



Exploring Social Exclusion among Women Living With HIV (Human Immunodeficiency Virus) In Manipur, India

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DOI : <https://doi.org/10.5281/zenodo.17114112>

ARTICLE DETAILS

Research Paper

Accepted: 19-08-2025

Published: 10-09-2025

Keywords:

HIV, Social exclusion, Stigma, Women.

ABSTRACT

Social exclusion among Women living with HIV may refer to the discrimination, marginalization and stigmatization they face within their life due to their HIV status. This form of social exclusion is noticeable in various ways, such as in social isolation, loss of social support, rejection of healthcare services, limited economic opportunities, and poor health condition. It becomes a challenge for these women to access essential resources and support for their health and well-being. Addressing social exclusion is crucial in promoting the rights and dignity of women living with HIV and also in ensuring their inclusion in society. Among the HIV infected women from important demographics require specialist peer support because they are particularly vulnerable to stigmatization, violence, and discrimination. Similar cases of gender-based disparities in decision-making, reproductive rights, education, employment, and other social constructions, HIV-related discrimination can negatively impact women's physical and mental health globally. Women living with HIV are more vulnerable and marginalized as a result of these social exclusionary experiences, which have serious detrimental effects on their mental and physical health. This study is an attempt to provide



strategies to address social exclusion, improve healthcare services and their accessibility, and enhance quality of life for women living with HIV

Introduction

Social exclusion refers to isolation and exclusion of an individual from society due to their HIV status. Also, women living with HIV may be excluded from society due to the stigma, marginalization, and discrimination they have been administered to this exclusion are noticeable in various forms, including reduced economic possibilities, social isolation, and loss of social support, lack of family support and refusal of medical care. It exacerbates the difficulties these women have in obtaining their assistance for health and welfare and necessary resources. The promotion of the rights and dignity of women living with HIV, along with ensuring their inclusion in society, heavily depends on addressing social exclusion. The infectious virus known as HIV (Human Immunodeficiency Virus) weakens a person's immune system over time and, if left untreated, can lead to AIDS (acquired immunodeficiency syndrome), a potentially fatal condition. The World Health Organization still considers HIV transmission a worldwide epidemic. There were 38.4 million people living with HIV (PLHIV) worldwide (33.9–43.8 million), and in 2021, the disease is predicted to kill 650000 individuals (510000–860000).

According to estimates of Sankalak Booklet Status of National AIDS & STD Response (Fifth edition, 2023), New Delhi: NACO, Ministry of Health and Family Welfare, Government of India. , there would be around 24.67 lakh people living with HIV (PLHIV) in India in 2022 (20.84-29.52 lakh), with a prevalence of 0.20% (0.17-0.25%) among adults aged 15-49. With an estimated 3.9 crore HIV cases globally and 65 lakh cases in Asia and the Pacific, India has the second-largest HIV epidemic in the world, contributing around 6.3% of all PLHIV worldwide (UNAIDS 2023 Estimates). The global HIV prevalence for adults (0.70%, 0.60–0.80%) is 3.5 times higher than India's national rate.

The repeated use of contaminated injecting equipment and unprotected sex between sex workers and their clients are the main causes of the concentrated outbreaks. The prevalence of HIV is high and continues to rise in a number of the most vulnerable groups. The majority of HIV infections in India happen during unprotected heterosexual sexual contact, according to the country's National AIDS Control Organization (NACO).



There is a lot of stigma associated with HIV and existing discrimination is reinforced and sustained by the false belief that AIDS exclusively affects men who inject drugs, have intercourse with men, or work as sex workers. Due to their frequent marginalization, the most impacted groups have limited or no recourse to legal protection for their fundamental human rights. Therefore, combating AIDS requires addressing the problem of human rights abuses and establishing a supportive atmosphere that raises awareness and promotes behavior change.

Historical background and emergence of HIV/AIDS spread in Manipur

Imphal is the capital of Manipur, a state in northeastern India. It is bordered to the north by Nagaland, to the south by Mizoram, to the east by Burma and to the west by Assam. Almost 3 million people live there, including the Meitei, and other the largest ethnic group. It occupies 22,327 square kilometers (8,621 sq mi). Manipur has been an important hub for commercial and cultural exchanges throughout Asia for more than 2,500 years. But one enduring problem that has plagued the state since the early 1980s is the high rate of drug addiction among its young people. An estimated 40,000 people in Manipur are battling addiction, which presents a serious problem for the area.

Also Manipur's proximity to the 'Golden Triangle' and preambles borders made it a popular conduit for illegal drug trafficking in the late 1970s and early 1980s. As a result, in the early 1980s Manipur was designated as "User State". Locally known as 'No. IV', also injectable pure heroin became widely available in the area (MACS Status Report, 2004-2005: 1). The practice of "self-testing" heroin by traffickers and dealers often resulted in needle sharing with traders in Mandalay, Myanmar. This technique has resulted in the spread of HIV. According to the MACS Status Report, the first HIV-positive case in Manipur was reported in February 1990 among a group of injecting drug users (IDUs) report for 2004-2005.

On October 3, 1996, the State Government established the State AIDS Policy, making it the first state in India to do so. Since its formation and registration in March 1998, the Manipur State AIDS Control Society (MACS) has been in charges of the state's AIDS Control Program. With a 1.4% HIV prevalence rate among pregnant women undergoing ANC, Manipur is one among the six high prevalence states in India (Sentinel Surveillance 2006). Despite making up only 0.2% of India's overall population, Manipur is responsible for around 8% of all HIV-positive cases in the country. A growing number of hilly and interior regions are impacted but have not yet been addressed.



Social exclusion and vulnerability to HIV/AIDS

Broadly, the term social exclusion could be defined as the isolation or exclusion that some people or groups go through in society. While social status, sex, age, or ethnicities are frequently associated to social exclusion, social recognition and legitimacy are directly tied on a larger scale. People who are socially excluded are not given much social value; they may be excluded from political, social, and economic spheres and are unable to take advantage of the same possibilities as others, including access to decent health care. Despite recent improvements, sexually varied groups remain among the most marginalized, ostracized, and discriminated against in the majority of societies around the world. As a result, they are more susceptible to stigma and a variety of social and health issues, including HIV. The idea of social vulnerability are gained prominence, emphasizing the role that structural elements like poverty or opportunity, gender, age, sexual orientation and ethnicity, peer networks and social relationships, whereas the criminalization of specific behaviors have played in fostering the epidemic. The significance of politics, history, and culture are defining the risks to people encounter and influencing their ability to react is emphasized by notions of vulnerability.

Vulnerability in the context of HIV is dependent on at least three categories of interconnected factors:

- i. Participation in sexual networks where HIV prevalence is higher, increasing the chance of pairing with an HIV-positive partner,
- ii. Lower quality and coverage (both overall and among population groups covered) of services and programs,
- iii. Higher-level social/environmental influences, such as laws, public policies, social norms, and culture (e.g., discrimination), which create an environment that is inhospitable to the needs and integration of particular groups.

People who are socially weak and marginalized are more likely to get HIV; this is also the scenario in Manipur. In Manipur prevailing situation young men and women are clearly related to Poverty, migration, and transactional sex. Furthermore, transgender people have suffer face minimal job opportunities in the development of countries, with sex work and "entertainment" being the only feasible options. Increased using of illegal substances and alcohol, which are sources of vulnerability in them, also is linked to social marginalization.



In the across the world, sexual varied populations are highly social excluded. This situation is still problematic in the majority of the world, whereas this system despite some countries has to make progress and an independent declaration signed in 2006 like Yogyakarta, Indonesia etc. The human rights experts and scholars, have clearly articulating sexual rights (in relation to sexual orientation and gender identity) and human ethos. Social stigma and discrimination is impossible to comprehend the social exclusion and increased susceptibility to HIV affected men who have sex with men, transgender, or women. HIV-related life stigma is a complicated history that stems from which is a part in perpetuating larger oppressive and dominating tendencies, which are a reflection of broader societal conflicts for privilege and power. Inequalities of gender (by placing the blame on women in the epidemic), ethnicity and race (by associating AIDS with Africa and the propensity to place blame on other nations and communities), age (by having older people blame young people), and sexuality (by emphasizing minority and "illicit" forms of sexuality as the causes of the epidemic) are all significantly exacerbated by HIV-related stigma.

The definition of social exclusion according to Estivill as quoted in Khosla (2009) “... *an accumulation of confluent processes with successive ruptures arising from the heart of the economy, politics and society, which gradually distance and place persons, groups, communities and territories in a position of inferiority in relation to centers of power, resources and prevailing values*” on the other hand according to Kabeer reflects upon social exclusion as “... *the multiple and overlapping nature of the disadvantages experienced by certain groups and categories of the population*”. Thus, social exclusion unites these groups by common social identity, such as caste, religion, nationality, or certain shared traits that are socially devalued. Further, people belonging to these groups might not even be acquainted; as such female sex workers are one example.

Further, a new study of Thai nurses' attitudes towards AIDS patients who had used illegal drug highlights the links between these categories. And "something often characterized in terms of one group ensuring privilege over another through social processes that separate and distinguishes between those groups that are fit to contribute and share community resources and those that are not", this is how they define social exclusion. According to Khosla (2009) stigma is the symbolic labeling of people or groups as sufficiently different from a societal standard to justify their exclusion from social investment and community membership. Stigma may not always follow social exclusion.

Strategies to combat to the Social Exclusion



1. Education and Awareness: Discrimination as symptoms of stigma in Manipur women living with HIV can be lessened to the Meitei community by way of educating and increasing awareness. Through counseling, to the self-help groups, workshops, institutions, and community outreach initiatives, will achieve the goal of combating social exclusion.
2. Support Groups: Establishing support groups especially Meitei HIV infected women can give a secure setting to talk about their sad experiences, emotional support, and information and resources. People living with HIV (PLHIV) should be encouraged to work for non-governmental organizations and should be given seats in both the government and private sectors based on their qualifications and skill set.
3. Legislative Protections: The Manipur State Government have to initiated a legislation (law& rules) for protection of HIV/AIDS infected women from discriminations and Social stigma and State government have to regulate and action taken regarding systems.
4. Healthcare Access: Women living with HIV can benefit from improved general health and well-being if they have access to high-quality healthcare services, including HIV treatment and support services such as antiretroviral therapy, HIV testing, mental health services, nutrition, dietary counselling, etc., in rural and urban areas.
5. Empowerment Programs: Women living with HIV can overcome discrimination and social isolation by implementing empowerment programs that emphasize enhancing their abilities, confidence, and sense of self.
6. Community Engagement: Women living with HIV/AIDS fight against stigma and discrimination for involve the Meitei community by conversations or events acceptance of confines women living with HIV.
7. Media Campaigns: Changing attitudes and fostering social inclusion can be achieved by using media campaigns to dispel myths and stereotypes regarding Meitei women living with HIV and to increase public understanding of HIV/AIDS, such as street plays, tally plays, interschool quiz competitions, and collaboration with local organizations, etc.
8. Spouse or Partner: Every spouse or partner should maintain the WHO guideline for HIV/AIDS support the community and pupils and learning about the partner's HIV status as a beneficial.

Conclusions



It is evident that 'Women living with HIV' faces stigma in social interactions. HIV-related stigma is fundamental to the experience of those who are HIV-positive. Interventions to lessen, the negative consequences of HIV are acceptable because even individuals who are not infected with the virus are affected by social stigma due to unawareness of causes of HIV infection and routes of transmission. The investigations of social exclusion among women who are living with HIV/AIDS in Manipur, India, shed light on the major obstacles and encounter of stigmatized and effects on their mental health on a daily basis. According to the available data, these women suffer a number of social exclusionary factors, stigma, including prejudice, and limited access to support and medical care.

From the data that have been analyzed so far, strategy or approach is needed to relieve the social exclusion among women in Manipur who are living with HIV and stigma and granting access to support services for healthcare. By addressing, these problems we may attempt to establish a more warm welcoming support from every corner, like family support, community support and an encouraging atmosphere for Manipuri Meitei women who are HIV positive.

Now developing a supportive, caring and inclusive atmosphere that can give respect to HIV-positive women's rights and also dignity, it is essential to encourage them to engage and contribute positively to society which some constructive approaches to encourage their participation. Some of the approaches are discussed below:

1. Provide comprehensive healthcare services: To Ensuring that HIV-infected women have access to high-quality care, separate emergency rooms and supportive teams, including antiretroviral therapy, food supplements and mental health assistance, in order to properly manage their illness and their well-being.
2. Provide education and skills training: To empower HIV-infected women by offering chances for learning education or a variety of skill training which is according to their age and skills that will enable them to find work and become self-sufficient in their future life.
3. Provide a separate green card: To ensure that HIV-infected women have access to any scheme or any project which is provided by state government and central government.
4. Adopt a supportive community: To establish secure and friendly environment for HIV-positive women who may share their experiences, receive emotional and moral support, and make healthy connections with others facing similar challenges.



5. Advocate for HIV-infected women's rights: To advocacy their rights to mass community and among infected women which to guarantee that HIV-infected women are treated with dignity and respect; they should be given access to healthcare, education, and financial assistance; property and job opportunities; or given reservation seats.
6. Recognize and celebrate HIV-infected women's contributions to society as much as possible, their courage in the face of adversity and also emphasize their tenacity. And I believe we can build a more inclusive and supportive society that encourages HIV-positive women to engage and contribute positively.

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