

MARITAL STATUS AND VENEREAL DISEASES-A NOTE

By

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INTRODUCTION

The prevalence and the spread of venereal diseases in the population especially among younger people is becoming an increasingly serious problem in many parts of the world. Identification of the different segments of the population with a higher or lower prevalence rate of venereal disease will enable to direct effective control measures. Demographic items such as age, sex, marital status, rural and urban backgrounds etc., social factors (such as religion, occupation etc., residential characteristics (such as location, length of stay etc, and stressful living conditions such as mood, temper etc, may influence the prevalence of venereal disease in a community. Therefore, the paper delimiting its purpose, aims to find out whether there is any relationship between the prevalence of venereal disease and marital status and if so what are the trends it indicates.

Tampi and Seshagiri Rao (1958) in their, study have found that the prevalence rate of venereal disease is more among married people. Rama Ayyangar (1959) and Ramachandar (1960) in their respective studies obtained similar results. These authors did not take into consideration the proportion of single and married people in the general population and compare them with the proportions of single and married people in the patients. The present study eliminates such methodological error and attempts to analyse the relationship between marital status and the venereal disease prevalence rate as setforth earlier.

MATERIAL AND METHOD

The material for the present analysis is the data on male venereal disease patients who attended venereal disease out-patient department during the period of one year from January 1967 to December 1967, in Jipmer Hospital, Fondicherry.

The female patients were omitted from the present analysis as their number is negligible and male-female ratio of venereal disease is always higher for males at least in India. The non-venereal cases and the cases for which diagnosis was not made or not available were also omitted from the analysis. To find out the proportion of married and unmarried people in the general population, the total number of new male patients in the age group 15-64 years, who attended various out-patient departments in jipmer Hospital, for a period of 21 months (from April, 1966 to December, 1967) was taken. It is assumed that persons in the age group 15-64

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Received for publication on 11-3-1969.

years are exposed to the risk of the attack of venereal disease through sexual contact. As all the patients are from the surrounding places of Jipmer and they are fairly large in number they can be taken as representatives of the whole population.

For classifying and grouping the disease the "INTERNATIONAL CLASSIFICATION OF DISEASES" VOL. I, 1957, published by World Health Organization was followed.

RESULTS AND DISCUSSION

During the year 1967 there were 428 male patients who attended venereal disease clinic in Jipmer Hospital. Among them 382 were venereal disease cases, 34 cases were non-venereal and for 12 cases diagnosis was not made as the patients absconded before the investigations were started. Among 382 cases, 161 (42.1%) were unmarried and 221 (57.9%) were married (Table-I). As per the interpretation of Tampi and Seshagiri Rao (1958) the prevalence of venereal disease is more among married people

TABLE I

Distribution of the Patients who Attended V. D. Clinic in Jipmer Hospital, During the Year 1967.

	Contacts known			Contacts not known			Total		
	Single	Married	Total	S.	M.	T.	S.	M.	T.
Veneral disease cases	135	168	303	26	53	79	161	221	382
Non-venereal disease cases	10	16	26	3	5	8	13	21	34
Not diagnosed	4	5	9	—	3	3	4	8	12
Total	149	189	338	29	61	90	178	250	428

But to have a correct picture, these percentages should be compared to the percentages of married and unmarried people in the general population which is exposed to the risk of the attack of venereal disease. In the general population, persons in the age group 15-64 years who are exposed to the risk, the unmarried people constitute 24.2% and the married people constitute 75.8%. Therefore we expect in the population studied at most 93 unmarried venereal disease patients out of a total of 382 venereal disease patients. But actually there were 161 unmarried venereal disease patients and 221 married venereal disease patients. So the prevalence of venereal disease in unmarried people is significantly high (critical ratio = 8.24 > 3 S. E.) and the prevalence of venereal disease is significantly low in married people (critical ratio = 8.24 > 3. S. E.)

In their study Tampi and Seshagiri Rao (1958) have shown that there is significant association between marital status and the type of venereal disease. But in our study the results do not show any such association (Table-II-A, $X^2 = 1.14$, $P > .50$). It may be due to the regional or some other pathogenic differences. It is an interesting difference and a potential factor for further exploration.

TABLE II
**Diseasewise Classification of V. D. Patients who Attended V. D. Clinic
 in Jipmer Hospital During the year, 1967.**

Diagnosis	Single	%	Married	%	Total	%
Primary Syphilis [B ₃]*	16	9.9	17	7.7	33	8.6
Secondary „	8	5.0	14	6.3	22	5.8
Latent „	10	6.2	14	6.3	24	6.3
Other „	2	1.2	4	1.8	6	1.6
Gonorrhoea	19	11.8	39	17.6	58	15.2
Chancroid [B ₁₇]*	49	30.4	37	16.7	86	22.5
L. G. V.	19	11.8	36	16.3	55	14.4
Donovanosis	3	1.9	8	3.6	11	2.9
Herpes	2	1.2	2	0.9	4	1.0
Other & Unspecified	9	5.6	25	11.3	34	8.9
Complications	24	14.9	25	11.3	49	12.8
Total	161	100.0	221	100.0	382	100.0

(*Grouped according to List B of Tabulation of mortality published by World Health Organization 1957, p 391).

TABLE II. A.
Data on V. D. Patients with Marital Status and Type of Disease

	B ₈	B ₁₇	Complications	Total
Single	36	107	24	161
Married	49	147	25	221
Total	85	248	49	382

$X^2 = 1.14$ $P > .50$

A particular type of venereal disease can not be attributed with surety to the type of contact the persons had (Table III: $X^2 = 1.371$ $P > .50$). But in the present analysis it is found that there is association between marital status and the type of contact the persons had (Table IV: $X^2 = 33.27$, $P < .001$). A higher proportion (82.2%) of unmarried people had contact with prostitutes and when compared, the proportion (53.0%) of married people who had contact with prostitutes is low. The proportion (16.3%) of unmarried people who had contact with "family women" (*Kudumba Ponnai* or Family Women is the Indian counter part of "Good-time-girl") is significantly low when compared to the proportion (30.4%) of married people who had extra marital contact with family women.

TABLE III
Data on V. D. Patients According to the type of Contact and Disease

Contact	DISEASES			Total
	B ₈	B ₁₇	Complications	
Prostitutes	48	128	24	200
Family Women	15	50	8	73
Others	7	22	1	30
Total	70	200	33	303

$X^2 = 1.371$ $P > .50$

TABLE IV
Data on V. D. Patients with Their Marital Status and type of Contact

Contact	Single	Married	Total
Prostitutes	111	89	200
Family Women	22	51	73
Others	2	28	30
Total	135 (Homo)	165 (Marital)	303

$X^2 = 33.27$ $P < .001$

This is an interesting finding of serendipity by nature and it will be highly useful if the reasons for this differences are probed. Probable reasons for this difference as the authors see it could be (i) that married people have greater access to such women since they are married and are supposed to have infallible sex conduct and they should be "above suspicion" and (ii) probably such women (family women) are married already and the fear of pregnancy does not come in their way and encourage extra-marital contacts. These reasons are ad hoc in nature and needs empirical support. However, this is another potential area for further research.

SUMMARY

The paper discusses the inadequate methodology of earlier studies on the relationship between marital status and the prevalence rate of venereal disease. It brings out the importance of taking the proportion of married and unmarried males in the general population into account and compare them with the population studied in finding out such relationships. Adopting such a method the present study has found (i) that the prevalence of venereal disease is more among unmarried than among married people, (ii) that there is no significant association between marital status and type of V.D. and (iii) that the proportion of the married people who had contact with "family women" is high when compared with unmarried people. The first two findings differ from the findings of Tampi and Seshagiri Rao and the last one is a serendipity which needs further probe.

ACKNOWLEDGEMENTS

The authors are thankful to Dr. D. J. Reddy, Principal, Jipmer, Pondicherry for his kind permission to publish this paper. The authors are also thankful to Dr. Bisht Medical Superintendent, Jipmer Hospital, Pondicherry, for his kind permission to utilise the hospital records and Dr. Ghosh, Assistant Professor, Preventive and Social Medicine, Jipmer for his valuable suggesstions.

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