CHAPTER - V

HIV/AIDS AND GENDER INEQUALITY

The UNAIDS (1998) defines gender as “what it means to be male or female, and how that defines a person’s opportunities, roles, responsibilities and relationships”. Gender is a social way of defining the roles and responsibilities of men and women. A societal construct that has never been great for women in the context of AIDS related disease. Gender inequality refers to the disparities that exist between women and men which result in women facing discriminatory laws, unequal property rights, lack of political representation, less access to education, and economic dependency on men (Farmer 2003). A World Bank study in regional patterns of gender inequalities in basic rights and in access to and control of resources reflect that disparities exist all over the world, and no woman in the developing regions has equal rights with man (World Bank 2001).

Gender inequality is difference in rights and privileges between women and men reflected in legal statutes, customary laws and community practices. These differences are reflected in marriage, inheritance, property ownership and management, in household and community activities and in decision-making. AIDS at its core, is a crisis of gender inequality, with women less able than men to exercise control over their bodies and lives (UNAIDS, UNFPA and UNIFEM 2004). It is learnt that women are particularly vulnerable to AIDS and that prevention programmes must address their special needs (Henry 1994). The major factors that put women at risk of HIV infection are social and economic, such as poverty, gender discrimination, lack of power in sex, and lack of educational and economic opportunities (Oyekanmi 1994).
Discrimination is rarely an isolated act, but part of a larger system of a behavioural pattern that suppresses women. In the case of HIV/AIDS positive people, larger behavioural patterns that already repress some groups or individuals in the society are reproduced. One of these larger systems is the “patriarchal society where men have the political and economical power, both in the society and in the private sphere where women do not participate in the decision-making” (Banton 1994).

Similarly, in Tangkhul patriarchal society, gender relations are being very unequal. Women do not have the same right as men. Customary laws limit women’s right in land ownership and decision making in the family, community and society in general. These laws underpin patriarchal system of traditional authority to reinforce patriarchal values which disadvantage women and place them subordinate position in society (Walker 2001). Women are at a disadvantage because of patriarchal views that still permeate in the society. Negative effects of HIV/AIDS in the society compound the suffering of women. This chapter deals with the aspects of everyday impact and effects of gender inequalities especially in the economic and social realms. It also focuses on the relation between poverty and HIV/AIDS in Tangkhul context.

Revelation of HIV Status and Domestic Violence

The study found that there is a rise of domestic violence against the infected person after their status are being revealed. Yet, in most cases, women are the ones who face most of the violent familial behaviours with the intention to hurt them in comparison to male infected group. This connotes that the Tangkhul society is a gender biased society that often meted out unequal treatment to women, specifically
the infected women. Based on the stereotyping that women are by nature weaker than men are, physically, emotionally and financially, they often invite more public and family discrimination. Women are subjected to domestic violence despite the fact that in most cases their husbands infected them. Often, they were made scapegoats for their husbands “irresponsibility”. As a result, they are subjected to domestic violence, which specifically includes verbal and physical violence. This resulted them to live a traumatic life with AIDS. They experience domestic violence not only from the family members, but also from their own spouse. The trauma faced by the infected women can be comprehended after examining some of their narrations. One respondent asserted, “When my HIV-positive status was confirmed, my husband was angry. He shouted at me. He always thinks that it is I who infected him; in fact, I was infected by him. The devil is always me and never him.” In support of this statement, another respondent also reported that her husband in spite of the fact that he himself was ‘positive’ abused her. She said, “My husband even after knowing he himself is HIV-positive showed unhappiness and abused me.” Similarly, one woman respondent also stated, “I was worried about my husband’s reactions, so I had to delay testing because of the stigma surrounding the disease. I have knowledge that my husband is a drug user, and I know that he infected me. However, I had to hide my positive status for quite some time. I fear that my husband will use violence means if he comes to know, which is why I am not revealing that I am infected.”

In consonance to the above statements, there are also respondents who gave similar opinion about people’s judgemental attitude, blaming only women for contracting and spreading AIDS. Women are seen as vector for giving the dreaded disease to their partners. In relation to this, a woman respondent illustrated, “Women
who contracted HIV/AIDS would be often perceived as being bad, and who carry a promiscuous disease. People are often not ready to accept that their husbands infected them.” Another respondent also said, “Our society stigmatised HIV/AIDS people but we women are more stigmatised and look at differently in the society. In the family as well, we are always blamed unlike men.” In support of this statement another respondent mentioned, “Men who live with this disease are not seen as bad as women are. If you are a woman and have HIV/AIDS, you will be blamed and given unfair treatment.” One female respondent also reiterated, “HIV/AIDS does not differentiate between men and women, but it is the attitude of our society that always makes women to be more marginalised, stigmatised and discriminated.” Similarly, another respondent added, “People should know that HIV/AIDS has worsened the condition of women. We are seen as the one who transmitted the disease.”

**Keeping Infected Status in Secret**

It may be re-emphasised that stigma and the various forms of discrimination attached with HIV/AIDS compel the infected people conceal their HIV-positive status. Many held that concealment is more likely to result in the spreading of the disease, rather than to its control or eradication (Baiden 2004). It has been indicated in the earlier chapter on the issue of keeping their status in secrecy. Women are more prone to open up despite the reality that they are given harsh treatment. Since they let other people know about their HIV status, there is a lesser chance of spreading the disease from them. On the other hand, most infected men conceal their HIV status. Since their status are being kept secret, there is a chance of spreading the disease further through sharing syringe, engaging in promiscuous behaviors and
various other modes of transmitting the disease. In other words, concealment of the infected status is likely to infect more people. In many cases, HIV infected women share their status only with their husbands because of the fear of social stigma. Some husbands maintain confidentiality of their wives’ status to safe their wives from family as well as from the society. For instance, one man who was infected by his wife stated: “I did not reveal my wife’s status to my family members, fearing that she may be mistreated, which will jeopardise our relationship.” Because of the protective nature of their husbands, most women share their real problem only with their spouse. For instance, one woman expressed, “I share my HIV-positive status only to my husband because when women are found with HIV-positive, we are labelled as an immoral or dirty woman. Only my husband will understand my situation and will not scold me because of the disease. Since he loves me, he protects me by keeping my status secret.” Contrariwise, some women respondents shared that they rather keep their HIV status secret because people including their husbands, mostly blame and target only the women for contracting AIDS. It is also said that some husbands became self-righteous and made their wives responsible for the infection. This prompted some women to keep their HIV status secret. By blaming only women for infecting the family members, it shows the tendency of men to control over women.

**Women after the Dead of their Infected Husbands**

Women with HIV-positive status are often ill-treated by family and friends especially after the demised of their husbands. On the contrary, this is not the case for many husbands when their wives died of HIV/AIDS. Many women respondents described the impact of revealing their sero-positive status after their husband died.
In Tangkhul society, women do not have the right to property especially from their parents. Customary laws give land rights to adult male of the family, and not to women. This custom leaves women vulnerable and aggravates their socio-economic and political aspects. In some cases, their in-laws denied the infected women to have access on her husband’s property and resources. Widows are often blamed for the dead of their husbands. Sometimes, they were driven from the family, leading to eviction from their homestead and forcing them to go back to their parents. The ill-treatment against infected women after the dead of their partners has largely contributed to widow’s insecurity of their right to property left behind by their deceased husbands. Property grabbing after the dead of husbands is a threat faced by HIV-positive women.

According to one woman respondent, “After my husband died, my in-laws insisted that I was responsible for bringing HIV/AIDS in to the family. They did not blame my husband, whose lifestyles of drinking, gambling and injecting drugs that has infected the family with HIV/AIDS. Consequently, they took all my land and property away. They even stop me from seeing my children.”

Another woman respondent also described, “My in-laws took away all the land and property after the dead of my husband. They blamed me for infecting my husband.” They started considering me as a burden to the family and began to treat me negatively. Perhaps, they want the custody of my children because of the property I inherited from my husband.” Another female respondent asserted, “In our Tangkhul custom, once a girl is married, she no longer belong to her natal family anymore. She becomes a member of her husband’s family. Think of my life! My in-laws threw me out of the house after the dead of my husband, on the pretext that I was responsible for infecting AIDS to my husband. They even stopped my children
to come near me. I had nowhere else to go except to return to my father’s house.”

One woman respondent also lamented, “If my husband die, his family will inherit our land and I will have no means to support my children. But if I die, my husband will continue to have the land.” This clearly suggests that after the dead of husband, women are denied of the rights to accession on her husband’s property. Negative perceptions of the disease compounded with the belief that women or wives are somehow responsible for the dead of their husbands could be one of the main reasons why most in-laws abandoned their daughter-in-laws, who in fact need optimum care and support.

Gender discrimination towards HIV/AIDS women makes it harder for women to claim their rights in a patriarchal society like the Tangkhul society. The above-mentioned statements reveal that women do not have any “de facto” rights on her husband’s property and agricultural lands although by law she might have been given joint rights with her husband. According to Strickland (2004), property violations make women more vulnerable to future shocks as they no longer have assets they could cash in to safeguard their future. Several factors pave the way for property grabbing, including discriminatory laws and customary practices, unsupportive law enforcement institutions, and the low levels of awareness among women about their rights.

**Infected Women and Poverty**

UNDP (2008) mentioned that poverty has a gendered face and that women are poorer than men. The phenomenon of poverty, according to the Chronic Poverty Research Centre (CPRC 2004) report, is a household’s inability or lack of opportunity to better its circumstances from generation to generation. Poverty is the
state of not having enough money or resources for basic needs. As a result, they are unable to sustain themselves through difficult times. As noted in the study women are hard hit by poverty and its consequences. Women who do not have stable income are often imposed with burdens of settling down with rich men. This in many cases has resulted women to become a victim of HIV/AIDS.

One woman narrated, “I was advised by my family members to look for a man who is rich, educated and who has job, in the hope that this person would provide me everything. But upon marriage, I contracted HIV/AIDS from this man”. Another female respondent also mentioned, “When I got married, I never imagine my husband would have HIV/AIDS. My parents were happy saying that I have chosen the right person. Since we are poor, my parents want me to marry someone who is educated and economically sound. For such endeavour, I become an AIDS victim.”

It can be hypothesised that women born in a poor family are often compelled to look for men with financially sound background. In some cases, the dependency on men eventually increases the risk of becoming HIV/AIDS victims. Therefore, many suggest that women empowerment is a pre-requisite measure for women to be more independent and to control their own lives, and not to be dependent on men.

The study found that because of poverty, many women directly depended on men for their welfare. Sometimes, they are forced to become financially dependent largely because of the cultural settings. In many cases, infected women are dependent on their husbands for the latter are generally acted as the breadwinner of the family. After the death of their husband, women become financially as well as physically dependent on their in-laws. However, in most of the times, they did not receive the required assistance from the family.
One respondent added, “Financially, I depend on my husband for our family income. After his dead, my in-laws did not help us. They knew that I also have AIDS, but they did not show any love and concern for me. There are times when we do not have food to eat or money to buy medicines. I have to get money, rice and other food stuffs from my natal family to feed my children.”

Another respondent also narrated, “My husband and I do agricultural work for the living. For most of my family income, I depended on my husband who does manual works and other casual works to earn money. We receive no help from his parents.” Similarly, one female responded added, “My husband is the sole breadwinner, and my family depend everything on him. He does agricultural works and other manual works as a wage earner to support our family. I do help him in agricultural works and selling agricultural products. With the meager income we earned, we not only buy food but also try to maintain our health.”

The above descriptions show that women in many cases lack financial resources to look after themselves, as they are economically dependent on men. Their dependence on their in-laws after the dead of their husband made them susceptible to abuses from their in-laws. Economic dependence on men is seen as one of the greatest threats to women’s physical and mental health (UNAIDS 2004). HIV/AIDS infected women without economic security are often compelled to become financially dependent on men or on others.

Poverty and discrimination are two important factors frequently encountered by infected women after the dead of their partners. The dependent nature of most women push them towards poverty after the dead of the sole breadwinner of the family, and are often subjected to discrimination mostly by their in-laws. Because of both poverty and family discrimination, most women face the challenges of finding
enough food and adequate housing after the dead of their spouses. In short, they are
denied with the basic needs required to sustain their existence. Some instances of
predicaments faced by infected women are as follows:

One respondent lamented, “I do not have money to buy enough food for my
kids. I do not even have a proper house for shelter. Often, I missed my medication
because of the financial constraint. I am also emotionally distressed because my in-
laws did not like me and ill-treated me.” Similarly, another respondent narrated,
“My husband died leaving me with two daughters. My in-laws did not take adequate
care of us. To support my daughters and provide them food, I sale sweet potatoes,
yam, soya, chilly etc. collected from the field. I also do manual work going to others
field to earn money. None from my husband’s family help my daughters’
education.”

Another respondent also reiterated, “To be a widow in patriarchal society is
really hard especially when in-laws did not give any support. If I stop going to field
for work, I would not have enough money to buy rice, salt, soap, kerosene and
money to pay fees for my children’s education. However, I am not always in good
health. My in-laws did not help me because they did not approve me anymore after
my husband died. I grew maize, beans, cabbage, potatoes and chilly to sale in the
market. Most of the time I had to depend on my parents for support.”

The above incidents indicate that HIV positive women live a more
disadvantaged life in comparison to the male infected. In many cases, their in-laws
abandoned them after the dead of their husbands. It may also be pointed that
infected women with a son are treated more fairly than infected women without a
son. In other words, sons are being favoured more than daughters, which underlined
the presence of gender inequality in Tangkhul society.
Discrimination in Accessing the Health Care Facilities

Even in accessing the health care facilities, there are inequalities between the male and female. It can be inferred that men’s health are given priority; more money is being spent on medical treatment for men in comparison to women. Therefore, inequality in the health status of men and women becomes more visible. The access to health care is easier for men than women. This gender discrimination within the family is worst when both husband and wife have been infected with HIV/AIDS. It is seen that treatment related with HIV/AIDS is first given to husband if the family is poor and wife would get treatment much later. Some narrations relating to this issue are as follows:

One respondent narrated, “My husband was given first preference to go for treatment as we do not have enough money. My in-laws gave all the financial expenses during medication. I have to get treatment much later as we could not afford simultaneous treatment.” Another woman also respondent, “In-laws often chose to provide medication only for a man (husband) in the household rather than a woman.” Similarly, another HIV-positive respondent also described, “My in-laws provided utmost care and support to my husband, but I am not given the same treatment.”

The above-mentioned incidents clearly suggest that the impact of HIV/AIDS has been differently combated in the family. When money is limited for simultaneous treatment, families often chose men to get treatment first. Women infected with HIV who have the same need as infected men are not given equal treatment. This gender biasness has serious implication in the fight against gender discrimination in the society.
Women as Domestic Workers and Care Givers

Like most women across the globe, women in Tangkhul society are also identified as domestic workers and caregivers. In addition, even if they are infected with AIDS, the status remain the same. In fact, it is found that infected women are often subjected to increase workload in terms of domestic work and care giving. HIV/AIDS has in a way created a greater reliance on women. The study found that women or mother living with HIV/AIDS continue to attend to all their domestic chores and act as care givers to sick partners or children. It is said that the hardships they face are difficult to bear particularly when women are primary caregivers or widow. Majority (90%) of women respondents mentioned that they had to do domestic works at the same time they had to earn in order to meet the needs of the family. Mostly, they are engaged with an informal commercial activity i.e., sales of fruits and vegetables inorder to sustain the family.

One woman respondent revealed, “HIV/AIDS has burdened us as women shoulder all household chores and other works. I take the responsibility to look after my children, ailing husband and do most of the household work. I do agricultural work to support my family.” Another woman respondent said, “Sometimes, even to have a square meal a day is difficult. I have to work and try to sale some vegetables planted in the garden and fields. I have to collect green leaves, banana stems, maize and potatoes from the garden and sale it at the local market, and buy rice everyday to feed my children and take care of them and my health as well.”

In the words of one widow, “HIV/AIDS has created a lot of hardships to maintain the family especially when I am sick. I need to work and earn to feed and support my children. I also need money to take care of my health. To cope with all these needs and demands is not easy. As I am the sole breadwinner, I am responsible
to look after my family.” Another respondent described, “It is really difficult to take care of my weak health, my children and my sick husband as I have to do all the household works and find food for my family. I do small jhum cultivation, sale vegetables and others in the market to support my family.”

Similarly, another respondent added, “When my husband is ill, I had to look after him by myself. My in-laws never help us. They are not supportive at all. As a mother, I have to be a caregiver to my children and my husband, because I love my family. However, to do this all alone, it is really difficult.”

The above statements of women respondents indicate that the impact of HIV/AIDS on families has increased the economic hardships for women. It is clearly shown that HIV infected women have more burden of live with. It has a significant impact on women because it affected their role as mothers and providers of care as well as their major contribution to the economic support of the families, mainly in agricultural and allied occupations. In short, domestic workload makes it increasingly difficult for HIV positive women to cope with their daily lives.

**Blame Game and HIV Infected Women**

Gender inequality is also visible in the “blame-game” practice in the society, which affects the well-being of the infected women. Women with HIV/AIDS are treated very differently from men in a male dominated Tangkhul society where they are economically, culturally and socially disadvantaged. The existing gender disparity often perceives women to be the main transmitters of sexually transmitted diseases. Men are more likely to be excused for the behaviour that resulted in their infection. In the cases like when both the husband and wife are infected with HIV/AIDS,
women are often blamed for the disease without much consideration on the lifestyles of men.

A woman respondent mentioned, “Men are the head of the families and they do whatever they want to. They can blame on women or wife for contracting HIV/AIDS even after knowing they are responsible for infecting their wives.” Another respondent shared, “If a married couple are diagnosed with HIV/AIDS and cannot bear children, they say that it is the woman who causes this problem without even undergoing medical checkup.”

One a similar line, one respondent added, “In cases where both the husband and wife are HIV positive, it is obvious that the husband will always think that it was his wife who infected him.” Another respondent also said, “It is better to keep our HIV positive status secret from the family members. When my in-laws knew my status, they abused me and distanced from me. They considered me as the only guilty person, exempting their husband.”

Similarly, another respondent reiterated, “I regret revealing my HIV-positive status to the family members of my husband. Now all they know is how to accuse and reject me without even understanding my husband’s character.” A widow also revealed how her mother-in-law blames her for the death of her husband. She described, “My in-laws blame me for infecting my husband although it was my husband who had infected me. My mother-in-law keeps blaming me for the dead of my husband.”

The above narrations confirmed that women are blamed mostly by their in-laws as being the source of infection regardless of the fact that it was the husbands who usually infected the wives. In-laws and husbands often blamed women because of their ‘inferior’ position in the society. Aggleton (2002) argues that by
discriminating another person one shows his own superior position in the society or in his group. In short, gender inequality heightens the issue of stigma and discrimination against women.

**Divorce and Discrimination**

The study found that infected women who have failed to give birth a male child are subjected to frequent ill-treatment. Preference of son in a patriarchal family has heighten the suffering of women, as they are often been the target when they failed to produce a son. This also amounts to divorce by their husband. Some women were even threatened for not bearing a male child. Some of the responses given by the respondents on the divorce related issue are given in the following paragraphs.

One married woman exclaimed, “My husband who is a drunkard and an IDU often complained and beat me, and threatened me to divorce for failing to give birth a male child. He used to ask me questions like Why only daughters? Why not sons? Even my mother in-laws ridiculed me for not bearing sons.” This report reveals that there exists sex discrimination and preference of a boy child in the family. The society seems to favour boys over a girl child. Women are held responsible for the transmission of HIV/AIDS to the child. She is continuously castigated if the child is found to be HIV-positive. In other words, often, the family members cover up the fault of the infected male member.

One female respondent reported, “I came to learn my HIV-positive status only when I got pregnant, my in-laws accused me of bringing HIV/AIDS home, but actually I was infected by my husband who had been hiding his sero-positive status. I was severely criticised by my husband’s family when my infant son too was confirmed positive.”
It is observed that women are the victim of “blame-game” mostly played by the in-laws for transmitting AIDS to their infant child as well as the husband. In other words, husband are mostly spared for contaminating and spreading AIDS. It may be construed that women are subjected to stereotyping as she is mostly seen as an outsider to her husband’s family. Women suffer more because of the perception that they are the main vector. Consequently, it leads to stigmatisation and discrimination of women who are HIV-positive not only by the family but also by the society in which she is a member. Berer (1993) viewed, because the mother was usually the first to be identified as being HIV-positive as a result of prenatal tests for STIs, she was often blamed as being the source of infection regardless of the fact that her partner or husband may have infected her. Positive attitude is an antidote that can prevent further deterioration of an infected person’s health and mind due to frequent subjection to social and family ill-treatment. The study found that developing an optimistic, confident and hopeful feeling could help the AIDS patient in fighting the disease. Since women are subjected to more sigma and discrimination simply because of sex, they do find ways to counter the negative reactions of the society. In short, they take positive steps like focusing their attention to give a brighter future to their children, forgiving the ignorance of the in-laws etc. in order to escape the menace of the “blame-game”. One respondent added, “I found ways to live positively with this sickness. I feel good when we (infected people) meet together, talks and share our daily problem. I feel even better when we encourage each other and see life more positively.”

Discrimination on the basis of sex is an ailment women suffer in the patriarchal Tangkhul society. This issue needs to be rectified and be addressed socially, as it intensified further deterioration of the health of the infected women.
An important finding in the study is that their community treated women living with HIV/AIDS much worse as compared to men. The negative reaction experiences within the home and outside show that women are unable to empower themselves. The impact of gender inequalities is that women are always at the receiving end of being discriminated or experience violence as compared to men. Gender inequalities led to a blame game, dependence on men and others for survival, limited access to social or family resources etc. Frequently, when a woman is found to be HIV-positive, she faces isolation, violence, poverty and the increased burden of care giving. Therefore, the study confirmed that once tested and found with HIV-positive, most women in the Tangkhul society continue to live in fear of criticism, ostracism and violent retribution. It can be indicated that until gender inequality is removed, AIDS will continue to proliferate. A culture, which respects women’s rights, is a pre-requisite to curb the menace of realising gender inequality. Women need to be empowered to fight for their basic rights as human beings by instilling the spirit of positivity.

**HIV, Poverty and Gender Inequality**

It has been argued that social inequality increases people’s risk of being exposed to HIV (APN+ 2004; WHO 2006). HIV/AIDS-related stigma perpetuates and intensifies poverty and other existing inequalities based on gender, race, and sexual orientation (Parker and Aggleton 2003). Poverty and gender oppression in particular are noted as inequalities that increase people’s vulnerability to HIV/AIDS. Poverty is both material deprivation and capability deprivation (Sen 1999). According to Sen, material deprivation is the lack of food, shelter, and other basic life necessities.
Capabilities are the opportunities that one has in terms of access to education, employment, and health care.

Poverty increases the risk of being exposed to HIV because it impacts people’s access to knowledge of sexual health and their ability to put knowledge of safer sex into practice (Farmer 1996). HIV intensifies the negative effects of poverty as HIV-related discrimination can result in a loss of income. The loss of income can then force people into poverty that subsequently reduces their ability to cope with HIV and their chances to survive long after AIDS-related illnesses have begun to affect their health. The challenges associated with being HIV-positive and experiencing poverty appears to make the struggle of daily life more difficult (Schoepf 2001). As discussed earlier, HIV/AIDS is a devastating ordeal among the impoverished. It causes social and economic insecurity. When women or men are economically insecure, it is likely that they will be forced to live in poverty. The study shows poverty is the most serious challenge face by PLWHA. Those who are poor face many challenges like finding adequate incomes, housing and food. Yet again, women are the worst affected victim of poverty. Because of the persistent existence of gender inequality in the economic sphere, most women sought more support and help from others compared to men. The main reason for this could be that majority of the women in the study are widows who were infected by their husbands. This aggravates the condition of poor infected women as they compelled to take up the responsibility of sustaining the family.

One HIV infected woman respondent stated, “As of now, I am still strong and almost every day I can go out and earn money. However, for how long will I be able to continue to work? Soon my disease will catch me up. Who will sustain my family then?” Another woman respondent mentioned, “I sell cabbage, mustard leafs,
potatoes, brinjals and other vegetables available in the garden inorder to buy food and medicines. Sometimes, I collect eatable leafs, fruits and foodstuff from the forest. I cannot afford to eat good food. I worked hard in order to provide food for my children. Because of not having proper medicines, I am losing my body weight. ART alone cannot sustain and keep good health.”

Similarly, another woman added, “I do agricultural works for our family subsistence. I also do manual works in order to get more money to feed my children and to support them for their education. Now my health is weak and I could not work as I was before. Sometimes, I do sale vegetables collected from the fields and garden to maintain my family. When I am sick, I depended everything on my parents.” The struggle for daily existence is clearly demonstrated by the respondents. As a result, it has impacted the respondent’s health and lives. Another widow mentioned about the challenges in finding enough food. She is often discriminated by her family members resulting to constant emotional distress and health deterioration. She asserted, “I am compelled to work in the paddy field and do orange farming to support my kids. During the harvest season, I collected all the crops and sale in the market. However, what worry me the most is that I am sick and my health is worsened. Now I cannot continue working. Sometimes, I had to skip medications; I do not have enough ART and enough money. There were times when we have no food to eat.”

In support of this statement another woman added, “To afford buying meat is a luxury as I cannot even provide enough food to eat for my children and to maintain my health. I wish to have at least enough money to feed my children and buy some vitamins to support my health.” The descriptions above clearly suggested that there is a devastating impact of HIV/AIDS on the households managed by widows. It can
be asserted that regarding poverty and its relation to HIV/AIDS, infected male are also not spared. Worldwide patterns of HIV/AIDS infection suggest that this epidemic often affects the most impoverished and can in turn cause families, communities and nations to become impoverished due to escalating costs of care, medicine and lost earnings (Feinstein and Prentice 2000). This support the assertion that economic factors are a significant influence on the lives of HIV/AIDS infected people. Poverty is seen as the prime concerned for HIV/AIDS infected individuals in the family. Having HIV/AIDS infected family members means poverty has entered the house. Almost all the male respondents stated the poverty related problems. They do not have stable job, most of them are farmers, daily wage earners and some earn their living by hunting wild animals, and do manual works.

One respondent reported, “For my livelihood, I depend mainly on cultivating vegetables, maize, potatoes and other cash crops. My wife sales vegetables and other season cash crops at the local market and buy food for my family. As I could not manage to maintain the family with less income, I also burn charcoal for sale. As our income is less, I also do casual work on other people’s fields to earn money to buy food and spend for my children’s education.”

Another respondent said, “I have no job. I do manual works for my income. I earn from trucks related loading or unloading goods; this could be timbers, stones, sand etc. With the money I received, I support my family. I am worried since my health is deteriorating. My sickness has really affected my family income. For my medication, I often seek assistance from the NGOs.” Similarly, another respondent who was also a sculptor said, “My health is weak and I cannot do heavy works to earn money. Our society does not like HIV infected people but they really admire wooden sculptures I crafted. I sale sculptures and earn my income. I need to save
money for my medication, but it is never sufficient, as I also have to support my family.”

It is observed that HIV and poverty did not spare even men folks. Men too had to struggle to have regular source of income. Both men and women experience the impact of HIV although the degree may vary. Since finding regular source of income is scarce, therefore, some men depended on income through hunting in addition to other manual works. They hunt wild animals as an additional source of income for survival. One respondent described, “Mostly for my income, I depend on hunting. I sale wild animals’ meat in order to buy food, medicines and to provide my family needs. When I did not get anything I have to depend on my wife who sales vegetables in the market.”

Another respondent added, “Instead of working in the field and doing other manual works, I prefer to hunt wild animals and try to sale everyday as it gives more money than other sources of income. Since my health is weak now I cannot force to do hard work.” One of the HIV-positive respondents also mentioned, “I do agricultural work for living. But I also depend on hunting wild animals and birds to supplement my family income.” One respondent also added, “HIV/AIDS has impoverished my health and my family. Since I am a farmer, I do cultivation and harvest paddy, cucumber, chilly, cabbage, brinjals and beans to sustain my family, but I also rely on hunting animals as it is easy to sale and gives more money.”

All these statements show that different respondents have different means of generating income for their living. However, it can be well said that the flow of income is not consistent and such inconsistency has great impact to their health, which in turn deteriorates their economic security. For many who live with HIV/AIDS, they need frequent time off from work and stop working due to illness.
If a person who is the sole breadwinner becomes seriously ill, the whole members of the households may become impoverish.

The study found that poverty leads to limited access to medical treatment. Subsequently, untimely treatment resulted to accumulation of other chronic disease like TB. As indicated earlier, this leads to double stigmatisation. Those groups of people who have both HIV/AIDS and TB suffered the most financially as well as socially as compared to those infected with HIV/AIDS without the sign of other chronic diseases. It exacerbates the already existing marginalisation they suffer in the society. Some of the important statements found in relation to this issue are illustrated as follows. One HIV-positive respondent mentioned, “Since I could not afford good food and medicines, I developed TB which makes my health even more deteriorated. Since I have limited money, I do not know whether to go for HIV treatment or TB treatment.” Another HIV-positive respondent also mentioned, “Now I have stopped going to other people’s field after I was diagnosed with TB as well. I have used all my savings to buy medicines and food for my family. My wife sales vegetables and work in the field. Our family income is affected. We have sold all our livestock. Sometimes, we had food once a day.” From the above statements, it can be stated that poverty leads to poor nutrition and exposure to other illnesses like TB. Lack of adequate food and medical care makes them physically weak and this contributes to the rapid erosion of the immune system reducing the body’s ability to fight the HIV virus. In short, it can be concluded that HIV coupled with other chronic disease intensifies poverty. It makes the infected person difficult to continue to live as an efficient employee, resulting to loss one’s job. In a sentence, the impact of HIV/AIDS on household income and livelihood, especially in already poor households is devastating (Mandela 2005).
The chronic disease of HIV/AIDS and poverty make many infected people dependent on other family members. It has been analysed earlier that women are more prone to depend on others in comparison to men. However, it does not mean that men are not dependent on their families. The study found out that the need for support from family is particularly strong in households where the person diagnosed with HIV/AIDS is the sole bread earner in the family. Most respondents including men reported that when their health are deteriorated, their only chance of survival is to depend on family members.

One respondent stated, “Now my health is deteriorated and I cannot do anything. I have to depend on my parents for survival, care and emotional support.” Another HIV-positive respondent said, “I solely depend on my parents for survival. I cannot work anymore. Now, my family finds it increasingly difficult to provide my needs because of inflation.” Similarly, one respondent also cited, “HIV is killing me and since I am a farmer, and my wife too is unemployed, it worries me how long can we do agricultural work. Our health is weakened and I am often sickly. If we stop working, we will not have any income to feed and support our children. I look forward and expect my parents to help me.”

Another respondent lamented, “If you have no job it is difficult to survive. Having only land will not do. Sometimes, I had to depend on my natal family members. They are helping me to buy food, but that is only when they can, because they too have family to take care. If they do not help me sometimes we have no enough food to eat...not even rice to cook.” In brief, in Tangkhul context where the cost of living is steadily increasing and with difficulty for HIV/AIDS people to get employment, infected people often ask support and assistance from their parents and other siblings to sustain their family.
Self-Help Group Programme and Women Emancipation

It has been observed that self-help activities enabled most infected women to free themselves from the clutch of social and family stigma and discrimination, and also make them to be less dependent on others. It is found that the self-help group activities are steadily changing the perceptions of PLWHA. With the passage of time, more women are joining self-help programmes and doing alternative income generating activities. This support groups is seen as another important form of assistance. Several organisations have taken the initiative of starting self-help group to empower women having HIV/AIDS and other HIV/AIDS infected people. It helps the HIV infected people to help themselves. In the interview conducted during the course of study, most women respondents said that training and skill building programme has empowered them to generate their own incomes. The training and skills they imparted even increase their employability chances.

One infected widow stated, “Self-help group has empowered and liberated me physically and financially. It has given me a circle of new friends and new hope.” Another infected widow respondent also stated, “Self-help group has widened my circle of friends and insights on life and livelihood. It has also empowered me with leadership skills and the opportunity to serve in our group.” Another respondent also mentioned, “Joining self-help group has taught me how to sew clothes, make pickles, soap, detergent powder and dish wash which immensely help in generating income.”

Similarly, one of the respondents added, “I have not only learnt the skills to sew clothes, make detergents and others, but also have learnt the value of friendship by joining self-help group.” One infected woman also narrated, “After enrolling
myself with the self-help group, I see myself as more capable of doing things. I have acquired leadership quality and other skills for survival.”

The study clearly demonstrates that women and widows living with HIV/AIDS are in constant need of support, to empower and alleviate them from poverty and other problems. This they can get by joining the self-help group. In this group, they are trained to acquire the right skills that can be used to secure a job, leading to personal and economic security. However, self-support programmes for HIV/AIDS infected people are yet to establish well in Tangkhul society. This may be because of the government, politicians and bureaucrats have not yet realised the importance of safeguarding the well-being of the HIV-positive people.