Mitchell (1983) defined a case study as a detailed examination of an event or series of related events which the analyst believes that it exhibits the operation of some identified general theoretical principles. Yin (1995) mentioned case study as an empirical inquiry that investigates a contemporary phenomenon within its real life context, especially when the boundaries between phenomenon and contexts are not clearly evident and relies on multiple sources of evidence. Yin said that one should use a case study strategy if he or she deliberately wants to study contextual conditions. He also further explained that a case study is a comprehensive research strategy that deals with situations in which there will be more variables to interest than data points, relies on multiple sources of evidence, with data needing to be converged in a triangulating fashion and that benefits from the prior development of theoretical propositions to guide data collection and analysis (Ibid.). According to Gom, Hammersley and Foster (2000), case study refers to research that investigates a few cases in considerable depth.

Ragin (1992) explained that in social sciences, researchers seldom define what they mean by a case in case studies and that there is no agreement about what a “case” is. He further explained that in conventional “variable oriented” comparative work, investigators begin by defining the problem in a way that allows examination of many cases. Data on specific variables are collected and the focus of the research process is on explaining relations among these variables. However, in case-oriented work, individual cases are the focus of research, not variables.
A case study is intensive research in which interpretations are given based on observable concrete interconnections between actual properties and people within an actual concrete setting (Stoecker 1991). He said that a case study is the best way by which we can refine general theory and apply effective interventions in complex situations. In other words, case studies allow researchers to explore different outcomes of general processes suggested by theories depending on different contexts, which suits public relations research that seeks application of theories to practice. Stoecker further explained that case studies allow researchers to explore different outcomes of general processes suggested by theories depending on different contexts (Ibid.). Another unique strength of a case study is its ability to deal with a variety of evidence collected from documents, interviews and observations.

Case study research in social and cultural anthropology consists of intensive periods of ethnographic fieldwork which are then written up and analysed. Such case studies, termed as ethnographers are central to anthropology as a discipline. In this chapter, out of 110 HIV/AIDS infected respondents, in-depth case studies of 38 respondents both men and women are studied according to the type of reactions they experienced within and outside the family. Different respondents gave different opinion and version about how they are treated by the people in the society. Here, HIV/AIDS respondents of 20 women and 18 men are selected, who have revealed unique experiences and explanations at the time of study. The narrations of the respondents are given below.
**Case Study 1** (widow, 32 years, 2 daughters and 3 sons, unemployed):

Awon (name changed), a beautiful good-looking widow wept and said that she was chased away from the homestead after the death of her husband. There might be other reasons for such unfortunate incident, but other reasons were not known, stated by the interviewee. What is clear is that the incident occurred shortly after the death of her husband in 2009. Her husband, according to her, died of HIV/AIDS after being ill for four years. After his death, her in-laws accused her of infecting her husband. So, she banished from home. She narrated:

“My husband was an injecting drug user (IDU) and died in the year 2009 after being ill for four years. After his death, I too was feeling unwell and was confirmed with HIV-positive after blood test from Ukhrul, district hospital. I was shocked and disheartened beyond words when the doctor reported my HIV-positive status. My husband who was a drug addict infected me. As far as I could remember there was not much problem in revealing my HIV-positive status to my immediate natal family as I believe that they would understand me. However, it was not the case with my in-laws. I became very concerned and worried about the treatment that I would be receiving from my husband’s family members. In fact, I was not so optimistic. I gradually began to lose weight and loss appetite too. I came to learn about HIV/AIDS when I attended the various awareness programmes organised by the NGOs.

“I would say that many things have started going astray since the death of my husband. After he died, I was blamed and held responsible for his illness. My in-laws forced me to leave from my homestead with so many accusations which I still do not understand. They also took away our land, property and even my husband’s NREGS ‘job card’ which I am entitled to enjoy. They let only the last son to be with
me and my four other children were taken away by them. My in-laws did not even let my children come near me. This is hurtful, but what can I do?

“In our Tangkhul custom, once a girl is married she no longer belong to her parents’ family, but became a member of her husband’s family. Imagine my life, my in-laws evicted me from home after my husband died on the pretext that I am responsible for giving AIDS to my husband. I was so helpless and had no one to rely on except to go back to my parents’ house. Some of my friends do encourage me and gave me moral support during my difficult times. No matter how cruel and harsh were my in-laws to me, I tried to be strong every day. However, the worst is the societal stigma and discrimination meted out against the HIV/AIDS infected people. The people around us do not accept the HIV/AIDS infected people like me. For instance, whenever there is any festival or programme in the village, I prefer to stay at home. It frequently remind us that we, the HIV/AIDS infected people, are an ostracised group of people. Like me, even other infected people stayed at home whenever there is village activity or event. People often look at us with judgemental attitude and this makes us feel very uncomfortable to be with others. I love to be with my infected groups where we can share our daily problems and hardships.

“Initially, I thought of committing suicide, but seeing my infant son, I was not able to do such drastic decision. Thinking about the future of my children, I do not know how their life would be after I die. I have nothing, since my in-laws chased out from my husband’s house. How long will my parents be able to support me and take care of my son? As of now, ART is sustaining my life. I wish all my children received proper education and their daily basic needs. I also wish my parents to continue loving and caring my children even after I die.
“Life is very difficult at the moment. I have to rely everything on my father and mother. Encouragement and unconditional support of my family are the source of my hope. They are providing me everything. Without them, I would not have been able to cope with the negative reactions that I frequently received from others. I am happy that they are doing whatever they could to boost my spirit. I also thank NGOs who have from time to time provided me with sugar, milk, tea leaf, rice etc.”

**Case Study 2** (widow, 36 years, 1 son, matriculate, unemployed):

Leiyaphi (name changed) is one other widow who was chased away after the dead of her husband by her in-laws. She narrated:

“I got married at the age of 25. My husband was a drug addict, but I did not know that he was infected with HIV/AIDS. He passed away in 2005, leaving me with one son. After the dead of my husband, I became very sick and was taken to Ukhrul district hospital, where I was diagnosed with HIV-positive. I felt so shocked and depressed when my sero-positive status was reported. Until that time, I did not have much knowledge about HIV/AIDS. I heard people talking about this deadly disease, how it is transmitted among the drug users through sharing of syringes and unprotected sex in our society but I never thought it would infect me. Only after the diagnosis of my HIV/AIDS status, I accepted the reality of the disease. I cried and cried for the harsh fact that I will not live long.

“I was left all alone to find and take care of myself. My in-laws were not willing to help me. In fact, they would not accept me anymore as one of their family member. They bluntly said that it was me who brought disease of immorality and curse into the family. They blame me for transmitting HIV/AIDS to my husband.”
My mother-in-law held me responsible for the dead of her son, my husband. She accused me of getting infected through having extra marital affairs. She also accused me of bringing shame and bad name to the family, and rejected me in whatever I do. Consequently, I was told to leave, and thus I went back to my parent’s village. They chased me away. (She wept deeply).

“I lost everything! I had to leave my husband’s homestead and left my son too. I was forced to return to my parent’s home because I could not fight against them. They took my son, house, land, paddy field and the property I owned. Almost after one year, my in-laws came back to my village and apologised for the harsh treatment they meted out towards me. They requested me to come back and stay with them. They gave back all the property and land that belong to my husband. That was how I was reunited with my son.

“I thank the NGOs for their role in educating the public through various awareness camp and workshop. This has enabled many HIV-positive people to look at life more positively. I want our society to consider HIV/AIDS as any other chronic diseases. People having this disease should not be stigmatised and discriminated but treat them with respect, as they are human being too. Today, I want to be strong and live long. No matter what my neighbours and friends think of me, I have to be positive. I am taking ART regularly to sustain my life. My only worry is for my son’s future. But seeing him growing every day makes me happy.”

**Case Study 3** (widow, age 38, 1 son and 1 daughter, under matriculate, cultivator):

Chonchon (name changed) is a widow who is 40 years old. She was chased away from the homestead when her husband died of HIV/AIDS. She narrated:
“I was born and raised up in village life. My husband, whom I married in 1987, died in 2000. Upon marrying, I came to know that my husband is an IDU (injecting drug user) who at that time was a truck driver. My late husband, who died at the age of 36, initially denied of having HIV/AIDS. At first, even a test result shows that he was negative and had been treated off and on for other ailments. But, in the second test he was confirmed with HIV-positive. Shortly, after my husband died, I became ill. I was convinced that I too must have infected on account of the visibility of the symptoms, observed from my husband. My blood test at private clinic, Imphal, reported the HIV-positive status. Fortunately, my two children are found to be uninfected. Initially, I could not disclose my sero-positive status to my family members especially to my in-laws. I was scared of their reaction.

“My illness and the dead of my husband made a huge difference in living a quality life and a life of economic stability. Financial constraint sharply deteriorated after the dead of my husband. Earlier, my husband used to bring money on regular basis. Everything has changed after his dead. I could not get money to afford all the requirements I needed. Doing agricultural works become my source of income. I sell vegetables and other season crops collected from the garden and jhum field to support my children for food and for their education. But this proves to be insufficient, so I also do some casual works.

“In addition, from the day my husband died, my in-laws had been insulting me and ridiculing me for being infected with HIV/AIDS. They blame me for transmitting the disease to my husband. My mother in-law keeps blaming me for the dead of my husband. In fact, my husband infected me. Ignoring this fact, they mistreated me. Eventually, my mother-in-law told me to evict the house. I had nowhere else to go, but to return to my parent’s home. My husband’s clan and my
parents intervened to secure my rights. As a result, I was called back by my in-laws. According to the Tangkhul custom, I was given with certain amount of material support from them.

“Today, my prime concerned is about my children. I want my son and daughter to feel positive and secure. I want them to be good and do well in their studies. I want them to be someone respectable in the future even after I die. Emotionally, my life is much better now due to NGOs’ intervention and public awareness in our society. Many people have accepted us though not all. The NGOs like UNP+, Red Ribbon Forum, CARE and World Vision have given me much support and elevated my life through various means and assistance. I also thank those NGOs who have been providing us ART medicines, which is sustaining and prolonging our lifespan. Now there are ART treatment to check and control the increase of virus in the body. People say curable medicines would be found very soon. I have to be more positive about my sickness and avoid all those negative perceptions. I am not scared to disclose my HIV-positive anymore. I want people living with HIV/AIDS to be positive and strong enough about their sero-positive status.”

Case Study 4 (widow, 39 years, two sons, under matriculate, cultivator):

Pakahao (name changed) is a 39 years old widow having two sons. She is a cultivator by profession. She narrated:

“My name is Pakahao (name changed), and I am 39 years old. My husband was an IDU, and died in 2005 after suffering from HIV/AIDS. I too was confirmed HIV-positive the following year after the dead of my husband. I felt so hopeless and ashamed on hearing that I was HIV-positive.
“My in-laws did not want to take care of me. They consider me as a burden to the family. They did not help my children too. All they want from us was our property. They forcefully try to sell my house and other property. Almost every day they would tell us that our house is meant for sale and I should leave the house. One day, one of my husband’s brothers insisted that I should leave and vacate my homestead. He continued saying that I should find some alternative means somewhere else as all the property and house are meant for sale and has been arranged by the family. In the middle of the night, I was told to leave the house, but my husband’s uncle intervened and stopped my in-laws from selling away my house (she cried).

“With so much of anguish and ill treatment, I have to live in the society. Just because I have AIDS, I do not want people to stigmatise my children too. Some of my villagers reproof my sons. Some parents would not allow their children to play with my sons. They used to tell their kids not to play with kids whose parents are PLWHA. I want the attitude of our society towards people living with HIV/AIDS to change. Even at the time of my husband’s dead, we noticed strong negative reactions in our village. Only few of them attended my husband’s funeral service.

“I faced many problems in supporting my children. We lack sufficient food and clothes. Sometimes, we do not have any food at all. Usually, we eat chutney, boiled vegetables with salt. It is really a headache to search for food every day. Most of my times, I sale vegetables, potatoes and sweet potatoes on the roadside which I have collected from the garden. This could hardly meet our needs. It worries me more when our clothes are worn, as I have no means to buy new clothes. To have good meal is rare as it is a luxurious thing to afford. Moreover, my two sons do not go to school. I cannot afford to pay their school fees. School fees are a real problem.
Even if I work hard, there is no way I could pay for their studies. Paying monthly school fees is not possible when we struggle to have enough food. Having been rejected by my in-laws, I came to realise the value of my parental support. Apart from selling vegetables, I go to other’s field and do manual works as a daily wage earner. But this gives lots of problem for my health. When there is no way out, when I could not work and became very sick, I solely depend on my parents. They look after my two sons and me. They usually take me to the hospitals. They provided medicines and vitamins. My parents are always there for me.

“At the juncture of my difficult situation, the Centre for Women Empowerment of HIV-positive, Ukhrul, intervened and gave me hope. It empowered me, and provided me financially. Most importantly, it has given me a circle of new friends where I could talk openly and share my daily problems. I also thank the District Hospital of Ukhrul for providing ART without ceasing.”

Case Study 5 (widow, 47 years, 4 sons, under matriculate, farmer):

Rose (name changed) is a 47 year old widow. Her husband, whom she married in 1997, died in 2003. She got married at young age and was widowed early with four sons. She narrated:

“When my husband was ill and diagnosed with AIDS; I also underwent for test twice before his death in 2003. On both counts, the result came out as negative. In 2007, when I had herpes, another test was conducted, and then I was confirmed with HIV-positive. Nevertheless, I thank God for all my sons were reported negative in all the three tests. Due to financial constraints, I could no longer go for further treatment on time. None of my in-laws and family members did ever give me a single help. As HIV/AIDS sickness was commonly conceived to be Khonkashi
Kazat (cursed disease) and Morei Kazat (sinful disease) in our society, people stigmatised and discriminated me. I was left to fight this disease all alone. Eventually, the herpes infection badly affected my left eye and treatment by a local quack let to a septic condition. I went to Imphal for medical treatment but doctors could not save my eye. As a result, it left a hollow scar and deformity of my eye perpetually allows involuntary tears to drip. I have experienced the stigma and discrimination in the family and society. Nobody wants to come near me. In our patriarchal society, women are treated and look upon more negatively than men.

“I could not hide my HIV-positive status because herpes had badly attack one of my eye. However, poverty forces me to seek external help, as nobody in the family would help me. To get external assistance, I need to share my HIV status. NGOs came to the rescue, but due to the untimely treatment, I had to live with one eye. Since then, I decided to speak openly not to stigmatise and discriminate HIV/AIDS infected people as it did more harm than good for the society. In one of my testimonies on the World AIDS Day, I was sharing my experiences on how I struggled to live with HIV/AIDS, and on the negative reactions of our society towards PLWHA. Sometimes, I feel that I might have been too outspoken, and disclosing my HIV-positive status to public may not have been a good idea.

“My husband was a heroin addict. He was in the beginning a drug pedlar enticed by friends under the influence of liquor. Since my village lies near the Myanmar border, it was easy to transit. He used to deliver the consignment to drug dealers at his village. Openly in their kitchen, they taught him how to snort heroin perhaps as a way of identifying the quality of the drug. In the process, he got strung on it and gradually into the habit of IDU. I tried to dissuade my husband from giving up his habit and associating with his friends, but it was in vain. Once, out of
curiosity, I took a pinch of the fine powder, it tasted very bitter but not half as bitter as the experiences of my life. The addiction and disease consumed much of our little wealth. Stigmatisation of the society added more to our misery.

“At the juncture of this hard life of mine, the NGO’s assistance from IFAD empowered me physically and financially. The IFAD project enables me to focus on orange and bananas farm, from which I earned some income. As supplementary activity, I even tried fishery farm but it was not successful due to the shortage of water and other resources. Through jhum cultivation, I harvested rice, beans, soya, chilli and yam, which gave me a good surplus. But now, I could not do farming and jhum cultivation due to the deterioration of my health. Now I want to run a shop and sale vegetables in order to support my children for their studies. Under NREGS, I even work as a daily wage labourer which added to my income. With this meager amount received, I buy rice and pay school fees for my children. Life is very hard. My only hope lies in God.

“I thank the government and NGOs for making us avail and access to ART drugs, which has sustained our live to this day. The initiatives, workshops, and awareness campaigns organised by the NGOs on HIV/AIDS at my village and in Kamjong areas have reduced the stigmatisation and discrimination against the HIV infected people to a large extent. This has made my villagers and friends to extend positive help during the untimely demise of my eldest son. The villagers provided refreshment, and the Mangarin self-help group of my village provided all the expenditures involved during my son’s funeral service. I will continue to remain grateful for their positive gesture and kindness.”
**Case Study 6** (widow, 33 years, 1 daughter and 2 sons, illiterate, farmer):

Mimi (name changed) is a 33 years old widow with three children. Her husband, whom she married in 2004, died in 2010. She narrated:

“I was advised by my family members to marry a wealthy man, since we were poor. I was also told to marry someone who is educated and who is employed, with the hope that such husband would provide me everything. But upon marrying, in the year 2004, I got HIV/AIDS from my husband. I discovered that my husband is an injecting drug user (IDU). He died in 2010. After being diagnosed with AIDS, I really did not feel like living and thought of dying. I felt, my life was as good as death; I thought that it was finished, as there is no curable vaccine to counter HIV/AIDS. The awareness programmes on HIV/AIDS organised by the NGOs and the testimonies of other HIV infected women have made me courageous enough to face my life.

“When my in-laws came to know about my sickness, they began to act strange against me. They became more aloof when my positive status is known in them. I should have kept my status secret. I regret revealing my HIV-positive status to my husband’s family members. Now, all they know is how to accuse and reject me, and ill-treat me. They blame me for my husband’s dead without even trying to understand my husband’s character.

“In the past, I do casual works through which I bought food and other items. But unlike the past, now I cannot continue doing agricultural work due to the deterioration of my health condition. I have been taking ART as CD-4 counts revealed that my hemoglobin is low, and ART medicine is effectively helping me to revive my health. However, my health is very poor, and I am not in a position to do work. Thus, I depended on my parents who always helped and comforted me.
During the period of my serious illness, some of my good friends and neighbours also provided us with food and money. Since my children are taking care of me, it affected their studies. They also missed their classes. Their grades were bad. In all these hardships, none of my in-laws came for help except my husband’s younger brother who is an Indian Army. He used to give us financial assistance. Each time he comes home, he buys clothes especially for my children, food stuffs and help me in paying school fees. He respects me as much as he respects his elder brother, my husband. Despite of having his own family, he continues to help us, for which I am very thankful to him.

“Women are more stigmatised and discriminated than men, and the attitude of our community has worsened our situation. I do not understand, why women have to suffer more than men. Our community’s negative attitude against the HIV infected people is not changing. They will not accept us in the society. Why not treat HIV/AIDS like any other illnesses. To me, TB and epilepsy are more severe than HIV/AIDS.

“My neighbours ridiculed me by calling me ‘AIDS’ woman’. They stopped visiting us. They stopped their children from playing with my sons and daughter because I have HIV/AIDS. They are suspicious that my children too are infected. Very often, my son complained that some of his classmates and friends in the school were scared of him. I feel really bad that people had to stigmatise my son because of me.

“However, many times, Church elders showed me positive gestures. They come and pray for me whenever I needed. They gave lot of support, morally and physically. There is no sign of support from my villagers. Only close family friends and neighbours comforted us. The comfort given by Church elders, family and
friends make me to try living positively. For my children’s sake, I am trying to live positively. I have learnt to accept my fate and my sickness. I want to be more optimistic and live longer than being pessimist for my illness. I hope curable medicine for HIV/AIDS is invented soon.

“An inadequate health facility added more grief to our problems. There are no highly trained staffs and helpers in the Community Health Centre. Only some general staffs help us to give medicine. Many times, there are no proper counsellors and doctors. MACS office exists only in name, there is not even a single MACS staff working here. UNP+ should also function in Kamjong. Government and other NGOs functioning here should work effectively for the infected people so that real purpose of working for HIV-positive people is achieved. Student Union should work more effectively to check our grievances and see that PLWHA receive their needs, as there is no CD-4 count test machine here at our Community Health Centre and in Ukhrul District Hospital. We also do not see efficient laboratory assistants who are reliable and have adequate knowledge. Laboratory technicians exist only in name. We demand CD-4 machine to function 24 hours so that PLWHA avail the necessary facilities at least to the minimum level besides providing ART and other assistance. As we have no ART doctors, CD-4 machine and sufficient ART we need immediate intervention from the government. We need support - nutritionally, financially and educationally. We cannot even get medical test anytime, as doctors are not stationed here permanently. As a result going to Ukhrul to get ART and Imphal for CD-4 count test and medical treatment is another burden, as I need to bear extra travelling expenses.”
Case Study 7 (widow, 33 years, 1 son and 1 daughter, under matriculate, cultivator):

Daisy (name changed) is the head of the household. She has one son and one daughter at the time of interview. She narrated:

“In 2007, my husband became ill and the blood test result reported that he has HIV-positive. Shortly, my husband died, and I did go for blood test as I felt sick and my health condition became weak. The blood test conducted by the Red Ribbon Forum reported that I have HIV in my body. After this diagnosis, I was determined not to disclose my HIV status to my in-laws, because I was scared that they might not accept me. I had to hide my sickness for quite some time.

“Life is never easy after my husband died, as I have to shoulder the entire family burden alone. Every day hardship is compounded with many problems since I am unemployed. In order to subsist, I do small cultivation. I cultivate maize, potatoes, beans and other green vegetables for my family consumption as well as to generate income. I also do manual work in others field to improve my income. With the money received, I buy rice, salt, soap, kerosene and others from the market. I have no other means of income. My two children are studying in private schools, and I am supporting them to pay their school fees. In this entire struggle for daily financial income, I see NREGS as the best scheme to alleviate poor people, especially, for me and for other people living with HIV/AIDS. The wages received from this scheme is an important source of income as it immensely helped me to afford our daily basic needs. It has really benefited me. To this day, my parents also have been helping me financially, physically and spiritually.

“Living a life of widowhood each day is never a good experience especially when we have HIV/AIDS disease. People do not respect us. They are reluctant to
mingle with us. They accused me and called me ‘HIV/AIDS woman’. Because of me, they even ill-treat my children. They do not want their kids to mingle with my son and daughter. People do not want us anymore. Verbally, there might not be much stigma but in action, stigma and discrimination do exist. For this, I do not want to mingle with the uninfected member of our society. I associate only with my HIV infected friends. People’s insulting words are hard to bear. They blame me for having this disease. Some villagers often tease me that I too would die soon like my husband. They no longer treat me the same as it used to be when my husband was alive.

“Even my in-laws do not hesitate to shout at me after the dead of my husband. When they came to know about my sickness, they stopped visiting my house. They do not want to talk to me anymore. Earlier, they supported me in everything but now it is the opposite. I was isolated from the family because of my HIV/AIDS. I had to struggle and face lots of hardship to support my two children and myself. Things were never easy. My in-laws even wish early death for me. That was the moment where I began developing a feeling of hatred towards them. To me, HIV/AIDS infected women are more stigmatised and discriminated in our society. Men are given better treatment and they do not experience much negative treatment as much as we women experience.

“Government and NGOs should help us financially, nutritionally and give us better medical facilities. As we see, such provisions are lacking in our block. I want ART medicines to be available in abundance and to provide CD-4 count machine. Why do we have to go down to Imphal every time to get our CD-4 count treatment? Despite this, I want to thank the NGOs who have helped me in so many ways. I have received blanket and plates from CARE. Other NGOs like CHAHA project and
UNP+ also gave rice, dhal and paid school fees (Rs 200 per month) for 2 years for my son. I want to live long and live positively for the sake of my children. I hope that the government will find curable medicine soon.”

**Case Study 8** (A woman, 35 years, 3 children, matriculate and cultivator):

Leishimi (name changed), age 35, lives with her infected husband. She is the mother of three children. She attained matriculate education. Leishimi was infected from her second husband who is an IDU. She narrated:

“This is my second marriage. After my first husband died, I remarried again. I did not know that my second husband was an injecting drug user (IDU). Only after marriage, I came to know that he was a drug user. With joint agreement in the year 2009, we did our blood test at CMC Kirengei Hospital, Imphal and we were reported with HIV-positive. I cried when my positive status was reported. I remember, I wept the whole night. Because of HIV/AIDS, I have lost my confidence.

“My husband does manual works and depends on carpentry income to support our family. He sales handcrafted furniture like table, chair, bed and others at a nominal price much lower than the market price. We also cultivate green vegetables, beans, maize, potatoes, chillies and do banana farm for daily subsistence.

“However, we face financial constraint whenever he was sick. My health too is deteriorating; I could no longer continue working hard. Since both of us have become physically weak, we could hardly go for regular treatments, as we do not have sufficient. We also cannot afford to buy supplementary medicines and vitamins for our health. Therefore, we need financial assistance for medications, to support and feed our children. In this kind of situation, we heavily rely on our parents for
support. Our parents are good to us and never let us feel isolated. However, sometimes I do feel my in-laws are biased. My husband is always given the first preference to go for treatment, as we do not have enough money. I have to get treatment much later because we could not afford to go for simultaneous treatment.

“In our society, HIV/AIDS infected people are not welcome, we are being stigmatised and discriminated. But, given a chance, HIV-positive women could play a big role in our society and Church as well, but who will accept us. To be on the safer side, it is better not to become a part of anything social. Because no matter how many good things we do for others, people will continue scapegoating us. If somebody suffers from TB, cancer or some other chronic illness, people would not talk much ill of them, but the moment they hear somebody has HIV/AIDS, they will gossip and abuse them.

“There is a tendency that people would blame HIV acquisition on immoral behaviour and give many ill comments. However, HIV/AIDS infected people belonging to a wealthy family are found to be at the safer side. They seldom receive ill treatment from the uninfected people. It is obvious that our community will give better positive treatment to rich people. Even in the distribution of NREGS ‘job cards’, there is a sign of biasness favouring the rich people against the poor people. It was distributed unequally. There are some HIV-positive people who are the sons and daughters of rich and influential people, enjoying more than one NREGS ‘job card’; whereas, some do not even get the privilege to have one ‘job card’. This kind of biased treatment is observed in our society.

“The attitude of our society towards HIV/AIDS infected people needs to change. The experience of exhausted feeling of trauma generated from the negative reactions by the society is killing us more quickly than the HIV/AIDS disease.
HIV/AIDS should be considered like any other diseases. Our community needs to be educated about this disease. So that people who are suffering from HIV/AIDS are not stigmatised and discriminated. To me, I fear TB, Cancer and epilepsy more than HIV/AIDS. These diseases are more chronic as compared to AIDS. Now I do not want to worry much about my sickness anymore. I just want to be happy and content with my life. I want to take good care of my health for the sake of my children. I want my husband to feel the same.

“Health care providers also need to improve their dealings with HIV infected people. They should give equal treatment to all the patients. They should also speak on behalf of us to the politicians and leaders to make us avail the best medical facilities, as they know the best about our medical grievances. We have not received assistance accept ART from the Community Health Centre in Kamjong. Valley based NGOs are all liars, they came here in the past with many promises but never implemented. I do not want to trust them anymore. They exist only in name for their own benefit. I have not received any help so far from them.”

**Case Study 9** (widow, 50 years, 3 sons and 1 daughter, under matriculate, cultivator):

Apem (name changed) is a widow of 50 years of age. She attained her primary education, and she is a cultivator by occupation. She narrated:

“Frequently, my husband was sick on and off. However, he became seriously ill in March 2005. He complained of body pains and ache every day. He began to develop both the loss of appetite and loss of body weight. He had continuous diarrhea, and skin rashes all over his body and pale looks. He became skinny and weak.
“Our societal negative reaction continues till his dead. I did not see much help and compassion given to my husband after he died. As he was an injecting drug user and had HIV/AIDS, people did not seem to care for him even during his funeral service. Only few people attended on his funeral service. After the dead of my husband in December 2005, I did blood test at RIMS Imphal but I was reported negative. However, I underwent another blood test, and that time the report as given by the Red Ribbon Forum came out to be HIV-positive. After I received the report, I cried and lost words, and have nothing to express about my shocking moment. It made me to feel very scared and unsecured. I began to feel that my life is as good as dead; fearing that I am not going to live long.

“Life becomes difficult especially after the dead of my husband. Many things have changed. I could not stand alone without my husband, mentally, emotionally and financially. As I have no job, it is difficult for me to sustain. Sometimes, I had to depend on my family members. Occasionally, they are helping me to buy food. The occasional support I received from my in-laws and my parents was not enough for our sustenance. Sometimes we have no enough food to eat; not even rice to cook. I do manual works; I also do casual works to support my children and myself. Doing agricultural work is the main source of income to support my family. However, it is tough to rely on small income activities. Two of my sons are studying in class XI and XII and I need financial assistance for their education.

“I want people to understand that the stigma and discrimination I received from them worsened my living condition. I feel exhausted due to the severe mental trauma that I have been experiencing because of my HIV-positive status. We are looked upon as second-class people in the society. People will not like to give any help and tolerance if you have HIV/AIDS. Some of them even spoke about ‘killing
us’ and ‘leaving us’ alone in the society. PLWHA will be stigmatised for the rest of their life. My community reaction is not doing any good to us. Nothing favours us! The community leaders unfairly distribute even the NREGS ‘job cards’ to HIV-positive people. Leaders favour the rich and influential section of the society. While some infected people enjoy more than one ‘job card’ in the name of ‘quota’, for people living with HIV/AIDS some of us are given nothing. We are not given those opportunities. We are openly segregated from the rest of the unaffected people. This makes life much bitter. Sometimes, they intentionally ill-treated us not only because we are suffering from AIDS, but also because we are poor.

“I have observed that even if people speak positive things verbally towards PLWHA, their actions are overwhelmed with negativity. Whoever knows my status will not like to board with me even in the taxi. Our society stigmatises and discriminates HIV/AIDS people, but we women experience more of negative reactions. We women are more ill-treated than men. There are many incidents where their in-laws chased HIV infected women away from home, and their property were forcefully taken away from them. Some even divorce their partners on the pretext that they infected their husbands, which in many cases are the opposite. This is the reason why most HIV infected women want to keep the illness secret.

“Our situation is also worsened when we do not have proper access to medical facilities. Ukhrul District Hospital is the only hospital we have, But it is functioning ineffectively. The hospital does not have sufficient doctors and competent health staffs to deal with HIV/AIDS infected people. The pathetic situation is also compounded without the availability of CD-4 count test which is a much essential prerequisite for HIV/AIDS patients to check our monthly hemoglobin and maintain our health. However, nobody seems to bother about the
grievances we have. Going to Imphal for treatment every now and then is a big problem for poor people like me. It amounts to more expenditure, which I could hardly afford. Therefore, it is my request and prayer to the NGOs, student unions, women societies and other organisations to seriously consider our problem and help us to emancipate from our difficult situation.”

**Case Study 10** (widow, 43 years, three daughters, under matriculate, cultivator):

Achui (name changed), a 43 years old widow, has three daughters. She is a cultivator by occupation. She narrated:

“Now I am a widow, and now I make all decisions concerning family affair after the dead of my husband. My husband was an IDU. I came to know about his drug addiction only after our marriage. After he died in 2005, I did blood test the same year at RIMS Hospital, Imphal. I was reported that I have HIV-positive. The first thing I thought was, my life was finished and has come to an end. The doctor comforted me and told me that HIV/AIDS is like any other diseases, and I would have to take good care of myself. He advised me to have proper medication and good food. It hurts me beyond words that I have AIDS, but I thank God because none of my daughters are infected.

“I did not tell anyone about my HIV-positive status for a long time. I lived a pretentious life for very long period of time. I had no option but had to hide my status for fear of stigma and negative reactions from the society as well as from my family members. It was not easy but I had to accept the fact that I am HIV-positive and had to at least tell my in-laws. They did not say a word to me at that moment. All my in-laws family members were also aware of my HIV-positive status due to the dead of my husband. Subsequently, my in-laws did not take adequate care of me,
as I did not bear a male child. Later, they abandoned us without any support. The only support I received was from my parents.

“Outside the family, I experienced lots of discrimination and stigma after the HIV-positive status was known to my localities and villagers. People speak ill of my daughters because of me. They stopped my eldest daughter to work in their field. People do not want my daughters to participate in any public work, for fear of infecting others. During village social work, others would not touch the spade and knife used by my daughters. It is hurtful to see the way people treated my children and my family. Now I have stopped her sending for work, as I do not want my daughter to experience such negative reactions of the community. Instead of sending her, I myself went to NREGS work and other village social activities despite of my weak health. Our people stigmatise HIV/AIDS infected people till their death. During the dead of my husband, very few of the villagers show sympathy and offer us help. Many of our villagers did not turn up for his funeral.

“It is the men folk who brought this HIV/AIDS disease into our society. But we women are often the main victims of stigma and discrimination. The set up of our patriarchal society compels women to face more blame and accusations both inside and outside the family. Even in the Church, they mention and speak too much about HIV/AIDS victims. It hurts us. It is obvious that they segregate us. They look at HIV/AIDS victims only from the negative point of view as if we are not human being.

“I do manual works and cultivate cabbage, potatoes, yam, maize etc. I am happy my jhum field yielded high crops. I can now sustain my family and support my children for their education. I am happy that I can still work. I do not ask assistance from my family members. Somehow, I have been able to respond
positively to all the difficulties. As of now, I am going strong with ART, and I have not much worry as I could work like any other normal people. I do not know what will happen to me in the future. I only need financial assistance for my daughters’ education. To think about children’s future for an infected person like me is a painful moment. Outside family members, I seek help and assistance from NGOs. Some NGOs’ staffs provided me milk, dhal, oil, rice, vitamins, exercise books and towel in the year 2007. That was the only help I had ever received. Nobody has helped me except with some promises and assurance.

“I am receiving ART at Kamjong Community Health Centre. The facility of this health centre is very poor, and has no CD-4 count test machine for HIV/AIDS infected people. We want ART medicine to be available abundantly for the sake of infected people like us. There is also no competent health staffs to deal with our problems. Earlier, I thought my life has come to an end when my positive status was first reported, but now I am confident of myself, no matter what people may think about PLWHA. We can be both good and efficient like any other uninfected people. ART medicines have given me much hope and strength. I do not want people to stigmatise PLWHA, but to treat us with respect like any other normal human being.”

**Case Study 11** (married man, 46 years, graduate, self-employed):

Kapangkhui (name changed) is a married man who has no children. He has completed graduation at the time of interview. He is a HIV-positive patient and is self-employed. He narrated:

“I was a drug addict. I started using drugs when I was disappointed for not selecting in the MBBS entrance examination, 1992. After that, I started taking different varieties of drugs along with my friends. For more than 8 years, I was also
a school teacher in private English School. However, I stopped teaching after I found out my HIV-positive status and also because I could not carry on any longer due to my health complication. It is not easy. I could not do most things that I used to do. In October of 2002, I was seriously ill due to co-infection with TB and meningitis and was admitted in a Community Care Centre, Imphal, which is under the Manipur State AIDS Society (MACS).

“At that time, my family members and relatives were not willing to help me. None of them came to see me. They stayed away from the hospital and disowned me. They were not willing to accept me because I have HIV/AIDS. It broke my heart, as I had no one to rely on. Only a friend of mine came for help. He even let me stay at their residence until my health retrieved to normal condition. While everyone else in my family were reluctant to accept me. The staffs in the hospital were a great inspiration for me. The nurses were so good that I was impressed by their untiring willingness to serve HIV infected patients. Since then, I took a decision that I will serve the poor people especially those people living with HIV/AIDS.

“I was discharged from the hospital on March 2, 2003. As soon as I reached my village, I started giving awareness message about HIV/AIDS to people who visited me. Our society judge and look at PLWHA negatively. The stigma and discrimination in our society has shunned most people to conceal their positive status. Many are not open. In addition, many have died not seeking proper medication for fear of social stigma. This was another reason why my wife and I decided to open SELF COUNSELLING CUM REFERING CENTRE at my residence in 2003. I started giving counselling to those who were suspected to be HIV-positive and other target groups. Although it is a non-profit centre, I am very
much happy that I could render at least little service to the poor HIV infected people. In addition, I gave everything I could. Many people came for counselling. In addition, those counselled were referred to Community Health Centre, Kamjong, for blood test and those who were found positive were sent to Ukhrul and Imphal for further clinical test to avail ART and medical treatment.

“I had counselled more than 1550 people at my counselling centre, in which 122 people were found to be HIV-positive. I make syringes and condoms available at my counselling centre free of cost to IDUs, HIV infected people and other target groups at my own expense as a measure to prevent further spread. However, many of them are still hidden. To my surprise, women are more open as compared to men. Despite society negative reactions, women, mostly widows, are more open to seek financial and other assistance, share their problems, personal and family issues. Subsequently, positive women are more inclined to receive help and support from me.

“I had provided free artificial milk to all HIV-positive mother who are breast feeding their infant. I have given Nestogen No.1 for six months and Nestogen No.2 to infants from six months and above. Altogether 10 infants were tested and were found to be free from infection receive this care. I also gave free education to 23 students for two years in 2008 and 2009. I had constructed one ‘Polyhouse’ for growing vegetables for the poor HIV-positive widows. The vegetable grown in the ‘Polyhouse’ were sold in the market and the amounts received from it were used for paying school fees for their children. I had also formed three self-help group (SHG), one for the widows called MANGARIN, one for the spouse called JESAVS and another for the unmarried people called YOUNG BLOOD. Many awareness campaigns had been conducted at my centre. Two World AIDS day were observed
in the year 2008 and 2010, where I gave small presentations to HIV-positive widows, ART patients and infected children on this Day.

“Many people had died in my Kamjong area due to non-availabilities of proper treatment, lack of proper counselling and lack of awareness about the prevention and transmission of HIV/AIDS and many more people are counting their days. According to the data I have recorded, 109 people had died due to HIV/AIDS related cases in the last ten years (2000-2010), 130 people are living with HIV/AIDS, among them are 63 male (married and unmarried) and 67 female (widow and non-widow), 89 children are living with singled parent, 34 positive widows, 19 positive spouses, one widower, 18 orphans and 47 are ART patients.

“To aggravate more to the epidemic, people in Kamjong areas have not received any assistance or other facilities from the Government except free ART for HIV-positive persons. There is only one ICTC attached to CHC, Kamjong, having one Counsellor and a technician who are non local citizens, as a result they could not stationed all the working days at the Community Health Centre which causes lot of problems to the people. They also face further problems while collecting ART, as the Centre is mostly closed. Sometimes, ART were also given by any available staffs who do not know anything about ART. In many cases, ART patients were given wrong ART regiments, which became threat to ART patients. ART are to be given by ART trained counsellor. Besides, frequent shortage of ART supplies also made some patients to have ART gaps many a time. There is no HIV related NGO at Kamjong, only one NGO called CARE exists which only deals in harm reduction.

“The centre also conducts HIV awareness programme in different parts of the area. It gives moral and spiritual support to the people of the area and gives free education to one student from each HIV-positive widow family and the orphans.
The centre also encourages HIV/AIDS people the hope of living healthy and positive lives. It also plays an important role in dealing with a drug addicted people.

“The ability to live and succeed should not be hampered by our HIV-positive status. We are capable of achieving anything like any other people. There are no limitations to anything that you want to achieve. Speak your mind and don’t let anyone put you down just because you have HIV/AIDS. Work hard and continue enjoying the life that you have despite of being HIV-positive. You can live positively with HIV/AIDS and encourage others who are living with HIV/AIDS. And that is what I have been doing.”

**Case Study 12** (widow, 40 years old, illiterate, cultivator):

Diana (name changed), a 40 year old widow, is illiterate. She is a farmer by profession and has three children, 2 daughters and a son. She narrated:

“I have been a widow for eight years now. In May 1998, my husband was seriously ill. He had a terrible rash on his body and excessive hair fall. He was referred to Ukhrul District Hospital. After the blood test, he was diagnosed with full blown AIDS and TB, and was put on treatment. After finishing the course, he was sent home. While taking care of my husband during his sickness my friends and family members helped with food, money and even gave moral support. Church elders also came to help us with prayer and other support. All the visitors who love my husband supplied us in many ways at the hospital.

“In August 1999, my husband was seriously ill again and this time we took him at JN Hospital, Imphal. During those days, I sold my 4 buffaloes for Rs. 79000 so that I could have money for treatment, buying medicines and food during our stay in the hospital. I also asked assistance from my family and friends, they assisted me
physically as well as financially. During our 2 months stay in the hospital some of my family members took care of my children. Life in the hospitals made me understand that life was not easy since my husband was sick. However, I have to be strong since I have children to take care.

“After my husband was discharged from the hospital, I had to face much hardship as my husband could not work anymore. We were more concerned about his health. I had to reduce the cropping area and the sale of vegetables was affected. I started doing casual works to earn money in order to buy food and medicines. During such course of hardship, the NREGS scheme really helped and supplemented my family subsistence. NREGS wages have enabled me to purchase household items to support my children’s education. It reduces economic dependence on my family members. Of course, whenever I do not have enough money my parents and in-laws would assist me. My children also helped me in taking care of my husband.

“In all this toils and struggles, I realised that most people fear visiting my house as they came to know that my husband was suffering from HIV/AIDS and TB. Even my immediate neighbours, when they discovered my husband’s sickness, stopped visiting us. No one wants to talk and come around. Even nurses were scared; they wore cloves before giving treatment and mask to cover their mouth. They also scolded us for coming to hospital at the last stage and put him alone in a separate room.

“I still remember, January 2001 when my husband died, only few people came to help me. Most villagers were scared of him because he had HIV/AIDS and TB. People did not want to come close to his dead body, as his sickness is associated with Khonkashi Kazat (cursed disease) and TB. Those of whom attended the funeral helped us in-cash and in-kind. We will never forget all those who took responsibility
to help me during the time of illness and on my husband’s funeral service. I will always remember those who stood by us, and thank them for everything they have done for my family. Their positive goodwill service showed they love my husband and we greatly owe them.”

**Case Study 13** (married man, 46 years old, under matriculate, self-employed):

Shangmayang (name changed) is a married man who has two children. He is a sculptor by profession. The respondent died after few months from the day of this interview. He narrated:

“I was confirmed with HIV-positive in the year 2005. Blood test at Kamjong, Community Health Centre reported that I am HIV-positive. My wife and my daughter are also HIV-positive. Blood test report shows my son is not infected which is a great consolation to me. I am a sculptor. Since I am unemployed, I do sculpture and other handcraft works as my main source of income. People would pay me Rs.7000-8000 per sculptor. My health is weak and I cannot do heavy works to earn money.

“Our society does not like HIV/AIDS infected people but they really admire wooden sculptures I crafted. The income I generated is not a regular one, so I face financial constraint. Since the income is passive, I alone cannot solely support my family. My wife would add to the family income by selling vegetables and doing cultivation work. Our livelihood depends mainly on cultivating maize, beans, chilly, yam, sweet potatoes and vegetables. In that way, we have enough food for the family and make us possible to support our children’s education.

“I began taking drugs especially No.4 (heroin) through friends’ influence in early 2000. My friends would invite me to taste opium. In the beginning, it was out
of curiosity that I tasted heroin for the first time, but gradually I became addicted. There are moments where I tried to quit taking heroin after realising its danger. However, each time I abstained and stopped taking it, I experienced sufferings that were more unbearable. In this withdrawal period, I have had excessive joint pain, body ache, sleeping problem, heavy yawning, and loss of memory and even to the stage of excessive vomiting where I could feel all my intestinal part moving. These sufferings forced me to continue taking drugs on daily basis.

“To this day, ART is surviving me. But life becomes even worst when I started getting sick with TB and started coughing. This really deteriorated my health. Moreover, my TB treatment makes my family poorer. Now I have no money to go for further medical treatment. Even people do not dare to come close to me. Only my immediate family members are there for me. People do not want to visit us anymore. All my friends have left me. I feel so isolated and outcast.

“Some people say that they view HIV/AIDS and other diseases as the same but it is not true. HIV/AIDS people have no place in the society. We are stigmatised and discriminated all the time. It hurts me the most when my daughter complained that her friends and other children in the school would often stigmatise and discriminate her. Their parents even advise their kids not to sit together with HIV-positive friends and not to even touch their things and belongings. It is painful to see such kind of societal negative reactions meted out against my daughter.

“Social stigma and discrimination are the worst when we have both AIDS and TB. I notice that health staffs and nurses fear infection from me. They also wore cloves and masks, and put me in separate room. Everyone is scared because I have TB as well, so nobody come to visit me. Now, even my neighbours who used to be so good to me avoided me. I am happy that our Church Pastor has visited me and
has prayed for me. He gave me moral support, and encouraged me to have faith in God. I know I will not survive long. My health is not normal and I do not have sound sleep. When I think about my family, it really saddens me. However, I lay my everything in God’s Almighty Hand.”

**Case Study 14** (widow, 50 years of age, six children, matriculate, employed):

Punima (name changed) is a widow who is 50 years old. She has two sons and four daughters at the time of interview. She worked as an attendant in the hospital. She recounted:

“I work as an attendant in government hospitals and dispensaries. My husband died in 1999 after having bed ridden for almost a year. During the course of sickness, he had symptom of swollen body and big bulging stomach and liver problem. This eventually led to the dead of my husband.

“My husband was a drunkard, but never created any problem at home. After having heard that he even takes heroin (No. 4), I persuaded him every day to change his habits and to stop taking all kinds of drug stuffs and think of our children’s life and for me. I really tried to change him but it was in vain. Before I could change him, he passed away. In 2001, I had serious fever and headache, nose bleeding off and on. Initially, I thought it was malaria, but blood test at Porompat Hospital, Imphal, reported that I was HIV-positive. When doctor confirmed the status, I felt so shocked and ashamed of my sickness. I had nothing to say at that moment. I just could not believe it. I came to know more about HIV/AIDS only when I am infected. Since then, I have been taking ART, as my hemoglobin is reportedly low.

“My life as a widow turned from bad to worse. My status has affected the need of my children. I am unable to give them the necessary care since my case has
become a full-grown AIDS. Even the meager salary is not sufficient anymore, as the salary is not given on regular basis. All my children have dropped out of school, as I could not pay their school fees. The most vivid experience I recalled is the shame I received from the people. Since HIV/AIDS is considered as Morei Kazat (sin disease), Khonkashi Kazat (cursed disease) and Shuikhangarui Kazat (sexually immoral disease), I had to live with such trauma in the society. People stopped respecting me as they did before my status was known. My in-laws tried to avoid me. They stopped coming to my house unlike before. My relationship with neighbours and friends becomes worsen. Many of them would not visit me anymore. They would not like to take anything offered by me. My villagers gossip about me for having HIV/AIDS. Earlier, the village butchers made me wait for nearly an hour to buy a kilo of meat. It is unfair to treat me that way just because I have HIV/AIDS. They look at me differently. Whenever I think of people’s reactions, I feel so down and depressed. I also feel so isolated. Sometimes, I feel, I do not belong here.

“I am always careful of myself. Moreover, I do not want to blame my husband for infecting me. We both are responsible for whatever had happened. I thank God for giving him such a long life despite of his illness. Without him, I would not have come this far. Prayer is my only strength and I want to be strong and live long. I wish to see my sons and daughters getting married. I firmly look forward to see my grandson and granddaughter.

“I am also happy that I have some HIV/AIDS infected friends whom I can share my problems. Meeting my infected friends give me a good feeling. We share our grief, discusses our health and dietary issues, and societal reactions towards us. We could talk openly but most of the time it is a sad feeling and experience. Today, I feel more positive as there are people who encourage me morally, financially and
spiritually. I feel my villagers and neighbours have become much better unlike the past days.”

**Case Study 15** (married woman, 30 years old, under matriculate, farmer):

Shangkaila (name changed) is a 30 years old woman. She lives with her husband and three children. She is a farmer by profession. She narrated:

“I am a HIV-positive woman. I was infected by my husband who is an injecting drug user (IDU). In the year 2008, I was confirmed with HIV-positive status after the blood test in District Hospital, Ukhrul. At the time of receiving my blood test result, I could not think of anything, except death. The first thought that came to my mind was that ‘I am dying soon’. It was so hard to accept that I have become a HIV-positive patient. My CD-4 count test reported that I have low hemoglobin and since then I have been taking ART. To this day, no children of mine are infected.

“I want my husband to change. I do not want to blame him anymore for my sickness, for giving me HIV/AIDS. I just want him to change. Past is past, but I want him to know that I need him. Therefore, he must try to live a much better and more positively life. However, he cannot give up his addiction and this immensely affected our family income. We mostly depended on agriculture work for our living. We cultivate rice, vegetables, cucumber, chilly, potatoes etc, to feed our children and support them for their education. As of now, we have sufficient food for the family. My concerned is for my children’s education. I want them to have a better live. I want them to be like any other normal people. I am worried if my husband continues to drink, a time may come where we may not able to support for our children’s education. I think for my children’s future. Even though my husband and I are HIV-positive, I want my children to be positive and do well in their life. I am
continually worried if we die early, we may not be able to get to see our children’s
future. I want them to be a good person so that society will recognise and respect
them. I am advising my eldest son to study theology and become a pastor. I want
them to be God fearing and to serve Him; this is my wish and prayer.

“My parents and in-laws continue to love us. They still care for us and help
us in time of need. Without them, we would not be able to support our children.
Initially, I was scared to disclose my sero-positive status to my parents and in-laws.
To this day, their love towards my husband, my children and me remain the same.
However, our villagers have bad image about our family. They stigmatise and
discriminate us for having AIDS. We experienced both negative and positive
reactions. In the village, people gossip and backbite us. They do not want us to
mingle with them. They fear of getting infected from us. I still remember when
others knew my HIV-positive; some of my neighbours accused me for carrying
Khonkashi Kazat (cursed disease) and MaraiKapai Kazat (incurable disease). They
criticised my family by giving name like ‘AIDS family’ and called me ‘AIDS’
woman’. I want them to look at HIV/AIDS like any other diseases. Why look at
people having HIV/AIDS differently? We also heard many reports about how some
of our infected friends are badly accused and ridiculed in our locality. However,
there are also neighbours and friends who are very good to us. They gave us
encouragement, morally and spiritually. Most of the time, it is our Union Baptist
Church elders who prayed for my family. It is only through the power of prayers that
we are able to hope for a better future.

“Medical treatment is worst as expected here in the district hospital. Doctors
are not regular. They did not even come to see us when my husband was seriously
sick. After calling many times, the doctor came. I do not like the attitude of the
doctors and health staffs. In many serious cases, patients’ healths were not examined properly. I want NGOs to work much better for HIV/AIDS infected people as they had done in the past years. NGOs like World Vision helped me in paying my children’s school admission and fees, and provided milk, dhal, sugar and rice. ISWAR also gave me two bottles of vitamins. This year (2012) UNP+ provided me school bag and uniforms (trouser, shirt and shoe) for my eldest son, and Kahaoshang (NGO) paid school fees of one year for my daughter.”

Case Study 16 (widow, 38 years old, two sons, matriculate, unemployed):

Monica (name changed) is a 38 years old widow. She has two sons. As far as her educational status is concerned, she finished her matriculation, and cultivation is her main source of living. She narrated:

“Life is like starting all over again after my husband died of AIDS in 2000. I have to work even more harder than what I was used to be eight years ago because I alone have to support my children for their education, and provide them food and other daily necessities. I have to work in the paddy field and sale vegetables in the market to sustain my family. I had to repay debts borrowed from people for the treatment of my husband. Thus, I was compelled to sale my plot of land in order to repay the debts.

“After four years of my husband’s dead, I was seriously ill in 2005 and blood test at JN Hospital, Imphal, confirmed that I am HIV-positive. Since 2006, I have been receiving ART from District Hospital, Ukhrul. Now I have become weak and do not have energy to cope with all the stress and hardship. I need financial assistance for my children’s education and for paying house rent. When I am sick, I rely on God. My two children take care of me. Nobody help me accept my parents
and few friends who gave me moral support and assist me financially. Concerning this, I thank ISWAR organisation for giving me guidance to go for treatment at Imphal. None of my in-laws helped me those days. I regret disclosing my sero-positive status to them. It is better to conceal our positive status. When they came to know that I have AIDS, my in-laws abused me and distanced from me. They considered me as a guilty person and talked about bringing shame and bad name to the family. However, they have become much better and more understanding now.

“I do not like the way our society views about us and prejudice they have about people living with HIV/AIDS. Ironically, HIV-positive people who are from rich and wealthy family background are not stigmatised and discriminated, rather they seem to be given more respect and love. The infected people belonging to poor family are discriminated, contempt and stigmatised by the same society. Besides, we women are pictured and perceived in a more negative way. Women who get HIV/AIDS from her husband would be considered as being bad women who carry immoral disease. Our society favours us the least. They do not see that women are infected by their partners or husbands. We are blamed for having AIDS. They suspect me of having many sexual partners. I was looked upon as sexually immoral woman. They did not accept me, but isolated me based on some pre-conceived ideas.

“However, comparatively, things are better now unlike five-six years back. Although some forms of stigma and discrimination still prevail, I would say people are better now, as they have learnt many positive things from me. Through NGO’s service, villager’s mentalities have change to some extent. Of course, there are still people who do not like me. Many still speak ill of me, but the situation has improve a lot lately.
“In the health care settings, I have no personal grudge against any NGOs, health staffs or health care providers but health care system in District Hospital, Ukhrul needs to be improved. Doctors and health staffs are very irregular. There are few doctors available, and those available doctors would not give us proper treatment. The non-availability of adequate health staffs, at the time when we needed the most, aggravate our conditions more. They do not seem to care for us. The existence of improper laboratory system and defunct CD-4 count test machine caused more problems, as we have to travel to Imphal for the CD-4 count test. It is time consuming and we have to spend additional expenditure for transportation and other purposes, which is unaffordable sometimes. Another worry that I have is about my children’s future. When I die what will their life be? Who is going to take care of them? Will people respect them and treat them like any other normal child is what worries me the most.”

**Case Study 17** (married man, 45 years old, graduate, staff of MACS):

Ramngayung (name changed) is a married man who was 45 years old. He has three daughters and one son. He is a staff of MACS (Manipur AIDS Control Society). The respondent died after two years from the day of this interview. He narrated:

“I was an injecting drug user (IDU) earlier. I started this habit in late 1990s and was confirmed HIV-positive after the blood test in the year 2003. I am happy none of my children are infected except my wife. Our community’s reaction towards HIV/AIDS infected people always started with negative thoughts. Stigmatisation in the society makes many HIV-positive victims to keep their status hidden. To prevent from further aggravating the situation, HIV infected men and women need to be given equal treatment, without gender biasness. Definitely, the HIV/AIDS did not
differentiate between men and women but it is the attitude of our society that always makes women to be more marginalised. In fact, it is men who first introduced HIV/AIDS in our district through injecting drugs (heroin) and other habits. This virus first came from the urban areas, Imphal city, and eventually it spreads to rural areas.

“This disease cannot be eradicated completely unless a curable vaccine is developed or invented. Therefore, our society should think about how to minimise the rate of this disease and to stop stigmatising and discriminating PLWHA. In our society, the level of discrimination is such that even to get a house which is meant for HIV/AIDS office, people are reluctant to rent out. This indicates that people are not ready to assist us in tackling our problems. We should be seen as a professional people who could bring some social changes and not just HIV-positive people. By coming out publicly, we want to overcome stigma and give public awareness. Today, somehow, public perceptions towards people living with HIV/AIDS have changed, but there is a need to improve in many areas. Our society should not dig too much on who brought this disease first and who are responsible for bringing HIV/AIDS in our community.

“Social workers, politicians and Church leaders should not be money minded in dealing with this epidemic. The notion of HIV/AIDS should not be misinterpreted because it can easily misguide the public. Many leaders gave wrong messages about this disease in the Church and in other places. This is the reason why stigma and discrimination about this disease continues. Ukhrul is the headquarters where people from different villages come and settle for different purposes. As a result, they will have different judgemental point of view towards HIV infected people. Church should play a bigger role in this regard. It is the best platform where a strong
message of HIV/AIDS could be delivered in a positive way. Women society and CYS (Christian Youth Society) should also give a positive message about HIV/AIDS.

“I would also encourage students to do in-depth research on prevailing HIV/AIDS issues in our society. However, research should not be money-oriented. Academic work has to be positive in order to bring benefit and good for people who are living with HIV/AIDS. Our grievances and condition need to be addressed and conveyed through academic writings so that people will hear and understand our sufferings. Through writing, academics should help in bringing resources for the infected people but they should not become corrupted in the process. Research scholars should not only get degree but also think for HIV-positive people and try to work constructively for those stigmatised group. They should try to find means to help people living with HIV/AIDS. They should not stop only in writings but be practical as well as in helping the infected people.

“The condition of the Ukhrul District Hospital is the worst of all. There is a total absence of systematic functioning in the hospital. There are no proper health staffs, pharmacist staffs, doctors and other facilities. CD-4 count test is in pathetic condition. There are no efficient doctors who could deal and work whole-heartedly for AIDS patients. There are too many loopholes and negligence. For instance, we observed that one person is taking the role of pharmacist, health staff and as well as the doctor in this hospital. Most people do not know ART has side affect. According to the health condition of the infected person, ART should be given with proper medication and treatment. However, this is not the case in the district hospital. When there is HIV/AIDS virus in the body, the immune system gets weaker, body becomes weak and it is very prone to develop TB. In such case, we need proper
advice as to how to take care of our health from the doctors and health staffs but these things are missing here. These reasons compelled majority of the infected patients to go to Imphal for treatment.

“Of late, through Church initiatives there have been many changes in the level of stigma and discrimination. People should not depend only on NGOs for awareness, as most of them are money-based organisation. In my opinion, Church is the best platform where the messages of acceptance and tolerance need to be preached. No doubt, as long as HIV/AIDS virus exists, societal stigma and discrimination towards PLWHA will continue to exist but the negative reactions towards PLWHA will reduce through people’s understanding.”

Case Study 18 (widow, 40 years, four children, work as a helper in UNP +):

Ayao (name changed) is a 40 years old widow. She has three daughters and one son. She work as a helper in UNP+, Ukhrul. She narrated:

“My husband was an injecting drug user (IDU) and he died because of AIDS in 2007. In the year 2006 before my husband died, I too was diagnosed with HIV-positive after the blood test at JN Hospital, Imphal. At that time, I thought my life has come to an end, although I was told that there are ART to control the virus. Those days, I was afraid to reveal my sero-positive status to my family members. I shared my HIV-positive status only to my husband because when we women are tested HIV-positive, we are often labelled as an immoral and dirty woman. Later on, when my status was revealed, my in-laws started to act indifferently. I received no assistance from my in-laws. They are not supportive at all. As a mother, I have to be a caregiver to my children and husband because I love them. I am worried about my children’s future.
“Many HIV/AIDS infected cases are still hidden because of the presence of stigma and discrimination in our society. People look down upon us and treated us negatively in the society. This is the reason why many cases are still hidden. It really hurts when neighbours called me ‘cheap woman’. I wonder why they will mostly pick on the infected women and not the infected men. Why only women are cheap? Why not men? In our society, women suffer the most. In the family if both the spouses are HIV-positive, it is obvious that husband would suspect his wife for infection. In most cases, the in-laws blamed the wives and not the husbands. We are Christian by faith, but people are not doing what they are supposed to do according to the Christian principles.

“Working as a helper in UNP+ has really changed me. It makes me consider life more positively. In the time of hardships and sufferings, I often thought of dying. However, by God’s grace, I am changed now and more dedicated towards my life. I am hoping curable vaccine will be found soon to tackle this fatal disease. I feel the best way to fight this terminal disease is to treat HIV/AIDS like any other chronic diseases. I want every HIV infected people to keep in mind that they would not let others get infected because of us. IDUs and sexual transmitters should think about the value of human life.

“Doctors and staffs need to improve their services for HIV infected patients. Our district hospital has no proper facilities for HIV-positive treatment. Till today, there is no CD-4 count machine for hemoglobin tests. We need better medical staffs who would genuinely help and work better for the welfare of HIV infected patients. Why do we have to go to Imphal every now and then for medical treatment and for CD-4 count test? The awareness programmes initiated by the NGOs alone will not help, we need more means to tackle these issues from wider perspectives.”
Case Study 19 (widow, 40 years of age, under matriculate, cultivator):

Hannah (name changed) is a widow who is 40 years of age. She has four children, two sons and two daughters. Her educational qualification is under matriculate, and she is a cultivator by profession. She narrated:

“I am HIV/AIDS patient who is on ART. In the year 2004 before the dead of my husband, I was diagnosed with HIV-positive at Porompat Hospital, Imphal. My husband was an injecting drug user (IDU) whose habit of drug taking eventually led him to overdose and consequently cause his dead in 2005. People at large hate drug users. Our neighbours and villagers stigmatise and discriminate him for his acts. Many people said that he himself was responsible for his dead. They did not even want to attend his funeral. They did not sympathise him and his family as well.

“I came to learn my HIV-positive status only when I got pregnant with the fourth child. Despite of my positive status, none of my children are infected with HIV, and I thank God for that. When my HIV-positive status was first reported, I thought that the result might be wrong. I could not believe that I have HIV/AIDS. I thought some mistakes might have occurred with the test. After confirmation, I became scared at the notion that I would die very soon. My in-laws accused me of bringing HIV/AIDS to their family without admitting the fact that I was infected by my husband. I was severely criticised by my in-laws when my son too was confirmed with HIV-positive. I honestly did not know that my husband was HIV/AIDS patient. Only when I gave birth to my last son and when my positive status was confirmed, he told me that he has HIV/AIDS. My in-laws began to act indifferently when they came to know that we have AIDS. They would not want us to touch their utensils in the kitchen and anything that belongs to them. They were scared of us.
“Life became difficult without my husband. I do not get much help from my family members. I cannot always force myself to work. Taking ART has sustained my life but it also makes me weak and gives me a strain face, which is quite prominent to be noticed. My parents supported me financially most of the time. Each time I was sick, they took care of my children and my health. They offered every possible help whenever I needed them. NGOs like Spring of Hope also assisted me in paying admission and school fees of my children. When I have nothing, NREGS’ wages enabled me to buy food and other household consumable items.

“I feel that stigma and discrimination are more severe here in Kamjong as compared to Imphal. I do not experience much negative reaction there in Imphal as much as I receive here in Kamjong. In my village, HIV infected people are badly looked upon. It is very difficult to come out from the house and to be among others. To go to bazaar and buy kitchen stuffs is also very difficult. It is disheartening when people look at me as if I have committed a heinous crime. They often look for flaws in my behaviour. Unlike men, women are unlucky ones, as we experienced many negative reactions from the community. We are more stigmatised and discriminated. This is the reason why most women preferred to keep their HIV status secret.

“HIV/AIDS infected people who hail from richer family background are not given the same treatment. They are respected, and people do not dare to ridicule or insult them because of their parent’s reputation. For the poor people like me, uninfected people often insulted and accused in many ways. I recount, they even told me to leave the village because they did not want a woman like me to live together in one village. They also said that I would infect other villagers. Most people are no longer willing to visit my house. I know, I am responsible for what has
happened to me and I have accepted my fate. At least, I will be happy if I am treated like a human being. I do not want the prevailing stigma and discrimination in our society to continue.”

**Case Study 20** (married man, age 30, two children, matriculate, unemployed):

Kaphungkui (name changed) is a married man who lives with his wife and two children. He narrated:

“I am an injecting drug user. I started drug at the age of 20 through friends’ influence. Now I am addicted to heroin and opium. I take these drugs on a regular basis. Only in 2007, when I was reported with HIV-positive status after the blood test from the CARE centre, I tried to reduce my every day dosage.

“Life has changed now. It really affects our family income. My wife is also infected because of me. I am sorry that I infected my wife. To this day, we have been fighting this sickness together. We have been supporting and encouraging each other. One thing that makes me happy and secure is that none of my children are positive. My two children are doing well in their studies through the support of my parents. They have been supporting us since the day I got a report of my HIV-positive status. It worries me when I think of my children’s future. What will people think of them since they have parents with HIV/AIDS? I do not want people to stigmatise them because of me. I want to live longer and help them, and see them grow. My son and daughter deserve everything like any other children. I wish the Government and NGOs give maximum assistance for my children’s education and for other families living with HIV/AIDS.

“The day when I first reported my parents about my sero-positive status, they were angry as well as sad. They scolded me for contracting HIV/AIDS, and said that
I was infected with HIV/AIDS because of my disobedient behaviour, which was true. They did not want to accept me in the beginning. They said I have brought bad name to the family. Now they are good to me. Even though friends, neighbours and relatives stigmatised me for having this disease, my parents have supported me, showed their love and affection to me.

“PLWHA are always stigmatised and discriminated in our society. Therefore, it is uncomfortable to take part in any of the village activities. People have pre-conceived ideas about this disease and look down on us because we are seen as someone who has broken social taboos. As everyone knows my positive status, sometime, I do feel sad when people hesitate to mingle with me. People, because of rashes on my skin and for skinny, dark and pale looks, have easily looked down on us. In the year 2000, I was denied to rent a house because of my unsightly physical appearance. I was looking for a rented house as my wife and I decided to stay in Ukhrul. My cousins told me about a particular house where there were vacant rooms meant for renting out. I went and enquired but they said they did not have vacancy even though there were many vacant rooms. I could understand from their body language that they did not like me. I also overheard them saying ‘awui azak chi aruihon wui kazat kazā kahai thāya; ari arai kashainao thaya’ (he looks like suffering from the present day’s disease (HIV/AIDS) and seems to be a drug user).”

“I realised that some people may speak in favour of us but as long as HIV/AIDS exists, our society will continue to stigmatise and discriminate us. Now I tried not to worry too much about people’s reactions towards me anymore. I have been witnessing that those HIV-positive people who go public have none to support them in times of sickness and in other difficult situations. Thus, there is no point of going public except with your immediate family members and your wife. Our
society respects only the rich ones. Even though they have HIV/AIDS, people would not talk much about them. The disease they carry does not affect the status and reputation of the family; whereas, this kind of treatment is not given to the poor people.

“What is more disappointing is that I feel there is a breach of confidentiality. Apart from the health care workers, I have never shared my positive status to others accept to my wife and my parents. Now, everybody knows my status. I want health care workers and NGOs to be more careful in maintaining our HIV related confidential reports. Somebody’s HIV-positive status should not be made known to others. At least our status should be kept secret. Kamjong is a small place, and everybody knows each other. I want reports of people with sero-positive status to be confidential and respected. Besides, I also do not like the attitudes of some health staffs and nurses. Some of them behave like unprofessional and are very rude. They often lose temper and display their anger on us. When we do not give proper response to what they say they easily get angry. I also feel otherwise and excluded when the nurses and doctors did not physically examine me. This discouraged me from seeking further treatment from them. I feel that some of the health staffs and nurses are incompetent.

“We HIV-positive people also do not get adequate medical facilities in our district, particularly here at Kamjong. Without CD-4 count test and other facilities, we have to take the trouble of going down to Imphal for medical test and treatment that is time consuming and expenditures are unbearable. Government does not pay attention to our grievances. They do not care for us. We do not trust them anymore. During the past year, valley based NGOs in the name of MACS had come and took our pictures and did voice recording with the assurance that they would provide
proper ART medicines, financial assistance and other facilities but nothing has been done so far. What we get is only ART which is available in scanty. There are times when we do not get sufficient ART and we had to share the medicines among our friends. This really gave lots of problem to our health. I still remember earlier CHAHA project (now defunct) and other NGOs provided us few kilo of dhal, rice, sugar, milk and other food stuffs to HIV/AIDS infected people. Now even that has stopped. I do not know what exactly is going on. We need government and NGOs to give us maximum assistance in every possible way.”

**Case Study 21** (married man, 40 years old, two children, matriculate, cultivator):

Ngaitheng (name changed) is a married man who is 40 years old. He has three children - two sons and one daughter. He is a cultivator by profession. He narrated:

“My name is Ngaitheng (name changed), and I am HIV-positive. I got this disease from my wife. Presently, I lived with my wife and three children. None of my children are infected with the disease. I do agricultural work for living like small jhum cultivation and harvest paddy, beans, cabbage, chilly, cucumber and maize. I also do orange and papaya farm for my family income, but mostly I rely on hunting wild animals and birds for my income, as it is easier to sale and get more money.

“My HIV-positive status was first reported after the blood test at RIMS, Imphal in 2010. When the doctor gave me the report, I was shocked and could not accept the report. I even asked the doctor whether the report was really true. I thought the doctor must have given me other’s report. For days, I thought that my life would be ended soon.

“Initially, I had no option but blame my wife for giving this incurable disease. I am not an injecting drug user, I never take drugs and have been very
faithful to my wife. Now, I have decided to make peace with my wife and make a
c fresh start for the sake of my children. Initially, I blamed my wife, and constantly
reminded her that she got infected first. Now I have decided to stop blaming her and
make our relationship better. There is no point blaming her now. I am still going
strong. There is ART to control the progression of this disease. I need to maintain a
good health and have a good supplementary diet until the curable medicines are
discovered. For the sake of my children, I want to see life more positively.

“My parents have been sympathising us and supporting us whenever we
needed them. Their love remain the same. Thus, it gives me hope and strength. In
pertaining to this, I have never told my family personally that my wife infected me.
If I do so, I fear that my wife may face threat of violence and would further
jeopardise our relationships. Because of wrong perception about the disease in our
society, I do not want people to know the reality. My locality still thought it is I who
was first infected with HIV/AIDS.

“I do not want anybody to consider and talk about HIV/AIDS infected
people only from negative point of view. I mean, today, there are ART and other
related therapy that suppress the spread of this disease, and various awareness
programmes have made it clear that AIDS can be transmitted only through blood
transfusion, so why is the society still acting very negatively. I feel anguished when
I often heard my neighbours telling their sons and daughters not to mingle and eat
anything given by my children just because we parents are HIV-positive. Our
community needs to be educated and be well informed about HIV/AIDS disease. I
would like to blame the society for its lack of social maturity and lack of knowledge.
People living with HIV/AIDS should be treated like any other diseases. Our society
should try to help and solve the grievances of HIV infected people in the family,
health sector and in other platforms. If they really have concerned for us they should consider us as one of them.”

**Case Study 22** (widow, 37 years, 3 daughters and 1 son, graduate, counsellor in ISWAR):

Leiyāwon (name changed) is a widow who works as a counsellor in ISWAR. She has four children in her family. She narrated:

“I am a HIV-positive woman who got the disease from my husband who was an injecting drug user. During the early 1990s, when HIV/AIDS disease was first reported in Ukhrul district, my husband was among those early victims. Blood test at Elshadai Resource Centre, Ukhrul confirmed him as HIV-positive.

“Since my husband was an injecting drug user, I insisted him to go for blood test as his health showed some unfamiliar symptoms. After many request and discussion, his blood test was done at Elshadai Resource Centre, which was the only place to get blood test those days. My husband alone knew his sero-positive status when it was reported. He did not even tell me his report. I still remember when his HIV-positive status was reported his mood was totally changed. He came home very sad. He did not even talk to me. He behaved in an unfamiliar strange manner. Usually, my husband was a man who always wore smile on his face and hardly had a frown face. It went on like that for many days, weeks and months. Being suspicious of his behaviour, I went and inquired his status at the Centre, only then I realised the matter.

“People having HIV/AIDS disease was highly stigmatised and discriminated in our society those days. Comparatively, the stigma upon such people was much severe unlike the present days. My husband was extremely worried and scared about
his positive status. Somehow, we managed to hide our status for quite some time in order to avoid negative reactions from our friends, neighbours and from our family members. Unlike the present days, during those days people had zero tolerance against HIV/AIDS infected victims. The gravity of negative reactions towards HIV/AIDS was so much that it was almost unbearable. If we openly speak out and reveal our status, people would have totally avoided us. The consequences would be disastrous. Thus, we have to hide our status for some years.

“As an educated person, I used to wonder why people in our community have to stigmatise and discriminate HIV-positive people so much. This is the predominant reason as to why many hesitate to go for blood test or have to hide their positive status. During those days, ART and other medicines were not available sufficiently. However, through the financial assistance and moral support from my family members and in-laws, I am able to reach this far. Sometimes, being a woman and wife in the family, I have to overcome lots of problems and hardships. I have to shoulder all the family responsibilities. In our patriarchal society, women are considered as ‘inferior’ and ‘subordinate’ to men, but, in fact, I should say it is women who take more responsibility in the family. Men should admit that women have more concern for the family, children and the family as a whole.

“Today, I am working in ISWAR as a counsellor to help and encourage HIV-positive people. I will continue to work in support of people living with HIV/AIDS and educate them about the disease and on how to survive with the disease. All through these experiences, comparatively, I see women are more open than men. In my opinion, HIV-positive people who are knowledgeable and educated, and who have better income are more open.
“Our society should stop judging people living with HIV/AIDS. Uninfected member of our community should take more initiatives and positive steps to recognise this epidemic as everybody’s problem and not the sole problem of the infected ones. If more positive attitudes and reactions are manifested towards HIV/AIDS infected people, I am sure the infected victims will definitely come forward and be more open. This epidemic can be tackled if our society accepts this disease like any other diseases. Today, we see our society do not want to accept HIV-positive people. Many widows are ‘chased away’ from home by their in-laws. There are also reports where men divorce their wives after HIV-positive status were diagnosed. As long as all these negative reactions continue, we will never win fighting against this deadly virus.

“In order to break the existing social stigma, more awareness programmes are needed both for the infected and uninfected member of our society. Why blame only the infected victims when this is our major social problem? Why not advocate tolerance, respect and equal treatment for both the infected and uninfected? If this is not propagated strongly, HIV/AIDS stigma and discrimination will go on within the family and in the society. The silent stigma needs to be broken and be removed if we are at all serious enough to tackle this problem. Why not also try to solve it positively.

“Being a HIV-positive widow in the society, I earnestly wish that social stigma and discrimination towards HIV/AIDS infected people should be totally removed from our society. The burden of this stigma is unbearable. In essence, the stigma and discrimination is killing us faster than the disease itself. As for me, I am bold enough to discuss my status openly as a worker of ISWAR. I have tried to live positively no matter what. I want to overcome people’s negative judgement towards
us. I want to think positively and encourage our other infected friends to be more positive as well. However, some are unable to overcome the stigma and discrimination of the society. As for me, I do not want to give up my life because of HIV/AIDS. ART has sustained my health to this day. I strongly advocate absolute removal of stigma and discrimination towards HIV/AIDS infected people. Seeing my kids growing everyday makes me happy, as well as sad. I am sad because people continue to stigmatise us. I want to be free from this bondage. I want to see my children to be strong and positive.”

**Case Study 23** (unmarried man, 39 years, matriculate, work as CARE staff):

Ramngaso (name changed) is an unmarried man who works as CARE staff. He is 39 years old. He narrated:

“I am an unmarried man who works in CARE, stationed at Kamjong block. As a staff, I gave awareness about HIV/AIDS to the people. Before joining this service, I was a regular injecting drug user. In the year 1992, I started using heroin (sniffing and injecting), opium and other drugs. In 2006, I was confirmed with HIV-positive status after blood test at Porompat Hospital, Imphal. Since doctor said that my CD-4 count is still high I am yet to take ART. I have been trying many times to stop my drugs habit but I could not. In a day, I normally spend Rs. 200 to buy two doses. However, it became difficult for me to afford two doses a day. Sometimes, I missed my dosage; and when I did that, my body felt like I was being tortured. Without these drugs, I have to experience cough, fever, diarrhea, backache, hallucination, depression, loss of appetite, heavy sweating, thick saliva and vomiting. If I take the right dosage, all these problems are relieved. I can say that to become a drug addict is like a disease that spread like a wild fire and difficult to stop, once started.
“I am in a high risking stage, difficult to withdraw from this drug habits. We need strong will to completely abstain once we are addicted. Sometimes, I feel that may be God is trying to tell me something, to be an example to other addicts. All my friends whom I shared drugs have died. Altogether, fifteen friends of mine have died due to heroin overdose and HIV/AIDS. Being a staff in CARE organisation, it absolutely transformed me from bad to good. It gives more meaning to my life. The coming of Bueprinorpin tablets help me to totally quit taking heroin and other drugs. Bueprinorpin is the only medicines to relieve me from going back to the life of being dependent on drugs. This medicine should be made available in the market so that other drug addicts who would like to abstain from heroin and other drugs habits can avail themselves. However, as of now it is provided by NGOs under ORCHID Project. This medicine is an alternative to relieve me completely from taking drugs. Now I see my life more positively. I see HIV/AIDS as any other diseases. As for me, I fear TB more than AIDS. I want to devote all my time giving service to people especially those HIV-positive people until curable vaccine is found. But life is difficult with meager salary to support myself.

“My only wish and request to our local people is to eradicate HIV/AIDS related stigma and discrimination prevailing in our society. This negative reaction towards this disease has to be removed from the general population. People should not harass injecting drug users and HIV-positive people. Why our neighbours, friends and locality have to look at us only from negative point of view? Why compel us to isolate and differentiate among those infected and uninfected? This is one reason why many HIV/AIDS people are not welcome in any kind of village activities as they are considered as dirty and immoral human being. Awareness on HIV/AIDS epidemic is highly needed for the general masses in order to reduce
stigma and discrimination. Importantly, awareness campaign should also include target group especially youths. The upcoming generation needs awareness to tackle the rampant rise of injecting drug users among the youths. We need public help to address our grievances. We also need rehab centre, CD-4 count test machine, medicines to curb drug addictions and other medical facilities.”

Case Study 24 (widow, 36 years old, seven children, under matriculate, cultivator):

Honsanla (name changed) is a 36 years old widow. She has seven children - 4 girls and 3 boys. She is a cultivator by profession. She narrated:

“My husband died in 2004, after having addicted to heroin (No. 4). I became the head of my family after the dead of my husband. Since my income is meager, I have to look after my seven children with the support of my in-laws and family members. My situation became worst after I was diagnosed with HIV/AIDS in 2006, after the blood test at District Hospital, Ukhrul. I was extremely shocked and worried when I received the report.

“I cultivate maize, beans, potatoes, chilly, cabbage, mustard leaf and reared chickens to meet the basic needs of the family. Sometimes, I do collect eatable leafs, fruit, banana stem and other foodstuffs from the jungle. I cannot afford to eat good food whenever I want to. When I do not have anything to cook for my kids, I used to get food from my in-laws and my parents. There are times when I do not have proper food and medicines, which resulted to the loss of my body weight. ART alone cannot sustain me and maintain my health. I need to have additional diet or vitamins to maintain my health. However, most of the times, I could not afford these substances. In such difficult situation, NREGS wages really helped me. Many times, I have spent the money for my medical treatment and expenses.
“I cannot afford to send all my children to school. My three sons and two daughters are studying through the financial support of my in-laws and my parents. They are the one who always took care of my children and provided them with all their requirements. Seeing the lives of my children, it gives me inspiration to live each day more positively no matter what happen. Although I am a poor widow, I thank God for giving me such a wonderful life and my children are safe in His care. It is my prayer that God grant me good health and long life so that I can live close to Him. It is also my prayer that God will cure my sickness. I know our society have negative perceptions about this disease, but I believe that God, the Creator of heaven and earth, will do everything for me. Nothing is impossible for Him. I do not want to be disheartened and depressed by people’s attitude and judgement against the HIV/AIDS infected people.

“People, after they come to know my HIV status, began to stigmatise and discriminate me. It distressed me when people look down on me because of my Khonkashi Kazat (cursed disease). One neighbour of mine insulted and accused me of bringing shame to our locality. They criticised my family for having this disease. This is the reason why I associate and mingle only with HIV/AIDS infected friends. People’s judgemental attitude makes me feel uneasy to be with the uninfected people. Often, they are not ready to sit and talk with me in a good manner. In this way, they always reminded us that we are different from them. Psychologically, we are always segregated. As long as this kind of negative reaction continues to exist among the public, this fatal disease will remain hidden in our society. Many HIV-positive people will continue to hide. However, some friends and neighbours are supportive. They encourage my family morally and financially. They are always good to us. At the time of the dead of my husband, many refused to visit and attend
his funeral service. However, those who came to help us did everything for my family. Some gave financial assistance and physical help.”

**Case Study 25** (married woman, 30 years, one children, matriculate, unemployed):

Rebecca (name changed) is a 30 years old housewife, who lives with her husband and a daughter. She does small business and agricultural work as well. She is reported to have completed matriculation at the time of interview. She narrated:

“In our society, men are the head of the family and women are subordinated to them. Men do whatever they want without any hesitation. They often hide their HIV-positive status without revealing even to their wives. Only when they were ill or at the last stage of their sickness, their statuses were often revealed. My husband did the same to me.

“Ever since we are married, he has been taking drugs and No.4 without ceasing. In spite of requesting him to stop, his habit never changed. My husband was sick on and off for quite some time. Before he was reported with HIV-positive status, I requested him many times to go for blood test as we suspect him to have this disease. We hide our positive status for very long time. We could not even tell our parents and family members about our sickness. Only during the later stage, we disclosed our HIV status.

“I do not want to be a widow. I am doing my best to take care of my husband so that he can at least live longer. Friends and NGOs who know my sero-positive status gave lots of moral support. NGOs like SPRING OF HOPE helped us in paying school fees for my daughter. UNP+ also provided school uniform, books and bag this year (2011) for my daughter. My husband has infected me but my sister-in-laws tend to blame me for bringing HIV/AIDS disease into the family. Some of my
in-laws did not like to accept the food that I cook, fearing that I might contaminate and infect them. Even in the medical treatment, my in-laws always gave first priority to my husband. They provided full care and support to my husband but I did not get the same treatment. Most of the time, I was left alone to look after my husband. My parents came to the rescue most of the time. Today, through God’s grace, my in-laws have become much better. They have started to show more love and care for my family. Through the financial assistance of my in-laws and my parents today, I could start small business of selling clothes. Since we have become weak, we could no longer actively engage in cultivation work, so I work in this shop.

“Personally, most of our community reactions towards HIV/AIDS people are negative. When they saw us, they looked as though we have committed a heinous crime or have done something wrong in the society. This discourages us to stand on our own feet. This is the reason why I prefer to keep my HIV-positive status secret. I am afraid of their gossip and rejection. As a result, I associate with only HIV/AIDS infected friends. Each time I associate with my infected friends, they motivate me not to feel too isolated and excluded. This group also allows me to share and talk openly without the fear of being stigmatised or discriminated.

“Stigmatisation and discrimination of our society do no good to us. People need to be educated about the disease. As there are many cases where HIV infected women are divorced by their husband, left alone without any proper care, and ‘chased out’ from the family by their in-laws. All these issues need to be seriously understood on humanitarian ground. As long as this kind of intolerance continues to exist, I do not think our society will succeed in fighting against the stigma and discrimination towards PLWHA.”
Case Study 26 (married woman, age 27, 2 daughters, under matriculate, unemployed):

Phungkhuila (name changed) is a married woman, staying with her parents after divorced. She has two daughters. She narrated:

“My husband died of HIV/AIDS after we got divorced. Today, I am HIV/AIDS victim because of him. I married young at the age of 22. I never had any idea that my husband would be infected with HIV/AIDS. My parents were happy and they said that I have chosen the right person. Since we are poor, my parents want me to marry an educated and rich man. I did not know my husband was a different person.

“My husband was a very arrogant person. He was a drunkard. There was not a day when he came home as a normal husband, and had spent a happy time with me. He always beat me whenever I tried to correct him. Even for silly reasons, he would embarrass me many times. He said, ‘you are a woman and you should accept whatever I do’. The worst part was that he often complained and threatened to divorce for not birthing a male child. Even my mother-in-law ridiculed me instead of correcting her son. People often told me that my husband used to inject drugs, which my husband denied at all times. Our neighbours used to come and intervene when I cried for help. I faced stern threat from him all the time. I still remember it was during the birth of my second daughter when my husband beat me for birthing a female child again. He said to me, ‘I need a boy not a girl’. Later on, I found out that it was my mother-in-law who influenced him to treat me badly. I came to learnt that my mother-in-law did not accept her son to marry me. I know, she disliked me so much.

“Normally, after giving birth, we women need to rest for days and weeks or at least a month but such treatment was not given to me. I still have a clear memory
how I used to feel dizzy and my hands, legs and all my body shook as I was forced to fetch firewood, water and to work in the paddy field by my mother-in-law right after the birth of my second child. They severely ill-treated me. None of my in-laws dared to speak against their mother. My father-in-law alone spoke in favour of me. Despite of the harsh treatment from my husband and mother-in-law, I tried very hard not to inform my parents about their treatment. However, it was due to one incident that I made up my mind to go back to my parent’s home. On one wedding day, when my mother and father were also invited for the wedding, my husband beat me up so badly just because of my daughters. My father was so furious about the incident that he left without completing the programme. That day, I narrated everything on how I was treated by my husband and my mother-in-law to my mother. My mother went back to the village instead of holding the night with me. The next day she came with clan elders and took me away along with my two daughters. My husband’s family elders persuaded me not to leave but I had to leave as I have made up my mind to divorce. It was the best decision that I ever made. People told me that he remarried again within that year.

“Two years after I got divorced with my husband, I was seriously ill and admitted at JN Hospital for treatment. The blood test reported that I was HIV-positive. I still remember that day when my HIV-positive status was reported. The doctor gave the result of the blood test in an envelope and told my parents that the result was positive. I was nervous and I cried a lot. I was scared because the disease is not curable and I fear that I would not live long. Today, I am on ART, and I am living positively because of the comfort and support of my parents and family members. They never turn their back on me. Indeed, I am happy they made me feel that I am their priority in the family. They provided me everything. They always
treated me with love and care. I have no problem telling my relatives that I have AIDS with me. My daughters are doing well because of my parents. I have no problem in the family, as everyone is good to me. However, the same cannot be said with the society in which I am living in.

“Men who live with this disease are not seen as bad as the women are in our society. It is obvious that the people are judging women differently. People will gossip and make you a scapegoat. Sometimes, I regret making my HIV status known to the public. I thought that when I go public, people in my society would help me and understand me better. However, this was not the case. My HIV/AIDS status has tarnished the image of my daughters and my parents.”

**Case Study 27** (married man, age 40, two children, matriculate, unemployed):

Hopeson (name changed) is a 40 years old married man. He has two children and is unemployed. He narrated:

“I started injecting heroin when I was 25 years old. I used to hang out with friends who were drug users. Most of them were older to me, and I started taking drugs along with them. The use of drugs has changed many things. The relation with my family got worst because of my drug habits. Before I started injecting heroin, things were normal for me at home. My parents were good to me. However, things have changed when they came to know that I am injecting heroin, this became even worst when they found out that I have HIV/AIDS. They stopped visiting me. My parents do not want me anymore; therefore, I feel that disclosing my HIV-positive status was a great mistake. Everyone in the family criticised me. The following year in 2004, my wife was also confirmed with HIV-positive. I am sorry that she too was confirmed positive. My family said that since I brought bad name and shame to the
family, I do not deserve any mercy and tolerance from them. It hurts even more when they did not visit us at the time of our illness.

“I became poorer as I have stopped doing manual works after my health was deteriorated because of TB infection. I have used all my wife savings for buying medicines and food for the family. My wife sales vegetables and work in paddy field. Sometimes, I did help her in doing cultivation work. I could not do heavy manual works other than going to my own field. We have sold all our livestock. There were times when we have no sufficient food. HIV/AIDS is killing us. Since I am a farmer and my wife is unemployed, it worries me as for how long can we continue engaging in doing agricultural works. Our health has weakened and I am often sickly. If we stop working, we will not have any income to feed and support our children. I am looking forward and expect my parents to help us more. Of course, my parents do care for my son and daughter. They help us in paying school fees, books, dresses and provide food for my children, but they are not willing to do anything for me and my wife. They always blame us for what we have become. In a way, my wife family members are much better. They have helped us so much. We have received much assistance from them financially and physically.

“The reactions of my villagers inundated with stigma and discrimination also aggravate my condition more. Some of them are so ready to publicise our flaws. They blame us for the spread of HIV/AIDS, and isolate us from them. Living with HIV/AIDS in our society means living with no dignity. This terminal illness actually ruins our life. We HIV-positive people are not accepted in the society. No matter how many good things we try to do, our voices remain unheard and unacknowledged. This is the reason why I prefer to confine at home, and do not want to mingle with others accept with my AIDS infected friends. Even neighbours
hesitate to accept and visit us. Only my intimate friends interact me normally. They always listen to me, each time I shared my problems. They gave me lots of support, morally, financially and physically. Our Church pastor and deacons also have never hesitated to come and pray for my family.

“Therefore, without the help of others, especially from my parents, my family will not survive for long. I wish to get financial support, nutritional support and medical support from the government and NGOs. I received free ART but no other assistance for our health and for my children’s education. So far NREGS wages is the only financial assistance received from the government.”

**Case Study 28** (unmarried youth, 29 years old, graduate, unemployed):

Nganingkhui (name changed) is a 29 years old unmarried youth. He completed his graduation. He narrated:

“At the age of 22, I started taking drugs mostly through the influence of friends. Initially, I was more into taking cough syrups like corex and phensidyle. I used to take 2-3 bottles a day. Gradually, I also started to like the taste of tablets such as diazepam and SP as it gave different pleasure. When I do not get tablets, I would shift to cough syrups to make myself keep going. It was in Class-XI that I made terrible mistake in my life. Thence on, I would say my life changes from bad to worse. It has ruined everything. Consciously or unconsciously my drugs habit changed to stronger one. I still remember my friends would invite me to taste brown sugar and sniff heroin (No.4). That was how I got into this habit and eventually addicted to it. In 2011, when I had severe fever and nose bleeding, I did blood test from a private clinic at Imphal. As expected, I got a confirmation that I was HIV-positive.
“My family members expressed the fear of being contaminated when my HIV-positive status was reported to them. Family members were silent for quite some time. They did not even talk. They did not want to accept the fact that someone from the family was having HIV/AIDS. My elder brother said I have brought shame and bad name to my family. ‘You deserve no sympathy’ was what he told me. My father also said to me that I was the ‘black sheep’ of the family. He called me a disobedient son for bringing this disease into the family. He did not want others to talk bad things about our family. My father was right that I was disobedient, and have tarnished the name and reputation of my family.

“I still could not find the reason as to why I am into all these drug habits. Of course, it was through friends’ influence that I started taking drugs but I do not want to blame them alone. It was my fault too because I was into drug voluntarily. I did not want my HIV-positive status to go public so I disclose my status only to my immediate family members. As of now, I am not in a position to reveal my status to my relatives and other members of our community. Once they come to know, I feel it will put all my family down.

“I am trying hard to withdraw from taking drugs. I am looking for an alternative where I can completely abstain from taking drugs and become a changed man. I want to be rehabilitated. People say there are NGOs who provide Buprenorpin (Annok) capsule, which can prevent drug addiction. I am eagerly looking forward to get this alternative medicine at the earliest by any means. I do not want to experience more stigma and discrimination in the society. I have not publicised my HIV-positive status but now some of my localities have known my status. I have easily become a victim of prejudice for being a drug user and having HIV/AIDS patient.
“People have an ugly picture about IDU like me. Everyone hates us. They scolded and ostracised us from social activities. They force us to isolate from friends, neighbours and villagers. We are seen as the worst kind of people. Our society never thinks about the real causes of our misbehaviour. They never try to encourage and help us abstain from our drug habits. Instead, we drug addicts are being abused most of the time. However, today I am happy and positive about my life because of the support of my parents. They are always there for me. They are trying hard in every possible ways to change me. They have been encouraging me to live a better life, morally and spiritually.”

Case Study 29 (unmarried man, age 30, Class-XII, unemployed):

Pamreingam (name changed) is a 30 years old bachelor. He is unemployed. He narrated:

“My father is the chief (headman) of the village and my parents are active Christian leaders as well. When I report my HIV-positive status to them, they did not approve me. They did not want me to disclose my sero-positive status to others. They told me that I have embarrassed the family. They insist me to stay inside the house and not to go out.

“Since 1996, I have been using heroin through friends’ influence. At the age of 18, I had a friend who sniffed heroin and smoke ganja (marijuana). I began to sniff heroin with him. The first taste grabbed hold of me and I could not escape anymore. I began to do drugs regularly. For the last sixteen years, I used different type of drugs like heroin (No.4), opium, ganja (marijuana), brown sugar and tablets. Heroin and opium are my favourites. I need as much as 2-3 dose of heroin to satisfy my craving.
“I want to stop taking drugs but it is very difficult for me now. I cannot live without injecting heroin even for a day. I do not look for anything except drugs. Sometimes, I want to die and feel that this would be the best option, as I cannot quit taking drugs. I am very tired of my life. I need redemption to help me move out from this habit. I tried to be a good person and change my life but I feel that I am too late. Without drugs, there are many health problems. Body ache, joint pain where I feel like all my bones is going to break, loss of memory and sleepless night are some of the problems I faced. I also lose my hearing capacity when I missed my daily dosage. To be frank, when I do not have any money to buy drugs, I look for some means and sources. It could be stealing things or selling some of our household things. My life is miserable. I need some alternative means to stop this habit.

“When my HIV-positive status was reported in 2010 after the blood test at Ukhrul District Hospital, I was worried what my parents will say about me if I reveal my HIV-positive status. I asked myself so many things with so many presumptions. Are they going to reject me? What are they going to think about me? These were some of the questions that I kept asking myself before revealing my sero-positive status. They always encourage me to live positively. My parents advice me every day to stop from this habit for my own good and for the sake of my family. In the beginning, they were angry. No one in the family wanted to accept me when they came to know about my sickness. They scolded me for injecting drugs. They blame me for bringing HIV/AIDS home, which is a disgrace for the family. They said that I am giving a bad name to all the family members. They were also afraid that they might get infected from me. I noticed strange things happening in the family. My siblings were not willing to touch anything that belongs to me. They hesitate to touch the plate, cups and clothes used by me. It hurts when they treat me
that way. Initially, I thought of committing suicide when my parents were angry and reacted strangely towards me.

“The approach of our society towards us especially IDUs is very bad. Instead of helping us to move out from drug habit they outcast the drug users. They hate us. We are always isolated and left alone. Nobody wants to mingle with us. I want them not to stigmatise us, but to understand our suffering. Each time I experienced this negative reaction, I took more drugs in order to forget them even for a while and preferred to stay away from the other villagers except with my IDUs and HIV-positive friends. I do not want to bother about the societal reaction now because if I do, their negativity will kill me faster than the AIDS disease. I really want people to write more about on the hardships and suffering of the drug addicts, on how our society treats and looks at us. I am very happy that you are writing about me. People do not talk to me but your interaction with me is making me to feel good.”

Case Study 30: (married man, age 32, three children, post graduate):

Masoyang (name changed) is a 32 years old married man. He has 1 daughter and 2 sons. He has completed M.Sc in Botany. He owned a shop. He narrated:

“I am HIV-positive who got infected through injecting drugs. The blood test at RIMS Imphal reported that I have HIV disease. None of my children are infected except my wife. In the year 2009, I started to inject heroin on regular basis and was later very addicted to it. The real reason why I started taking heroin in the first place was to overcome self-frustration. I was an M.Sc student at Manipur University. In fact, I had a different ambition to pursue for a professional course that my parents could not afford. I felt so frustrated. Moreover, to be in Manipur University was something that I never thought of. My only plan was to go outside Northeast India
for professional course, which would give me a respectable job. However, due to the family financial constraint of my family, it did not happen that way. Nothing happens the way I want it to be. I felt so down and started to take drug eventually.

“Now I am mature enough and when I look back, I cannot blame my parents for what had happened. Poverty and immature decision let me become of what I am today. In spite of my drug habits and giving bad name to my family, my parents continue to love me. All throughout the difficult situations, they have been there with me, supporting morally, physically, financially and spiritually. Now my real ambition is to find ways to support my wife and my children.

“Many a times, I tried to escape from drug habits and I wanted to change myself as a new person but I could not. I have really tried hard to abstain from using heroin but it was not possible. At the most, I can bear for a week and a few days without heroin but no longer than that. The hardest experience of being a drug addict (IDU) is that I could not bear the pain in the body during the withdrawal period. I had to go through vomiting, joint pain, cough, heavy sweating, loss of energy, loss of memory, sleeping problem, ticklish body and heavy yawning. To ease all these pains I need a dose of drug. Every injecting drug users will experience when they try to withdraw from taking heroin after being addicted.

“As a father of three children, I truly want to change. I want to become a new person. I really want to move out from this bondage. For this, I need external help, as I cannot do it alone. There has to be some alternative means to subside the pain during withdrawal stage. Many of my friends have died trying to withdraw from heroin and opium after being addicted. People always blame us for what we are. What they know is only how to stigmatise and discriminate us. They never think of positive contribution they can offer and do for us. What have our society done for
They do not care for IDUs and HIV-positive people. They see us only from the dark side. They never acknowledged our contribution to the society. There are some people in my locality who said to me that ‘you are educated and smart, and highly qualified to take leadership role in our student union’. However, I tell you who will like me. Who would like to work with HIV-positive people? Our people have never encouraged and supported us. We are always left alone. If people are really concerned and committed to bring positive changes for PLWHA, why not listen and understand our needs and problems. As far as I know, more than hundred people have died due to HIV/AIDS and IDU here in my hometown, Kamjong. This will continue to go on, unless people’s attitude is changed.

“People say there is a medicine called Buprenorphine, which is also known by the name Annok. This medicine is not available in Kamjong. They said this capsule has reached our state Manipur. In my district, this capsule is found only in ORCHID NGOs confined in Ukhrul block. I have been requesting some NGOs like CARE (Drop in Centre) which function under ORCHID project to make necessary arrangement so that people like me and many others who genuinely want to stop from drug habits can avail this capsules and rehabilitate. But nothing has been done so far. I wish this capsule is obtainable even in a regular medic pharmacy.

“Many friends have died due to this epidemic and drug habits. As long as HIV-positive victims like me and other infected people are neglected, many more will die. At this moment, my only need is Annok. This will only protect my health and save my life. My earnest request is to make available this capsule here in Kamjong as well. Even if it is expensive, we will try to afford it. I am still in the early thirties and I want to live long. Only Annok capsule will sustain my life. I really want to change and do away with this drug addiction. I know my graveyard is
not far away if I keep taking heroin. I love my wife and my children. I want to see them grow.”

**Case Study 31** (married man, age 42 years, 3 daughters, uneducated, cultivator):

Ramyo (name changed) 42 years old is a married man who has three daughters. He depends on agricultural work for living. He narrated:

“Out of frustration, I started taking drugs. Since 1991, I had been injecting drugs. It was in February 2007, Red Ribbon Forum invited me to get a blood test, as I was a target group due to my drug addiction. The test confirmed that I am HIV-positive.

“When I introspect myself, I feel that I deserve to live with HIV/AIDS. Yet after the report, I was not myself for a very long time. Nothing makes me happier than to know that all my daughters are HIV-negative. Because of me, I do not want them to be infected. My daughters deserve all the best things in life. I do not want them to be frustrated person like me when they grow up. Even though I have not done much for them, I want them to know that I tried hard to be a good father and I have always loved them.

“I need medicine that will help me in putting an end to my addictive lifestyle. Each time I tried to stop taking drugs, I face severe body ache, joint pain, heavy vomiting, heavy sweating and sleeping problem, and make me helpless. I cannot endure all this pain without taking it. Either opium or heroin (No.4) has to be there for my daily survival. All my friends with whom I shared drugs are dead. Some of them died because of HIV/AIDS and IDU overdose, and many during the withdrawal period.

“I do agricultural works and other manual works to support my family. Without consuming few quantity of opium or injecting few dose of heroin, I cannot
continue to do all these works. I need either of this two to keep me going. Sometime, I hunt wild animals for food and for sale. My wife also makes some income by selling vegetables collected from our field and garden. The NREGS wages has immensely helped for my family income. Sometimes, when we do not have anything these wages enable us to buy food and pay school fees of my daughters. I wish this kind of scheme is introduced more for the poor people like us.

“I do not know what people feel about me. I have not experience any negative reactions inside and outside the family. I depend on my father and mother for almost all my problems. They have been always good to me. They are quite understanding and sympathetic about my family. They have been supporting us all through this life. All my friends, neighbours and villagers are still the same. They treated me well. I have not seen any such stigma and discrimination against me. Of course, I do know that often HIV/AIDS infected people and drug users are stigmatised in my society but such negative treatment has not been given to me so far.

“My advice to the younger generation is that try not to taste or touch anything that is labelled as drugs. Learn from our experiences. Never imitate our bad habits. Drugs and HIV/AIDS shorten our life and kill human. Once someone is into this habit without supreme help, no one can run out of this painful bondage. Politicians, NGOs, student unions and leaders need to take more initiative to tackle HIV/AIDS menace happening in our Tangkhul society. I would like to acknowledge the contribution of the NGOs, and I seek to continue helping the infected people.”
Case Study 32 (married man, age 36, three children, graduate, unemployed):

Ngaraipam (name changed) is a married man who has one son and two daughters. He is a businessman by profession. He narrated:

“I am a married man who owns a shop. I run a small business to support my family. At the time when I came to know about my HIV-positive status, I was really shocked. I did not believe the report, so I went for another test wherein I was confirmed with HIV-positive. At that moment, I could not recollect the main cause of my sickness. I am not an injecting drug user. I never had any sex outside marriage. As far as I could remember, I was infected through blood transfusion.

“It was in the year 2007, my cousin brother donated me blood, as I was seriously ill and hospitalised. To our surprise, he happened to be an IDU, but quit which we did not know. He also did not know he was HIV-positive either at that time. Nobody knew that he injected drugs in the past. The RIMS Imphal confirmed that I was HIV-positive in 2010. In the first place, we trusted him because he is a family member. However, we decided not to blame him, as he too was not aware of his sero-positive status. After the diagnosis of AIDS, I lost confidence in myself. I have nothing to say about my sickness, as it was not my making. I should say that my case is different from others. I feel sad for having HIV, but my parents are my source of encouragement. They were very protective when they came to know about my suffering. They maintained confidentiality and supported me all the time. They always encourage me to be positive and not to worry about my positive status. My parents are always there to help for my family, financially, morally and spiritually. That is what makes me happy.

“All my friends and neighbours are still good to me. Many HIV-positive people have reported social stigma and discrimination. However, in my case, I have
not faced such negative reactions. I have never experienced any form of rejection. My friends, neighbours and locality are good to me. I see no change in their attitude. So far, I should say that I received only positive reactions from them. I do not know what will happen in the future. At the time of sickness, they had encouraged me and brought food stuffs, vitamins and gave financial help as well.

“My Church pastor and elders are also a source of inspiration for me. They have constantly come and prayed for my family and for me. Having fellowship with them gave me much strength. This has made me spiritually even stronger. Now I have no worries. My only concerned is that somebody would discover a curable medicine for HIV/AIDS illness very soon. Regular intake of ART and good supplementary food has made me healthy. I want to maintain dietary system strictly, as long as I could afford. I want to live a long life and do not want my children to be orphans.”

**Case Study 33** (unmarried man, 39 years old, illiterate, unemployed):

Ruichumshang (name changed) is a 38 years old unmarried man who lives with his parents. He narrated:

“I began injecting drug when I was 19 years old. Since I was young, I knew the taste of many drugs like heroin, opium, brown sugar and ganja (marijuana). My older friends taught me this habit, as they were all drug users. In 2001, the blood test at Dimapur Hospital, I was confirmed with HIV-positive. The first time when I told my parents that I was diagnosed with HIV-positive, my father yelled at me. He told me that I was responsible for my sickness. He said, ‘we told you not to take drugs but you never listen to us’. He further said that ‘it is because of your disobedient behaviour now you have this shameful disease.’ I was told to take care of myself. It
was my mother at that time who consoled me. My mother told me that things will be all right, and told me that they will take care of me. Those days, I was hardly at home. I spend most of my days with my HIV infected friends. Today, when I look back, I cannot afford to have grudge against anyone. I have reconciled with my father. My parents comfort me and provide me with all my needs. They have been doing everything for me. Each time I was ill, they were always there for me. In fact, I feel much closer now to my parents than before. They help me get ART on time from Ukhrul District Hospital. From small things to big things, I rely everything on them.

“I have not much to compliment on my society. Now most of my IDUs’ friends have died just few of us left. The attitudes of the close friend remain the same. I mingle with them. Our society stigmatises and discriminates IDUs and HIV/AIDS infected people but my close friends never gave me such negative reactions. At time of sickness, Church leaders and fellow friends came and prayed for me. Some neighbours and relatives also helped me in-cash and in-kind. I have no grudges or grievances against them. However, in general, we are seen as criminals. Instead of creating a supportive environment to save us from misbehaviour and drug life, our society keeps on rejecting and stigmatising us. We drug users are blamed for what we have become and we are considered responsible for the spread of HIV/AIDS. We are seen as cursed people. Through words and in action, local people have accused and ridiculed IDUs and HIV/AIDS infected people.

“Personally, my grievances are with the leaders, politicians and bureaucrats to be specific. NGOs are found more committed in dealing with HIV/AIDS epidemic. Many leaders dealing with HIV/AIDS are not honest with their promises. Politicians and bureaucrats have spoken big words but have done nothing for us.
Government needs to work more and see that basic medical facilities like ART, CD-4 test machines and other facilities are made available for HIV/AIDS infected people. In short, I see only some NGOs who are committed to their work, while others do not seem to care for us.”

**Case Study 34** (married man, age 35, one daughter, Class-XII, unemployed):

Thanthing (name changed) is a 35 years old married man. He lives with his wife and daughter. He completed Class-XII. He narrated:

“I am a carpenter. I do carpentry works to support my family. In order to have sufficient food, I also maintain small jhum cultivation. I got married in 2008 and I have a daughter. In 2009, my blood test reported that I am HIV-positive. My blood test was done at Community Health Centre, Kamjong.

“In the beginning, nobody in the family knew about my illness. Sometimes, I wish I could tell my sickness to my immediate family members so that at least they could help me. However, I was afraid that they might not accept me. Moreover, I do not want my wife and children to go through rejection and isolation because of me. I was also worried for my family relationship and reputation. Thus, I tried every possible means to keep my sickness secret but somehow my family members and relatives came to know about it. However, I do not want them to publicise my status. I want to keep it within me and my family.

“I was into smoking marijuana when I was at my teenage. I was 20 years old studying in a local high school when I first tried sniffing heroin under the influence of my friends. After that, I changed from smoking to injecting. Many a times, I was under the influence of drugs, and that was how I became a drug addict.
“Today, I am a changed man. I would say that I am completely rehabilitated through the effort of my parents. It has been over three years now that I have not injected drugs. I do not want to remember my old lifestyle. Since so far there are no visible symptoms to remind me of the disease, I still feel that I do not have this disease. I also do not know what people think about me. I have not found any negative and unwanted reaction towards me. Everybody is good to me. For instance, my immediate family members, cousins and close relatives are cohesive and still accept me as one of them. They never ill-treat me. Family relationship is going strong. All of them are supportive and encourage me only from positive aspects. They continue to love me as usual. My wife and my daughter are my main priority now. I want to maintain a good health and want to live long. Now there is ART to check and control the increase of virus in the body. People say curable medicine will be available soon. I am not afraid of disclosing my positive status to anybody now. In my opinion, HIV/AIDS has not hampered my relationship with others so far. Everyone exhibit signs of absolute positive reaction. I want this act of respectability to be given to every PLWHA irrespective of their status in the society.

“I wish our society should not stigmatise and discriminate those people living with HIV/AIDS. This disease should be considered like any other illness. There is a possibility that the societal negative reactions would cause more death than the actual casualties could cause by the disease. There have been many reports that injecting drug users are to be blamed for bringing HIV/AIDS in our society. I accept their point of judgement against us. However, it would be much better if they correct us, and help us find ways to overcome the nature and cause of this problem. The negative judgemental attitude will not bring any solution to this epidemic. Our society should help us fight to meet our grievances.”
Case Study 35 (married man, age 43, under matriculate, unemployed):

Tuithing (name changed) is a 43 years old married man who lives with his wife and six children. He narrated:

“I started taking drugs as early as 1986. Initially, I sniffed heroin, and opium whenever I did not get heroin. I quit sniffing heroin for over two years starting in 2005, but I relapsed into this old habit out of frustration. It was a bad idea to take drugs again. In 2008, I started to inject heroin instead of sniffing. My life was without hope at all. I used to have two doses a day. The best quality for heroin would cost me Rs. 500 per dose. The cheapest quality would be available at Rs. 100 per dose. This drug expenditure immensely impoverished my family income. In May 2012, I was confirmed with HIV-positive after the blood test in Imphal.

“Life took a different turning point after being diagnosed with HIV-positive. I could not work as hard as I used to be. I was a blacksmith and a carpenter. With the money I received, I maintain and support my children. However, my monthly income was affected because of my poor health. My wife and children work in the field to grow crops and other vegetables. Three of my daughters were school dropout because of our financial constraint. Our financial constraints even force my wife to sale vegetables and other season foodstuffs in the market. In this kind of situation, introduction of NREGS helped us to solve family financial problem to a certain extent. My parents were very understanding and sympathetic about the sickness I have. Whenever I need any assistance, they would help me in any form. Their love and concern towards me and my family never ceased.

“I have been looking for some means to quit taking heroin. Presently, instead of taking heroin I have shifted to Bueprinorpin (Annok) capsules, which has enabled me to completely abstain from taking heroin and opium. Without this Annok, my
body would ache, severe cough, fever, joint pain, heavy sweating and yawning. Once you get addicted to heroin, it is very difficult to withdraw and undo this addiction habit. That is the reason why we are taking Buprenorphine. I am also looking for medicines that would subside and control the reaction and side effects of heroin and opium.

“The concern for my children and my wife inspired me to change my habit. I need the help of my family and relatives to help me quit the habit of addiction. My parents have been helping me to get access to Buprenorphine. I want NGOs and other social organisations to help in getting Buprenorphine medicine for other drug addicts too.

“Besides my family, I also thank my friends who have constantly encouraged me in all my hardships, morally and physically. Many people have helped me to get out of this drug addiction. They never let me feel isolated. It is through their association that I could give up drugs. My neighbours were also good to me. My Church pastor’s family often come and pray for me. This is the reason why I say that I did not experience negative reactions from the community. As of now my surrounding environment makes me feel that HIV/AIDS is treated like any other disease.”

**Case Study 36** (married man, age 48, four children, graduate, unemployed):

Markson (name changed) is a married man. He is 48 years old and has four children. As far as his qualification is concerned, he finished his graduation. He is a cultivator. He narrated:

“It was in 1982 when I started taking drugs through friends’ influence. In the beginning, I did not like the taste of drugs. I quit for over three years, but started
again in 1985. All my friends with whom I shared and injected drugs have died. No one survive except me. Even my younger brother died of IDU overdose. Only in 2008, when I was reported with HIV-positive status after the blood test at Community Health Centre, Kamjong I stopped injecting heroin and instead I changed to opium. I took opium in order to withdraw from heroin, as it is the only means to escape from injecting drugs. Otherwise, sudden complete abstinence will put my life at risk.

“It is very difficult to quit drugs once we are addicted to it. I cannot do away with this drug life. I have no stable job and I do manual works for my income. I earn money from loading and unloading trucks. This could be timbers, stones, sand and any other. I also do manual works going to others field and chopping woods for my income. With the money received, I support my family. To do all these heavy works, I need to take drugs either heroin or opium. Without the stuffs, I cannot work due to body pain. I feel much stronger and energetic when I take these drugs. With the help of these drugs, I could take family responsibilities but of late, the effect of the drugs has deteriorated my health. If I have some external financial assistance or means of income, I can completely stop taking heroin and other drugs. As of now, I cannot completely do away with these drugs, as I have to work and support my family.

“Today with the financial support from my parents, I have lesser tension in supporting my family. They are always there to help me. My villagers are also good to me. Despite, having HIV/AIDS nobody has rejected me. They make me feel more comfortable and positive by inducting me as a deacon in our Church. I am trying hard to quit taking drugs but the withdrawal stage is what I am worrying the most. My only wish is get access to Buprinorpin medicine to overcome drug habits. I want NGOs and Church leaders to organise programmes that will discourage the
youngsters from indulging in all kinds of drugs life. They need to take a big role to eradicate the pandemic leading to HIV/AIDS.

“The societal stigma and discrimination cannot stop this epidemic. Further, the continuance of blaming the HIV/AIDS infected person and injecting drug users for what they have become will not profit them either. Of course, our lifestyles are considered to have gone against the social norms and values of our society but this did not mean that they have to ill-treat and blame us all the time. Why do they have to harass and reject us all the time? Our society never tries to understand our problems, but keep on stigmatising and discriminating us. As a result, many people are not open about their HIV status for fear of the negative reactions of the community. Our people should try to look at us from positive side in order to help us overcome our problem. No doubt, it is injecting drug users who brought HIV/AIDS disease in Kamjong block, but the public should also realise the need to help HIV/AIDS infected people and other target groups to escape from this bondage and to stop further spread.

“In this regard, the picture of our government does not arise. Until today, they have not paid any attentions towards us. Our grievances are not considered seriously. We are totally neglected by the government. NGOs have done much better. Local NGOs have more concerned for the welfare of HIV infected people. They have organised awareness campaign and other advocating programmes. Many of us have received material and non-material support in many ways. This meant so much to us and it is worth more than anything else. And we want them to do more as they are the only organisations with whom we can continue to rely on.”
Case Study 37 (married man, age 45, 2 sons and one daughter, unemployed):

Thotreishang (name changed) is a HIV-positive married man. He lives with his wife and three children. He narrated:

“I was a drug peddler earlier. In 1992, I started drug business thinking that this would make me rich. However, at the end I end up taking drugs. Since my village lies near the Myanmar border, it is easy to earn money through selling drugs. One can easily cross into Myanmar and deliver the consignment to drug dealers. Taking the opportunity, I used to deliver phensidyle, corex, brown sugar, drug tablets and others in exchange of heroin (No.4) and opium. According to the demands, I used to supply any kind of drugs to the Burmese. In this way, I was selling illegal drugs. It profits me a lot.

“In the late nineties, the Naga Underground strongly intervened and sternly warned against persons doing any kind of illegal drugs selling. For this, I underwent a huge deficit. This compels me to discontinue the business. All the piled drugs that were meant to be delivered would soon become wasted. So instead of throwing away, I sold some in the village and I began to use some for myself. Gradually, from this cough syrup, brown sugar and tablets I changed to injecting heroin. I could not believe that I became addicted within no time.

“When I came to know about my HIV-positive status in 2007, I was too addicted to heroin that I could not stop anymore. Even when I tried to control myself from taking it, it gave more problems to my health. My parents and my wife are worried about me. They always advise me to come back to my normal life. Through the efforts of Church leaders, my parents have been encouraging me through prayers, moral support and other assistance. Currently, I have reduced my daily intake of drugs. I take only opium to maintain my health. Absolute abstinence is not
advisable, because without taking it, I would face many unbearable problems in my body including persistent vomiting, headache, body ache, sleeping problem and joint pain. I cannot survive a day without taking it. I am in the process of helping myself to rehabilitate. I am more inclined to think for my children’s future and my wife. I am so happy that none of my children are HIV-positive. Because of my mistake, I do not want them to suffer. So far, blood test shows that my wife is also HIV negative.

“Until today, CD-4 count test shows my hemoglobin is still high and I am healthy to do any kind of works. My wife and I do small jhum cultivation to have enough food for the family. Most of the times I prefer to go for hunting wild animals in the jungle. This gives me more money than any other foodstuffs. My parents support my three children for their education so I do not have much problem storing enough food for the family. So far, they love me as much as they had loved me before. I find no negative reactions from my parents. Even in the society, I do not experience any stigma and discrimination. My friends, neighbours and the villagers are still the same. We mingle together. We hunt wild animals together. They do not reject me.

“I also thank the government for the introduction of NREGS. This has immensely helped the HIV/AIDS infected family like me. My undue worry is about my health. I want my parents to continue supporting me. I want them to be there for me even at the worse situation. I wish to receive assistance from the NGOs for ART and other related medicines in the future.”
Case Study 38 (married man, age 31, one daughter, Class-XII, unemployed):

Ngachonmi (name changed), father of one daughter, is 30 years old. His educational qualification is Class XII at the time of interview. He is unemployed. He narrated:

“I began injecting drugs in 2005 and reported with HIV-positive in 2011 after the blood test at Community Health Centre, Kamjong. Currently, I am assisting my wife in dealing with a high-risk group who are IDUs. Under CARE organisation, we are helping people to give harm reduction knowledge and assistance to the targeted risk groups, especially to youngsters and upcoming generations who are into drugs. Actually, we are meant to work as referral centre but due to shortage of facilities, we began to take up the responsibility of conducting blood test and other treatments for the IDUs.

“I am happy my parents have been very supportive in all the decisions I made. After disclosing my HIV-positive status, they did not turn their back on me. Everyone in my family knows about my sickness. They continue to love me as their son. In any kind of situation, they are always there for me. It is because of their unceasing encouragement, I am living positively to help people. I have stopped my old drug habits, and I am in the process of taking Bueprinorpin medicine. HIV/AIDS infected people and drug users are stigmatised in our society. There are many cases where drug users were abused and harassed, but this has not proved successful in controlling and preventing them from using drugs. Instead, it exacerbates more to our sufferings. HIV/AIDS infected people are ill-treated and discriminated. We cannot deny this fact. However, nobody has shown such negative reaction to me. I do not know what they talk and feel about me but as far as I am concerned, I feel everyone is fine with me and my family. However, we never know what will happen in the future.
“People compare Kamjong with Uganda. I have no problem in such comparison as HIV infected rate cases are very high in Kamjong. The saddest part is that even after knowing the situation and our problems, the Government of Manipur does not pay any attention. There is no sign of improvement. MACS, politicians and bureaucrats had visited our place many times with so many promises but nothing has been done. Valley based NGOs had organised awareness programme, held concert and took pictures of HIV/AIDS infected people with the promises of giving assistance but such promises have not been implemented. They are not listening to the cry of HIV-positive people and drug users. Nothing positive has been done till today. We do not need awareness camp or programmes. We have enough of that already. What we need is the helping hand that would provide assistance through medical facilities and other developmental programmes to elevate the condition of PLWHA. We need positive measures to alleviate our problems and sufferings. For instance, look at the maintenance of ICTC we have here at Community Health Centre. There is no counsellor, no lab technicians, and no proper doctors for PLWHA. We do not have CD-4 count test machine, and sometime we do not have adequate ART, which is an essential pre-requisite for our health and survival. To have a sense of well being we primarily depend on ART. This has not been realised by the government. Despite, being reminded repeatedly, this matter is not look into by the authority. They merely blame the condition of the road and insurgency problem for not being able to come to the hilly areas, which are not genuine reasons.

“Our civil organisations, Church, student union and women society need to take greater role in resolving the HIV/AIDS related issues at every possible level. They should not be just mere spectators. They should think that our problem is also their problem. PLWHA should be treated as normal citizens of the community. They
should not outcast or ignore the PLWHA, but help them and listen to their problems. Helping HIV/AIDS infected people means restoring the status of IDUs and other risk groups in the society. They need mutual respect in the society.”

The above case studies provided varying insights into the live experience of individuals living with HIV/AIDS, and the prevailing social stigma and discrimination they experience in the society in different forms and at various levels. Though the degree of its impact varies according to the type of reaction received by the PLWHA within and outside the family, it is clear from the study that HIV/AIDS people received both negative and positive reactions in the society. It is clear from the above narrations that HIV disease became prominent in Ukhrul district in the early 1990s. Specifically, narrations of the respondents enabled us to understand their grievances, emotional consequences of HIV/AIDS, feelings attached to living with AIDS, and the stigma attached to it. It is also learnt that HIV/AIDS infected person with higher income and higher educational level are more open to disclose their status to the people. The above-mentioned studies are some of the major narrations and life experiences of PLWHA. There are still many others PLWHA in the Tangkhul society having their own negative and positive experiences.