CHAPTER V
CULTURE, DRUG USE AND HIV/AIDS

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Chapter V
CULTURAL IMPERATIVES, DRUG USE AND HIV/AIDS

The term culture is integral to the understanding of Drug Abuse and its relation to HIV/AIDS. It is not feasible to conceptualize any theory of Substance abuse and HIV infection without grounding our precepts in culture and its local connotations. We are continuously reminded that good HIV prevention or care should be based on culturally appropriate strategies and messages. It is also often reiterated that respecting local cultures is essential, if we genuinely desire to succeed in containing future infections. On the other hand, the behavior change communication strategies often marketed by a centralized agency target cultural traits without understanding their local context. It is generally assumed that culture must be changed, because some aspects of culture are maladaptive in the wake of HIV epidemic, leading to greater spread of the infection and stigmatization. Culture in these statements is often interpreted as a monolithic entity that can be addressed in a cumulative manner by distant planners.

There is also a school dealing with drug abuse and HIV that simply addresses behavior change, leaving out the larger issues of cultural norms, competing priorities, and other factors that contribute to vulnerability. Still others believe biological drives associated with many of the social and behavioral factors contribute to the spread of HIV. They also argue that these biological attributes are essential to the species and intransigent to change. These might include male sex drive and male dominance, biological instinct to control and stigmatize, and the propensity of humans to become addicted to chemicals that produce pleasure.

Mind-altering drugs have a long history in a wide array of human cultures. Traditional patterns of use, often sacred and highly managed, have shifted considerably (Grob and Dobkin de Rios, 1992). As the number of these substances has increased, access is becoming increasingly controlled by the state. The criminalization of opium in the Indian subcontinent is widely considered to be responsible for the growing intensity of social and health problems associated with its present forms of use.
The history of opium use for therapeutic purpose started when, Dr. Alexander Wood of Edinburg first discovered in 1843 that his patients got a massive “kick” if he administered morphine with a needle and syringe. From ritual and symbolic religious use to pleasure and therapeutic usage, the story of opium use began to change. People have started experimenting with new methods of injecting drugs instead of inhaling it. In Asia, opium smoking, first introduced by the Portuguese, gave way to heroin smoking (“chasing the dragon”), and as the price of heroin rose, heroin injecting became the most efficient mode of drug administration. It has only been 103 years since heroin was first introduced to commerce, and the world is struggling to cope up with the stress that its use has created on human populations. Drug use in modern societies is not well managed culturally and hence is far more often destructive.

The term culture is generally understood not only as ‘arts and creativity’, but also as including ways of life, traditions and beliefs, representations of health and disease, perceptions of life and death, sexual norms and practices, power and gender relations, family structures, language and means of communication- an all encompassing proposition that covers all aspects of human activity in society. Local and regional traditions, presented in the form of social practices represent what is broadly defined as culture of any society. It is this colloquial understanding that I am working with when I describe linkages between drug abuse socializing practices and local festivals.

When we map the spread of IDU and HIV in Manipur, it is generally believed that local traditions acted as catalytic agents in activating drug use. Local people in Manipur were accustomed to the use of hidak-mana—a form of tobacco in their day to day lives. Accepting hidak-mana, when offered socially is obligatory to maintain harmonious personal relations. There were no social taboos attached to prevent young people from getting addicted to tobacco use. It is customary that frequent use of hidak-mana is socially mandatory only after attaining adulthood—in most cases after people were married. But most adolescents start experimenting with it from the age of ten or eleven. They take it on the sly but parents will not object to it even if they find them using it. Young children were neither rebuked nor socially restricted from using drugs. It is first
initiated by older persons and then followed by the younger lot. Women also consume Bhang or Ganja (Marijuana) and are customarily eat Paan laced with tobacco.

5.1. Adolescence and drug use

The adolescents’ population played a critical role in the spread of drug addiction and HIV in Manipur. It is hard to find a person who never takes drinks or any other forms of stimulants in the state. It is considered not masculine to abstain from such things (AMADA). This situation has made adolescents more prone to drugs.

The theory of reasoned action (Fishbein & Ajzen, 1975) predicts individual behavior by examining attitudes, beliefs, behavioral intentions, and the observed expressed acts. In this linear progression from attitude to action, a given behavior will be determined by an individual’s intention. This theory also assumes that individuals are rational in their decision-making process, but this is challenged by many social scientists who argue that this presumption may not be entirely relevant for Drug Use and AIDS-related behaviors that are heavily influenced by emotions and desire to be part of the peer group (Michael-Johnson & Bowen, 1992:153). Moreover, individuals evaluate information that may result in action within external constrains, which are mediated also by power relations in a society (Yoder, 1997).

Adolescence is also the period of endurance, enormous energy and has a great sense of experimentation with new things. Tendency to experiment with new things which were available in their immediate environment is another contributing factor for using Heroin. An individual is easily influenced by the external forces such as friends, social and political environment along with natural curiosity to experiment. My respondents time and again narrated events that were eventually responsible for their addiction either during adolescence itself or in later years of their adult life. To illustrate, I cite the case of Romeo aged 29:

My friend circle got expanded during my adolescent days and it had affected my lifestyle. We were influenced by fashion and entertainment.

1 AMADA: All Manipur Anti-Drug Association, established in 2005, at Imphal and actively working on drug campaigns and drive.
We visited places like Nagamapal, Kangjeibung and war cemetery in Imphal. We were constantly looking for fun and excitement. I was least bothered about my studies. I started injecting drugs at a very early age. We enjoyed life with Heroin. Thereafter, we started looking for opportunities to use it again and again. It continues till today. Now, I am HIV positive. It could have been due to persistent drug use. We often shared syringe. I started forgetting all my primary responsibilities and was slowly drowned into the world of drugs. I have ignored my family, relatives and even my girlfriend. My mind is always preoccupied with drugs and means to get money so that I can have my daily dose.

Teenagers roaming in groups, visiting different places on bikes are a common sight in Manipur. They do it primarily to impress girls. Returning late at night to their residence is also not questioned by parents. They meet their school and college friends while visiting different places and spend time together in groups. It is followed by exchange of goodwill gesture like offers for drinks and dinner. Such offers are viewed as expression of love and regards for each other. Thus, chains of drug addiction come into being through the state. Dev, aged 33 in his narrative endorses this contention:

After I passed tenth class board examination, I joined college. My perspective towards life changed in college. Our friend circle got expanded from local area to other town/areas and networks became wider and extensive. We bunked classes, roamed and spent time doing things that excites us. We wanted to experiment with new thing in life. In the evening, we gathered in groups and visited different places including drug vendors, cinema halls and public functions. During festivals, we always looked for excitement. One of our friends from another group introduced Heroin to us.

The detailed narratives recorded in the previous chapter and excerpts cited from the interviews above reflect on the behavior of adolescents in Manipur. They enjoy relatively more freedom vis-à-vis adolescents in many other parts of the country.
Frequent festivals in the local cultural traditions encourage group interactions. These interactions became modus operandi for establishing drug hubs in the state.

5.2 Drug use, adolescence and casual sex

The drug users can be divided into broad categories on the basis of age. The two age categories that were prominent in this sample were 17-21 and 22-27. One can also make further distinction between those who were married and those who were not married. Within the category of those who were not married, attempt was made to understand the nature of their sexual activities. Culturally, one can safely say that there is hardly any value attached to the notion of virginity or abstinence. Young men and women would normally get physically intimate. To be married for sexual gratification is not a primary concern with them. But the tendency to be married early was clearly visible in the sample. Study participants believed marriage brings stability to life.

What is worrisome is frequent involvement of these drugs using youth in multiple sexual activity with different partners. Most of the narratives reveal that majority of the sample had number of sexual encounters with different women. Normative sanctity associated with marriage had little meaning for them. They were driven by a strong urge to have sex and more so after the administration of drugs. They would cohabit with any willing partner under the influence of drugs. Their relations with each of them were very brief. Under the influence of the drugs, they regarded themselves as more masculine and ready to experiment with the opposite sex. They believed drugs took their esteem higher in the eyes of the girls as they were able to express their feelings much more comfortably. Drugs in their imagination became a facilitator for wooing girls. But girls usually do not know that they are drug users. The other innuendos used for impressing girls were branded clothes, hi-fi styles, luxury brands of watches and vehicles. This is evident from the case histories reported by the women in the study. Most of them said that they were not aware about the drug dependency of the man they married. Throughout the period of courtship these boys never confessed to the girls that they were taking any form of narcotics. The following excerpts; from Neinou’s interview makes the argument obvious:
I was just 16-17 years old when I met my husband. His family was one of the wealthiest families in the village. He was very charming. He was born and brought up in Imphal. He got his initial education in Imphal and then went to Kolkata for higher studies. I was impressed by his nature, dressing sense and style. I readily agreed to his proposal for marriage. We got married in 1996. We have three children.

I didn’t know that he was using drugs during his college days. I came to know about it after marriage, when I saw him using drugs. I already had a daughter at that time.

A very significant factor contributing to rampant spread of drug use was the change brought in the society by western system of education in the state. The above narrative also showed how a young boy from an affluent family took to drugs in his college days. Similar experiences were narrated to me frequently.

Respondents often said that Manipur experienced sudden and abrupt change after first generation of educated people got government jobs and had a regular source of income. Financial security brought in modern lifestyle. Educated people and those in permanent government jobs started sending their wards to educational institutions outside the state. Youths from the elite families studying in institutions outside the state had tremendous influence on their peers living in the state and receiving education in the local schools. They would return home during vacations and bring stories of their rendezvous with fashion, music and drugs to their friends in the villages and small towns of the state. It is they who first started listening to western music, experimenting with new forms of pleasure which also included using drugs other than the traditional form of tobacco being used by most of them. They would also provide money in groups for buying drugs during their brief stay at home. This brought in a chain reaction. The friends gradually roped in other new friends into drug use. The chain continued and new set of recruits started initiating others. Without any stringent social control the use of drugs became very popular among the adolescents. Once initiated, those who got taste of drugs continued even after their friends had gone back to their schools after vacations.
Rampant drug use was also facilitated because of the popularity of group culture, tradition of using stimulants, local traditions of feasting and prolonged festivities, common acceptance of practice of dating with girlfriends. Heroin use was initially projected as an ‘in thing’; that young people must muster courage to consume to present an image of being modern to the opposite sex. In the 1980’s young people in Manipur were readily agreeable to experiment with drugs. Suraj, one of our study participants summed it up:

*I did not miss any western music concerts and movies during teens. It influenced me greatly. I wanted to imitate their dressing and lifestyle. It also encouraged me to change my outlook. I refused to listen to my parents’ conservationist/traditional views. We were always on the lookout for new trends so that we could impress our girlfriends as a ‘trendy person’. The need for fashion and style gained momentum as we wanted to woo them. The use of drugs was part of the fashion statement for me in those days. We enjoyed festivals, roaming around streets with friends and had lots of fun.*

The children of these elite families during 1980s enjoyed life believing that they were like rock stars. They started imitating lifestyles and culture of rock bands and their favorite stars. They kept track of lifestyle of their role models like Iron Maiden, Bon Jovi, Guns and Roses. They came to know about them through music magazines, television and mass media. They were aware of these people using tranquilizers like LSD while performing concerts and musical night shows. They tried to imitate and assumed that after being on drugs they can create the same high. Heroin was found to be a favorable drug of use as it was easily available in the local market at a cheap price. They used it in groups among friends and subsequently became addicted to it.

5.3. Addiction, family and finance for procuring

In the first phase of addiction, addicts normally demand money from their family members. Mothers happen to be the closest person who usually gives money to them. Addicts have a tendency to approach any known person for money to buy drugs. Once all
the sources are exhausted, they would start stealing household items, rob from shops, and cheat people.

Parents of drug addicts are often humiliated in front of friends, relatives and society as their wards are frequently caught stealing things, cheating or beaten by mob/people. It is in such a scenario that the family starts distancing itself from addicts and their acts. There were numerous instances reported in which family and parents disowned their wards in public and gave press releases stating that the ‘particular person’ is no more related to his family. Parents are caught in a dilemma. They are emotionally distressed because a dear one is slowly approaching death. They are also ashamed of their wards anti-social acts and want to publicly dissociate themselves. The plight of those addicts who continue to live with their families is pathetic. They were provided food and given a room. These users are often confused and suffer emotional crisis. Most IDU experience a lonely life. Invariably when a person gets labeled as a user, he is isolated from the family, society, community. Friends and family withdraws support from them.

Though, families often tried to rehabilitate their wayward children. There were number of instances narrated either by the primary respondents or their families of all that was done to bring them back to a normal life. From persuasion to financial support and even recourse to spiritual rejuvenation were tried. John who is 32 years old and unmarried from Meitei community narrated his story:

My family has intervened number of times to stop me from taking drugs. They failed in their attempt. I was sent to ISCON temple at Imphal. I became its member and attended every Sunday teachings. I have changed my food habits from Non-vegetarian to vegetarian and dedicated myself to religious teachings. One day I met one of my old time friends and attended a party. They insisted that I share drinks with them. It was always considered uncivilized to refuse a friends’ offer. I accepted and thereafter I returned to my earlier lifestyle.

For months some respondents were imprisoned by their families to keep them away from their friends and co-addicts. They were often sent to community care centers
It normally takes three months to one year to get de-addicted. Some of them were put on harm reduction therapy by the drop in centers run by different NGOs. They were given less harmful drug like Bruphenone in place of heroin. There are number of International organizations in Manipur working towards rehabilitation of drug addicts. Substitutes are provided free of cost. Experts trained in counseling are sent to the homes of those being covered by the programme but without much success.

5.4. Family control

Family is regarded as the ‘nursery of human nature’ (Stewart & Glen, 1985). This is the institution that provides primary socialization, emotional support and anchor that every individual requires for normal growth. In Manipur society, parents’ give freedom to their children. Young children are allowed take decisions and permitted to live a life on their own terms. Parents’ no doubts take care of their children’s but do not interfere in their personal matters like choice of friend and number of hours they wish to spend in the company of their friends. Familial control in all the ethnic and religious communities in Manipur slackens by the time children reach puberty. The interaction among the parents and children is also very limited. With the coming of western education, distance between parents and children widened. Many of them were not able to understand their wards changed behaviour. The semblance that traditional Manipur culture had achieved between responsibilities and expectations of parents from their children and that of children from their parents was suddenly breached. Children going for good school education to other cities, returned home regarding their parents as outmoded. They refused to establish closer ties with them and spent most of their time with their friends in the streets. Parental control in the process slackened.

Lax family control, use of toxicants during rituals and carefree life style encouraged young people to consume alcohol, drugs and other addictive substances beyond any permissible limits that can prevent addiction. When they were young, most of the respondents believed that they can give up these substances any time but gradually they realized that they were not controlling it, but the addictive substances had taken control of their lives. Gautam, in this narrative said:
Living and gossiping in groups on road side or public places in the evening has prompted me to use drugs. Entertainment also played a crucial role as it created an atmosphere of festivity and use of stimulants such as Heroin. Sharing of syringe has made me HIV positive. We frequently shared syringe when we used drugs. I have been using syringe for drug intake since 1990s. More than 100 people are still injecting Heroin in my locality and sharing needles.

5.5. What went wrong?

Intense conversations that I had with my study participants and their families brought to the fore a related factor. Parents of many of the drug addicts said that in the eighties; traditional sports and recreations were dumped in Manipur. The traditional forms of dance, games, and art forms lost its importance for the young people. The traditional Manipuri dance, martial arts and traditional sports like polo, Mukna and archery were ignored. Instead youths started aping western culture and life style of their favourite rock stars. Traditional forms of arts and crafts were devised to keep young minds actively engaged in creative work. Culture is a means to control environment according to the needs of the community. But when young people start innovating and experimenting with things that are alien to their core cultural system, disaster is bound to occur. They lamented that present crisis of IDU and drug abuse is a consequence of young people having alienated themselves from their roots and traditional cultural practices. They also opined that when lax cultural practices encourage risk behavior, there is need to look for a new model and to change some of the ongoing cultural practices. Many IDU and their friends and families believed that safety mechanisms built within the culture for keeping adolescents engaged in development were not seen in the present Manipur. This resulted in increased use of drug.

Another factor that was repeatedly stressed both by the primary respondents and others in the field was absence of employment opportunities in the state. Modern education brought different aspirations. Young people were not interested in going for traditional vocations that their families were engaged in the past. They wanted a life style that people in other states enjoyed. In the absence of any development activities in the
state there was paucity of fresh opportunities. Many respondents brought their frustrations of not finding jobs in their conversations while saying why they took to drugs.

For educated women, options were further limited. The small sample of HIV positive IDU women that I have in my study, said that that they had no other alternative, but to sell their bodies, to support their immediate families and to support their own needs. Education was no guarantee that they were going to find productive employment. The situation is not different from what some other scholars have reported for other countries. Lim (1998) argues that educated women are likely to choose to sell sex because of the relative costs and benefits among their options, as is more clearly seen in developed nations both in the East and west. The circumstances that push women into flesh trade and subsequent use of drugs were vividly narrated by Mary in the present study:

I got divorced from my husband. I made up my mind that I will not stay at my parents’ home. Instead, I chose to stay with my friend. I was quite bored in my friend’s home. So, I came to Imphal. I was in depression for months. One of my friends asked me to take Heroin to get relief from depression.

Later, I spent most of the day under the influence of drugs. I used Heroin, three times a day. I would take first dose in the morning, second dose at eleven o’clock and third one in the evening. I required money for meeting my daily dose after I got addicted to it. I started earning money as a call girl and ultimately became Casual Sex Worker. It’s now two years that I have been in this profession. I entertain 2-7 clients in a day. There are fewer customers on Bandh and strikes. I had indulged in sexual activities with my clients without any protective measures like condoms etc. I charge Rs.300-500/ per customer. I do not have any other means of earning.
I want to live a normal life but I do not see any option other than the present profession.

Nexus that flesh trade and drug addiction construe poses a grave threat in the present context in Manipur.

5.6. Casual sex, drugs and susceptibility to HIV

There is strong tie between drug use and casual sex. It is important to note that the use of any drug undermines the analytical power of the person. Under the influence of drugs, they would often not rationalize situations and are carried away by their instinct. There are few cases in our study that support this argument such as that of Sunil, age 27 who is now living at Imphal:

*I had never thought of the consequences of being hooked on to drugs. I love to follow my friends’ lifestyle because of their economic status.*

*We shared pornographic films with the tribal girls in those days. Tribal girls who hailed from Churchandpur mainly stayed at Lamphel we had frequent casual sex with them under the influence of drugs. Sex and drugs are natural part of my life now.*

Majority of the respondents in my study had casual sex with the CSW operating in the region. Some of them started going to other women after they were deserted by the first woman in their lives. Rajesh, whose life history gives a glimpse into the lifestyle of a jilted lover said:

*I have changed my attitude towards women after my first love eloped with someone else. I had 5/6 affairs before I got married in 1997 to my first wife. I divorced my first wife in 2000. It compelled me to continue consuming drugs. My perspective about women has changed. I had sexual relations with many women. I often visited Moreh for recreational purposes and enjoyed relations with Casual Sex Workers (CSW) in Myanmar.*
It is rare for the lovers to use condoms while having sex when they are under the influence of drugs. The youth are reluctant to buy condoms from a shop though there are strong campaigns for its use. Neither boy nor girl insists on condoms for protection against HIV before having sex. There were cases where partners occasionally used it to prevent pregnancy but not against HIV. 23 years old Chaoba narrates what goes on in the life of a young person:

I had two/three affairs with girls and had sexual relations with them. I do not normally use condoms during sexual encounter. Though, I have seen and heard about its campaign and posters on billboards and walls but I have never given a serious thought to it. There were occasions when I used condom because my girlfriend was scared of becoming pregnant. It was not used for protection against HIV/AIDS. The issue was never discussed between us and we believed in each other.

Traditional culture in Manipur encourages couples to have strong faith in each other. It is embarrassing for lovers to be suspicious of each other’s fidelity. The chances of infection are very high in such a situation. Unsuspecting, caring, young boys and girls become victims of cultural freedom and their innocence. They believe that their partner is in a relationship with them because he/she is in love. The girls are easily swayed by such emotions. Girls are also trapped by drug users. They are used as conduits for supplying drugs. Once these girls become drug dependent, they are dumped by their friends. The drug users usually have innumerable partners and sexual relations. It increases probability of HIV spread. Various thematic life histories, some of it documented in the previous chapter support this contention.

The local culture as practiced by different ethnic and religious communities permits free intermixing of boys and girls. Some of the local communities encourage young boys and girls to elope before marriage. Many a times, young women are not aware of the fact that the boys they are marrying are drug addicts and not in position to support a family. Numbers of case studies that are cited in the previous chapter are witness to the plight of these young women, who get married to addicts, have children and are then burdened with the responsibility of bringing up their children and meeting
unwarranted demands of their husband for money to buy drugs. It was recorded in the previous chapter that many of these women later fell prey to sex trade and were addicted to drugs because of their inability to sustain the stress of emotional and physical burden.

It is important to observe here that the girls who had previous affairs with drug users are married to non users. They said in their narratives that they did not share their past with their spouses. This increased the possibility of transmission of HIV from wife to husband, even when none of them was IDU. Some of the woman respondents said that they started taking drugs after they were diagnosed to be HIV positive.

5.7. Availability and addiction

Widely held notions that poverty, frustration due to lack of opportunities, and dysfunctional families are the principal factors influencing drug use. It often overlooks forces that create networks for accessibility and make people addicts for sustaining the drug trade. Marshal (1999) draws our attention to this fact suggesting that on the macro level, there is ample evidence of powerful political forces supporting the international drug trade, assuring supply and distribution. Marshal’s observations were supported by the data in this research study. Many of our respondents were encouraged to use drugs by drug peddlers, planned addiction by drug mafia and political corruption. In the 80s, a large number of young adults died due to drug addiction prematurely. Tomba aged 44, a resident of Wangoi in Imphal district of Manipur in his narrative he said:

I went to Imphal, Churchandpur, Moreh and Moijing to buy and sell drugs as these places have got number of drug vendors. I brought drugs particularly from Moreh as drugs are available at the cheapest rate there. I sold it in the local markets like Imphal, Churchandpur and Thoubal. I also visited other places like Tamenglong and Kohima to sell drugs there and made profits out of it. I bought Heroin for my use from the profit made from this business. I had very good contacts with the Burmese (people in Myanmar). I also bought drugs from them and sold it to other people in our localities.

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It is now widely believed that accessibility of the drug is now so great in many of the world’s communities that simply being there in itself is a risk factor for addiction. Many affluent households and certain professional categories are also becoming affected in the United States (centers for Disease Control and Prevention CDC, 2001), as well as elsewhere. The encouragement also comes from law enforcement officials-for example, discretion to ignore offenders, accepting bribes for protection, or active complicity with the drug trade. This has obviously undermined any attempts at diminishing supply (Van Der Veen, 2000; Kane 2001). The number of countries reporting injecting drug use has also increased from 80 in 1992 to 134 in 1999 and, predictably, those with known HIV among the IDU from these countries has gone up from 52 to 114, a rise from 65 per cent to 85 per cent (Ball 1999; Strathdee, 2001). This has happened because of much wider availability of drugs.

The availability and accessibility undoubtedly played a crucial role for drug abuse in Manipur. The drugs were available in abundance during 1980s in Manipur at cheap price. Drugs in the initial phase of its use in the state were inhaled through smoking by using cigarettes filled with Morphine. Then there was a ban imposed in the local market and the cost of the drug shot up. Daily dose of Heroin was then available at Rs. 10/-per dose to Rs. 50/-per dose. Drug dealers were caught by anti-drug cells. Various anti-drug groups were established in the state. Some of the local dealers were caught and killed by underground groups.

It was only after the price of drugs increased that people started injecting drugs with syringe to minimize the cost of using drugs. Injecting through intra-venous route is more effective and gives instant kicks with minimum dose of drug. Some of the drug users in the group frequently visited different places in the region in search of drug market. They bought drugs from Myanmar crossing international border and sold it in the local markets in the region. They used the profit made out of the transaction for their personal consumption. Some of the important places that they used to buy and sell drugs were Moreh (border town bordering Myanmar and India in Manipur), Churachandpur, Dimapur, Shillong and Guwahati.
There are cultural and economic factors that allowed easy availability and accessibility. It is already stated that job opportunities were scarce in the eighty’s in Manipur. There were no apparent cultural and social sanctions on drug trade itself in early eighty’s. Hussain in his narrative clearly brought out the linkage between availability and addiction:

*I was brought up in a well to do family and was provided all the modern amenities. I used to have many close friends in my locality. We started visiting different places in Manipur like Imphal, Churachandpur, Moreh and Moijing, after the class ten board examinations. These places have number of drug vendors and drugs are available at cheap prices. It was then that I started experimenting with drugs. I also found that trading drugs was a lucrative business.*

It is important to note here that Hussain is a Muslim by birth and must have received religious training in his formative years. Islam prohibits use of liquor and narcotics. Local traditions in Manipur allow Muslims to be lot more liberal. This explains why we have so many Muslims in our study sample. There was one particular narrative in which respondent said that he takes drugs only on Friday’s while on his way to the Mosque. This gives him an excuse to buy drugs which are freely available in the vicinity of quite a few religious places in the state.

**5.8. Rituals, local gatherings/ festivals and culture of drug use**

Ritual sanctions and community use of drugs creates a lax social environment. Wine and alcohol are important ingredients during rituals in some sections of the society in particular among the Meitei and tribal communities in the region. Alcohol and Marijuana are frequently used in religious ceremonies and rituals to please deities. The practice is commonly observed in places like *Pheiyeng* and *Sekmai* in the state. Few drops of alcohol were administered as a ritual practice to babies when they are three months old. Alcohol is also a common offering made to gods and goddesses and then accepted by everybody as *prasadam.*
The tradition of celebrating Shivaratri with drugs like Marijuana has a ritual sanctity. Old people in the locality prepare Kankar (smoking kit) on Shivaratri. An average Manipuri is introduced to Ganja on this very day. Initially, Ganja was used by elders on Shivaratri, but it is now consumed by adolescents both boys and girls.

Pan is also used in every ritual ceremony in the state. It is a common form of tobacco widely used in Manipuri society as a post meal mouth freshener. It is not considered a drug. There are different versions of Pan. The simple one which is made of Pan Leave and Kom Kwa is called as Kom Kwa. It is locally used in ceremonies and rituals. The other two forms, one with sweet taste is called Mitha Pati and One with Zarda or tobacco is called Zarda. Zarda has two more versions- Ek Saw Bis and Sath.

The most popular cultural festival in the state is Thabal Chongba and Lai Haraoba. It has a tremendous impact on the youths. The youths keenly look forward to these festivals. Teenagers use different kinds of intoxicants to celebrate the festivals. People gather in large numbers at night and carry on celebrations till late hours at all the festival venues. Boys, girls, men and women participate in such festivals with great zeal. These festivals provide vulnerable environment for drug use and open sexual relationship. Those drug users who are already HIV positive have maximum chances of mixing up with girls on these occasions. They are the one who never fails to turn up at festival spots and have no inhibition in approaching any girl present at the venue. It is on occasions like this that chances of HIV spreading to bridge population multiply many times ever.

These two festivals in Manipur are celebrated for weeks sometimes for months from March to July. The schools, college and government offices remain closed during these festivals. The boys gather together and once intoxicated start looking for partners. They are free to chat with any girl present at a dance party or those sitting at nearby stalls. There are no social prohibitions or any external controls by the parents. It is at this time of the year that most teenagers started taking intoxicants viz. pan, tobacco products, alcohol, tablets and drugs like heroin. They do so in order to increase their level of excitement and shed their inhibition while approaching any girl.
Many activists in Manipur argue for making certain changes in existing cultural norms to bring in some kind of social control. This they believe would really help in bringing much awaited results of drug free state in the near future. Many of them in the course of interviews argued that the tradition of Thabal Chongba and Lai Haraoba especially in Meitei community. They asserted that interventions are required if we are really looking for a more conducive environment so that the society can become drug free and also free of any crimes. There is need to regulate celebrations masking free use of intoxicant at the time of Christmas, Idul-fitter and Idul Zuha among the tribal and Muslims respectively. This argument was also supported by several of our respondents.

The Manipuri society has a tradition of not saying no to the request and proposal of the friends. It is considered impolite to say no to the offer of liquor or intoxicants made by any stranger or friends in goodwill. It is believed that the bond between the friends weakens, if one declines the offer made by a friend in particular. This tradition has created a congenial environment for the first use of drugs.

The cultural traditions have a lasting impact on drug intake habits. Sharing drugs is considered to be very normal. Marup is a form of public gathering in Manipuri society. It is a popular form of lottery. In such gatherings, the members of the Marup are offered meals at the premises of the local agent. The number of members of such Marup varies from place to place. It ranges from 50-200 members in a Marup. In such parties, intoxicants are made available for members to enjoy. Absence of drinks is considered impolite. Some members of the Marup who have never used drugs before are compelled to consume it because that is what party manners or table manners demand. The formal dinner will always conclude with the offering of Pan/Zarda.

There are also some other local gatherings that require special mention here. Chak Chanaba, Yaoshang is a form of get together among friends that involves communal sharing of a feast. The tradition is common among both men and women across all age groups. It is also popular among small children as parents arrange such gathering for them during festivals and occasions. The teenagers arrange such parties themselves. The money required for Chak Chanaba is shared by all members of the group. Sometimes members of a commune generate money for the feast by working...
together for sometime and pooling all the resources at one place. In female *Chak Chanaba*, they enjoy preparing food and sharing stories about their boyfriends. It is generally held at one of friend’s house that is acceptable to all and is comfortable.

The criteria for selection of the location are availability of space, privacy and congenial atmosphere. Most of the time, participants cook themselves. Occasionally an expert is invited to cook for the party. They normally chat together, enjoy and go for a movie or roam about after the meal. The female *Chak Chanaba* rarely has any intoxicants but in male *Chak Chanaba*, intoxicants such as alcohol, cigarettes, bidis and drugs are frequently used. It is in such parties that non user’s first start using alcohol and drugs.

Rituals are an Integral Part of every Culture. They willy-nilly become instrumentalities in initiating culturally approved behaviour practices that may be detrimental to the healthy growth of the individual and the society. The narratives presented above brought in certain contradictions within the existing belief systems and rituals. It was noticed that on the one hand rituals were promoting drug intake, spirituality was used to rehabilitate the victims of these addictions. Spirituality is reviewed by some scholars to be a much broader and a more inclusive concept than religion even though the two terms are often used interchangeably. According to Relv (1997, 2) Spirituality encompasses hope; faith; self-transcendence; a will or desire to live; the identification of meaning, purpose and fulfillment in life; the recognition of mortality; a relationship with a “higher power”, “higher being” or “ultimate”, and the maintenance of interpersonal and intra personal relationships. Many respondents believed that the present cultural system in state endorsed rituals that encouraged addiction but did not value a spiritual system that help individuals a system of self control which can then contain substance abuse in the society.

### 5.9. Role of culture in determining behavior

In the beginning of this chapter, I reasoned that Culture is an important influence on behavior. Culture in this context is defined as the total way of life of a people, composed of their learned and shared behavior patterns, values, norms and material objects (Rogers & Steinfatt, 1999). Some authors are of the opinion that in addition to
engaging with existing perceptions of culture, anthropologists studying susceptibility to
drug abuse and HIV must also take into consideration theoretical constructs
individualism/collectivism. Individualism is the degree to which an individual’s goals are
valued over those of the family, community, work organization, or other collectivity.
Collectivism is the degree to which the collectivity’s goals are valued over those of the
individuals. The cultural dimension of individualism/collectivism determines whether the
individual is in sole control of process of decision making. People are not simply
individuals. They live socially and their views, their values, and even their beliefs, as well
as their abilities, are formed and sustained within social groupings, families and
communities....Perhaps the consideration of lifestyle offers an alternative to the
methodological individualism that has been held to be a weakness of orthodox social
science. (Bilss, 1993).

It was abundantly visible in the narratives and texts cited above that IDU- HIV
positive in the study nurtured individualism when they started consuming drugs to meet
their own perceived needs. They offered explanations that were rooted in collectivism,
when they repeatedly argued that it was group living culture which prompted them to use
drugs time and again.

The corpus of social psychology as compared to anthropology is based on the
literature that is rooted in behaviors of people in the western cultures (Triandis, 1994). In
policy strategies, it is often literature from social psychology that is used and not what
anthropologists have generated from different cultures. According to Triandis (1994),
culture is the man-made part of the environment; therefore, culture is a group’s attempt to
control its environment. Thus the relationship between the individual and her or his
environment is unidirectional with the individual always wanting to shape the
environment and not believing in the reverse. As a result, measures of skill acquisition
and self-determination are based on the individual’s perception of his or her ability to
control his or her environment. Thus controlling ones’ environment is a central theme in
western conceptions of culture-a conception that eschews other cultural realities such as
harmonizing with nature or adapting to one’s environment or both. If controlling the
environment is the raison of cultures, then individual’s inability to control one’s
environment suggests retrogression, a barrier to overcome. Hence, “cultural barriers” (never cultural strength) become a common expression in this discourse. It is observed in the narrative that in the local discourse culture is once again perceived as a barrier and not as strength that can bring about change.

In the view of some scholars, culture is what society evolves from in the process of development—a proxy for modernization. Modernization and cultures are located often at two opposite ends of the spectrum. Given this impoverished notion of culture, “it seems urgent that we concentrate on studies of the distribution of meaning in social space, and on searching social sources of diversity and heterogeneity rather than focusing exclusively on cultural sharing, uniformity, and homogeneity” (Bibeau, 1997, 248)

Taking culture to be independent, unchanging and unchangeable can indeed be very problematic. But that, on the other hand, is no reasons for not taking full note of the importance of culture seen in an adequately broad perspective. It is certainly possible to pay adequate attention to culture, along with taking into account all the qualifications just discussed. Indeed, if culture is recognized to be non homogeneous, non static, and interactive, and if the importance of culture is integrated with rival sources of influence, then culture can be a very positive and constructive part in our understanding of human behavior and of social and economic development.

The society has its mechanism to fulfill the needs of the individuals without harming the other people in the society. Change is required to inculcate new habits to provide platform to thoughts and desires. Social structure requires certain features to meet the growing demands of modern lifestyle. As every building needs repair and renovation, Social system also require changes with time. The existing system could not give the necessary element to fit the new trends in modern life. Social structure requires constructive change to allow individuals to become responsible citizens of the state. Social scientists in this regard make important contributions.

By culture we mean drawing from the potentiating possibilities of hybrid of traditional and modern culture. In the context of community development, Escobar (1995:218) argues that no longer should we focus on futile attempts at becoming modern
by substituting the traditional but rather on a “hybrid modernity characterized by continuous attempts at renovation, by a multiplicity of groups taking the multi-temporal heterogeneity peculiar to each sector and country”. In Escobar’s view, “traditional cultures” do not have to succumb to notions of “development” and “modernity” but engage them in a constant relationship whereby the resulting hybrid communities can emerge with possibilities for improving conditions of life, whether it is drug abuse and HIV/AIDS prevention or community development.

In the literature dealing with cultural sensitivity, it is rare to see “strength” coupled with the concept of culture, although “cultural barriers” is commonly cited as a reason for failure in public health and health promotion and communications program. For instance, some health communication and health promotion programs implemented in Africa have tended to undervalue the importance of oral communication as a genre. This practice is consistent with academics’ exaltation of written and visual modes of communication (slides and transparencies) as the only acceptable standard. For example, traditional communication channels, which Ugboaja (1987) terms ‘Ormedia’, continue to maintain their potency in rural Africa (Soola, 1991). Given this premise, the data that is generated in the course of research demonstrates tremendous possibilities that one has in merging old traditions with fresh ideas that infuse behaviour which is not susceptible to frequent drug initiation. Marup and Chak Chanaba should become occasion for discussing safe sex and help young people develop interests that prevent abuse of drugs.

Culture is both the organic and perceived primary process of human beings to meet biological needs. Thus, vulnerability of individuals in cultures can be understood to be those constellations of ideas, practices, and artifacts and their meanings and contexts in which people participate, as a lifelong involvement. Given this premise, it is from these narratives and the catharsis that these narrators went thorough in the course of prolonged conversation sessions that metanarrativs important for viewing cultural strengths emerge. In the next chapter, an attempt is made to develop an intervention strategy that takes into account these metanarrativs.