated and

2 Originally, the Meiteis, the valley Hindus, used the word “Mayangs” to denote the people who belonged to lands of the west, from the Cachar to Tripura – to be precise, a community called Bishmputiyar or Bishmpriyas. Gradually it took all outsiders. Mayang, however, in current Manipuri parlance, the word Mayangs is non-Manipuri of Indian origin.
captured prisoners including the Muslims who were allowed to settle down. The Pangals chiefly followed the trades of gardening, carpentry and pottery. They also served as sepoys and nearly all the buglers and drummers of the Raja's army were Pangals (Brown, 1975). The Pangals though of Bengali speaking origin have completely forgotten their original language and speak the same language as that of the Meitei.

Today, the Meiteis of Manipur comprise of (i) the Meitei Bamons (Manipuri Brahmins), (ii) the Manipuri Meiteis and (iii) the Meitei Pangals (Manipuri Muslims). The Meitei Bamons, mostly descendents from Nabadwip, Vrindavan, Ujjain and Kanauj since the 15th century were upper caste Brahmins, and were employed by the Meitei king to look after Hindu temples and act as royal scribes and astrologers. Since they were allowed to marry Meitei women, they slowly merged into the Meitei society (Parrat, 1980). Even when the Ramandi Hindu sect was declared the state religion and Hindu caste structure was superimposed assigning Kshatriya status to all the Meiteis, Hindu caste ethos failed to fully bloom. The conferred Hindu gotra has failed to dissociate the Meiteis from their identification with clan lineages, and the two are simultaneously retained.

Because of the Meitei dominance in all spheres and their high position, quite often persons of other ethnic groups aspire to pass for a Meitei. To achieve this, many groups adopted the cultural attributes of the dominant Meitei (Saha, 1994: 79). This dominant Meitei way of life became the valley way of life and it became the reference model for all groups. Social mobility of every community and class differentiation instead of community differentiation have

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3 In this process of 'Meiteisation', the people in the valley belonging to different ethnic groups adopted almost every aspect of Meitei Culture. This is true particularly during monarchy times till 1949.
begun to emerge in Manipur society with of process democratisation, advancement of education and constitutional protection/ affirmative actions.

A large section in the Meitei society believes Maibas and Maibis (the traditional physicians) can cure various ailments by giving herbal medicines and they hold important positions. In the villages far away from the urban centres, people do not have access on the modern medical facilities and mostly rely on their indigenous medicinal herbs with which they treat all kinds of diseases. The villages near the urban centres are using the modern medicines as they have access to modern medical facilities. Villages where the facilities of the modern infrastructures /medicines are not available, they use the indigenous medicine. The illness of a person is considered due to evil spirits and the Priest/Maiba is consulted.

The Tribal Communities of Manipur: Nagas and Kukis

There are numerous tribes and thirty four of them are officially recognised as Schedules Tribes. They have different languages/dialects, cultures and traditions. They are traditionally divided into two broad groups- the Nagas and the Kukis. These hill tribes or ethnoses of Manipur present a picture of homogeneity and heterogeneity among themselves and with their neighbours in the north-east India, Burma and Manipur valley. Racially and linguistically they belong to the Tibeto-Burman group of the southern Mongoloid, like the Meiteis. Though, there are differences in the linguistic sub-division as the Kukis who belong to the Kuki-Chin sub-family, the Nagas who are sub-divided into the Naga sub-family and Naga-Bodo sub-family, the Nagas and Kukis have clearly established their distinctive identities (Kabui, 1995:21).
According to Kabui it is extremely difficult task to trace out the origin of these ethnic groups due to the lack of reliable sources of information (1995: 22). The myths and legends which constitute the oral tradition are the main sources of information. The name “Kukis” is not a very old name. Kuki means to their immediate neighbours of Bengal and Tripura, hill people or “mountaineer” (Sopitt, 1893, quoted in Kabui, 1995:34). The term was arbitrarily applied to them by the British administrators who had a hazy knowledge about them for about a century of their conquest of Bengal, and latter on, Assam.

According to Misao (1995), ‘Kuki’ is a vague term called by the plain people to the Chin-Lushai-Kuki group of tribes, sub-tribes and clans with varying customs and manners, with certain common characteristics, distinguishable from other people such as the Meiteis, the Garos, the Khasis and the Nagas. They are a sub-family of the Tibeto-Burman or Indo-Chinese family. Today with the exception of the Thadou speaking Kukis, most of the tribes disown Kukis. They want to be identify individually but not as a Kuki. The term Kukis is now applied only to the Thadou speaking Kukis (Vaiphei, 1995: 127). John Shakespear, a great authority on the Kukis and Lushais wrote in 1912, “The term Kuki is not recognised by the people to whom it is applied” (1912:1). Kuki groups of Chin Lushai, inter-communicate among themselves by their respective dialects. After their conversion into Christianity, moderate changes in the socio-economic life could be seen or felt,

4 *Kuki Lusai Tribe* by Sopitt (1893)," writes, "The designation ‘Kuki’ is never used by the tribes themselves, though many of them answer to it, when addressed, from knowing it be the Bengali or plain term for their people", P.2)

5 According to Shakespear, the term ‘Lushai’ is the incorrect transliteration of the word ‘Lushei’ which is the name of the clan, under which various chiefs of the Thangur family, came into prominence in the 18th century and was responsible for the eruption into Cachar of the old Kukis at the end of the 18th century and of the new Kukis, half a century latter.
as it can see a kind of transformation sweeping the Kuki social system or mode of living (Lhungdim, 1995:156).

The tribes grouped as Nagas are inhabitants of the hills. The name Naga was given to them by the British administrators with their policy of identifying and classifying the tribes of Nagaland and Manipur. The Naga tribes of Manipur are known by their tribal names. It is believed that the Naga ethnic territory was well maintained till the migration of the Kuki-Chin tribes. The Nagas expand their ethno-cultural boundary by way of bringing the other non-Nagas ethnic groups, either through coercion or cultural level or both, to their ethnic fold (Nabakumar, 2005). For instance, many old Kuki tribes such as, the Anals, the Chothes, the Korns, etc. have joined the Nagas and identified themselves as Nagas at the pan-tribal level.

Since the beginning of the twentieth century, tremendous changes have taken place among the tribal communities in the socio-cultural, political, belief systems, occupations, economic condition, modes of resource management, and consumption patterns. The advent of Christianity was also an epoch making event in the socio-cultural lives of the tribes of Manipur, by bringing a sea-change in their life style and world view. Modern education has followed on the hull of Christianity and a select few tribals who got the light of education under the guidance of the Christian missionaries spread political consciousness among the general mass (Nabakumar, 2005).

According Rongmei and Kapoor (2005), there are differences in cultural customs, tradition, living system, occupation, marriage system, and their physical features etc. among the Christian tribals and non-Christian tribals. Christians live mainly in hilly area and non-Christians in valley. Non-Christian tribals depend on all types of modern medicine as well as traditional practices. Christian
people largely depend on modern type of medicine. Non-Christians use herbal medicines for treatment of diseases. They are the people who refrain from visiting hospitals or doctors as much as possible, mostly due to superstitious belief, economic problems and less awareness of the modern medical facilities. (Rongmei, 2005:114).

The Kuki primogenitors (non-Christian) had firm beliefs in a God that can heal human ills and sufferings if appropriate sacrifices could be performed at the proper altar. It was exactly what the forefathers of the Jews are today adopting usual rituals, which the Kukis have now discarded after the coming of Christ to take place of the sacrificial lamb at Calvary (Lhungdim, 1995:152). Human ills were at times attributed to certain mistakes or sins committed by forefathers. This inherent creed in the Kukis is still prevalent, something akin to the reactions of past misdeeds allegedly to have been indulged in by ancestors (Lhungdin, 1995:153). In Kuki village life, kithoina⁶ in which the village priest would manifest the God's demands in place of the human body, in the form of a chick, dog or cow or mithun, depending upon the gravity of the illness suffered by the patient was the most important ritual.

Among the Christian people, Christianity has removed traditional practices almost completely and growth of education and awareness programme increases that make them assign in the present scenario (Rongmei, 2005:115). Most of the people are becoming aware of modern medicine and available health facilities. For example, among the Zeliangrong, (a Naga tribe of Manipur), Christianity plays a very important role by abstaining from the use of drugs, alcohol and making them aware of the hygiene introducing many other alternatives to support their life. According

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⁶ Kithoina – the age old practice of worship in which the shedding of blood from a chick or dog, is supposed to cleanse human ills.
to (Rongmei, 2005: 114), usually for any problem they are habituated to buy medicine as per their own idea without any prescription from doctors or trained health workers. If they find no improvement, then only they consult doctor or traditional practitioner.

**Religion**

Religion plays a vital role in the lives of the people. Major religions of the world, Hinduism, Christianity, Islam, etc. with local diversities besides indigenous religious practices are found in Manipur. In Manipuri thought there is nothing like culture separated from religion and other social traditions. Whatever is culture is also religion or philosophy (Singh, 1988: 3). Every aspect of life has never maintained separate existence from religion. However, socialisation process and application of modern technology particularly in mass media including T.V. have contributed to secularisation process and change in the traditional outlook of the people including religion.

The Meiteis had their own system of religion with myths and legends, Gods and Goddesses, priests and priestesses, rituals and festivals, etc. The Meiteis embraced Hinduism in the 18th Century A.D. and some of them were forced to convert to the new religion by the king. During British colonial rule since 1891 king along with Brahmans became oppressive with the practices of pure/impure and imposition of religious tax for re-conversion to Hinduism of impure/outcaste Meiteis. Thus revivalism and socio-religious reform movements against such inhuman practices began during later part of colonial rule among the Meiteis.

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Christian missionaries were active in the hills during the colonial rule and the first conversion into Christianity took place at Ukhrul (in the eastern hills) in 1894. American Baptist mission landed earlier at the Northeast and Southeast hills of Manipur. Roman Catholic mission became active in the 1950s. Kuki-Naga communities are pre-dominantly Christians and there are non-Christians tribes also in Manipur. The Manipuri Muslims or "Meitei Pangals" who follow Islam settled in Manipur Valley during the 17th century onwards.

Indigenous religious beliefs, practices and festivals co-exist along with those of Hinduism among the Meiteis. Thus pre-Hindu Gods, Lam Lai, Gods of the country side, Umanglai or deities of forests (sylvan deities), Imunglai, the household deities and worshipping of the ancestors continue among the Meiteis with Hindu God and Goddess. Worshipping of pre-Hindu Gods and Goddess and festivals have been increasingly popular among the Meiteis in recent times. On the basis of their religious belief system, the Meitei are broadly divided into two groups— the Meitei Hindus (who follow both pre-Hindu Meitei religious beliefs, practices and festivals with those of Hinduism and the Sanamahi Meitei (the followers of indigenous Meitei religion) besides many atheists.

The Manipuri Muslims or the Meitei Pangals follow Islam. Mosques are in the villages and by and large they follow religious prescriptions and read Koran. Some of the villagers send their children Islamic institutions. The holy book, Koran is translated in Manipuri language. The Manipur Muslims observe two festivals like Ramjan or Roza Id and Bakrid. Haj pilgrimage is performed by several Muslims in Manipur.

Christianity in the hills has been largely due to the result of the missionary activities during British colonial rule. Various missionary groups of major Christian denominations setup many
schools and churches in various areas of the particularly in the hills. More than 70 percent of the entire population in the hills now follows Christianity. The Bible is available in various languages/dialects of almost every tribe. Most of the churches have schools attached to them. One of the major contributions of Christian missionaries in the state has been the spread of modern English education.

**Demographic Distribution**

Manipur has a population of 2.38 millions (2001 Census). Of the total population, 58.9 percent live in the valley and the remaining 41.1 percent are in the hill areas. The hills are inhabited mainly by the tribals and the valley by the Meiteis (including Meitei Muslims). In the pluralistic ethno-religious complex, the scheduled tribes and scheduled castes constitute 34.41 percent and 2.02 percent of the total population respectively in the state. Religion wise composition is that Hindus share about 58 percent followed by the Christians (34.11 percent) and the Muslims (7.26 percent). The other religious communities are smaller who had migrated from other parts of India at different times of history. The Christian population in the state also showed a high growth rate during the decade 1961-71.

The population escalation in the state during the last three decades has been largely due to infiltration of illegal foreigners from Nepal, Bangladesh, Burma (Myanmar), etc. Among the hill tribes, the Tangkhuls (Naga) of the eastern hills and the Thadous (Kuki) of the North-western and Southern hills constitute the largest tribal groups. The hills are naturally demarcated habitats of various tribal groups and law prohibits settlements in the hills by non-tribals. The valley continues to be the place of settlement of those migrated from the hills as well as other parts of India besides illegal foreigners. Thus plains areas in the recent years have faced
demographic pressures with socio-economic consequences. Besides demographic imbalance as 58.9 percent of the people live in the valley which is about $\frac{1}{10}$ of the total area of the state and only 41.1 percent live in the hills comprising an area of $\frac{9}{10}$ of the total area (2001 Census), the plains areas continuously face expansion of residential, commercial and other socio-economic activities. It is within such a socio-cultural and historical context of Manipur, the various components of the study are discussed.

The Chapter IV discusses the social determinants of HIV/AIDS awareness among the students.