CHAPTER-V

SUMMARY, CONCLUSION AND RECOMMENDATION

5.1 SUMMARY

INTRODUCTION

The vital importance of HIV/AIDS within the global development agenda has been recognized in the sixth Millennium Development Goal (MDG), which is to halt and begin to reverse the spread of HIV/AIDS by 2015. However, not only is reversing the spread of HIV/AIDS a goal in itself, but there are also close linkages between the HIV/AIDS epidemic and other MDGs. It is clear that the achievement of all the MDGs depends in part on progress in turning around the HIV/AIDS epidemic, while success in the response to the epidemic will not be possible without the achievement of the other MDGs. The countries where the incidence of HIV/AIDS had increased tremendously, have witnessed a collapse of social and economic sustainability. The linkages further demonstrate the close relationship between HIV and human development, as well as the pressing need for broad-based multi-sectoral responses. AIDS impacts negatively on all the other MDGs. It affects poverty outcomes (MDG 1) and impairs universal access to education (MDG 2) – especially in countries with high prevalence rates. It also has forceful consequences on maternal and child health, since the HIV infection increases the frequency of obstetrical and neonatal problems.

In countries where HIV transmission occurs predominantly through heterosexual sex, as is now increasingly the case everywhere, women are more likely than men to be infected. Gender relations and gender inequalities play a major role in this context of the spread of HIV/AIDS. Adequate understanding of gender-related determinants that shape vulnerability to HIV infection is, therefore, fundamental for addressing health care and treatment strategies.
The percentage of women living with HIV and AIDS varies significantly between different regions of the world. According to an NCAER (2006) report titled ‘Gender Impact of HIV and AIDS in India’, biological, societal and economic factors make women and young girls more vulnerable to the epidemic. The report reveals that the low status of women, poverty, early marriage, trafficking, and sex work, lack of education and gender discrimination are factors responsible for the increasing vulnerability of women and girls to HIV infection. There are a number of factors – biological, socio-cultural and economic, which make women and young girls more vulnerable to HIV and AIDS. Women are at a biological disadvantage of contracting the virus as HIV is more easily transmitted to a female body as compared to men. In sub-Saharan Africa, young women in 15-24 age groups were 2.5 times more likely to be infected as compared to men of the same age group. Gender inequality and poverty are responsible for the spread as well as disproportionate impact of the epidemic on women. The gender inequalities get reflected in the sexual relations between husband and wife. In India, women do not have the right to decide and negotiate safe sex and ask men to use condoms. There is also lack of availability of female-controlled HIV preventive methods. Cultural norms and attitudes condoning multiple sexual partners for men, and their pre- or post-marital sexual relationships increase women’s risk of getting infected with the virus.

In specific case of Manipur, a state with turbulent political environment, women significantly contribution in the realm of economy and culture, however due to the existence of patriarchal, patrilineal, and patrilocal social system, discrimination against women is quite a common practice. The life of widows in Manipur is difficult. After the death of her husband, she is condemned and has to live a life of forced austerity. Though, the widows are not totally segregated from participating in social and religious practices but their visible appearance in performance of certain social and auspicious occasions are not encouraged.
SIGNIFICANCE OF THE STUDY

Manipur is the first state in the country to have adopted AIDS policy in 1986 with the formation of the Manipur AIDS Control Society (MACS) in 1998. However in the beginning of the epidemic injecting drug users (hereafter IDUs) were infected with HIV in large numbers but this epidemic is now no longer confined to the IDUs but has spread to normal people especially to the spouses of the injecting drugs users and their children. Most injecting drug users are men; an estimated 40 percent are married. The death rates have been high in the last five years, consequently the number of widows of IDUs has increased.

Widows of HIV infected men have more difficult life than to that of the ordinary widows. They are outcast (ostracized) by family, friends, relatives and society. Major factors that inhibit their position are ignorance, powerlessness and vulnerability. The emotional problems they face seriously affect the widows’ health. Stress due to the HIV infection, loss of husband and the resulting socio-economic problems wreck the health of many HIV widows. The social, economic and development consequences of HIV/AIDS in Manipur in the near future will be very grim unless an immediate planning is started from now onwards. So far, there are no substantial projects or plans to rehabilitate the HIV/AIDS widows and their children who have been adversely affected by HIV/AIDS.

Therefore, this study has been planned to document the problems faced by the widows of HIV infected men in depth and to offer suggestions based on their coping strategies to create opportunities for them to live their life with dignity and provide sustenance for their dependents. This study will also be beneficial to the NGOs, Government and policy planners.
OBJECTIVES OF THE STUDY

General objective

The general objective of the study is to gain insights into the living conditions of widows of HIV infected men. It is an attempt to document their lived experiences and how they cope up within their families and with the social set up. To examine the accessibility to the welfare measures initiated by the government and non-government organizations, to the HIV positive and HIV negative women whose husbands died of HIV/AIDS.

Specific objectives of the study

The following objectives were adopted to carry out the present investigation:

1. To understand the influence of the death of HIV positive men on the socio-economic condition of the family and specially their wives.
2. To understand the difference in coping mechanism adopted by women who are HIV positive and HIV negative themselves.
3. To understand the differences in meeting the demands of the family adopted by the working and non working widows of HIV positive husbands.
4. To study the support system available to the widows of HIV infected men.

Limitations

The study was limited to

- Two districts of Manipur that is Imphal East and Imphal west.
- Only those NGOs which provide services for both HIV positive and HIV negative women and whose husband died of HIV/AIDS.
METHODOLOGY

The study was an attempt to explore the prevailing scenario of socio-economic conditions and coping strategies of the widows of HIV infected men in Imphal East and West districts of Manipur. The study attempted to characterize the living condition of the widows of HIV infected men in terms of their socio-economic conditions including the comparison of the living conditions of HIV positive and HIV negative widows. To fulfill the objectives of the study, exploratory research design was adopted.

Pilot study

The pilot study was conducted to make certain that the interview schedule to be used for data collection has clarity of language. The time needed for interacting with the respondents was also estimating which was about two sessions one and a half hour with every women. Hence, the pre-test of the interview schedule was conducted with women availing services from three NGOs with forty widows of HIV infected men (twenty HIV positive and twenty HIV negative) residing in the two districts and tools were modified accordingly.

Locale of the study

The study was carried out in Imphal. Imphal is the capital of Manipur which is spread over two districts – Imphal East and Imphal West. The state Manipur has altogether nine districts. Out of these nine districts, two districts namely, Imphal East and Imphal West were taken up for the research work, since a high percentage of cases of HIV infection are found in these two districts. Thus, widows of HIV infected men residing in these two districts formed the universe of the study.

Sample size and the sampling technique

For the selection of the study units purposive technique was used. A list of NGOs working with HIV affected people was procured from Manipur AIDS Control Society
From the list twenty-seven (27) NGOs, which were working in the selected locale i.e. Imphal East and West Districts (Imphal District) were contacted. After this, ten (10) more NGOs, which were also working with HIV affected people, but were not included in the list provided by MACS were identified. These NGOs were also included for the present study. Hence, altogether thirty-seven (37) NGOs were short-listed. The investigator visited all the thirty-seven (37) NGOs working with HIV affected people. Out of thirty-seven (37) NGOs twelve (12) were in Imphal east district, fourteen (14) were in Imphal west and eleven (11) work in both Imphal east and Imphal west district. Thus overall, fourteen (14) organizations were part of the study. The criteria for the including women in the present study were their willingness to be, a part of this research. The sample size for the present study was two hundred (200) women. Out of this two hundred (200), one hundred (100) were HIV positive and one hundred (100) were HIV negative. Out of these two groups, fifteen (15) women each were selected for the case studies.

**Method of data collection**

The utmost concern was to maintain confidentiality. The NGOs personnel facilitated the data collection process. They were instrumental in making the whole process easy for the investigator. To be comfortable and friendly the investigator formed rapport with the respondents by explaining to them the purpose of the study, the detailed procedure and its relevance and then data was collected. The respondents were interviewed at their homes or in an isolated room in the NGOs office. Prior appointment was sought from the respondents and the interview was conducted at their convenience.

**Tools used for data collection**

A structured in depth interview schedule was used for data collection with both open ended and closed ended questions. It also gave the researcher an opportunity to observe the family atmosphere and comfort level of the respondents. Above all, interview allowed for repeating and enhancing the respondent’s ability and willingness to report. Hence, it
helped the investigator in understanding and interpreting the findingss of the interviews and overcome the barrier of their illiteracy.

The structured in-depth interview schedule to elicit the relevant information consisted of

(i) Background information of the respondents

(ii) Socio-economic condition of the respondents

(iii) Support system available to widows of HIV infected men.

(i) **Background information of the respondents**

For this section questions were framed to seek information related to the age, occupation, qualifications, size of the family, number of children, type of family, family income, and place of residence.

(ii) **Socio-economic conditions of the respondents.**

For this section questions were framed to seek information related to socio-economic conditions of the respondents and the questions were arranged under three heads as given below:

a) **Financial Problems**

This section had statements related to problems faced if any in relation to food, clothing, education, housing and medical care.

b) **Social Problems**

Under this head the information related to remarriage, bringing up children and stigma faced were collected.
c) **Personal Problems**

   This section included physical and psychological problems experienced by these women.

(iii) **Support system available to the HIV affected widows:**

   This section was designed to generate information regarding support system available from parents, in-laws, friends, relatives, neighbours, NGOs and government.

**Observations**

Observation was used to assess the socio-economic condition of the women and their status in the family and neighbourhood. It helped in studying the real life situation and normal encounters of the widows of HIV infected men in their surroundings. Observations were made for getting insights on areas where mere discussion would not have been of much help. It also helped in enriching data collection and analysis.

**Case Studies**

For obtaining relevant, reliable and in-depth information case studies were carried out. As a part of this study, Dictaphone was used to record the verbatim of the respondents, in order to gather information for detailed analysis. In all, thirty (30) case studies that is fifteen each of HIV positive and HIV negative women have been documented.

**Variables**

The independent variables of the study were as follows:

1. HIV status of the widow
2. Age of the widow
3. Educational qualification
4. Work status
5. Place of residence
The dependent variables of the study were as follows:

1. The Coping mechanism

2. Socio-economic impact

Analysis and interpretation of data

As the data was based on the opinions and perception of the respondents it is qualitative in nature and demands qualitative analysis. The qualitative data was coded and tabulated. In almost all cases decision is arrived on the basis of percentage. The following statistical tools have been used in the study like Z test (or normal test), t-test (both paired and Fisher’s t-test) and $\chi^2$-test. All the data processing and analysis has been done on MS Excel and SPSS packages.

5.2 FINDINGSS

Demographic pattern of the HIV affected widows and differences among HIV positive and HIV negative widows

To analyse the living conditions of widows of HIV infected men residing in Imphal, the capital city of Manipur, the information of widow’s age, educational qualification, occupation, type of the family and place of residence were collected.

Majority of the widows that is 78.5% were below 40 years of age and 64% of them married at the age of 15 to 22 years, 56% of them became widows at the age of 31-35 years and 47.5% of them became widows more than 6 years ago at the time of interview. Most of the respondents were housewives and their husbands were also employed but they were dependent on in-laws due to very low income. However, after the loss of husband, they sought some kind of employment to generate income and sustain their life. 70.5% of them belonged to nuclear families and 79% were residing in their in-laws place.
A little more than half of the respondents that is, 54% had large family size with 7(seven) or more members.

**Type of Family**

71% of the HIV positive widows and 69% of the HIV negative widows were living in nuclear families. However, the difference in the number of HIV positive and negative widows with respect to type of family was found to be insignificant at 5% level.

**Place of residence HIV positive and negative widows**

**In-laws house:** Sixty eight percent of the HIV positive widows and 86% of the HIV negative widows were living at their in-laws house. The number of widows living with in-laws was found to be significantly different (p<0.05) and hence the number of HIV negative widows living at their in-laws place was considerably high as compared to HIV positive widows.

**Parental home:** Out of all the respondents 24% of the HIV positive widows and 13% of the HIV negative widows respectively took shelter at their parents’ house. The number of HIV positive widows living in the parental house was significantly greater (p< 0.05) than the HIV negative widows.

**Rented house:** The HIV positive and negative widows settled in the rented house were only 8% and 1% respectively but, their difference was not significant (p>0.05).

**Occupation of HIV widows before and after widowhood.**

The widows of the HIV infected men had changed their occupation considerably after widowhood. The decrease in the number of women as the housewives and the increase in the number of self-employed women indicated that the housewives were compelled to take the role of an earner for the livelihood of the family members after widowhood due to reduced income of the family.
Difference between Occupation of widows before and after widowhood

Since p<0.001, the widows of the HIV infected men changed their occupation considerably after widowhood. It was seen that most of the housewives became earners that is, self-employee after widowhood. Since p<0.05, there is some sort of relationship between the change of occupation and the HIV status of the widows. It could be seen that most of the HIV positive widows changed their occupation considerably, particularly, from being a housewife to self-employed as compared to HIV negative widows.

SOCIAL PROBLEMS

- Knowledge of HIV Infection

A high majority of the HIV positive widows’ husbands’ that is, 96% and 91% of the HIV negative widows came to know of their HIV status after marriage when they faced health problems. Only 3% of the HIV positive widows’ husbands’ and only 3% of the HIV negative widows’ husbands knew about their HIV status before marriage.

97% of the HIV positive widows and 93% of the HIV negative widows came to know of their husbands and their own HIV status only when their husbands reached advance stage of infection or during pregnancy or childbirth or when they fell sick. None of the respondents had any prior knowledge of HIV positive status of their husband and their own status before marriage. Seven percent of the HIV negative widows and 3% of the HIV positive widows came to know of their husbands’ HIV status after his death.

75% respondents were shocked to know when they came to know of their husbands HIV positive status. Only few respondents reacted normally that too because they did not have any knowledge about HIV/AIDS infection till then.
Disclosure of husbands HIV status to others and reasons for not disclosing

- **To Parents**

59% shared their husbands’ HIV status with their parents and 52% in case of HIV negative widows. The difference between the proportions of HIV positive and negative widows’ disclosure to their parents was not significant at 5% level. The remaining 41% of the HIV positive widows did not disclose their own status and their husbands’ status with their parents. 18% of the HIV positive widows’ parents were dead and the remaining 23 percent were too old and so widows did not wanted to hurt or upset them. They would have been unable to provide any help even if they were informed.

- **To In-laws**

52% of the HIV positive and 46% of the HIV negative widows had disclosed their own status and their husbands’ status to their in-laws. The difference between the proportions of HIV positive and negative widows who disclosed HIV status to their in-laws was not found to be significant at 5% level.

- **To Children**

Altogether there were 362 children of HIV affected widows, out of these 202 children were of HIV positive widows and 160 children were of HIV negative widows. Only 50 HIV positive women had disclosed their husband’s HIV status to their children and 44% in case of HIV negative widows. The difference between the proportions of HIV positive and negative widows’ disclosure to their children was found to be significant at 5% level.

- **To Friends**

52% of the HIV negative widows and 66% of the HIV positive widows had disclosed their husbands’ status to their close friends. The difference between the proportions of
HIV positive and negative widows who disclosed their husband’s HIV status to their friends was significant at 5% level.

- **To Fellow workers**
  Out of 100 HIV positive widows, 62% had disclosed their own and their husbands’ HIV status to their fellow workers. However, only 55% of the HIV negative widows had disclosed their husbands’ status to their fellow workers. The difference between the proportions of HIV positive and negative widows disclosed to fellow workers was not found to be significant at 5% level.

- **To Neighbours**
  Out of 200 HIV affected widows, 56% of the HIV positive and 47% of the HIV negative widows had disclosed their husband’s HIV status to their neighbours. The difference between the proportions of HIV positive and negative widows disclosed to their neighbours was not significant at 5% level ($Z=1.28, P>0.05$).

- **To NGOs**
  A high majority that is, 84% of the HIV positive widows had disclosed their husband’s HIV status to the NGOs and only 59% of the HIV negative widows disclosed their husbands’ status to the NGOs. The difference between the proportions of HIV positive and negative widows disclosed to the NGOs was significant at 5% level. This could be due to the fact that the HIV positive widows could avail several services from NGOs for self and children but HIV negative widows were not eligible for the same.

**Reasons for not disclosing their husbands HIV status with others**

- 21% of the HIV positive and 41% of the HIV negative widows did not disclose their husband’s status considering that it will defame them too. The difference between the proportions of HIV positive and negative widows was significant at 5% level.
The number of widows who did not disclose their husband’s HIV status to others due to threat of discrimination and ostracism were 41% and 28% respectively in case of HIV positive widows and 46% and 38% in case of HIV negative widows. The difference between the proportions of HIV positive and negative widows was not significant at 5% level.

Ten percent of the HIV positive and fifteen percent of HIV negative widows did not disclose their husbands status considering that the person whom they wanted to disclose were unaware of the HIV/AIDS infection especially their children. The difference between the proportions of HIV positive and negative widows was not significant at 5% level.

Reaction of the family members towards the widows

The respondents who disclosed their husbands and their own HIV status to their parents were 68% of the HIV positive and 65% of the HIV negative widows respectively, they received support from them. Fifty-four percent of the HIV positive and 45% of the HIV negative widows’ parents felt unhappy and sympathized with them though they could not provide any financial support but they supported their daughters. Only 4% of the HIV positive widows were ignored by their parents. Not a single HIV positive or HIV negative widow’s parents blamed them for their husbands’ death. And 3% of HIV positive and one percent of HIV negative widows’ parents were abusive. 63% of the HIV positive and 54% of the HIV negative widows respectively reported not facing any difference in the behaviour of their parents.

Reactions of the In-laws

20% of the HIV positive and 11% of the HIV negative widows were thrown out of their homes after the disclosure of their HIV status. 19% and 22% of the HIV positive and negative widows were pressurized to leave their houses. 10% of the HIV positive and 13% of the HIV negative widows respectively were blamed by their in-laws to be the cause of their son’s death. While 29% of the HIV positive and 36% of the HIV negative
widows were abused by their in-laws, and a little less than half of the HIV positive widows that is, 45% and 47% HIV negative widows felt that they started ignoring them. 35% of the HIV positive and 36% of the HIV negative widows received full support from their in-laws.

**Reaction of the Neighbours**

44% of the respondents’ neighbours changed their behaviour after knowing their husband’s status whereas 31.5% did not perceive any difference. Thirty-three percent of the respondents’ neighbours did not want to come across or share food with them and 22.5% of them, refrained their children to play with their children. Twenty-eight percent and 12.5% of the HIV affected widows’ reported that their neighbours maintained distance and were full of hatred to them. However there were 30 HIV affected widows, who said that their neighbours were sympathetic towards them.

**Views about Re-marriage**

The idea of remarriage was not acceptable to most of the widows that is 95% and except very few that is 5% because of their HIV status. The other reason was that they wanted to live for their children.

**Personal problems**

The personal problem of the widows of HIV infected men and their HIV status (positivity and negativity) were dependent and significant at 1% level. Therefore, the HIV positive widows had more personal and physical problem than the HIV negative widows.

**Health status of the HIV affected widows**

The health status of the widows of HIV infected husbands and their HIV status (positivity and negativity) were not independent and significant at 1% level. Hence, the HIV positive widows were in poorer health condition than the HIV negative widows.
Psychological problems

- **Depression:**
  The numbers of widows suffering from depression were 59% in the case of HIV positive widows and 81% in case of HIV negative widows which was quite alarming. The difference between the proportion of HIV positive and negative widows having such problem were significant at 5% level \((Z=3.40, P<0.05)\), it could be due to NGO support available only to HIV positive widows.

- **Anxiety:**
  The numbers of widows living with anxieties were 47% in case of HIV positive widows and 63% in case of HIV negative widows. The difference between the proportion of HIV positive and negative widows having such problems was significant at 5 percent level. HIV negative women were more anxious because they did not wish to disclose the HIV positive status of their husband to avoid stigma and discrimination.

- **Anger:**
  66% of the HIV positive widows and 88% of the HIV negative widows got angry that their husbands were dead because of HIV. The difference between the proportion of HIV positive and negative widows having such problem was significant at 5 percent level.

- **Fear:**
  33% of the HIV positive widows and 14% of the HIV negative widows were fearful about their own death since their husbands died of HIV infection. The difference between the proportion of HIV positive and negative widows having such problem was significant at 5 percent level.
• **Loneliness:**
  Loneliness is the state of being alone in solitary isolation. Forty-seven percent of HIV positive widows and 66% of HIV negative widows felt lonely after losing their partner. The difference between the HIV positive and negative widows having such problem was significant at 5 percent level.

• **Courage:**
  Out of all the respondents, only 18%, HIV positive widows and 30% HIV negative widows had the courage to face the situation. They were trying to live a normal life with their children. The difference between HIV positive and negative widows having such problem was significant at 5 percent level.

• **Shocked, guilt, shame, helplessness and becoming senseless:**
  The number of widows who were shocked, felt guilty, and ashamed or helpless and senseless were 73%, 76%, 38% and 13% respectively in case of HIV positive widows and 80%, 44%, 65%, 41% and 18% in case of HIV negative widows. The difference between the proportion of HIV positive and negative widows having such problem was not significant at 5 percent level. In general, the ill feelings were more among HIV negative widows.

• **Appears in dream and had the sense of hearing their husbands’ voice (hallucinatory experiences):**
  After the death of their HIV infected husbands, 56% and 41% HIV positive widows and 71% and 52% HIV negative widows reported that their husbands frequently appeared in their dreams and felt that they could hear their husbands’ voice. The difference between the proportion of HIV positive and negative widows having such problem was not significant at 5 percent level.
• **Sense of presence:**
  After the death of husbands, 48% HIV positive 66% HIV negative widows respectively felt their husband’s presence. The difference between the proportion of HIV positive and negative widows having such problem was significant at 5 percent level.

• **Considered the death of their husband as a natural calamity and divine curse:**
  The number of widows considering the death of their HIV infected husband as a natural calamity were 89% and divine curse 60% in case of HIV positive widows and 95% and 67% respectively in case of HIV negative widows. The difference between the proportion of HIV positive and negative widows having such problem was not significant at 5 percent level.

• **Felt like committing suicide**
  Out of all the respondents, 29(29%) HIV positive and 30(30%) HIV negative widows had experience suicidal tendency. The difference between the HIV positive and negative widows having such problem was not significant at 5% level ($Z=0.16$, $P>0.05$).

**Coping Mechanism**

The coping mechanism adopted by the HIV positive and negative widows were that many a times they ignored people they knew to avoid any explanation, always remain silent and console themselves and their children. The coping mechanisms like isolating themselves and unable to explain their feelings to others among HIV positive and negative widows were found to be significant at 5% level. The p-value is less than the $z$-value. It could be interpreted that the coping strategies of HIV positive and negative widows were different in this situation.
Economic problems faced

- 59.5% of the widows of HIV infected men faced financial problems in procuring food. Majority of the families faced problems in providing for education of their children. This was followed by 81% reporting problems in spending money on treatment for self and children. However, 73.5% and 53.3% of the respondents reported financial problem in participating in social festivals and housing respectively. Out of 200 respondents, 125 (62.5%) of them reported facing problems in spending money on clothing for self and children.

- Out of 178 working widows only 6% had no financial problems and a high majority of them that is, 93% had financial problems. In the case of 22 non working widows only 9% faced no financial problems and 91% had financial problems. This shows that whether the widows were working or non working, most of them faced financial problems those there was some difference in the extent of problems faced.

- **Family income of HIV widows before and after widowhood**
  There was a significant difference at 1% level in the incomes of the family before and after the demise of head of the family. The income of the family decreased significantly after widowhood. The reasons were loss of earning member and loss of joint family resources after the husband’s death when women were forced to move out of the family home.

**Difference between Financial problems of HIV positive and negative widows**

Widows of HIV infected men faced financial problems in getting food, clothing, educating their children, maintaining their house and health and in attending social festivals. The differences between HIV positive and negative widows were different. But the z-value of food, clothing, education of children, maintaining house and health and as well as in attending social festivals were lesser than p-value at 5% level. Therefore, the differences were found to be statistically insignificant at 5 percent level.
Solving financial problems

64% widows sold various household items. Among the widows having financial problems, 20.5% sold jewellery and 58% percent of them sold other items along with jewellery. Next, 28% of families were struggling to meet their financial burden by selling old clothes. Also, the numbers of families trying to solve their financial problem by selling items along with land were 52(26%). Majority of them that is, 60.5% were found to solve their financial problems by reducing expenditure. Forty-four percent of the families reduced their financial expenditure by altering food habits. In addition, a little more than half of the respondents’ that is, 54% of the families wanted to control financial problem by changing expenditure on clothing. Other tried to reduce expenditure on social festivals that is 52.5%. Only 38.5% of the respondents reduced expenditure on education of their children.

7.5% families sent children to the grandparents’ house and only 3.0% families sent them to other relatives. A high majority of the respondent’s that is, 89.5% did not send their children anywhere even though they faced financial problem. Only 3.0% tried to reduce financial expenditure by making their children drop out of school. In addition only 11.5% borrowed money from others.

65% of working widows solved their financial problems by selling household assets. While 59% of non working widows sold household assets. This indicates that the measures adopted by working and non working widows were almost the same. A total of 63% working widows reduced their financial expenditure and forty one percent non-working widows reduced their financial expenditure. From the results, it can be observed that more working widows reduced their financial expenditure than the non working widows. 89% working widows did not send their children anywhere and only 11% of them sent their children to grandparent’s house or to their close relatives. While 95% of 22 non working widows did not send their children anywhere and only 5% sent them to their grandparent’s house. Out of 178 working widows, 20% made their children drop out. In the same way 86% of non working widows did not make their children drop out.
from school and only 14% were drop out as a means to cope up with their financial problems. 49% of 178 working widows borrowed money to meet their financial needs. While, out of 22 non-working widows, 50% of them borrowed money to cope up their financial problems.

**Differences in solving financial problems by liquidating household assets**

The Solving of financial problems by selling different household assets among the HIV positive and negative widows were found to be insignificant at 5% level. Also, z-value of selling jewellery, old clothes, land and other household items were less than the p-value. It revealed that the coping style of solving financial problems did not vary according to their HIV status.

**Possession of property**

A little more than half of the respondents’ that is, 57.5% widows of HIV infected men had their own house. Among the families having land, 64% had homestead land and only 8% had cultivable land. Majority of the respondents’ that is 67% possessed low prestige items whereas 25% respondents possessed medium prestige items. Only 8% possessed high prestige items indicating their low socio-economic status.

**Seeking help from NGOs**

70% of HIV positive widows were taking help from the NGOs and only 26% of the HIV negative widows took help from NGOs. It indicates that there were more services provided for HIV positive widows. 48% of the working widows were seeking help from the NGOs to cope up their demands for money. While 45% out of 22 non working widows were taking help from NGOs. The ways of seeking financial help among the working and non working widows were almost similar.

**Income before and after widowhood**

There was no significant difference (p>0.05) between the income before and after the demise of HIV positive husbands among HIV positive and negative widows.
Support system of the HIV affected widows

Support provided by the parents

21% of the HIV positive widows and 15% of the HIV negative widows were getting financial support from their parents. The difference between them was not significant at 5% level. It meant that whether the widows were HIV positive or HIV negative, they got financial support from their parents though it was little higher for HIV positive women. In case of getting children education, employment, training and medical support from parents were also found to be insignificant at 5% level. The p-value of these support were higher than the Z-value. Further, 45% of the HIV positive widows and 32% of the HIV negative widows got support for housing form the parents. The difference between the proportion of HIV positive and HIV negative widows having such support was statistically significant at 5% level.

Support provided by the in-laws

Out of all the respondents 5%, 17% and 25% of the HIV positive widows and 7%, 26%, and 34% HIV negative widows were getting financial support for children’s education and housing from their in-laws. The difference between HIV positive and HIV negative of getting such support were found to be insignificant at 5% level.

Only 7% of the HIV positive widows and 20% of the HIV negative widows were getting medical support from their in-laws. The difference between them in getting such support was statistically significant at 5% level. Besides only 3% of the HIV negative widows got support for employment and 2% of them got support for training (like embroidery, tailoring, craftworks, weaving, or any form of training that can help earn money.

Support provided by the relatives

Out of 100 HIV positive widows only 5% and 6% received financial and housing support from their relatives. Out of 100 HIV negative widows only 10% could get financial and
housing support from relatives. The difference between the proportion of HIV positive and negative widows getting such support was not significant at 5% level.

Moreover only 7% and 4% HIV positive widows and 19% and 13% HIV negative widows were getting support for children education and medical from the relatives. The difference between the proportion of HIV positive and negative widows getting such support was statistically significant at 5% level.

Support provided by the NGOs

The HIV positive widows were getting more support from the NGOs than the HIV negative widows. The difference between the proportion of HIV positive and negative widows was statistically significant except financial support ($z$-value of children education, employment, training, medical and housing were greater than p-value).

Support provided by the Government

Out of 100 HIV positive widows 37% of them got financial support from the Government and only 14% of HIV negative widows got financial support from the Government. The difference between the proportion of HIV positive and negative widows getting financial support was statistically significant at 5% level. 58% of the HIV positive widows were getting medical support from the Government whereas none of the HIV negative widows got medical support from Government. None of the HIV positive or negative widows got employment, training and housing support from the Government and widows did not have the knowledge about it.

5.3 CONCLUSIONS

The present study concludes that HIV affected widows got married at young age of 15 to 22 years and most of them had studied up to only primary level and were living in nuclear families at the in-laws residence. The incomes of the widows decreased after widowhood and majority belonged to low-income group. The widows had changed their occupation from housewives to self-employed or became daily wage earner after
widowhood but they all faced financial problems. To meet the financial needs, they reduced their expenses, borrowed money and were seeking help from parents, in-laws, relatives and NGOs. The last option was to liquidate their household assets. More of HIV positive widows disclosed their husband's and their own status to other family members and especially to NGOs as compared to HIV negative widows. HIV negative widows always tried to hide their husbands’ status to avoid stigma and discrimination. Most of the women did not have any prior knowledge of their husband's positive status before marriage. Whether the women were positive or negative they all faced stigma and discrimination. All sorts of problems were faced by these widows especially because they were very poor. Since HIV is commonly transmitted through sex or drug use behaviour, society often demonizes them. HIV positive widows were suffering as they had more physical problems than HIV negative widows. HIV positive women were not allowed to stay with the family, they lived in a separate hut within the in-laws residence compound. Food from family kitchen was not provided; they had to cook their own food. In some cases, widows had to return to their parents’ home due to discrimination at in-laws house; they are blamed for their husband’s death and not given proper and full share of the family’s property or income. The women whether they were HIV positive or negative status, all faced psychological and emotional problems. The HIV negative widows were more depressed, anxious and felt lonely but some of them were more courageous than HIV positive widows. HIV positive widows feared about their children’s and their own future. The coping mechanisms adopted were also almost similar. Working and non working widows also adopted similar methods to meet financial problems; however working widows were definitely better. Though they faced financial hardships owing to meager income but working widows were definitely better in terms of meeting family needs. They could manage to keep sending their children to school whereas some of non working widows were not able to meet the school needs. HIV positive widows could get more support from NGOs and Government. They were able to meet other HIV positive women and could get to know about the services available like financial help for children’s education, vocational training, money for nutrition supplementation etc. and
above all experienced solidarity and learnt to cope with situation. HIV negative widows were also eligible for few services but they in general did not seem to be too keen owing to need to disclose their husband’s status which they wanted to avoid and hence were more dependent on their parents, in-laws and relatives financially and morally. The study was qualitatively strengthened through case studies which gave greater insights into the problems of HIV affected women. Counseling of HIV affected widows and their in-laws and parental families are also important so that the vulnerability of the women can be responded to professionally. It will also enable families to be better prepared to handle the crisis.

5.4 RECOMMENDATIONS

- The governments’ support is called for, both HIV positive and HIV negative widows to provide them with skills and motivation to work and earn so that they can live with dignity.
- The government and non government organization (NGO) must support income generating activities for HIV affected widows.
- Life skill education and career guidance for children living with and affected by HIV/AIDS is important for enabling them to live with dignity.
- More care-homes for women living with HIV/AIDS are needed to be set up.

5.5 SCOPE FOR FURTHER RESEARCH

- National and State organizations can carry out a similar research in all the districts of Manipur.
- Other NGO based interventions can be analysed for findings out unique and success stories to find out the reality in this regard.
- A similar research can be carried out with the widows of men killed during insurgencies or with those who died in fake encounters.
- Study related to the orphaned’ children of HIV/AIDS infected parents is also an important research area.
Widows of HIV/AIDS infected men in Manipur

HIV/AIDS affected women are abused by husbands, blamed by in-laws and others for husband’s death, and many of them are thrown out of homes. Coping mechanisms include seeking support from parents, in-laws, NGOs, and government.

- Emotional
- Financial
- Child care
- Property’ assets

- Medical care
- Counselling
- Financial
- Training

- Employment
- Nutrition Supplement
- Children Education

Importance of Government & NGOs role

Figure No. 5.1 Importance of Government & NGOs role in addressing the needs of HIV affected women