



Socio economic background of the victim widows (A case study of hiv/aids & conflict victim widows in Imphal West District of Manipur)

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Abstract

The present study focus on socio-economic background of the respondent-widows is crucial to understand the multiple factors that impact them as they have been victims of conflict and HIV/AIDS. Their socio-economic background determines how an individual looks at widows and how they are vulnerable to their subjugation in the society. Hence, the present chapter is aimed to portray the socio-economic background of the respondents, which is being analysed in term of age-structure, caste groups, religion, educational levels, occupations, income, family types, house types, ownership of house, household items, landholding size, headships of the family, decision makers in the widows' families, age at the time of marriage, types of marriage, number of children in the widow's family, sources of financial support, saving status among the widows. Methodology: The present study analyses the responses of 300 victim-widows, comprising 78 conflict- and 222 HIV/AIDS-victim widows drawn from the Imphal West district of Manipur. The discussion is taken up hereunder.

Keywords: socio-economic, victim widows, Hiv/Aids, conflict etc

Introduction

Objectives of the study

1. To probe into the socio-economic background of the victim widows of HIV/AIDs and Conflict widows in Imphal West District of Manipur.
2. To analyse the socio-economic background of the victim widows of HIV/AIDs and Conflict widows in Imphal West District of Manipur.

Research Methodology

Data is collected through an Interview Schedule by using an accidental sampling method. And, used both primary and secondary sources pertaining to the present issues.

Introduction

Across groups in Indian society, women continue to struggle for gender equality and rights. Particularly widows in India have been facing a lot of hardships in family and society because of traditional norms, cultural practices and beliefs. In the patriarchal Hindu society, women derive their status from husband. Therefore, widows have always been regarded as symbol of misfortune, and their presence on auspicious occasions as ominous. They were forced to withdraw completely from social life and follow a severe discipline. That made their existence a virtual social death. Nonetheless, sincere efforts were made during the early colonial period to improve their condition. Women, particularly widows, are victims of social stigmas and discrimination rooted deeply in traditional values and beliefs of the communities. Doctrine of patriarchy and social debasement has causal abundance of problems. Most vulnerable widows are those who live alone or stay with unmarried children. Their major problems are related to responsibility of child-rearing, lack of companionship, violence, hindrances in remarriage, control over sexuality, victimization, and psycho-social adjustment in their families

and society. Widows and their children live in the state of acute insecurity, deprivation and violence. In spite of the existence of that civil laws of inheritance and customary laws relating to marriage and inheritance, land ownership and child custody, a wide gap prevails between legal measures and practices due to a rigid patriarchal attitude towards women. Irrespective of religion, caste, class and education, widows in India are deprived from their universally acknowledged human rights. Their essential needs like food, shelter and clothes are forbidden. Some widows even face sexual harassment from their in-laws. They are marginalized in the society. Even educated people isolate and place them under several restrictions. To exercising control over their sexuality, widowhood is insisted upon them in homes.

By restricting their participation in religious functions their right to live in public sphere is restricted. Compared to widowers, widows have much more restrictions in the society. Widowers have freedom to move everywhere and also to participate in social functions. Due to patriarchy, women are considered as secondary object. This gender hierarchy is observed in family and society. In India widows are three times of widowers. The number of widows has greatly increased, especially young ones has greatly increased, due to child-marriage, wide age-gap of marriages between men and women, polygamy, war and increased incidence of AIDS. Because of their position in the patriarchal society, women and girls are most affected by situations of armed conflict, though other sections of civilians are also affected (Rashmi Goswami 2005). Women experience greater violation of human rights caught in between different violators. The state targets women and uses violence against them as means of suppression whereas the community is apathetic to their special problems. Often, in a conflict situation such as the one in large parts of northeast India, gross violation of civil and political rights

takes place because of the political situation which is often used as justification to disregard the violation of women’s rights. The violation is either consequence of discrimination against women sanctioned by the community, or of inaction by the state. However, as signatory to the women’s convention, the state is obliged to address discrimination at all levels. Unnatural death rate in conflict situations in Manipur has been high. Implementation of AFSPA has contributed much to an ever increasing number of male deaths in Manipur. There is the issue of fake encounters, adding to the numbers of widows. Over 20,000 people have been killed in the last five decades or so in Manipur, due to armed conflicts. Over 30 armed underground groups are operating in Manipur and to control them the centre has stationed several battalions of army and paramilitary forces. Besides, Manipur is one of the place of the highest concentrations of HIV/AIDS in India (Huiyen News Service/Newmai News Network, Imphal June 17, 2011). It is the first State in the country which has adopted AIDS

Policy in 1996. It formed the Manipur State AIDS Control Society (MSACS) in 1998, though no substantial steps have been taken to rehabilitate the HIV/AIDS widows and their children who are the actual victims of this dreaded disease. The existing intervention program in Manipur is focused on male IDUs with inadequate focus on women were infected or affected with HIV/AIDS from their husbands. This makes widows more vulnerable to HIV/AIDS. The situation even worsens in the given ethnic polarization and armed conflicts in the State.

Age Structure:

Age of the widows has a significant relationship with their subordination. Those who are widowed at an early age and have no social security are quite vulnerable to exploitation. The age of the respondents is categorized into six groups; viz., (i) 18-22 years, (ii) 23-27 years, (iii) 28-32 years, (iv) 33-36 years, (v) 37-41 years and (vi) 42-45 years. The distribution of the respondents into these categories is shown in the following table:

Table 1: Age Groups of the Widows (Percentage in Parentheses)

Age group (in years)	No. of Conflict-Victim Widows	No. of HIV/AIDS-Victim Widows	Total
18-22	5 (6.41)	20 (9.01)	25 (8.33)
23-27	15 (19.23)	32 (14.41)	47 (15.66)
28-32	10 (12.82)	40 (18.02)	50 (16.66)
33-36	14 (17.95)	40 (18.02)	54 (18)
37-41	20 (25.64)	60 (27.03)	80 (26.66)
42-45	14 (17.95)	30 (13.51)	44 (14.66)
Total	78 (100)	222 (100)	300 (100)

Source: Interviews of the Widows Conducted during May – September, 2016.

The data reveal that the largest number of the widows is from the age group of 37-41 years, followed by the age group 33-36 (18%), 28-32 (16.66%), 23-27 (15.66%) and 42-45 (14.66%). The smallest group of the widows (8.33%) belongs to the age group 18-22 years. By and large, one observes the similarity of the age groups between the two types of the victim widows, i.e., the conflict-victim widows and the HIV/AIDS-victim widows.

Thus, the age range of the victim widows is from 18 to 45 years. Barring a small number in the age group of 18-22, most of them (91.67%) are in the age-bracket of 23-45. This

indicates that majority of the widows (about 60%) are still in the youthhood (18-29) of their life.

Caste Groups:

A caste is a social category, to which a person belongs involuntarily, i.e., by birth. Caste refers to its members’ status. Therefore, caste differentiates in respect of social support received by them in difficult times of their life. The distribution of the respondent-widows into four groups, viz., (i) General Castes, (ii) Scheduled Castes (SCs), (iii) Scheduled Tribes (STs) and (iv) Other Backward Classes (OBCs) is shown in the following table:

Table 2: Social Categories (Caste Groups) of the Windows (Percentage in Parentheses)

Caste Group	No. of Conflict-Victim Widows	No. of HIV/AIDS-Victim Widows	Total
General Castes	27 (34.6)	56 (25.2)	83 (27.66)
STs	15 (19.2)	56 (25.2)	71 (23.66)
SCs	6 (7.7)	20 (9.0)	26 (8.66)
OBCs	30 (38.5)	90 (40.5)	120 (40)
Total	78 (100)	222 (100)	300 (100)

Source: Interviews of the Widows Conducted during May – September, 2016.

The above table reveals that two thirds of the respondents belong to OBCs, followed by General Castes (27.66%) and STs (23.66%). The respondents from SCs are about one tenth (8.66%) of the total respondents. The conflict-victim widows are largely from the OBCs (38.5%) and the General Castes (34.6%) while the HIV/AIDS-victim widows largely belong to three castes group, i.e., General Castes, STs and OBCs. The widows of both the types are the least in the SCs i.e., less than one tenth of the total of the widow-respondents.

Thus, the conflict- and HIV/AIDS-victim widows, mainly,

belong to three caste groups; namely, General Castes, STs and OBCs.

Religion:

Religion tends to be important characteristic as it is often knotted with customs and traditions which differ in providing special security to the helpless people like widows in society. The respondents belong to five religious groups, in all: Hindu, Muslim, Christian, Buddhist and Sanamahi. Their religious distribution is given in the following table:

Table 3: Religious Groups of the Widows (Percentage in Parentheses)

Religious Group	No. of Conflict-Victim Widows	No. of HIV/AIDS-Victim Widows	Total
Hindu	30 (38.5)	80(36.0)	110 (36)
Muslim	11 (14.1)	25 (11.3)	36 (12)
Christian	12 (15.4)	35 (15.8)	47 (15.66)
Buddhist	2 (2.6)	12 (5.4)	14 (4.66)
Sanamahi*	23 (29.5)	70 (31.5)	93 (31)
Total	78 (100)	222 (100)	300 (100)

*Sanamahi - Sanamahism is the worship of Sanamahi, the Creator, Sidaba Mapu, the Trinity God of the Meitei. Sanamahism is one of the oldest sects of South Asia. It originated in Manipur, India, and is mainly practiced by the Meitei community of Manipur.

Source: Interviews of the Widows Conducted during May – September, 2016.

The data exhibit that over one third (36%) of the widows are Hindu, followed by the Sanamahi widows (31%), nearly one third of the total respondents. Over one tenth of the widows are Christian (15.66) and Muslim (12%). A small fraction (4.66%) of the widows comes from the Buddhist group. More or less, a similar pattern of the distribution is observed in the two types of the widows, i.e., conflict-victims and HIV/AIDS-victims. Thus, the Hindu and Sanamahi are the two religious groups, to which two thirds (67%) of the widows belong. This pattern is visible in case of the widows of both the types.

Educational Levels: Education is one of the most important factors in development; it can be a big lever to make a difference in life and a route for successful development in the society. Education can work to mitigate vulnerability of widows. On the basis of the educational qualification of the respondents, they are classified into eight categories; viz., (i) illiterates, (ii) literates, (iii) primary school pass, (iv) Middle School pass, (v) high school pass, (vi) higher secondary school pass, (vii) graduates and (viii) post graduates. The distribution of the respondents into these educational levels is shown in the following table:

Table 4: Educational Qualifications of the Widows (Percentage in Parentheses)

Educational Qualification	No. of Conflict-Victim Widows	No. of HIV/AIDS-Victim Widows	Total
Illiterate	4 (5.1)	6 (2.7)	10 (3.33)
Literate	13 (16.7)	30 (13.5)	43 (14.33)
Primary School Education	20 (25.6)	60 (27.0)	93 (31)
Middle School Education	15 (19.2)	50 (22.5)	65 (21.66)
High School Education	13 (16.7)	40 (18.0)	53 (17.66)
Higher Secondary School Education	9 (11.5)	20 (9.0)	29 (9.66)
Graduation	2 (2.6)	10 (4.5)	12 (4)
Post-Graduation	2 (2.6)	6 (2.7)	8 (2.66)
Total	78 (100)	222 (100)	300 (100)

Source: Interviews of the Widows Conducted during May – September, 2016.

The above table tells that near about one third (31%) of the widows has primary school education, followed by the middle school pass widows (21.66%), over one fifth of the total. Nearly one fifth (17.66%) of the widows have high school education. Around one tenth of the respondents have each literacy (14.33%) and higher secondary school education (9.66%). A small fraction of the two types of the widows, each, belongs to graduates (4%), illiterates (3.33%) and post graduates (2.66%). By and large, similar pattern is observed in both the types of the widows, i.e., conflict-widows and HIV/AIDS widows.

Thus, most of the widows (86%) are distributed over the educational levels ranging from literates to secondary school pass. Over one tenth (16%) of the widows have education beyond secondary school. Illiterate widows constitute an

insignificant fraction (3.33%).

Occupations:

In traditional Indian society, household is the domain of work for most of the women. A woman was generally not expected to go out of the house for work and earn livelihood for the family. But it is known that working women, because of their economic independence and education, in all probability, can take certain important decisions that are in the best interest of theirs, their children and their families. Economic independence acquired through work participation can reduce vulnerability of widows as well. Here, occupations of the respondents are classified into six categories: (i) Govt. service, (ii) private service, (iii) wage labour, (iv) Domestic labour, (v) business and (vi) social work. The occupational distribution of the respondents is given in the following table:

Table 5: Occupations of the Widows (Percentage in Parentheses)

Occupation	No of Conflict-Victim Widows	No. of HIV/AIDS-Victim Widows	Total
Govt. Service Job	5 (6.4)	20 (9.0)	25 (8.33)
Private Service Job	17 (21.8)	45 (20.3)	62 (20.66)
Wage Labour	15 (19.2)	57 (25.7)	72 (24)
Domestic Labour	20 (25.6)	40 (18.0)	60 (20)
Business	15 (19.2)	40 (18.0)	55 (18.33)
Social Work	6 (7.7)	20 (9.0)	26 (8.66)
Total	78 (100)	222 (100)	300 (100)

Source: Interviews of the Widows Conducted during May – September, 2016.

The above data reveal that about one fourth (24%) of the

widows are engaged in wage labour, followed by the private

job (20.66%), domestic labour (20%) and business (18.33%). Rest of the widows are engaged in Govt. jobs and social work (8.33% each). By and large, a similar pattern is observed in the two types of the widows, but with a difference that more conflict-victim widows are engaged in domestic labour while more HIV/AIDS-victim widows are engaged in wage labour. This means that people might be suspecting the latter as carriers of HIV/AIDS epidemic. Thus, labour, private services and business are the major sources through which most (82.68%) of the widows have earned their livelihood. Besides, the largest section (one

fourth each) of the conflict and HIV/AIDS-victim widows is engaged with wage labour and domestic labour respectively. Family Income: Family income of a person has an important bearing on a person’s social life and is considered an important variable in analysing the social background of persons. The respondents’ monthly family income is classified into four categories: (i) Rs 3000-4000, (ii) Rs 4001-5000, (iii) Rs 5001-6000, and (iv) Rs 6001 and above. The distribution of the respondents into these categories is shown in the following table:

Table 6: Monthly Income of the Widows (Percentage in Parentheses)

Income Group (in Rupees)	No. of Conflict-Victim Widows	No. of HIV/AIDS-Victim Widows	Total
3000-4000	30 (38.5)	80 (36.0)	110 (36.66)
4001-5000	35 (44.9)	100 (45.0)	135 (45)
5001-6000	8 (10.3)	20 (9.0)	28 (9.33)
6001 & Above	5 (6.4)	22 (9.9)	27 (9)
Total	78 (100)	222 (100)	300 (100)

Source: Interviews of the Widows Conducted during May – September, 2016.

The above table shows that over two fifths (45%) of the widows have monthly family income of Rs. 400-5000, followed by the income group of Rs. 3000-4000 (36.66%). Only 18% of the widows have income above Rs. 5000/-. By and large, a similar pattern of income distribution is obtained in the two types of the widows. Thus, most (81.66%) of the widows have the monthly family income ranging from Rs. 3000/- to Rs. 5000/-. This reflects a very poor condition of the widows. The economic condition of the two types of the widows shows no

significant difference. Family Types: Family is most important primary unit of human society. Generally, in the present time families are nuclear, comprising husband, wife and their unmarried children. On death of husband, a widowed women’s vulnerability increases, even in joint and extended families. In the study one finds three types of families; namely, (i) nuclear, (ii) joint and (iii) extended. The distribution of the widows into the types of family is shown in the following table:

Table 7: Family Types among the Widows (Percentage in Parentheses)

Type of Family	No. of Conflict-Victim Widows	No. of HIV/AIDS-Victim Widows	Total
Nuclear	45 (57.7)	110 (49.5)	155 (51.66)
Joint	28 (35.9)	82 (36.9)	110 (36.66)
Extended	5 (6.4)	30 (13.5)	35 (9.11.66)
Total	78 (100)	222 (100)	300 (100)

Source: Interviews of the Widows Conducted during May – September, 2016.

The above table shows that over half (51.67%) of the widows live in nuclear family, followed by the joint family (36.67%). Over one tenth (11.66%) of the widows have extended family. As compared to the HIV/AIDS-victim widows (49.59%), more conflict-victim widows (57.7%) are living in nuclear family and they are less in joint family, even lesser in extended family. Thus, the widows are vulnerable as they have largely nuclear family and have to eke out livelihood for survival of themselves and their children. It appears that because of fear and harassment of the security forces the joint and extended families might have disowned many of the conflict-victim widows, That is why a good majority of them is living in nuclear family. Types of House: The house type also becomes an important variable to understand socio-economic background of an

individual as it reflects one’s living standard and life style. The respondents are classified into five types of house; namely, pacca (RCC), semi-pacca, kachcha, bamboo & mud made and hut/temporary structure. Pacca house means a house made of brick wall, cement plastered floor with Reinforced Concrete Cement roof. Semi pacca house means the one made of brick walls, cement plastered floor with tin roof/ brick wall with tin roof without cement plastered floor. Kachcha house means the house one made of mud plastered bamboo wall with tin roof. Bamboo & mud made house has mud plastered bamboo wall with tin or thatched roof. Hut/temporary structure means a house made of bamboo pillars with mud plastered wall & thatched roof. The widow-respondents are distributed into the house types in the following table:

Table 8: House Types among the Widows (Percentage in Parentheses)

Type of House	No. of Conflict-Victim Widows	No. of HIV/AIDS-Victim Widows	Total
Pacca (RCC)	4 (5.1)	14 (6.3)	18 (6)
Semi-pacca	40 (51.3)	80(36.0)	120 (40)
Kachcha	15 (19.2)	58 (26.1)	73 (24.33)
Bamboo & mud made	10 (12.8)	40 (18.0)	50 (16.67)
Hut/temporary structure	9 (11.5)	30 (13.5)	39 (13)
Total	78 (100)	222 (100)	300 (100)

Source: Interviews of the Widows Conducted during May–September, 2016.

The above table reports that two fifths (40%) of the widows, i.e., the largest section live in semi-pucca houses; one fourth

(24.33%) lives in kachcha houses; one fifth (20%) live in bamboo & mud made houses and over one tenth (13%) live in huts/temporary structures. Only a small fraction (6%) lives in pacca/RCC built houses. By and large, the pattern is similar in both the types of widows. However, a major difference found is that majority (51.3%), over half, of the conflict-victim widows have semi-pacca houses.

Thus, clubbing together all types of kachcha houses (kachcha, bamboo & mud made and hut/temporary structure), one finds the kachcha house type accommodating nearly three fifths (57%) of the widows, followed by the semi-pacca house (two fifths). This reflects a poor living

condition of the widows. Comparatively, the living condition of the HIV/AIDS-victim widows is worse than the conflict-victim widows. This is because HIV/AIDS-victim widows spent more of their income on health than the conflict-victim widows. Ownership of House: Ownership of house is also an indicator of economic condition of the families as well as the social security enjoyed by the widows. On the basis of types of house ownership, the respondents are classified into two categories: (i) own house and (ii) rented house. The distribution of the widows into the house ownership types is shown in the following table:

Table 9: House Ownership Types among the Widows (Percentage in Parentheses)

Type of House Ownership	No. of Conflict-Victim Widows	No. of HIV/AIDS-Victim Widows	Total
Own House	65 (83.33)	162 (72.97)	227 (75.67)
Rented House	13 (16.7)	60 (27.0)	73 (24.33)
Total	78 (100)	222 (100)	300 (100)

Source: Interviews of the Widows Conducted during May – September, 2016.

The above table informs that over three fourths (75.67%) of the widows have their own house and the rest have house on rent. As compared, more HIV/AIDS-victim widows have house on rent and more conflict-victim widows have own houses. This difference is because HIV/AIDS-victim widows have mostly separated from joint family since the time their husband was alive or was residing at work place in rented house. It might also be due to discrimination of in-laws that led them to live in rented house by separation after husband's death.

Age-at-Marriage

Age-at-marriage of a woman determines her achievement or deprivation in life. Early age marriage not only results in physical immaturity but also deprivation from education and job opportunities.

According to the age-at-marriage the respondents are divided into five age groups: (i) 18-22, (ii) 23-27, (iii) 28-32, (iv) 33-37, and (v) 38-42. The respondents are distributed into these groups in the following table:

Table 10: Age-at-Marriage among the Widows (Percentage in Parentheses)

Age-at-Marriage (in years)	No. of Conflict-Victim Widows	No. of HIV/AIDS-Victim Widows	Total
18-22	20 (25.6)	81 (36.5)	101 (33.66)
23-27	44 (56.4)	90 (40.5)	134 (44.66)
28-32	8 (10.3)	25 (11.3)	33 (11)
33-37	4 (5.1)	22 (9.9)	26 (8.67)
38-42	2 (2.6)	4 (1.8)	6 (2)
Total	78 (100)	222 (100)	300 (100)

Source: Interviews of the Widows Conducted during May – September, 2016.

The above table brings out that age of the widows at the time of their marriage ranges from 18 to 42 years. Over two fifths (44.66%) of the widows married at the age of 23-27 years, followed by the age group of 18-22 years (33.66%). Over one tenth (11%) of the widows had married at the age of 28-32 years, 8.67% in the age of 33-37 years and the rest in the age of 38-42 years. Comparatively, more conflict-victim widows married at the age of 23-27 years, while more HIV/AIDS-victim widows married at the age of 18-22 years.

Thus, most of the widows (78.32%) married in the age bracket of 18-27 years. The widows married at younger age are more from the HIV/AIDS-victims than the conflict-victims. This is because HIV/AIDS-victim widows might have had parenting problems; as they are mostly rural dwellers it indicates that girls in rural area are married at an early age as compared to their urban counterparts.

Types of the Marriage

Type of marriage carries a difference of social recognition and it has bearing on widowed life of a women. Among the widows, marriages are classified into three types: (i) arranged marriage, (ii) love marriage and (iii) forced wedlock. Arranged marriage is a type of marriage arranged according to their parents' wish in choosing a bride. Love marriage is a type of marriage solemnized by choosing partners themselves, i.e., the bride and the bridegroom. Forced wedlock is also a type of marriage by abduction of bride. It is practice among Meitei, if a girl does not accept the boy's proposal for marriage and sometimes he abducts her without her knowledge if a boy wishes to marry her. This marriage is socially recognised after negotiation between both the parties performing *Loukhatpa*, a blessing rituals/ceremony. The distribution of the widows into types of marriage is shown in the following table:

Table 11: Types of Marriage among the Widows (Percentage in Parentheses)

Type of Marriage	No. of Conflict-Victim Widows	No. of HIV/AIDS-Victim Widows	Total
Arranged marriage	30 (38.5)	87 (39.2)	117 (33)
Love marriage	36 (46.2)	100 (45)	136 (45.33)
Forced wedlock	12 (15.4)	35 (15.8)	47 (15.67)
Total	78 (100)	222 (100)	300 (100)

Source: Interviews of the Widows Conducted during May – September, 2016.

The above table indicates that over two fifths (45.33%) of the widows had love marriage, followed by arranged marriage (33%). The rest (15.67%) had forced wedlock. A similar pattern of marriage types is observed in the two types of the widows. Thus, the largely prevalent marriage type is love marriage; however, arranged marriage also significantly prevailed in case of the widows of the two types.

Number of Widows' Children: Number of children determines liabilities of widow- mothers and, therefore, it may result even in their increased vulnerability. The number of children of the widows is classified into four categories: (i) 1-2, (ii) 2-3, (iii) 3-4 and (iv) 4-5. The distribution of the widows into number of children is shown in the following table:

Table 12: Number of Children of the Widows (Percentage in Parentheses)

No. of Children	No. of Conflict-Victim Widows	No. of HIV/AIDS-Victim Widows	Total
1-2	20 (25.6)	71 (32.0)	91 (30.33)
2-3	39 (50.0)	91 (41.0)	130 (43.33)
3-4	12 (15.4)	38 (17.1)	50 (16.67)
4-5	7 (9.0)	22 (9.9)	29 (9.67)
Total	78 (100)	222 (100)	300 (100)

Source: Interviews of the Widows Conducted during May–September, 2016.

The above table posits that the widows have children ranging from 1 to 5. Over two fifths of the widows (43.33%) have 2-3 children, followed by 1-2 children (30.33%). Over one tenth (16.67%) of the widows have 3-4 children and about one tenth (9.67%) have 4-5 children. By and large, a similar pattern of children is seen in the two types of the widows.

Thus, most of the widows (73.67%) have 2-4 children. A similar pattern is observed in the two types of the widows.

Conclusions

Socio-economic conditions of the respondent-widows, conflict- and HIV/AIDS-victims are poor, due to multiple factors, leading them to subordination, exclusion, exploitation, etc. Their age significantly has relationship with such subordination. Most of the widows (91.67%) are in the age-bracket of 23-45 barring a small number in the age group of 18-22. Over one tenth (16%) of the widows have education beyond secondary school. However, illiterate widows constitute an insignificant fraction (3.33%). Labour, private services and business are the major sources, through which most (82.68%) of them have earned their livelihood. Besides, largest section (one fourth each) of the conflict and HIV/AIDS-victim widows is engaged with wage labour and domestic labour respectively. Most (81.66%) of the widows' monthly family income is ranging from Rs. 3000/- to Rs. 5000/-, reflecting a very poor condition. The two types of the widows have no significant differences. The widows are vulnerable as they have largely from nuclear family and have to eke out livelihood for survival of themselves and their children. Because of fear and harassment of the security forces the joint and extended families might have disowned many of the conflict-victim widows. That is why a good majority of them is living in nuclear family. Together all types of kachcha houses (kachcha, bamboo & mud made and hut/temporary structure), one finds the kachcha house type accommodating nearly three fifths (57%) of the widows, followed by the

semi-pacca house (two fifths). This reflects a poor living condition of the widows. Comparatively the living condition of the HIV/AIDS-victim widows is worse than the conflict-victim widows. This is because HIV/AIDS-victim widows spent more of their income on health than the conflict-victim widows. Besides, more HIV/AIDS-victim widows have house on rent and more of conflict-victim widows have own houses. This difference is because HIV/AIDS-victim widows have mostly separated from joint family since when husband was alive or living in work place in rented house. It may be due to discrimination by their in-laws and they had to decide them to live in rented house after husband's death. Of the household items, more conflict-victim widows have chair, table, almirah, rice cooker and gas stove while more HIV/AIDS-victim widows have TV, radio, mobile phone, two-wheeler vehicles and mobile phone with internet connection. This difference is because HIV/AIDS-victim widows have more government employees and literacy rate is better as compared to the conflict widows. The widows are marginal landholders and the HIV/AIDS-victim widows have comparatively better landholding size. Their families are mostly headed by male (57.67%) and in-laws (51.67%). A similar pattern is obtained in both the types of the widows. It controls the family politically, economically and socially resulting in increase of her social vulnerability. It is mostly males, father-in-law largely, who take decisions in the families of both the types of the widows. The widows have mostly (78.32%) married in the age bracket of 18-27 years. The widows married at younger age are more from the HIV/AIDS-victims than the conflict-victims. This is because HIV/AIDS-victim widows might have parenting problems as they are mostly coming from rural areas. Largely prevalent marriage type is love marriage in both the conflict and HIV/AIDS-victim widows; however, arranged marriage also significantly prevailed among the widows of the two types. Most of the widows (73.67%) have 2-4 children. In terms of financial support, more conflict-victim widows get from in-laws' family and more HIV/AIDS-

victim- widows get from parental family. However, majority of the conflict (62.8%) and HIV/AIDS (53.33%) victim-widows get financial support from in-laws' family. Thus, majority source of financial support for both the types of the widows is in-laws' family and parental family constitutes a source of second order. Over two thirds of the widows have savings in banks. By and large, similar pattern is obtained in the two types of the widows.

Thus, the widows of conflict and HIV/AIDS-victim are vulnerable in terms of their socio-economic condition. The implications of educational level, occupation and family's income are significantly low among the widows. Most of the families they live in are under male dominance, subjugating them. Their lifestyles are poor as they are living with a small landholding and minimum accommodation of modern household items. The widows of conflict-and HIV/AIDS-victims live in nuclear family or rented house, and are hard pressed in child rearing with minimum support from their in-laws or parents and a little savings they have. Such deprivation and disadvantage may be also due to early marriage and wrong choice of partner which ultimately put them to widowhood full of burden. Such multiple factors impacting conflict- and HIV/AIDS- widows subjugate and subordinate them in the society in a reinforced manner.

References

- Aggarwal KK. 'Sexual desire and sexual activity of men and women across their lifespan', *Indian Journal of Clinical Practice*, 2013, 24(3).
- Agnes, Flavia. 'Protecting women against violence: Review of a decade of legislation 1980-89', *Economic & Political Weekly*, 1992.
- All Manipur Women's Voluntary Association. *Manipuri nupi amasung meeot meenei*. Imphal: All Manipur Women's Voluntary Association, 2017.
- Altekar AS. *The position of women in Hindu civilization: From prehistoric times to the present day*. Delhi: Motilal Banarsidass Publishers Private Limited, 1959.
- Amita, Moirangthem. *Widows of HIV infected men: Implications on women from Manipur*. Unpublished doctoral thesis. Delhi: Department of Home Science, Faculty of Science University of Delhi, 2013.
- Anderson, Margaret L, Howard F. Taylor. *Sociology: The essentials*. United Kingdom: Cengage Learning, 2008.
- Bancroft, Janssen, Strong Vukadinovic. *HIV/AIDS in Tamil Nadu: Action for children and young people*. p. 184. United Nations Children Fund, 2003.
- Basin, Kamla. *Understanding gender*. New Delhi: Kali for Women, 2000.
- Binalakshmi, Nepram. *South Asia's fractured frontier: Armed conflict, narcotics and small arms proliferation in India's north east*. New Delhi: Mittal Publication, 2002.
- Chha, Datar, Kumar, Santosh. *Status of tribal women in Maharashtra*. Mumbai: Tata Institute of Social Sciences, 2002.
- Chin J. 'Current and future dimensions of the HIV/AIDS pandemic in women and children,' *Lancet*, 1990:336:221-4.
- Cruz. 'The family context of care in HIV/AIDS', *The Qualitative Report*, 2004:9(3):419.
- Devi, Ksh, Bimola. 'Manipuri women – A study', in Naorem Sanajaoba (ed.), *Manipur past and present*, 1988:1:160-172. New Delhi: Mittal Publication.
- Devi, Ksh. Bimola. 'Women and inheritance practices in Manipur'. In Prem Chowdhry (ed.), *Gender discrimination in land ownership: Land reforms in India* New Delhi: Sage Publications, 2009:11:163-175.
- Devi, Naorem, Dayabati. 'Barriers to avail health related services by the women living with HIV/AIDS in Manipur', *The international journal of humanities & social studies*, 2013:8:29-36. (ISSN 2321 – 9203).
- Goswami, Roshmi, Sreekala, MG, Goswami Meghna (eds.). *Women in armed conflict situation*. Guwahati: North East Network (NEN), 2005.
- Hemanta. *Economic burden of HIV/AIDS: A study on HIV/AIDS patients*. New Delhi: National Institute of Health and Family Welfare, 2004.
- Hiremath RC. *Women and gender issues*. Jaipur: Pointer Publisher, 2005.
- Horam, M. *The rising Manipur including other north-east states*. New Delhi: Manas Publication, 2000. <http://www.jstor.org/stable/25643641>. Accessed web on 23-01-2021.
- Irene, Salam. *Women of Manipur: An alternative perspective*. Delhi: Anshah Publishing House, 2014.
- Kalpna, K. Saraswati, Raju Iyer. 'Psycho-social problems of women living with HIV/AIDS and its impact on their families in Andhra Pradesh, India'. *IOSR Journal of Humanities and Social Science (IOSR-JHSS)*, 2013:8(4):29-36, e-ISSN: 2279-0837, p-ISSN: 2279-0845. www.iosrjournals.org.
- Lakhshmi, N Vijay. *Politic, society and cosmology in India's north east*. New Delhi: Oxford University Press, 1998.
- Leela, Dube. *Women and kinship: Perspectives on gender in south and south-east Asia*. Jaipur: Rawat Publication, 2009.
- Lerner, Gerda. *The creation of patriarchy*. Oxford: Oxford University Press, 1986.
- Malladi. *Hinduism and women for sustainable development*. Delhi: Ajanta Publishing House, 1994.
- Mamta, Rajawat. *Women education and social empowerment*. New Delhi, 2005.
- Mamuria, Doshi. *Labour problems and social welfare in India*. Allahabad: Kitab Mahal Pvt. Ltd, 1966, 339.
- Manipur State Service Authority. *Information booklet on laws relating to women*. Imphal: Manipur State Legal Services Authority, 2016.
- Munrthy MSR. *Primitive tribal women: Health status*. New Delhi: Sarup & Sons, 2003.
- Mukhopadhyay *et al*. *Living under a shadow: Gender and HIV/AIDS in Delhi*, by Social Studies Trust, Delhi, 2001.
- Myers j, Rober. *Social Security and Sex Discrimination*. *Challeng*, 1975:18:354-57. Taylor & Francis Ltd. URL: <http://www.jstor.org/stable/407193>. Accessed: 27-01-2021, Hour: 11:30 A.M.
- Rao BV. *History of Asia*. New Delhi: New Dawn Press, 2000.
- Rao, Anupama. *Sexuality and the Family Form*. *Economic and Political Weekly*, 2005:40(8):717-18. URL: <http://www.jstor.org/stable/4416136>. Accessed: 14-09-2020, 6:30 PM.
- Singh, Aheibam Koireng. *Annexation of Manipur 1949*. New Delhi: Daryagani Publication, 2014.

35. Soman, Uthara. Patriarchy: Theoretical Postulates and Empirical Findings. *Indian Sociological Society, Sociological Bulletin*, 2009; 58(2): 253-273. URL: <http://www.jstor.org/stable/23620688>. Accessed: 14-09-2020, 4:30 PM.
36. Suksang, Duangrudi. Overtaking Patriarchy: Corbett's and Dixie's Vision of Women. *Utopian Studies*, Penn State University Press, *Utopian Studies*, 1993; 4(2): 74-93. URL: <http://www.jstor.org/stable/20719962>. Accessed: 15-09-2020, 3:30 pm.
37. Tandon RK. Status of women in contemporary world. New Delhi: Commonwealth Publishers, 1998.
38. Zehol, Lucy. Women in Naga society. New Delhi: Regency Publication, 1998.