**“Living with HIV/AIDS: A Case Study of HIV/AIDS affected Trans-women population (*Nupi Manbi*) of Manipur”**

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**Abstract: This paper makes an attempt at analysing the various responses of the HIV/AIDS affected trans-women population called *Nupi Manbis* on the discovery of the HIV positive status which is a highly stigmatised identity. Using Max Weber’s *ideal type* as the tool to assess the various responses of the *Nupi Manbi* respondents to the news of HIV positive status and the situation of living with HIV/AIDS, the same have been categorised into various groups for a systematic understanding of the various responses. The emerging *typified* responses will enable us to understand the different types of responses on finding out that one is going to live with *another* stigmatised identity, in a context when the said individual is already in a stigmatised position prior to the knowledge of being HIV/AIDS positive. It is found that AIDS death is stigmatizing for the affected population since it is also associated with ‘untimely death’, an event which everyone tries to avoid as far as possible.**

**Key terms: Stigmatised identity; Ideal Type; Trans-women; Lived-experience; HIV/A**

**Introduction:**

Mortality is very much an integral part of human life-in fact, mortality is the reality paramount from which nobody can escape- except in fantasy, myths or fictions. Even though we are aware of this reality, we are not always *intensely* aware of it to such an extent that the other aspects of living experience become dim and less meaningful. In fact, it is the other way around. Except on the event of certain disruptive happenings in one’s lifespan, the reality of mortality stays at the background while the other aspects of living business occupy the forefront. The diagnosis of HIV can be taken as one of those disruptive events which may result in the ‘acute awareness’ of being ‘mortal’.

*The diagnosis of HIV is just one of the many instances which may cause the acute awareness of finitude. Against other such instances, it stands out due to a combination of two factors: the intensity of the shock caused by diagnosis and the relatively long time of survival enjoyed by many after that event. When emerging in the 1980’s, this pandemic became the symbol of death in western industrial countries. As a result, the diagnosis of HIV has typically disrupted the biographies and social relations of the affected profoundly*.[[3]](#footnote-4)

As soon as ART enters in the picture, AIDS became equivalent to chronic diseases like diabetes, etc. in some senses. The availability of treatment leaves the affected population with lots of time post diagnosis to live and reflect on their lives. The experience of the HIV diagnosed individuals’ ‘post- diagnosis’ has been significantly assessed by comparing it to the ‘pre- diagnosis’ experience of the same in Sebastian’s work on AIDS and self identity perception of the HIV positive individuals in the Western society of the contemporary times (Sebastian Rinken, 2005). This paper furthers the question of mortality awareness among a population who are diagnosed HIV positive *and* who are also in a stigmatised group *before* the shocking news of HIV diagnosis. While Rinken’s work focuses on the population of Western contemporary society, this paper looks at various dimensions of the lived experience of HIV positive *nupi manbis* who have already gone through one stage of ‘diagnosis of the self’ before the diagnosis of HIV. Under such circumstances, the application of Rinken’s ‘diagnosis of the self’ as a measuring tool for understanding the post diagnosis experiences of the HIV positive *nupi manbis* looks suitable for (at least) two reasons: 1. *Nupi manbis’* taken for granted world has been destroyed by the news of HIV diagnosis (hence reconstruction of the self post diagnosis became inevitable); & 2. Ultimately *nupi manbis* like any human being or living being on the earth face the similar fate of being mortal. Hence, self diagnosis is also one of the impacts of being diagnosed HIV positive among the *nupi manbis*. The only difference being the fact that the news of diagnosis is *not the first* ‘shocking’ news for the *nupi manbis*. They have already gone through a stage of ‘shock’ when they started being aware of their ‘different sexuality’. The purpose of this paper is to find out the possible outcomes of applying this self diagnosis theory to an already stigmatised group of population who are found HIV positive.

**Methodology & the field:**

The data collected here were from a valley based Transgender Self Help Group/NGO- Maruploi[[4]](#footnote-5) Foundation in Bishenpur District during 2016-17. However, informations from other related sources, like AMANMA[[5]](#footnote-6), etc. were also used to supplement the collected data. From around a 3000 Nupi Manbis in Manipur (according to AMANMA), 300 had been randomly selected for questionnaire based interviews through snowballing method. However, Maruploi Foundation remained the main organisation through which the informants were contacted and data collected (although not all the informants were registered members of the organisation). The study found 7% belonging to the 15-20 age group; 14% within 20-25 years; 23% between 26-30 years; 19.33% within the age group of 31-35; 8% in the age group of 36-40; 12% within the age group of 41-45; 8% in the 46-50 years of age; and the age group of 51-60 and above shows a percentage of 8.6. The highest concentration of *nupi manbi* population is found within the age group of 26-30 years and the lowest within the age group of 15-20 years. The social categories of the respondents indicated as 57.33% for OBC or Other Backward Classes; SC or Scheduled Castes 24%; ST or Scheduled Tribes 0%; & General 18%. The ‘absence’ of *nupi manbis* among ST category is significant since the use of the Meiteilon term *nupi manbi* restricts its location, and the reality would have been different if some other terms (like homo, for instance) and some other NGOs (hill based NGO) were used/contacted for collecting the data. This limits the study to Meitei based NGO of *nupi manbis* in Manipur.

Of the 300 respondents, 12% were HIV positive; 52.66% were HIV negative; 11.33% had AIDS confirmed; and 23.66% said they had never tested for HIV. The 71 respondents (37 HIV positive & 34 AIDS Confirmed) who constitute 23.33% of the informants were the ones on whom in-depth case analysis were conducted.

For the first time in India, the population count of the third gender started in the Census of 2011. The entry was made under the generic category of ‘others’ or ‘third gender’ which was again clubbed within the category of ‘males’ at the time of release of the census primary data. The sub-category was then separated from ‘males’ category for the purposes related to education.[[6]](#footnote-7) The 2011 Census reported an approximate 4.88 lakhs trans-gender population in India. On the other hand, NACO records 2.35 million MSM and Trans-gender population at risk of HIV infection in India.[[7]](#footnote-8) In case of Manipur, 1,343 trans-gender population was reported in the Census of 2011, of which 177 belong to the age group of 0-6 years; SC & ST constituted 40 & 378 in number respectively; and the literacy rate among the trans-gender was found to be 67.50%.[[8]](#footnote-9) Since the data from the Census hardly give any clear picture of the trans-women population in the state (late alone all trans-gender population), the field based NGOs were used extensively for reference about the approximate number of trans-gender population in the state. Multiple field sites were adopted for understanding the various levels of lived- experience of living with HIV/AIDS among the trans-women population.[[9]](#footnote-10)

Weber’s *verstehen* [[10]](#footnote-11) or interpretative understanding is used to grasp the various meanings that respondents attached to being *nupi manbi* in the first place, and then being HIV/AIDS affected population in the second place. Weber’s *ideal type* is again used here to typify the various responses, from which a pattern emerges out of the narratives of the respondents.[[11]](#footnote-12)

**The findings: (a) Patterns of responses to the ‘first shock’**

One of the informants, Tonny[[12]](#footnote-13) started realising what it means to be a *nupi* *manbi*. What was appeared to be so *normal* to behave like any of his sisters later becomes a source of trouble and confusion for him in his growing years. He was teased for liking things which usually belong to the world of females. He was also made fun by others for liking the company of girls more than his own peer gender group.

*What was wrong if I like to wear the dresses of my sisters, talk like them, walk and laugh like them? I really enjoyed putting chandan on the face during religious occasions and wear my hair long and well cared....why all that become a problem for others? I was confused, but I could not change just because others were laughing at me...acting or behaving like a girl was and still is just a normal part of me and I have not learned anything else which give many of my family a lot of worries and a look of shame on their face because of me. But the reason for that feeling I could never find out...all the same I carried on being what I am...*

Tonny did an M.A in Manipuri and later got the job of a teacher in one of the reputed government schools in Imphal.

*A soon as I got the job, my parents started looking for a ‘girl’ to whom I could get married. I had many girls introduced as future possible partners. I was not very interested. However, growing up like a girl was not so abnormal as staying unmarried. I wanted to escape from all those pressures to get married. I never felt anything for anyone. But to satisfy the wishes of my parents and family members, I agreed to get married. Now I am married with one son and one daughter. I am happy with my marriage life. But desire to dress like a girl has long been buried since then....then after sometime, I could not hide the kind desire I have for those men who look very ‘manly’...In fact, I started forming very close friendship circle with other nupi manbis and all my buried desires began surfacing...to organise parties, roaming with male friends, enjoying the freedom of choosing partners although none of those were permanent...those male friends did not take us seriously and we were neither very serious about those adventures in parties and picnics. All these started only after marriage. My wife does not know about it.*

Informants’ responses to the realisation that *they are different from the rest* could be analysed into the following patterns:

1. Indifference
2. Flaunting by holding on to their difference with an attitude of defiance
3. Adjusting to the ‘norm’

Tonny kind of represents somebody with a ‘double personality’- one side adjusting to the ‘norm’ (by getting married) and the other, retaining his differentness (by joining others like him in their adventures secretly).

Victor[[13]](#footnote-14) belongs to the ‘indifferent category’ since he does not give any attention to what others talk about him at his back or at his face. Victor does not flaunt his differentness either. He just dresses like any other boy and yet, most of his behaviours and way of talking resemble girls. He stays with his elder brother’s family and is never married. When asks about his sexual preference, he just laughed away...

*I never had any attraction for males....I am a man!*

Although his desire to have a normal family life was never fulfilled, he does not try to change his behaviour either...

*I know that I am a man, but I also feel more comfortable behaving like the way I do now...I do not have any problem with it...if others find it difficult to accept then it is their problem and not mine!*

Such kind of personalities are also understood as ‘homos’ in general perception and the ‘officials’ dealing with HIV/AIDS policies and programmes will also ‘categorise’ them into the group of ‘MSM’, men having sex with men. In reality, MSM is a category without a visible mark of apparent behavioural expressions in all cases. But here, we are not dealing with the issue of whether a *nupi* *manbi* is also an MSM or not. Only in general perception that we assume such sexual preference, but in reality, sexual preferences of *nupi* *manbis* might quite be different from such general presumptions. What is the point of focus here is the kind of responses that people whom we have categorised as *nupi* *manbis* show towards the realisation of their ‘differentness’ as expressed in the mismatch between their sexuality and accompanying behavioural performances in the perception of the society at large.

The case of Tara[[14]](#footnote-15), a beautiful *nupi* *manbi* running a popular ladies’ parlour in Singjamei area of Imphal East District is an example of the second category of responses mentioned above. Tara puts heavy make-ups all the time. One will always find him wearing the latest fashionable dresses and high pencil shoes. The way he walks and talks is like any beautiful actress of films and albums. The softness with which he deals with customers is the talk of the area. How he speaks is well orchestrated and those coming to the parlour are seen ‘impressed’ with his behaviour rather than ‘making fun’ of his differentness. Tara loves flaunting his differentness...

*..I think I have more boys running after me for attention than any of you girls (*laughed aloud)....

Tara never tries to hide his preferences nor does he try to accept his differentness normally. He gives all of his attention in flaunting his differentness and ‘performing’ like a beautiful heroin (of the films) whom everybody admires.

Mobi[[15]](#footnote-16) is also a *nupi* *manbi* in every aspect and he also used to mingle with others of his kind. He had some ‘boyfriends’ till he was 26 years old...

*But as soon as I reach the age to marry, my family started very strict about my company. Now I reduced the number of nupi manbi friends and instead, I started taking seriously to the advice of my parents and sisters to ‘settle down’ with a girl. I really wish now to have a ‘normal’ family so that I am not disowned by family and the society at large for being different...*

But the discovery of the HIV positive status in one of the routine blood tests sort of destroyed his dream to be ‘normal’. He has not disclosed it to anybody at the time of the interview.

*I have to tell it to my family someday-or they will come to know about it someday...how long can I hide it? I do not know what will happen then...this fear of disclosure is making feel like taking solace in the company of my friends who use drugs and alcohols...I do not know what exactly should I do now...*

**(b) Patterns of responses to ‘The second shock’**

When I asked Pramod, what could be the way of transmission for his HIV status, he gave me an ironic smile and goes on...

...*if your intention is to ask a nupi manbi how he got the virus, that would be like making fun of him...forget about asking such questions! What other way can there be for us to get the virus-except sexually?!*

*“But it is also possible that one gets the infection from other sources- like injection of drug, for instance? Or multiple of sources- like drugs, sexual, or other sources like parents to child transmission or blood transfusion or infection from a contaminated syringe in a hospital by mistake...”* I enquired, by giving him all the possible sources of getting the virus.

*“It is not possible at all!”*

*“But, why not?”*

*“See, being sexually adventurous is very much part of our identity. We roam around looking for ‘men’ who could be our ‘friends’ in places where they could be found easily- and such places are the vendors where they come for drinking, paan dukan where paans are served, picnic spots, and friends’ parties....some times, we do sell sex, but most of the time, just having a male friend is enough to confirm our sense of being like a desirable girl. It is something to be envied by other nupi manbis whom we know. Sometimes, many of our boyfriends take advantage of our need for them as part of our very existence...and as a result most of the time we have to bribe them with what they need to ‘coerce’ them to stay. They lost interest in us very fast...relationships are indeed very short...*

What Pramod[[16]](#footnote-17) said was indeed a very important part of problem of relationship as far as *nupi* *manbis* and their boyfriends are concerned. Lack of responsibility and sexual sanction by the society at large gave such relationships a very short span. As soon as the ‘fun’ is over, the relationship dissolves and there is no binding on either side of the party. In fact, family members and the society at large are completely against a ‘committed’ relationship between a *nupi* *manbi* and his boyfriend. The recent incident of the ‘first gay marriage’ reported in Manipur could be taken as an instance to reflect this sentiment. For the *nupi* *manbi*, it was just like a ‘normal relationship’ since he already feels and acts like a ‘girl (and his boyfriend also accepts it). The community tolerate that as long as it remains ‘private’ but when it becomes loudly pronounced by attempting to give the relationship legal sanction, the family and the larger society started opposing. Legal sanction and social sanction are two different things at this juncture.

Responses to the news that one is HIV positive can be divided into the following response-patterns: Indifference or shock; Avoidance of everything that is related to HIV/AIDS; Hiding; Acceptance; Disclosure; & Adjustment.

Tonny’s account

*Everything went well till I was tested HIV positive in one of the blood donation camp organised in our locality. I remember it was in July, 2004....I could not disclose the news to anyone for one whole month. But I started worrying about what will happen if I stayed silent. I went to an NGO and told one of the staffs there all my stories. I never realised that all those adventures with my male friends would be so dangerous. I did not tell my wife or children about it. Now I started taking ART from December, 2004 onwards. I do not know from whom did I got the virus...I have stopped sleeping with my wife afterwards. I think she has some doubts, but I tried to convince her that due to the continuous bouts of ill-healths, I have lost any sexual desire...I seek from private doctors, government hospital staffs and also from NGOs in our area. But I have not enrolled myself to any Self Help Group for fear of being disclosed my identity of a different sexuality to the larger society...and specially to my wife and children...*

When it was disclosed to someone whom the person in question trusts most, reaction of the concerned varies from silence, indifference, shock, immediate rejection to complete support.

Tonny’s friend was completely shocked to learn that his friend was tested positive and that he was telling him that after three months:

*My friend was not happy because of the fact that I hide it from him for three complete months! He stopped contacting me immediately afterwards. I felt very guilty. But life has to go on. I cannot just blame him or anybody else for the situation where I am at present.*

The discovery of this fact has changed Tonny’s life a lot. He had initially contemplated leaving home, his locality, all his friends, everybody who are close to him because he felt that the news of his HIV/AIDS status might make them ashamed of his company.

*I went to Kolkata for two weeks and stayed in hotel all alone- thinking about life, what the future holds for me, how my family and friends will react, and all that stuff. I drank and drank till consciousness is lost...*

It was his younger brother whom his parents sent to trace his whereabouts in Kolkata. He was grateful that they cared. He went back home and they did not talk about anything. Only when he came back did he told his brother all the story about his HIV status, that he wants to live and that he is ready to do everything to stay alive. His brother was quite for some time and went away without a comment. The parents also act normal as if nothing had happened. All that had made Tonny felt all the more guilty. He promised himself to reform all his bad habits and most of the time he stayed inside his home. Not all *nupi* *manbis* who are found to be HIV positive are so lucky as Tonny in getting family support.

Boby[[17]](#footnote-18) told he was HIV positive to his elder sister first. The sister cried with shock and scolded him for all the ‘bad’ companies he keeps. She told the parents and the parents stopped talking to him from then onwards. A lonely Boby started staying with one of his *nupi* *manbi* friends in Khurai who was not known about his HIV/AIDS status. Boby used to go to Hospital alone to seek medical help. He hardly goes to NGOs since he was afraid of anybody else coming to be aware of his condition. He has stopped contacting anyone from home for the past four years. It was during one of the counselling sessions in a hospital that he came to know about Maruploi Foundation and since then, he is a regular member of the group.

*Being a part of the group has made me alive once more. Seeing them who are also nupi manbi and HIV positive gave me the hope to stay alive. I cried and laughed with them. Such sharing has given me new strength. Now I regularly take part in meetings, counsel lings, awareness campaigns, and contribute my share of work and time for the support of my peer groups.*

Tonny has also started earning some amount of money by working as a ‘link worker’. He has stopped spending money on make- up and dresses as he used to do before. He also learned to do threading, cut hair, and do make up for brides. That also has served him as a good source of income for his survival.

*Since I have got friends here, it is now fun to work and stay with them. Although I miss home, I am more comfortable here. The only thing I worry about when I am all alone is what will happen when I grow old...*

52 years old Bishnu[[18]](#footnote-19) has already decided to adopt his nephew Tom after the death of his brother-in-law in an accident. His sister also came back and stayed with him. Bishnu and his sister make *agarbatti* at home, and knit woollen scarfs and sweaters in the winters. The sister goes to the market to sell these things. Bishnu occasionally interacts with the group’s members. But most of the time, he stays indoor occupying most of his time with household chores.

*At the time of illness, my sister always looks after me. So I do not have any problem in that. I take the responsibility to teach my nephew at home so that my sister does not spend anything extra for his tuition. Besides I do some small savings for his future needs. He is my hope now.*

For *nupi* *manbis* like Johny[[19]](#footnote-20) however, there was no such hope. He left a *shumang* *leela* troupe where he used to do cameos after it was learned that he started suffering from frequents bouts of illnesses. He did not check for HIV/AIDS although he did have some suspicion about it.

*But when I was in RIMS for a skin problem, I was asked to test for HIV and after a counselling session, I was told that my blood was tested HIV positive. I did not know how to react. When I returned home, I told everything to my mother. She cried a lot. I thought of committing suicide. What will happen to my family if I do that? I decided to carry on and do whatever that is necessary to live well, happy and be useful to my mother about which I had never given a thought before. HIV has indeed changed my life. Many things I have taken for granted now become very important to me. Life itself has become meaningful now. Now that I am aware of a possible death very soon, I have started to value my life all the more. After all, everybody has to die someday! I am not the only one! Before, living the life of a nupi manbi was full of disgusting moments. Now I am aware that I am more than just a nupi manbi. I am also a mortal human being like anybody else...*

This comment reflects the ‘positive’ kind of impact that HIV diagnosis has resulted for some *nupi* *manbis*. In fact, Johny has stopped flaunting his *nupi* *manbi* appearance by giving up heavy make-up or dressing up which somehow is a reflection of his changing perceptions of what he is or he should be.

**Disclosure**

The news of HIV diagnosis has to be communicated to selected members of the everyday social environment sooner or later. Most of this everyday social environment crowd consists of people with a supposedly HIV sero negative status. Rinken distinguished between three types of reactions to such a disclosure- stigmatizing, inadequate and helpful reactions. Most of the literatures of HIV/AIDS talk about rejection on moral grounds, but the author talks about the stigma of mortality.

*…People with HIV risk are being avoided because they represent the problem of finitude to a social world from which that problem has to be excluded in a historically unprecedented manner.[[20]](#footnote-21)*

However, it is not moral stigma which is of concern to the audience before whom the news of HIV positive is announced; rather it is the fear of ‘pre-mature’ or ‘unnatural death’ which results in *social death* of the person who is declared positive.

**Types of disclosure:**

When it comes to disclosure of a chronic illness, two types of disclosure had been found by Kathy Charmaz[[21]](#footnote-22) - spontaneous and protective disclosing. Immediately after getting a ‘shocking news’, some people indulge in spontaneous disclosing which “includes full expression of raw feelings, open exposure of self, and minimal or no control over how, when, where, what and when to tell”[[22]](#footnote-23). On the other hand,

*...strategic announcements of illness, in contrast, entail a high degree of organization and control regarding the timing, content, and addressee of the communication. The protective dimension extends to the individual’s self.*[[23]](#footnote-24)

Similar types of immediate disclosure and postponed disclosure were found among the respondents in Rinken’s study. Here in this study also, the HIV positive *nupi* *manbis* disclosed immediately to someone whom they regard as very close –broke down or express the raw feelings without any considerations of the consequences of disclosure, and later on, they took time to disclose to others (who are significant for them and who are assumed to be HIV negative) the news of HIV diagnosis.

**Types of reactions to disclosure:**

Three types of reactions had been identified by Rinken, as – stigmatizing, inadequate, and helpful reactions.

In this study, what Rinken calls patterns of reactions to HIV status disclosure are also found in a mixed form among the respondents of HIV positive *nupi manbis*. Another pattern of reaction in the form of empathizing care towards the victim at the news of HIV status is also found among the respondents’ experience in this study. Hence, together with the three patterns that Rinken talked about, i.e. stigmatizing, inadequate, and helpful, there are also two other possible reactions that this study among the *nupi manbis* have found, i.e. empathizing with caring attitude and a mixed response which involves all the other forms of reactions at different moments of interactions with the victim and his social environment. For instance, the case of Victor...

When Victor(name changed) discloses his HIV positive status to his elder sister, she immediately cried aloud, then scolded him that he himself is responsible for that condition and he deserves to die with HIV/AIDS for all the immoral behaviours that he indulges in (stigmatizing and dramatic). Then next moment, she became quite concern about his condition, enquired about what the doctor told him about it, and from that day onwards, she took particular cares for his eating habits and became soften than usual towards him (caring). Sometimes, she behaves as if nothing has happen to him (indifference). On other moments, she keeps on reminding him that there are worst diseases than HIV and that she has heard of Health experts who talk about HIV/AIDS as something like diabetes nowadays, “And who knows a drug might be invented in the near future for curing it?!! So many diseases have become curable because of advances in science and medicine....”

In fact, it is the care and concern that his sister shows towards him that he is still full of hope about his future.

“The only problem we have now is money...if I die young it will not be from HIV/AIDS, but from poverty...”

42 years old Mani[[24]](#footnote-25) also disclosed the news of his HIV status to his partner first of all. He decided to conceal it from other members of his family. They are all indifferent towards his different sexuality and he does not know how they will react to his HIV positive status either. The distance that he has with his family members including his parents let him became very close to his partners. When he told his friend about the test and the result of it in May, 2009, there was sympathetic understanding from the other side.

*I don’t know from whom I have contacting the virus... I had some very wild boyfriends....some of them have died and some still living with HIV/AIDS. My present partner has not tested for the virus. But coolly, he went for the test and it was found that he was not positive. He became quite sympathetic towards me. Although we have stopped any closeness, he became very caring about my health and always keeps in touch to enquire about how I am doing. Financially too, he is always at the front when I need money. But since I am not sure about how my family will react, I have not told the news to them till this date.....I am scared what will happen if they come to know about it someday...*

Indeed disclosing the news of HIV/AIDS involves risks. The different types of risk involved in such an act of disclosure are-

1. Complete rejection
2. Disclosing other aspects of one’s sexual life and other undesired facets which he does not want to disclose at any cost
3. Further stigmatizations
4. Social death
5. Losing his close friends and family support

In order to avoid taking such risks, many of the respondents postpone their disclosure to the significant others of their immediate social environment. But when it comes to the need of medical treatment, concealment of the positive status became impossible. So for necessity reasons only, that it is disclosed. The economy of concealment/disclosure and the impact that it has on the lives and policies of the Government are issues that we consider on very few occasions in HIV/AIDS research. But if we look at these facets of the HIV/AIDS reality, we will find that the time-gap between diagnosis and disclosure has its direct impact on the time of seeking medical intervention and the further spread of the infection from one person to the other.

The kind of stigmatization an HIV positive *nupi* *manbi* experiences is not just from others in his immediate social environment but also from himself arising from the thought that he now represents a symbol of unnatural death resulting from diseases that society has already branded as stigmatizing. Stigma resulting from a lack in moral behaviour is associated with HIV/AIDS whatever the cause of transmission of virus from one person to the other.

All the informants experience some form of differential treatment from others in his surroundings. These others may be one’s close friend, relative or any other individual who has the knowledge of his positive status. Sometimes, even at the time of interaction with others who do not have the knowledge of his HIV status, many of the informants express a hidden fear that the person in front of him might have been suspicious of his status.

The informants have already learnt during their socialisation how people with deathly diseases are treated by the society and now that they are diagnosed with similar condition, they could ‘feel’ how others might be looking at them now. It is a different thing that such assumptions can be proven wrong at some occasions, as for instance, in certain places like the peer group organisations and Governmental clinics, such stigmatising attitudes are kept under control as much as possible. Such places are the areas where the HIV positive *nupi manbis* often go for seeking help whenever they feel the need of it.

**Conclusion:**

This paper looks at the meaning/meanings that an HIV positive/AIDS affected *nupi* *manbi* attaches to the situation/situations in which he/she is located. Using the phenomenological perspective of understanding and interpreting lived- experience; it is aimed here to uncover the underlying situation behind a *nupi manbi*’s life history. Our experiences of day to day living are perceived in various ways which are again expressed in different ranges of experiences- like imagination, desire, cognition, thought, memory, emotion, action, etc. The first person narratives can be taken as an important dimension of expression of our day to day experience of living and feeling. The conscious experiences are also tried to give a meaning by our subjective personality and this narration of meanings of experiences is what this particular paper emphasises as a valid source of understanding the lived experience of *nupi manbi* with HIV/AIDS. By using the firsthand narrative accounts of the HIV positive *nupi manbi* informants, it is tried to trace the various stages of the informants’ life history in which they experience what it is like to be ‘different’ from the rest of the perceived ‘normal’ populations of the society. What difference again does being diagnosed HIV positive make in the life of the informants also comes out expressed as one of the stages of this life history. Although mortality is very much a part of all living beings, humans have a primordial fear for deaths which happen before a ripe old age or which results from accidents, diseases or any other causes which are regarded as ‘unnatural’. In fact, societies everywhere have some special rituals for such deaths resulting from unnatural causes or accidents or any other deaths before one reaches an old age. Manipur society is no exception either. Hence, self- stigmatization or social death after finding oneself infected with HIV/AIDS is not something unusual. For others who are not HIV positive, but who avoids HIV/AIDS patients, the same fear for unnatural death and hence avoidance of people who remind them of this possibility can be the reason behind such attitude. Hence, the kind of stigmatizing experience any category of population with HIV/AIDS has is something associated with fear of death- the kind of person one is or the way of getting the virus/route of transmission of the virus has nothing to do with such kind of stigma experience. Perhaps that is the reason people who ‘innocently’ get the infection or who gets it by accidental injection with contaminated syringe in the hospitals or contaminated blood from blood banks, etc. all of them ultimately face the treatment of stigma in their day to day mingling with HIV negative others. Again, as was evident from the personal accounts of the respondents, the fear was not just of any death, but that form of death which society branded as ‘stigmatising’ or ‘unnatural’.

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3. Rinken (2005:*Introduction*-pp.x-xi) [↑](#footnote-ref-4)
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10. Application of Weber’s *verstehen* has been both appreciated as well as criticised by many in the academic circle. For a debate on this, see Thomas Burger. “Max Weber, Interpretative Sociology, and The Sense of Historical Science: A Positivistic Conception of *Verstehen*”, in *The Sociological Quarterly.* Vol.18, No.2 (Spring, 1997), pp.165-175. [↑](#footnote-ref-11)
11. For a debate on use of ideal type in sociological research, see Richard Swedberg,(2007). “How to use Max Weber’s ideal type in Sociological Analysis”, Research article downloaded from <http://journals.sagepub.com> on 1/12/2018; Uta Gerhardt. “The use of Weberian Ideal Type Methodology in Qualitative Data Interpretation: An Outline for ideal type Analysis”, in *Bulletin of Sociological Methodology.* No. 45 (Dec.1994), pp.74-126, etc. [↑](#footnote-ref-12)
12. Name changed. [↑](#footnote-ref-13)
13. Name changed. [↑](#footnote-ref-14)
14. Name changed. [↑](#footnote-ref-15)
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17. Name changed. [↑](#footnote-ref-18)
18. Name changed. [↑](#footnote-ref-19)
19. Name changed. [↑](#footnote-ref-20)
20. Rinken (2000:161) [↑](#footnote-ref-21)
21. Charmaz(1991); Rinken(2002) [↑](#footnote-ref-22)
22. Charmaz (1991:119) [↑](#footnote-ref-23)
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