Domestic Violence and its Relevance on Women Living with HIV in Manipur

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Abstract: Moreover, domestic violence against WLHIV is happening to be natural phenomena. Such HIV women largely vulnerable groups of poor family have been waiting the last breath of life. In the one sense, they can't have equal opportunity, equality before law, privacy, liberty, economy and social security and more particularly right to life and human dignity as social stigma and other forms of violence (sexual, physical, verbal) rounded against them. Women were invariably considered weak, vulnerable and in a position to be exploited. On the other, the question of domestic violence against PLHA has also another issue despite numerous countless issues in Manipur. Most of the PLHA are from poor families except some persons so they cannot afford or draw attention for their health care while they have facing different issues like stigma and discrimination.

Keywords: Domestic violence, torture, exclusion, sexual exploitation, equality

I. INTRODUCTION

HIV positive women fighting for right to life, fighting for their children, fighting against all odds are many times sexually abused and tortured by people who are considered as saviours to them. When they approach for help, they are welcome and helped only to abuse their rights. Such hapless lamentation of HIV infected women have disclosed only when they are out of tolerance. A number of questions were germinated when it reach to the general public. HIV infected woman who approached for justice to a lawyer and had to sacrifice the chastity of a woman to the justice-provider for her only child. In another human right violation story appeared in the local newspaper, HIV women seeking ART drugs for life was reportedly lured by a person working in ART centre. She even lamented about the behaviour and attitudes of some people staffing ART centres. Issues and challenges facing by HIV women in the form of domestic violence became a hot question. Social view and legal negligence deprive their dignity of life and womanhood. Even before her HIV⁺ husband died, they have been suffering domestic violence. Since then their parental home usually do not welcome them back on the one hand and parent-in-law committed different strategy to send out of their families. Rather women are more vulnerable when both the couple suffers from HIV that different unwanted happenings are experiencing when women try to get ART from health centres. That encourages them dilemma and to enter unfair means for livelihood. Though such act of inhuman is against their right no one can pursue energetically as they conceived wrong concept and fear of societal view. Thus, the plight of HIV women directly reflects and encompasses healthcare issues that generate the origin of the proposed study.

II. OBJECTIVE

Domestic violence against women is very vast area but the present study shall give prime importance to the following basic objectives: To study the paradigm of domestic violence against HIV^+ women and widow and various type of degrading treatment to the HIV women;

III. METHOD & APPROACH

All the districts of the state Hill and Valley makes population size of about 1000 out of 7016 women affected. Certain numbers from all 9 districts, in equal basis identified for the purpose of this work. *Case study method was also applied:* Interview with the respondents affected women and other relatives were carried out. Some selected cases were identified from different strata and family status, and it was vividly diagnosed in the context of nutrition and health. *Participant and non-participant observation:* Some particular months were concentrated on the participant observation by staying there in the contiguous areas and districts. *Questionnaire method:* The data were collected through a structured questionnaire, which covers different aspects health and nutrients and other related information. *Literature Review:* All the available and relevant secondary sources of information both published and unpublished were also reviewed and analyzed. In this *Scheduled interview:*

Interview with key information (KIs) during the fieldwork after informing them about the project and the necessity were conducted.

IV. SIGNIFICANCE OF THE STUDY

The present study shall have immense contribution in the prevailing circumstances in not only such state but also other states where many HIV women are suffering domestic violence and other acts of crimes. The findings of the study shall have suggestive recommendation that can influence to the policy makers and political elites in particular. On the other, it can enhance the essence of UNAIDS guidelines to protect human rights of PLHA, to the ruled and ruler. Rather it can give thought provoking ideas and massages to the civil organization, right bodies, women commission, and human right commissions to initiate and strengthen their responsibility. Disseminate vaccine of sympathy, pathos, curiosity, helpfulness is more important till the vaccine is yet found, so that they may saved to live another day of hope and promise. Imperatively, such study is highly necessary from such state where highest HIV affected region in India, that practical than theoretical experience of HIV women in a matriarchal society is needed to germinate a proper legislation that can be applicable to all.

V. REVIEW OF LITERATURE

Different literatures base on the studies of HIV/AIDS are aplenty but the present area of study seems to be focused. Different books of Domestic Violence and Human Rights are also found in India and abroad. Particularly HIV / AIDS and Human Rights is discussed by Rahul Rai in his book 'Human Rights and Fundamental Freedom' (2004); A. Hendrik wrote 'Human Rights and Responses to HIV /AIDS in Mann J. Tarantota D (eds.), AIDS in the World II, New York 1996; Long LD (eds.), Women Experience with HIV / AIDS: an international perspective, New York. Different covenant and conventions of human right instruments encompasses women issues consisting of HIV / AIDS. But the proposed area of study has no similarity at any cost as the concern is in such a particular region emphasizing on the plight of HIV women in the context of Health care management and domestic violence which is a unique study. The State Government has recorded with satisfaction the declining trend of HIV prevalence among the injecting drug users during the last ten years due to collaborative efforts of all stakeholders. However; this needs further reduction to bring down the HIV prevalence rate among the general population. This is a challenging task requiring commitment on the part of the Government, NGOs and civil society. The social, economic and developmental consequences of AIDS in Manipur are very grim unless an immediate planning is started from now onward. UNAIDS (2006) reported that 'good nutrition cannot cure AIDS or prevent HIV infection, but it can help to maintain and improve the nutritional status of a person with HIV/AIDS and delay the progression from HIV to AIDS-related diseases.' A healthy and balanced diet will help to maintain body weight and fitness. In general ART treatment in India is comparatively very law, UNAIDS report 2006 shows that only 7% who needed ART drug therapy actually received it, and a meager number of 1.6% of pregnant women get it. It is very unfortunate when 95% of HIV children got the infection from mother. In the official estimate of 5.5 millions people living with HIV in India, only 60,000 are on these drugs.¹

In Manipur, there are around seven ART centre in the state and Ukhrul, Churachandpur and Thoubal also got the facility for treatment. Around 575 children are on regular ART treatment. The numbers of female people living with HIV/AIDS accessing the ART from the ART centre were just 35 percent of the total 1009 beneficiaries. The supply of ART in villages is erratic. This issues is to be considered seriously that it threat to the right to health. Many villagers and hill man could not avail such treatment. On the other though the government claimed free ART many people who cannot afford transport fair has no means. More than 80% of people are in need of ART. In a study conducted at Thailand TTAG, "Deadly Denial Barriers to HIV/AIDS Treatment for People Who Use Drugs in Thailand" Human Rights Watch, mentioned that in Thailand are receiving it, making it one of three developing countries worldwide and only one in Asia. Thailand has also been considered as model with regard to its efforts to provide Antiretroviral drugs to HIV women to prevent mother-to-child 89% of women who need it.² In a new study, researchers at the Harvard School of Public Health (HSPH) have found that married Indian women who experienced physical and sexual abuse at the hands of their husbands were approximately four times more likely to become infected with HIV than married women who were not abused. This first large-scale, national study to examine the relationship between intimate partner violence (IPV) against wives and clinically verified HIV infection appears in the August 13, 2008 issue of JAMA.³ Mention was also made of the problem of dowries in some parts of the world, crimes of honour and the consequences of son preference.⁴ In the light of the criteria established and taking into account the direct impact of the various practices on women's health and development, the members of the Group agreed to take up female circumcision first that found in the (Online) UNICEF. In the article of L. Muhindro, 'Human Rights and plight of HIV-Women: A case in India' said that 'some parents engage brides for their positive sons by concealing HIV status, later they blame the women. How is it so? Legally they have right in the sense that HIV persons have 'right to found a family'. Socially and morally it is extremely wrong; what will be the fate of women and child or their inheritance? How far they will perform their duty 'not to spread HIV to other third person' their children?'⁵ To Shalini Bharat "Women living with HIV/AIDS are often blamed, ostracized or thrown out of their homes, while care is provided to the infected male partner. Ramasubban (2000) they are also denied access to training, shelter, and care and support". Gender inequality in India is visible in the life of a woman from the time she is born. It affects her life choices, her health and her autonomy through socialization in an environment that does not enable her to consistently access her rights. In the context of HIV prevention, this increases a woman's vulnerability to the risk of infection.⁶

A lack of education and unequal gender relations make it difficult for women to protect themselves from HIV/AIDS. Many men who are HIV-positive hide this fact from their brides, thereby causing women to become infected after marriage.⁷ If a woman happens to survive her husband, his family often strips her of inheritance rights and throws her out of the house. Widows then are forced to support themselves. In addition, there are other social consequences for women living with HIV. They may be blamed for their infection and shunned by society. As a result of widespread prejudice, some hospitals may even deny psychological and medical treatment to women living with the disease. A positive development took place in 2003 when the Gujarat State Network of People Living with HIV/AIDS opened a marriage bureau in the city of Surat. This is a place where HIV-positive men and women can find support and companionship.⁸ Thus, it is cleared that various studies on the context of HIV/ AIDS are found but, yet up to this, no research work or study has been undertaken on the proposed area of study which is indeed a new dimension that attempt to access the domestic violence and its relevance with HIV status.

VI. DOMESTIC VIOLENCE AND WLHA

HIV positive women fighting for right to life, fighting for their children, fighting against all odds are many times sexually abused and tortured by people who are considered as saviours to them. When they approach for help, they are welcome and helped only to abuse their rights. Such hapless lamentation of HIV infected women have disclosed only when they are out of tolerance. A number of questions were germinated when it reach to the general public. HIV infected woman who approached for justice to a lawyer and had to sacrifice the chastity of a woman to the justice-provider for her only child. In another human right violation story appeared in the local newspaper, HIV women seeking ART drugs for life was reportedly lured by a person working in ART centre. She even lamented about the behaviour and attitudes of some people manning ART centres.

The following quotations will insight the dimension of social exclusion against the WLHA (women living with HIV/AIDS),

"I am on second line ART (Ante-Retroviral Treatment) now. My father died in the year 2000. Four years later, my mother left us to live with another man" - a tearful 15 year old girl who lost her father to AIDS eleven years back shared her ordeal in a recent interaction session at Imphal. The HIV positive girl along with three other sisters is struggling to survive today. Her elder sister of 22 years continued the narration that as her mother left them, she had to bear the responsibility of looking after her younger sisters. She takes tuition and works in an NGO to earn their living. The hapless girls do also make soft toys to supplement their income. Thus, children either orphans or living with single parents, boldly came out to reveal their concealed stories, to express desires for growing up and studying like others. It is a clear example of social exclusion facing the HIV affected children in Manipur."⁹

Social exclusion is a multi-dimensional process of progressive social rupture, detaching groups and individuals from social relations and institutions, and preventing them from full participation in the normally prescribed activities of the society in which they live. As discrimination is a human nature, everyone or every group everywhere feels excluded in one or the other way either mentally or physically. Human beings are excluded politically, socially, economically, religiously or ethnically from existing social entities in varied forms for one or the other reason. Social Exclusion is a new concept in Manipur, although it has been in existence among the various peoples and groups since long time back. Dissatisfaction of certain individuals or groups in matters of co-existence may be referred to as exclusion - it may be either from within or from without. Among the many facets of social exclusions prevailing in the country, the most commonly encountered and impactful in Manipur are the exclusion of women (gender-based) and children, HIV related discriminations and ethnic/ communal exclusion.

VII. SELECTED CASE STUDY

Memma (32) from Lourembam gave birth a daughter on 8/2/09 at Regional Institute of Medical Sciences, RIMS, Imphal. At about 6 months of her conceived she along with her husband test for HIV, she then got Laboratory test result of being HIV positive. She didn't know her husband well before their marriage. But after her family members came to know this, they ordered her to lose from their place. One a meeting with

Memma Devi with Poknapham's reporter comment that even she knew herself as HIV victim his husband's result wasn't seen even for at once. When she deliver daughter, none members of her husband's family came. She was looked after by Nambol Chingmang Rural Health and Social Development Organization.¹⁰

In another case of domestic violence, it is worth to mention that H. Bimola Devi filed an application under Sec ion 12 of the Protection of Women from Domestic Violence Act, 2005 (43 of 2005)¹¹ on 10th April 2008 through Advocate Th. Premlata Devi. The extract application can be placed hereunder for the convenient of analysis.¹²

- That, the Complainant was a widow and has one daughter. The Complainant's former husband was an injecting drug user and as such he was infected with HIV. Consequently the Complainant was also infected with HIV. The Complainant's former husband was expired in the year 1998 thereafter the Complainant came back to her parental home along with her minor daughter.
- That in the month of February 2003, the Complainant had come across with the present Respondent and gradually established a physical intimacy between the parties. Consequently the Complainant had met with the Respondent during daytime at Hotel Orient located at Hatta, Imphal and also had physical relationship there repeatedly. At times the Complainant had been taken by the Respondent to his friends' house very frequently for satisfying his desire of having sexual relationship. Over and above, the Respondent had taken the Complainant whenever he went for a worksite visit at Chandel, Tamenglong, Churachandpur etc. and during such worksite visit the Complainant used to stay with the Respondent for two to three days.
- That on 15th March 2008 the Complainant had eloped to the Respondent and as such a Keina Katpa ceremony was held at Nambol Phoijing in presence of Phoijing Meira Paibis and local elders. Thereafter, he Respondent had taken the Complainant to a family quarter of 2nd Battalion Manipur Rifles, Imphal on the same day. On the next day i.e. is" arch 2008 he Respondent had further taken her to his relative's house located at Ningthoukhong, Bishnupur District, Manipur.
- That on 17th March 2008 at around 9.30 a.m. the Respondent had forcibly taken the Complainant in an Auto rickshaw with the help of his relatives and proceeded towards Imphal along Tidim road. When the Complainant reached Bishnupur Bazar, she had cried for help by raising her voice. On that moment a person who was in the Auto Rickshaw had thrashed the Complainant and also threatened her so as not to raise her voice. Consequently, some passerby intervened and the Auto rickshaw had stopped near a frisking zone of Manipur Police Commandos along the road. Thereafter, the Complainant was taken to the Bishnupur Police Station along with the Respondent and his men. At the Police Station, the Complainant had tried to explain the thing that was actually happened to her; however, they did not listen to her. Instead the Complainant was forced to put her signature on a paper purported to be deed of agreement which the Complainant did not agree at all.
- That at present the Complaint is residing at her parental house in a very pitiable condition. Being an HIV infected women she could not do hard manual works to make out a living and in the meantime the Respondent had been making threatening call to her mobile phone now and then. Due to such unjustified acts of the Respondent, the Complainant has been keeping ill health and always compelled to live in a constant nightmare.
- That the Respondent is now working as an Executive Engineer In the Technical and Promotional Cell, office of the Registrar of Societies, Manipur and as such he has sufficient means to maintain her. However, the Respondent did not pay any amount of money for her maintenance.
- That the above mentioned acts of the Respondent eventually cause harms, injuries, endangers to her health, safety, life, limb and well-being both mentally and physically which ultimately amounts to domestic violence in terms of Section 3 of Protection of Women from Domestic Violence Act, 2005.

In response to the complaint the Court of Judicial Magistrate, Imphal has taken certain steps and made an order on April 5, 2008. Later bothe the party have come into a mutual agreement through service provider Smt. Radhapyari Devi, Secy. EEMA and decided to dispose the case on the following terms and conditions.¹³

- 1. That the respondent has no objection in giving protection order to complainant;
- 2. That both the parties have settled the matter amicably that the complainant shall not pursue continue the present case;
- 3. That the complainant shall go any forum against the respondent in any future either in civil, criminal or otherwise and the respondent shall also not file any case either; The complainant also submitted that she received lum-sum amount of Rs. 55,000/- for the purpose of this case and thus she does not want to pursue the case further. Thus they are desirous to dispose the case. From the submission of the parties and from the perusal of the materials on record both the party have come into lawful compromised and thus the case was disposed on April 5, 2008 by an order issued by R. K. Memcha Devi, Additional Chief Magistrate, Imphal with following terms:¹⁴
- 1. That the respondents are prohibited from committing any act of Domestic Violence to the complainant under Sec. 18 (a) of the Protection of Women from Domestic Violence Act, 2005.

- 2. That the parties shall not file any case against each other in connection with present subject matter or arising out of the present subject matter in any forum and that both the party shall not claim any further relief against each other in future...
- 3. That the respondent is also prohibited from attempting to communicate the complainant through telephonic contact but in case he wants to do so for an unavoidable circumstance, he would do so with the prior consent of the complainant which he may ask through the service provider.

That in a tragic story of crime meted out by inmate, it is in the month of May 2010 that took place in Kha Jiri Maning Leikai, Nambol. Indeed it is a bizarre incident, but not a new one in Manipur, husband hacked to death his own wife and surrendered to the police later, police said today.¹⁵ Forty year old Paonam Yaima, a resident of Kha Jiri Maning Leikai under Nambol police station gashed his 38-year old wife Konsam Ningol Paonam Ongbi Sunita Devi (35) at the neck with a knife and killed her inside the bedroom early, at about 4 am. She left behind three children, with a four-year old son the youngest of the siblings. They married around 10 year back and have three children (a daughter and two sons), the daughter being the eldest. Locals said that Yaima is a serving as constable in the CRPF posting at Mantripukhri CRPF post and on leave at home since May 5 last.

There was a heated argument between the couple this early morning.¹⁶ No sooner had they confronted over the matter, the husband hacked to death his wife with a knife at the neck in front of their little children at the bedroom, they said. In the aftermath of the incident, locals rose up and dismantled the house of the alleged murderer of his wife.

A public meeting was also immediately at the office of the Nambol Kha Jiri Development Committee. The meeting resolved to turn out the murder forever from the locality and anybody who gives shelter will also be turned out from the locality. The meeting also resolved to adopt the three children by the local authority. The husband who absconded after committing the heinous crime was later surrendered to the police at about 6 am, the police source added.¹⁷ In another experienced that mentioned above, the case is somewhat different from other, it will be very significant to analyse by the readers as well as research scholars that how far the complainant has moral right to ask / to seek her due rights from the cultural and societal point of view, not in the legal matter. Any way as women she has also dignity, modesty and chastity but sometimes she may have planned to misuse that available legal protection.

VIII. VULNERABILITY OF HIV WOMEN: DOMESTIC VIOLENCE

If you ask to man who living with HIV, they shall agree with you that "It is the consequence of what their misdeed in the past." Do you believed, the same response will come up from the widow and children except some sex workers? Since her husband exploited their freedom and right to life they can't compromise safe sex even they doubt on the character of husband. Henceforth their life has entered on the bleak of darkness. Psycho-fear and trauma has developed day by day that lead to inferiority and stigma. With the confirmation of HIV status on her husband another tension developed in the mind and generate pessimistic view whatever the society to be treated her. On the other she even couldn't join gatherings of locality and others else as a culprit. Just after her husband pass away her future seems to lifeless life.¹⁸ Many such widows seem to lose everything in the family and considered as countless deprived family-member. All the doors in the society are likely to halfshutter. They associate with trio-burthen as having different acts of domestic violence, singly life without husband, and social stigma. In general, such vulnerable widow do not welcome by parental home even they allowed to stay there. Such happenings are still being considered as natural phenomenon and the fate of that particular woman. Many wives believe that husbands are naturally of more importance and deserve the therapy more than they do. "It is a woman who is stepping back. She thinks of herself as dispensable." Despite the fact that many of the wives contract the virus from their unfaithful husband, they still allow their husbands to receive the medication at the expense of their health. In this context, if both the spouse infected HIV the wife seems to lost moral rights from the family and society as well.

IX. CONCLUDING OBSERVATION

In these situations, women may be unable to control the conditions under which to have sex, and therefore may take part in unprotected sexual activity. Despite the fact that these women may have no other option but to engage in sex work, they are stigmatized by society. Gender violence clearly remains a subject of passionate debate in many parts of the world. Yet many governments are reluctant to fully support the kinds of measures needed to remedy this deplorable situation, especially in this new world of AIDS risk. Strengthening the legal framework, both at the international and national level, is obviously crucial. In order to survive in a world with AIDS, we need to protect the sexual and reproductive rights of women. These include the right to decide when, with whom and under what circumstances to engage in sex. While the International Criminal Court now recognizes rape and other forms of violence against women as a crime against humanity in time of war, governments urgently need to enforce national laws that criminalize gender violence and abuse. This is

where the real change will come from. For millions of girls and women worldwide it is clear that violence, AIDS and human rights abuses are experienced. From the analysis it is cleared that the issue of health care management for the Women living with HIV/AIDS is still neglected issue when the entire stakeholder concentrate on the disease as well as other matter. The WLWHA have suffer most in the sense that the dignity of womanhood seems to lost when they are confronted the social stigma and differently treated. Even if voluntary organisations speak vocally to wipe out stigmatization from the general people to some extent, the ongoing pattern or mosaic of societal treatment to the WLWHA is in sorry state. Moreover, the Widows living with HIV / AIDS have multiple suffer in the sense that culturally and socially widows have been treated in another sense.

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