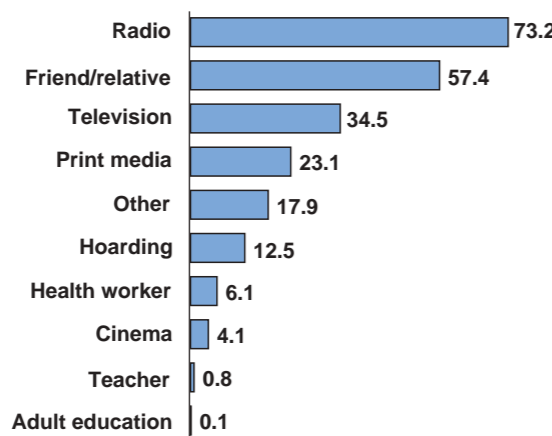


**People Need HIV/AIDS Information**

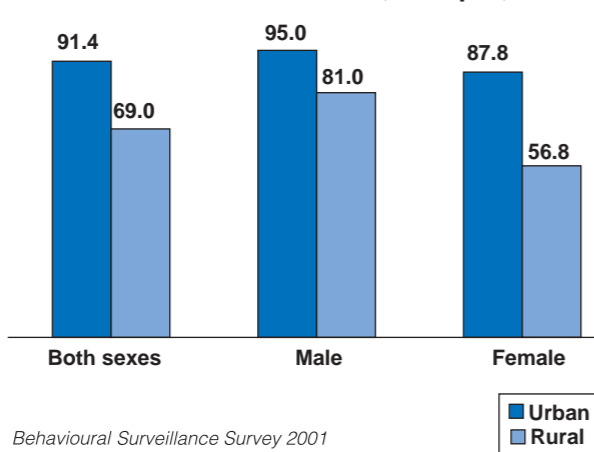
For people to take steps to avoid HIV/AIDS, they must first hear of it. In Manipur, 95 percent of adults have heard of the disease. Information about HIV/AIDS is nearly universal among men and women in both rural and urban areas. For those who have heard of the disease, radio accounted for most of that knowledge, followed by friends or relatives. Only 6.1 percent of ever-married women had heard of the disease from a health worker.

**Where Do Women Hear about HIV/AIDS? Sources of Knowledge in Manipur (percent)**



*National Family Health Survey, 1998-99 (survey of ever-married women, ages 15-49)*

**Percent Knowing that Consistent Condom Use Can Prevent HIV/AIDS, Manipur, 2001**



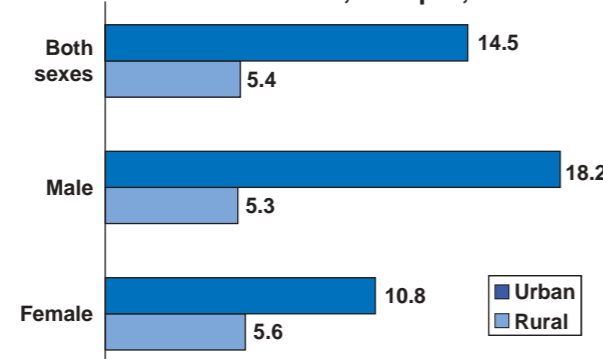
*Behavioural Surveillance Survey 2001 National AIDS Control Organisation*

The BSS 2001 revealed that awareness of the use of the condom as a means to prevent HIV/AIDS was far from universal. In the rural areas, 43.2 percent of women and 19.0 percent of men were not aware of its value.

Personal experience with the disease is widespread. Overall, 37.5 percent of BSS respondents knew of someone who had died of AIDS, 65.2 percent in urban areas and 27.1 percent in rural areas.

**Accurate knowledge, testing and counseling are three main weapons in the struggle against HIV/AIDS...**

**Percent Knowing a Place Where They Could Be Tested for HIV/AIDS, Manipur, 2001**



*Behavioural Surveillance Survey 2001 National AIDS Control Organisation*

A majority felt it was possible to be tested confidentially for the disease (50.9 percent), but most had no idea where to go to be tested. Testing for HIV is not only in the individual's own self-interest, but would act as a strong deterrent to its spread.

**What must be done?**

- The stigma associated with people living with HIV/AIDS must be ended. Women and orphans are cast from families, children from their school and workers from their workplace. Ignorance breeds needless fear.
- Confidential testing centres must be made operational in every district. HIV/AIDS must be fought at the grass-roots level.
- Women are a vital target for information and testing, lest they be left defenceless. It is also important to reach drug users and their partners.
- HIV/AIDS information — and counseling — must be universal. Everyone should know the truth about HIV/AIDS.
- People must learn that a single, uninfected partner is the best defence.
- Those who do engage in risky behaviour must learn the value of a high quality condom and how to obtain one.
- Treatment for people living with HIV/AIDS, including antiretroviral drugs, should be provided free of charge, given that the expense is beyond the reach of many.
- The importance of *quickly* educating youth is a key element in the campaign.

**All the danger signs are there. Knowledge of the disease itself is low, the knowledge of preventive measures is far short of what is necessary and counseling is unavailable to many. HIV/AIDS has come to Manipur and is now a genuine epidemic.**

This series of factsheets on the six hard-hit HIV/AIDS states (Andhra Pradesh, Karnataka, Maharashtra, Manipur, Nagaland and Tamil Nadu) are available in English and the respective state language and are free of charge to individuals and organisations. For additional copies, please contact the Population Foundation of India at the address below.

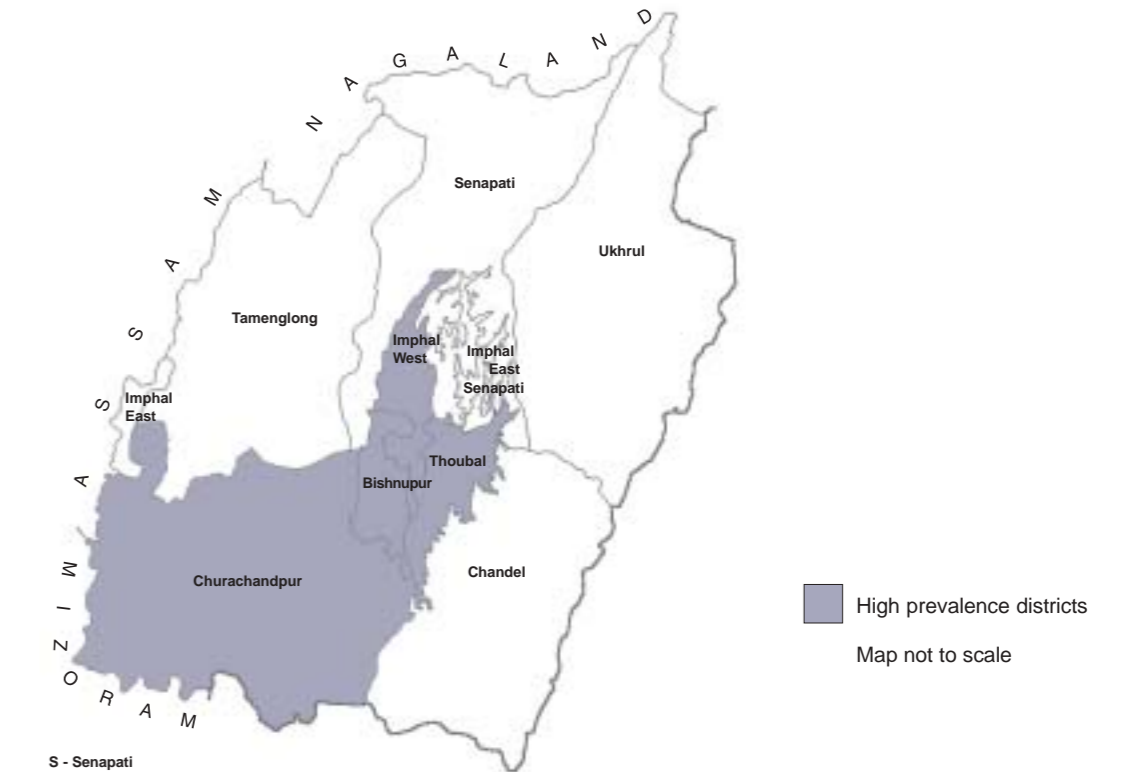
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**Manipur**

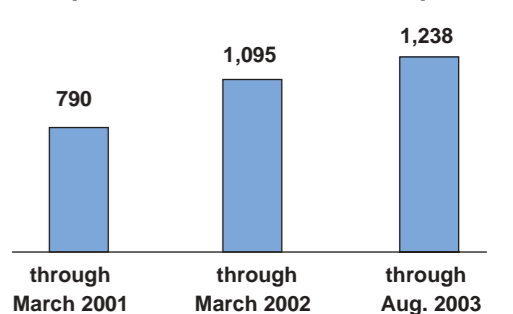
**HIV/AIDS in India The Hard-hit States**



High prevalence districts  
Map not to scale

**Manipur was one of the first states to be affected by HIV/AIDS in India and was one of the first to be considered high prevalence. The first AIDS case in the state was detected in February 1989. Manipur now has over two percent of the country's reported cases of AIDS despite having but 0.2 percent of the national population. The epidemic began among groups with a high risk of infection, particularly injecting drug users. The infection level of drug users is among the highest in India. HIV/AIDS has now spread to the general population. Accurate information on how to avoid the always-fatal disease — and the elimination of the stigma against its victims — can help the state stem the tide of the epidemic.**

**Reported Cases of AIDS, Manipur**

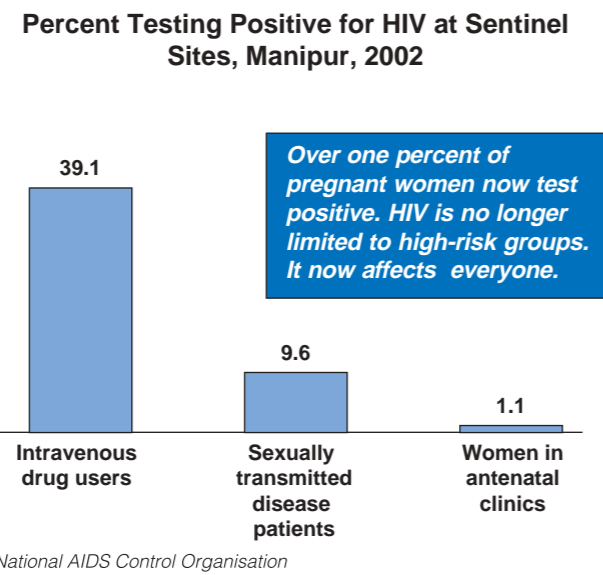


*National AIDS Control Organisation*

### How Far Has AIDS Spread?

Officially reported AIDS cases from hospitals and clinics across the state are only a small fraction of the total. However, their number has risen from 790 in March 2001 to 1,238 through August 2003.

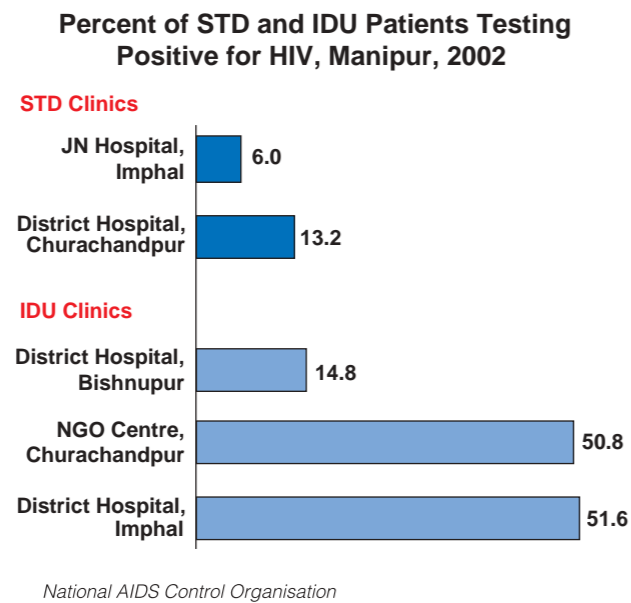
Among adults, males are infected 3:1 compared to females, but the number of infected females is rising. About 90 percent of the total reported AIDS cases are in the age group 15-44.



### Measuring the Spread

In order to measure the extent of HIV infection, testing is conducted at "sentinel sites" among high and low-risk groups. High-risk groups are patients at intravenous drug user (IDU) clinics and sexually transmitted disease (STD) clinics. Pregnant women treated in antenatal clinics (ANCs) are the low-risk group.

**Of the 49 high prevalence HIV/AIDS districts in India, four are in Manipur...**



The National AIDS Control Organisation (NACO) now classifies the HIV/AIDS epidemic in Manipur as *high prevalence*, with five percent or more of high-risk groups testing positive and one percent or more of women in antenatal clinics testing positive.

The risk of HIV through sex with a drug user is closely related to the frequency of needle sharing, particularly given the very high infection rates among IDUs – more than 50 percent in Imphal and Churachandpur.

The sentinel site data show that the epidemic has now spread to the general population. In Manipur, the HIV/AIDS outbreak is a genuine epidemic.

**A true AIDS epidemic is not a future possibility for Manipur. It is a present reality...**

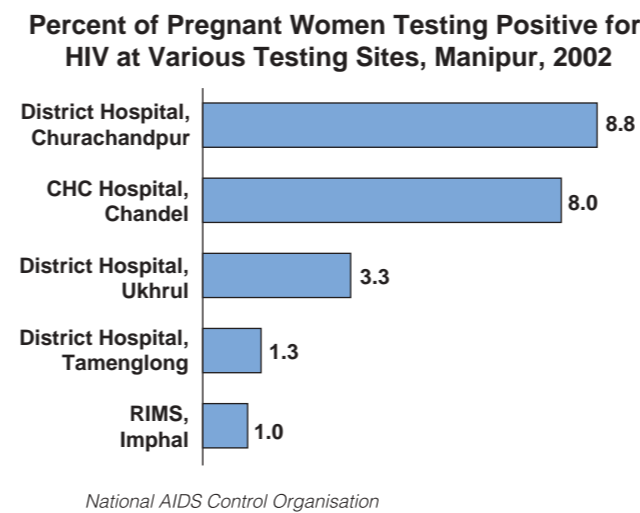
### Bridge Groups

The high rate of HIV infection among women in antenatal clinics indicates that the disease is being carried to the general population by a "bridge" group. It is unlikely that these women contracted the disease through their own behaviour, but through that of their husbands.

Tragically, pregnant women can pass the infection to their unborn child or, after birth, by breastfeeding, an otherwise recommended practice.

The proportion of pregnant women who test positive for HIV/AIDS is alarming in Manipur, with rates as high as 8.8 percent having been recorded in 2002. These are very high rates for women who are not believed to engage in risky sexual or drug using behaviour and should be at a low risk of contracting the disease.

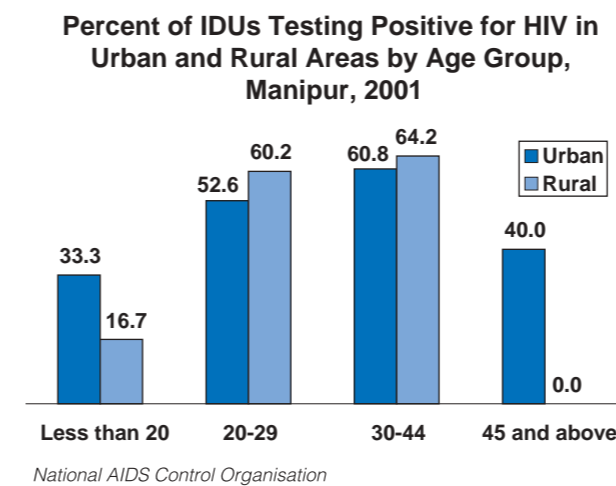
**"Bridge" groups, such as husbands who use the services of sex workers, infect their wives with HIV who then pass the disease to their babies. The epidemic is complete ...**



### The Problem of Drug Use in Manipur

Manipur recorded one of the highest HIV prevalence rates among IDUs in the country. Drug users who share needles pose a particular problem in the state. Among IDUs, those in the age group 20-44 in the rural areas had slightly higher rates of infection than those in urban areas. This raises a serious public health issue as rural populations have less access to medical diagnosis and treatment.

The high rate in rural areas requires greatly increased efforts for HIV education outside cities and towns. Reaching down to village panchayat leaders to convince them of the need to overcome the stigma associated with AIDS and the discussion of it has become a critical need. People fear the stigma from even being tested, knowing they are likely to be ejected from their household, village or school.



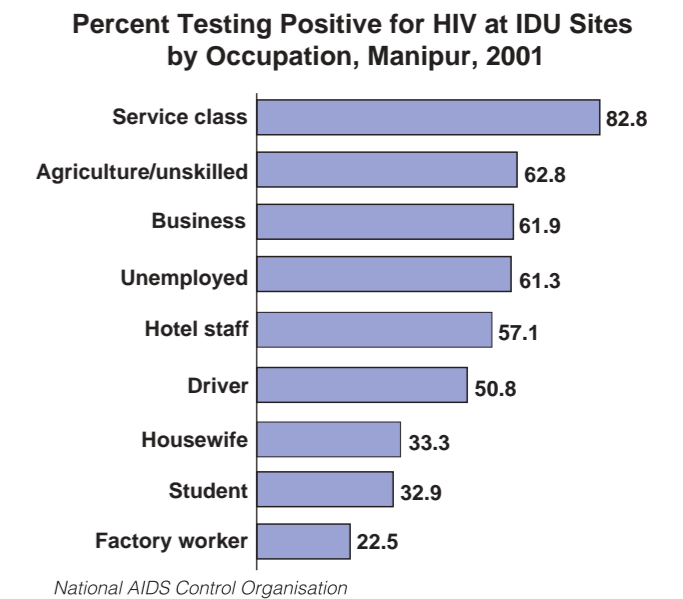
**Stigma: An Ally of AIDS**  
*The fight against AIDS will fail if its stigma cannot be overcome. The fear of being stigmatized for simply being tested for the infection allows AIDS to spread undetected from person to person...*

### HIV Moves through Society

The occupation of IDUs who tested positive for HIV illustrates that the disease can affect everyone. Without awareness of AIDS as a threat, intravenous drug users are likely to share needles and spread the infection.

The high prevalence among drug users indicates that drug prevention activities need to be intensified. Users also need to know about the importance of not sharing needles.

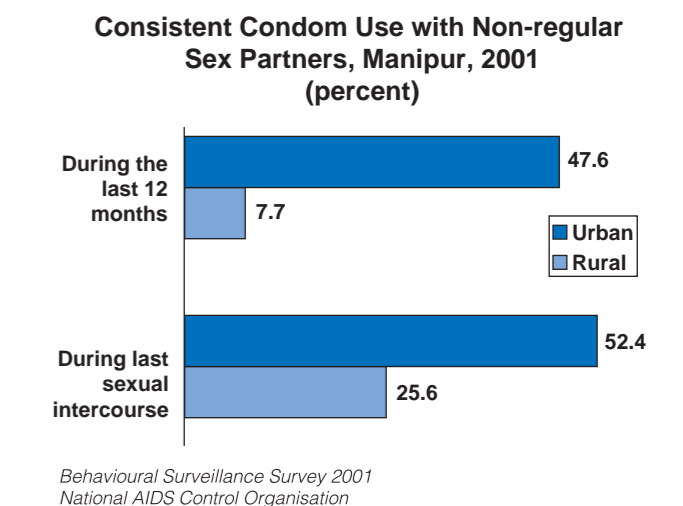
New infections pass rapidly from drug user to drug user and then to their sexual partners. IDUs in the service class had the highest prevalence of the groups tested in Manipur. Agricultural/unskilled workers form the second largest group with 62.8 percent prevalence, followed by those in business and the unemployed.



**An important defence against HIV/AIDS is a single, uninfected partner...**

### Condom Use Short of Goal

One of the best defences against HIV is a *single, uninfected partner*. The Behavioural Surveillance Survey (BSS) 2001, conducted by NACO, revealed the extent of condom use in the state. When one's behaviour is risky, the primary defence is a high quality condom. Although condom use has become more widespread in urban areas, about one-half of BSS respondents did not use a condom consistently with non-regular sex partners in the previous year. In rural areas, consistent condom use was relatively rare. This is a critical issue because HIV will spread steadily with anything short of 100 percent use.



**Only 100 percent use of the condom with non-regular partners or commercial sex workers can prevent the spread of HIV/AIDS. Manipur is far short of this goal...**