

Social Security of the Victim Widows: With Special Reference to Manipur

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Abstract: *The present paper deals with the women's means of livelihood, command over property, etc. Economic security is composed of basic social security, defined by access to basic needs infrastructure pertaining to health, education, dwelling, information, and social protection, as well as work related security. The delineates seven component of work - related security. While all seven dimensions are important, two are essential for basic security: income security and voice representation security. Basic security means limiting the impact of uncertainties and risks people face daily while providing a social environment in which people can belong to a range of communities, have a fair opportunity to pursue a chosen occupation and develop their capacities via what the International Labour Organization (ILO) calls decent work. Income security denotes adequate actual, perceived and expected income, either earned or in the form of social security and other benefits. Furthermore, it has a cognitive side, as it also features expectations that opportunities are or will become adequate. Policies aimed at enhancing this form of security have included full-employment oriented macro-economic policies, the creation of employment agencies, and other placing services. Employment security is protection against loss of income - earning work. Whereas employment security refers to the opportunity of a worker to continue working in an enterprise, job security refers to the worker's ability to pursue a line of work in conjunction with his or her interests, training and skills. Protection mechanisms have consisted of barriers to skill dilution such as craft boundaries, job qualifications, restrictive practices, craft unions, etc. In order to understand the property rights of widows, a critical dimension of their economic security and empowerment, one must distinguish between modern law, customary law, and actual practice. But we know less about actual practice than about modern or customary laws.*

Keywords: Social security, property rights, HIV/AIDS, Victim widows etc

1. Objectives of the Study

The study has attempted to achieve the following objectives:

- 1) To analyze socio-economic conditions of the widow-victims of conflict and HIV/AIDS
- 2) To know about widows' social-economic security patterns in the matters of home and shelter, livelihood, nutrition and health and children's education

2. Data and Methodology

i) Sources of Data

The study is based on primary data collected from HIV/AIDS and conflict victim-widows. Oral responses, reflecting experiences of the widows, have been collected to understand their reinforced subordination.

ii) Universe and Units of the Study

All the HIV/AIDS- and conflict-victim widows in Manipur, in the age group of 18-45, constituted the universe of the study and each widow was the unit of the study for data collection. However, considering the vastness of the state and the huge numbers of the widows, a sample of respondents was taken for the study.

iii) Selection of the Respondents

The study was based on the data collected from the widow-victims of conflict and HIV/AIDS, in the Imphal West district of Manipur. A total of 78 and 222 respondents from the two groups of conflict and HIV/AIDS widows respectively were selected by using accidental method, making altogether 300 widows in the age range of 18-45 years.

3. Introduction

Article 25 of the Universal Declaration of Human Rights, 1948, adopted by the United Nations speaks of everyone's right to a standard of living adequate for the health of oneself and his/her family, including food, clothing, housing and medical care and necessary social services, and the right of security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control. Social security is thus a provision of protection for individuals and households, ensuring a standard of living especially in cases of old age, unemployment, sickness, invalidity, work injury, in circumstances beyond his control. Social security reduces poverty and inequality in society; enhances human capital and productivity and, thereby, supports inclusive growth. It also influences domestic demand and growth of economy (Buchwalter King 1982). Rawlins (1989) using the census data of 1982 to study the widows of Jamaica states that the economic issue is critical for the survival of widows as previously their husbands provided income for them. They have lost their partner's income and themselves being at the retirement. They encountered a lot of financial problems. Not all the widows received widows' pension as it is related to the husband's contributions paid to the National Insurance Scheme. Even many widows who availed the scheme complained of the inadequate widow benefit and old age pension in view of the high cost of living. Hungerford's (2001) comparative study of the economic well-being of the women in United States and Germany revealed that at widowhood many American and Germany women became poor, and many American women who were poor before widowhood became even poorer after the loss of husband. In Germany, women were two to three times more in poverty after death of husband. While in United States, women,

likely to fall in poverty after the death of their husbands, were less than twice their members before the death of husband. Thus, the poverty rate for elderly widows in the United States was over double the rate in Germany. Real income of most of the widows in the two countries fell after death of husband. Fall in social security and pension income contributed the largest share to the fall in total income in the two countries and the loss of the husband's labour income stood the second largest contribution (Hungerford 2001). Edwin E. Witte (1959) brings out the linkage of social security with the well-being of the individual and family. Social security provides necessary minimum income as protection of the personal hazards of life. He found many of the conditions governing eligibility unduly restrictive and their administration needlessly harsh. I.S. Gulati & Leela Gulati's (1995) article, 'Social security for widow: Experience in Kerala' highlighted an inadequate coverage of poor widows under three major social security schemes in Kerala: (i) Destitute Old and Widow Pension Scheme, (ii) Agricultural Workers' Pension and (iii) Special Pension Scheme for the Handicapped, implemented in the year 1992-93.

An ILO report in 2014 estimated that only 27% of the world's population has access to comprehensive social security, financial security and health care to the entire family. Institutional and non-institutional, both agencies provided social security. India provides a good example of non-institutional social security measures taken to protect the needy and unfortunate in joint family and caste system in case of hardships due to unemployment, economic difficulties, old age, widowhood etc. Besides, religious organisations also contributed to this. Then, the institutions like guilds, community and Panchayats, orphanages, widow homes and charity centres helped them. India's social security system consisted of (i) self-sufficient village economy, (ii) caste system, (iii) joint family system and (iv) organizations of charity. Development of liberalism and individualism fostered by the western ideology shook these roots of Indian society and, its culture and customs. With the industrialization a new class rising up with its rural workers without social and material resources urgently necessitated systematic help from various social security agencies other than the traditional ones and social security ultimately became a social responsibility largely depending on the resources and needs of the country. India's less economic resources and more needs have determined the principles of the social security over the years (Mamuria and Doshi, 1966).

3.1 Inheritance and Property

In patriarchal society properties such as land and house in family are inherited and passed on to male members. Children are in the custody of their father. A girl after marriage is under the control of her husband and if she becomes widow all the properties are put under the control of her sons. Manipur also has a patriarchal society and all the properties are inherited through male line. Widows have no rights to claim her husband's properties. If she has a male child, all the properties are to be in his name. In the study 230 (76.67%) widows received some share of husband's property to bring up their children and run family. Out of

these, 60 (76.92%) widows are conflict-victims and 170 (76.58%) HIV/AIDS-victims. That is, most of the widows, the conflict- and HIV/AIDS-victims get some property share out of their husbands' property. The remaining, 23.08% of the conflict victims and 23.42% of the HIV/AIDS-victims, do not get a share from their husband's property. Types of property received out of their husband's share among the widows are shown in the following table:

Table 1.1: Share from Husband's Property among the Widows (Percentage in Parentheses)

Type of Share received from Husband's Property	No. of Conflict-Victim Widows	No. of HIV/AIDS-Victim Widows	Total
Land	20 (33.33)	118 (69.41)	138 (60)
Building	17 (28.33)	32 (18.82)	49 (21.30)
Land & Building	23 (38.34)	20 (11.77)	43 (18.70)
Total	60 (100)	170 (100)	230 (100)

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

The above table reveals that three fifths (60%) of the widows received land out of her husband's property share in the family, followed by building (21.30%) and land & building (18.70%) after husband's death. Comparatively, more HIV/AIDS widows (69.41%) received only land while more conflict-victim widows (38.34%) received land as well as building as a share out of husband's property. Thus, the widows of both the types received land and house out of her husband's property after his death in the cases wherein they lived as a separate nuclear family.

3.2 Children's Custody

Widows are mostly discriminated in society and family as well. In some cases they are either sent back to their parents' house if their parents accepted them or they continue to live in husband's house with their in-laws bearing all pains, sufferings and ill treatment. As a weaker section in the society they have no rights of control over their own children. Sometimes, they are separated from them because of being economically weak to provide education and meet basic needs of livelihood. In the study, children of the widows are living/kept with their in-laws, parents, relatives and themselves in their rented house. Some of the children are taken away from their custody after husband's death when their economic condition is weak, and in such cases the children are kept in the custody of some relative or even in orphanage for education. The distribution of the widows into types of children's custody is shown in the following table:

Table 1.2: Types of Children's Custody among the Widows (Percentage in Parentheses)

Type of Children's Custody	No. of Conflict-Victim Widows (N=78)	No. of HIV/AIDS-Victim Widows (N=222)	Total (N=300)
Husband's House	18 (23.08)	20 (9.01)	38 (12.67)
Parents' House	35 (44.87)	92 (41.44)	127 (42.33)
Self (Own House/Rented House)	25 (32.05)	110 (49.55)	135 (45)
Orphanage Home	3 (3.85)	10 (4.50)	13 (4.33)
Relatives Home	17 (21.79)	21 (9.46)	38 (12.67)

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

The above table reveals that about half (45%) of the widows live with their children in a house separated from their in-laws' house since the time of before husband's death, followed by parents' house (42.33%), husband's house (12.67%), with relatives (12.67%) and orphanage home (4.33%). Comparatively, more (44.87%) conflict-victim widows' children are under the custody in their parents' house while about half (49.55%) of the HIV/AIDS-victim widows' children are in their own custody.

Thus, most of widows' children are in the custody of their mothers who are eking out the livelihood for the family by working in Anganwadi, making Agarbati, doing embroidery, doll-making, weaving, selling vegetables, etc.

However, some of the widows have more than one child and are poor economically. Their children are kept in their relatives' house or even in orphanage for education. Mostly minor children are kept in their own care. The maximum number of children among the widows is three after husband's death. The distribution of the widows by the number of children living with them is shown in the following table:

Table 1.3: Number of Children among the Widows Living Separate from in-laws' House after Death of Husband (Percentage in Parentheses)

Number of Children Living with Widow	No. of Conflict-Victim Widows	No. of HIV/AIDS-Victim Widows	Total
Childless/None	5 (6.41)	3 (1.35)	8 (2.67)
One	32 (41.03)	101 (45.49)	133 (44.33)
Two	26 (33.33)	33 (14.87)	59 (19.67)
Three	15 (19.23)	85 (38.29)	100 (33.33)
Total	78 (100)	222 (100)	300 (100)

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

The above table reveals that over two fifths (44.33%) of the widows have one child living with them after husband's death in a house separated from in-laws' house, followed by three children (33.3%), two children (19.67%) and a few (2.67%) of them not living with their children as they are either living in Ashram or else kept in their parents' or in-laws' house. The pattern is similar in case of both the conflict- and the HIV/AIDS-victim widows; however, number of the HIV/AIDS-victim widows with three children is higher than the conflict-victim widows because number of children among those HIV/AIDS-victim widows who are illiterate is higher. Besides, the former are largely from rural areas.

Thus, almost all (97.33%) the widows have the children living with them in a house separated from in-laws' house after husband's death. 2.67% widows are childless.

3.3 Social Security

Women in society constitute a weaker section in society. Naturally, social security is need for such a section. In the study, the respondents felt a requirement of such security as

financial aid, house, land, easy availability of widow pension, free education for their children, job for their son in place of husband etc. The distribution of the requirement widows by their security is shown in the following table:

Table 1.4: Types of Social Security Requirement among the Widows (Percentage in Parentheses)

Type of Social Security Required	No. of Conflict-Victim Widows (N=78)	No. of HIV/AIDS-Victim Widows (N=222)	Total (N=300)
House	16 (20.51)	28 (12.62)	44 (14.67)
Land	46 (58.97)	80 (36.03)	126 (42)
Easy Availability of Widow Pension, Life Insurance Schemes	78 (100)	222 (100)	300 (100)
Free Education for Their Children	62 (79.49)	222 (100)	284 (94.67)
Jon in place of Husband	5 (6.41)	20 (9.01)	25 (8.33)

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

The table shows that all the respondents are in need of easy availability of widow's pension and life insurance schemes; 94.67% need free education for their children; 42% need of land, 14.67% require a house and 8.33% need a job for son in place of husband. Notably, all the HIV/AIDS-victim widows are in need of free education for their children as they have insecurity of health while about four fifths (79.49%) of the conflict-victim widows need free education for their children.

Thus, both types of the widows are economically weak and, therefore, they need security in the form of financial aid, house, land, etc. which they cannot afford to have themselves. Though they have received some amount of compensation from the government and the non-governmental organizations, they find it insufficient to run their families.

The widows of both the types received some economic security in the form of compensation, free medicine and treatment etc from the government, NGOs and local community. However, conditions of the people living in conflict zones are very miserable. Most of the people die in such zones due to conflict either between the security forces and insurgents or between insurgents. In the family husband is killed and wife becomes widow. For the death in conflicts compensation is demanded. The conflict-victim widows who received compensation informed that there was difference of the amount of compensation announced by the government and the amount received in cash. All of them received the compensation at the rate of Rs 10,000/- only. The distribution of the widows by the types of social security provided by different organizations to the widows is shown in the following table:

Table 1.5: Types of Social Security Received by the Widows (Percentage in Parentheses)

Type of Social Security Received	No. of Conflict-Victim Widows (N=78)	No. of HIV/AIDS-Victim Widows (N=222)	Total (N=300)
Compensation from Government	15 (19.23)	--	15 (5)
Financial Aid by Local Club	30 (38.46)	65 (29.28)	95 (31.67)
NGOs' Help in securing Compensation	35 (44.87)	--	35 (11.67)
Free Health Care (NGOs)	--	56 (25.23)	56 (18.67)
Free Treatment & Medicine and Counselling (Govt.)	--	222 (100)	222 (74)
Financial Assistance for HIV/AIDS Patients	--	222 (100)	222 (74)

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

The above table reveals that of the widows who received any social security support from the government, NGOs and a local club, about three fourths (74%) received free treatment, medicine & counselling (Govt.) and financial assistance in case of HIV/AIDS patients, followed by financial aid by local club (31.67%), free health care (NGOs) (18.67%), NGOs' help in securing compensation (11.67%) and compensation from the government (5%).

Of the conflict-victim widows, over two fifths (44.87%) received help from NGOs for securing ex-gratia grant or compensation for husband's death, followed by financial aid from a local club (38.46%) and compensation from the government (19.23%). All the HIV/AIDS-victim widows received free medical treatment such as counselling and medication, and financial assistance of Rs. 200/- per month from the government, followed by financial aid provided by local club (29.28%) and free health care help from NGOs (25.23%).

Thus, the conflict and HIV/AIDS-victim widows received social security from the government, NGOs and local club more or less. However, all the HIV/AIDS-victim widows received free medical treatment which was not available to the conflict-victim widows.

All the respondents/widows reported that they can claim the right to live in the society and they can enjoy like other women in the society so far as eating, sleeping and rest at home are concerned. Yet they received some kind of ill-treatment like insult, preventing them from mingling with people etc. from family and community. In all, they mostly face financial problems for fulfilling their basic needs of food, clothes, education, health and social functions. The distribution of the widows by the types of financial problems they faced is shown in the following table:

Table 1.6: Types of Problems Faced in Running Family among the Widows (Percentage in Parentheses)

Type of Problem Faced in Running Family	No. of Conflict-Victim Widows	No. of HIV/AIDS-Victim Widows	Total
Food	50 (64.10)	160 (72.07)	210 (70)
Clothes	5 (6.41)	10 (4.51)	15 (5)
Children's	15 (19.23)	20 (9.01)	35 (11.67)

education			
Health care	6 (7.69)	32 (14.41)	38 (12.67)
Social Festival	7 (8.97)	10 (4.51)	17 (5.66)
Total	78 (100)	222 (100)	300 (100)

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

The above table exhibits that of the widows who have problem of running their families, over two thirds (70%) need food, followed by health care (12.67%), education for children (11.67%), social festival (5.66%), and clothing (5%), comprising the conflict-victim widows (6.41%) as well as the HIV/AIDS-victim widows (4.51%). Comparatively, next to food, conflict-victim widows have financial problem for education of children (19.23%) while among HIV/AIDS-victim widows (14.41%) it is health care.

Thus, for all the widows food has the first place among financial problems faced by them. Next to food requirements there comes the education of their children among the conflict-victim widows and for health among the HIV/AIDS-victim widows.

The widows face financial problems such as paying fees, buying uniform, books and other necessary items, besides a moral support to their children's education. None of them send their child to work for their support to run the family. Sometimes, when they faced financial difficulty they borrowed money from their friends and relatives, sought help from their in-laws and parents.

3.4 Livelihood and Security

Of the widows none has joined a Self Help Group (SHG) under NGO. But to generate income and to help each other they come together; discuss/share problems, a group of 10 to 25 members; contributed a sum amount of Rs. 1000 to Rs. 2000/- and one kilogram of rice to the needy and it rotates within the group on monthly basis. They take no loan from any organization as they are apprehensive of their failure to repay it on time. In case of any emergency the widows sell her jewellery, earn by selling cloths either woven by them or bought from market, mortgage land for some time or borrowing money from their relatives and friends. A type of the solution of finance problem adopted among the widows is shown in the following table:

Table 1.7: Types of Solution of Finance Problem among the Widows (Percentage in Parentheses)

Type of solution of Finance Problems adopted	No. of Conflict-Victim Widows (N=78)	No. of HIV/AIDS-Victim Widows (N=222)	Total (N=300)
Selling Jewellery	15 (19.23)	102 (45.95)	117 (39)
Selling Cloth	35 (44.87)	46 (20.72)	81 (27)
Mortgaging Land for Sometime	8 (10.26)	23 (10.36)	31 (10.33)
Borrowing from Relatives and Friends	78 (100)	222 (100)	300 (100)

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

The above table reveals that all the widows (conflict and HIV/AIDS-victims) have sometimes borrowed money from relatives and friends to meet financial requirements, followed by selling of jewellery (39%), selling cloths (27%) and mortgaging land (10.33%) for some period.

Comparatively, among the conflict-victim widows, weaving and selling of cloths (44.87%) is the prime source of meeting financial requirements while selling of jewellery/ornament (45.95%) is the prime source among the HIV/AIDS-victim widows. This is because the conflict-victim widows are physically fit to make cloths in their home while the HIV/AIDS-victim widows, being physically weak, can't do hard work and they have to sell their jewellery received from parents or husband in the past.

Thus, all the widows (conflict and HIV/AIDS-victims) solved their financial problems by borrowing money, weaving and selling jewellery, selling cloths or mortgaging their land for some time.

4. Summary of the Study

The socio-economic security of widows can be summarized in terms of inheritance of property, children's custody, land and financial security, livelihood security, and health and nutrition.

1. Widows have no rights to inheritance of property; all the properties belong to male children. Most of the widows (76.67%) received some share of husband's properties in the name of their son to bring up their children and to run the family. Of these, 60 (76.92%) are from conflict-victims and 170 (76.58%) are from HIV/AIDS-victims. The remaining, 23.08% of the conflict victims and 23.42% of the HIV/AIDS-victims, do not get anything from their husband's property.

2. Three fifths (60%) of the widows received land share from husband's property followed by building (21.30%) and land & building (18.70%) after husband's death. Comparatively, more HIV/AIDS widows (69.41%) received land only, while more conflict-victim widows (38.34%) received land as well as building as a share out of husband's property.

3. Some of the children are taken away from their custody after husband's death when their economic condition is weak and the children are kept in the custody of some relatives and even in orphanage for education.

4. Nearly half (45%) of the widows live with their children in a house separated from their in-laws' house since before husband's death, followed by those who are living in parents' house (42.33%), husband's house (12.67%), with relatives (12.67%) and in orphanage (4.33%). Most of widows' children are in their mothers' custody, who are eking out the livelihood of their family by working in Anganwadi, making Agarbati, doing embroidery, doll making, weaving, selling vegetables, etc.

5. Over two fifths (44.33%) of the widows have one child living with them after husband's death in a house separated

from in-laws' house, followed by three children (33.3%), two children (19.67%) and a few (2.67%) of them not living with their children as they are either living in Ashram or else kept in their parents' or in-laws' house.

6. The number of the HIV/AIDS-victim widows with three children is higher than the conflict-victim widows because the number of children among those HIV/AIDS-victim widows who are illiterate and of rural background is higher.

7. Almost all (97.33%) widows have the children living with them in a house separated from in-laws' house after husband's death 2.67% widows are childless.

8. Widows felt the requirement of social security in the form of financial aid/ widow scheme (100%), house (14.67%), land (42%), free education for children (94.67%), and (8.33%) need job for their son in place of her deceased husband.

9. All the HIV/AIDS-victim widows are in need of free education for their children as they have insecurity of health. While about four fifths (79.49%) of the conflict-victim widows need free education for their children.

10. Though they have received some amount of compensation from the government and the non-governmental organizations they find it insufficient to run their families. They need security in the form of financial aid, house, land, etc. which they themselves cannot afford to acquire.

11. Widows received social security support from the government, NGOs and a local club. About three fourths (74%) received free treatment, medicine & counselling (Govt.) and financial assistance in case of HIV/AIDS patients, followed by financial aid by local club (31.67%), free health care (NGOs) (18.67%), NGOs' help in securing compensation (11.67%) and compensation from the government (5%).

12. Among the conflict-victim widows, over two fifths (44.87%) received help from NGOs for securing ex-gratia grant or compensation for husband's death, followed financial aid from a local club (38.46%) and compensation from the government (19.23%).

13. All the HIV/AIDS-victim widows received medical treatment free of cost such as counselling and medication, and financial assistance of Rs. 200/- per month from the government, followed by financial aid provided by local club (29.28%) and free health care help from NGOs (25.23%).

14. Widows have a problem of running their families. Over two thirds (70%) need food, followed by health care (12.67%), education for children (11.67%), social festival expenditure (5.66%), and clothing (5%). Comparatively, next to food, conflict-victim widows have financial problem for education of children (19.23%) while among HIV/AIDS-victim widows (14.41%) it is health care.

15. Though widows have to face financial problems of paying fees and buying uniform, books and the necessary items, they paid the fees by borrowing money from their friends and relatives, sought help from their in-laws and parents.

16. All the widows borrowed money from relatives and friends to meet financial requirements, followed by selling of jewellery (39%), selling of cloths (27%) and mortgaging of land (10.33%) for some period.

17. The source of meeting financial requirement for conflict-victim widows, was weaving and selling of cloths (44.87%) while selling of jewellery/ornament (45.95%) is the prime source among the HIV/AIDS-victim widows because the conflict-victim widows are physically fit to make cloths while the HIV/AIDS-victim widows, are physically weak.

18. Over two fifths (42%) of the widows suffer from fever, followed by headache (23%), cough and cold (17.67%), diarrhoea (11%) and allergy (6.33%) common diseases among the HIV/AIDS-victim widows. However, among the conflict-victim widows, cough and cold (26.92%) is the frequent illness next to fever because they do works of building construction and sand & stone loading in trucks.

19. Most of the widows (62.33%) seek treatment of disease in private hospital, followed by RIMS (57%), state hospital (36%), private clinic (35.33%) and NGO clinic (21.67%).

20. Among the conflict-victim widows, half (50%) are seeking treatment at some state hospital such as District Hospital, Community Health Centre, etc in their localities and none goes to clinic run by NGOs. However, most of the HIV/AIDS-victims (68.92%) seeking treatment in RIMS as free medical facilities is provided to them One fifth (21.67%) of them seek treatment in NGO clinic as it also takes care of HIV/AIDS patients.

21. Most of the widows are aware of HIV/AIDS after infection. Most (85.90%) of the conflict-victim and (75.22%) of the HIV/AIDS-victims were aware of HIV/AIDS earlier and the remaining, 66 22%, of the conflict-victims and (14.10%) of the HIV/AIDS-victims had no knowledge of the disease before they became widow.

22. Widows are aware on transmission and prevention of HIV/AIDS through awareness and counselling programmed conducted by NGOs/Government agencies (54.70%) and by seeking doctors' advice (22.22%).

23. HIV/AIDS-victim widows stopped sharing of scissors, nail clipper, blades, etc. with others in order to prevent spread of HIV/AIDS, followed by those who stopped breast feeding to their children (57.21%), avoided mingling with drugs users (5.86%) and stopped extra-marital affairs (4.50%).

24. Over three fifths (63.06%) of HIV/AIDS-victim widows got HIV/AIDS through transmission from their husband, followed by blood transfer (18.92%), unsafe sex with more than one partner (12.16%) and drug addiction (5.86%).

25. Over two thirds (68.47%) of the widows knew of their HIV/AIDS positive status through a blood test after husband's death, followed by blood test after counselling at Manipur AIDS Control Society (13.51%), blood test before husband's death (11.71%) and blood test after counselling at NGO health centre (6.31%).

26. Among the HIV/AIDS-victim widows, about a half (45.50%) had HIV/AIDS positive detected in the age of 23-27 years, followed by 20-22 years (26.13%), 28-32 years (14.86%), 33-37 years (9.91%) and 38-42 years (3.69%).

27. About 20 (9.01%) of HIV/AIDS-victim widows of their children are suffering from the same disease. However, the rest (90.99%) have not affected due to prevention taken with the help of doctors' advice and they were also born before they infected with HIV/AIDS positive.

28. Over two thirds (68.92%) of HIV/AIDS-victim widows got help from Government hospital like Regional Institution of Medical Sciences (RIMS), Lamphelpat, and Jawaharlal Nehru Institute of Medical Sciences (JNIMS), Porompat (31.08%). Others got help from NGOs like Vihan Care Support Centre, Manipur, Lokloubung (13.51%), Manipur Network Positive People (MNP+), Yaiskul (9.91%) and Social Awareness and Service Organisation (SASO), Uripok (5.86%).

29. Most of the HIV/AIDS-victim widows (29.28%) sought help for treatment from NGOs, (69.23%) are satisfied with the treatment/help given to them and the remaining 20 (30.77%) are not satisfied due to often non-availability of staff during visit, insufficiency of medicines, and no permanent nurses and doctors.

5. Conclusion

The socio-economic security of the conflict- and HIV/AIDS-victim widows consists of inheritance of property, children's custody, land and financial security, livelihood security, and health and nutrition. Firstly, the widows felt the requirement of social security such as financial aid/ widow scheme, house, land, free education for children and job for their son in place of husband. Most of the widows have no right to inherit property as all the properties belong to the male children. Few widows received a share of husband's properties in the name of their son in order to bring up their children and to run the family. Secondly, the custody of widow's children is unpredictable as widows' children are sometimes taken away from them after husband's death due to pathetic economic condition. Children are kept in the custody of some relatives, Ashram or even in orphanage for education. Thirdly, widows faced difficulties in terms of land and financial security. HIV/AIDS widows received support from the government, and NGOs like free treatment, medicine & counselling and financial assistance. However, conflict-affected widows do not have such opportunity. Fourthly, widows face insecurity in terms of livelihood. Other widows children work in making Agarbati, embroidery, doll making, weaving, selling of vegetables, etc for livelihood. The conflict-affected widows earned their livelihood by weaving and selling of cloths etc but HIV/AIDS-victim widows earned their livelihood by selling jewellery/ornaments. Finally, most of the widows faced

health problems like fever, headache, cough and cold, diarrhoea and allergy. Fever and headache are common among the HIV/AIDS-victim widows. However, cough and cold are frequently prevalent among the conflict-victims, since they do work for building construction and sand & stone loading in trucks. Most of the widows are aware of HIV/AIDS after infection. Over three fifths of the HIV/AIDS-victim widows infected from HIV/AIDS through transmission from their husbands, followed by blood transfer, unsafe sex with more than one partner and drug addiction. In sum, the widows are living with children in precarious conditions and are in urgent need of proper livelihood, housing children's education and health care and, above all, rights to inherit from husband's property such as house and land.

References

- [1] Binalakshmi, Nepram. 2002. *South Asia's fractured frontier: Armed conflict, narcotics and small arms proliferation in India's north east*. New Delhi: Mittal Publication.
- [2] Burman, J.J.Roy. 2012. 'Status of Tribal Women in India'. *Mainstream Weekly (12) 10th March*. <http://www.mainstreamweekly.net/article3314.html>, retrieved on 10th January 2013.
- [3] C, Hiremath R. 2005. *Women and gender issues*. Jaipur: Pointer Publication.
- [4] Calvert, Harry. 1978. *Social security law*. London: Sweet & Maxwell, p.38.
- [5] Chanu, Ngairangbam Diana. 2016. 'Widows of armed conflicts in Manipur'. *International journal of applied research*, 2 (8): 172-176.
- [6] Chen, Martha, Alter. 1998. *Widows in India: Social neglect and public action*. New Delhi: Sage Publication.
- [7] Das, Sanghita. 2011. *Manipur and the paradox of security*. New Delhi: Anmol Publications Pvt. Ltd.
- [8] Dave, Parul and Pallavi, Mehta. 2008. *Mental health and aging women: Important correlates*. Delhi: Kalpaz Publications.
- [9] Devasis & Davasis. 1994. *Empowerment women for sustainable development*. New Delhi: Asish Publishing House.
- [10] Devi, Ksh. Bimola. 1988. 'Manipuri women – A study', in Naorem Sanajaoba (ed.), *Manipur past and present* (Vol. I), Pp.160-172. New Delhi: Mittal Publication.
- [11] Devi, Ksh. Bimola. 2009. 'Women and inheritance practices in Manipur'. In Prem Chowdhry (ed.), *Gender discrimination in land ownership: Land reforms in India* (vol. 11), Pp. 163-175. New Delhi: Sage Publications.
- [12] Dube, S.C. 1996. *Indian society*. New Delhi: National Book Trust, India.
- [13] Ebert, L. Teresa. 1988. 'The romance of patriarchy: Ideology, subjectivity and postmodern feminist cultural theory: Cultural critique', University of Minnesota Press, No.10, pp 19-57. URL: <http://www.jstor.org/stable/1354105>. Accessed: 14-09-2018, 10AM.
- [14] Farganis, Sondra. 1994. *Situating feminism: From thought to action*. New Delhi: Sage Publications.
- [15] Gavit, Attarch and M.H. 1989. *Tribal and women welfare*. New Delhi: Deep and Deep Publications.
- [16] Gulati, I.S. & Gulati, Leela. 1995. 'Social security for widows: Experience in Kerala,' *Economic and Political Weekly*, 30 (39): 2451-53.
- [17] Gupta, Sunit & Mukta Gupta. 1996. *Role of women in the twenty first century*. New Delhi: Anmol Publications.
- [18] Haralambos, M. and R.M. Heald. 2009. *Sociology: Themes and perspectives*. Oxford: Oxford University Press.
- [19] <http://www.jstor.org/stable25643641>. Accessed web on 23-01-2018.
- [20] Hussain, Monirul. 2005. *Coming out of violence*. New Delhi: Akansha Publishing House.
- [21] Irene, Salam. 2014. *Women of Manipur: An alternative perspective*. Delhi: Anshah Publishing House.
- [22] Jack, Goody. 1976. *Production and reproduction: A comparative study of domestic domain*. Cambridge, UK: Cambridge University Press.
- [23] Karl, Marx. 1954. *Capital*, Vol. 1. London: Lawrence & Wishart.
- [24] Kaushik, P.D. 2007. *Women rights access to justice*. New Delhi: Rajiv Gandhi Institute for Contemporary Studies Publication.
- [25] Kumari, M. Lakshmi. 1997. *The role of women in the society: Sita must live*. New Delhi: Sterling Publishers.
- [26] Mamuria and Doshi. 1966. *Labour problems and social welfare in India*. Allahabad: Kitab Mahal Pvt. Ltd., p.339.
- [27] Manipur State Service Authority. 2016. *Information booklet on laws relating to women*. Imphal: Manipur State Legal Services Authority.
- [28] Singh, Aheibam Koireng. 2014. *Annexation of Manipur 1949*. New Delhi: Daryagani Publication.
- [29] Singh, J.P. et.al. 1998. *Tribal women development*. Jaipur: Rawat Publications.
- [30] Singh, Keisham Shitaljit. 2015. 'Adjustment problems of HIV positive widows in Manipur'. *Paripex - Indian Journal of Research*, 4 (3), ISSN - 2250-1991.
- [31] Witte, Edwin E. 1959. 'The objectives of social security', *Review of Social Economy*, 17 (1): 23-33. <http://www.jstor.org/stable/29767618>. Access on 23.01.2018, 08:16 a.m.
- [32] Zehol, Lucy. 1998. *Women in Naga society*. New Delhi: Regency Publication.