SPECIAL ARTICAL

ECOLOGY OF V. D. INCIDENCE

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INTRODUCTION

Lately in a paper,[1] the ecology of gonorrhea was considered as the dynamics of epedemeology, the dynamics of disease incidence in relation to social factors responsible for the prevalence of disease at regional, national and international levels. In another paper,[2] the ecological pattern of disease incidence was considered as the dynamics of socioeconomic factors affecting disease-pattern in a geographic area.

In the present paper, it is proposed to study various localities of an urban area and the dynamics of socio-physical factors that facilitate prevalence of V. D. in these localities. These factors influence the sexually transmitted diseases by affecting the interaction patterns of the diseased group.[3] It is established that the factors, like casual and unstable relationships, liberty of movement amongst young boys and girls, sense of anonymity, minimum of community controls, are characteristic of urban life and positively influence the incidence of V. D. These might be due to the degree of homogeneity and heterogeneity of communities inhabiting these localities.

Depending upon the proporation of different communities residing in an area the degree of homogeneity of the residents of that area might be accounted for; whereby the culture and value standards of the majority community would dominate the life of the inhabitants. More the degree of homogeneity, more the community and social controls would be. The chances of developing relationshps would be more on personal level than on impersonal level amongst the members of the same community. Hence chances of securing anonymity and obscuring personal identification would be less. Therefore more the degree of homogeniety in a locality more the social and community control and lesser the chances of undesirable sexual indulgene, thus lesser the incidence of V. D.

If we further elaborate our hypothesis, we can assume that V. D. population should belong mainly to such localities as characteristically facilitate social relationship by which interacting individuals could maintain impersonality with minimum of community controls, thereby, providing chances for undesirable relationship. For this purpose it is imperative to know the localities :—

i) where the infected population resides.
ii) which predominantly supply the infectious partners or contacts.
iii) where undesirable acts are performed that transmit the infection.

But in the present study it is proposed to take up the localities :—

i) To which our respondents belonged i. e. the male infected population, since we included only the male cases in our study.

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ii) That supplied the female infectious partners of our respondents for sexual indulgence.

iii) Where the sexual acts between the respondents and their partners took place.

The identification of these localities is significant from epedemeological aspects of V. D. control also, since the contact tracing and follow-up is highly obscured, firstly by the casual and unstable relations between the males and females, and secondly, by the professionals in the field of immoral traffic.

For this purpose a sample of 100 diagnose male V. D. cases who attended V. D. Training and Demonstration Centre, Safdarjang Hospital New Delhi were selected on quota basis, at random. The information was collected through personal interview with the help of a pretested and standardised schedule.

DISCUSSION

General Background of our Sample[1]

Our respondents represented relatively younger population comprising fairly of both the married as well as unmarried groups. They mainly formed the working group. Regarding size, income, and accommodation of the families of our respondents, it was found that the majority of them were from practically the lower and middle classes of our society. Majority of them had low income, large families (5-12 members each) and single room rented accommodation.

1. Area of residence of Respondents.

Our data indicated that majority of our respondents belonged to goverment and private residential localities of New Delhi (Table No. 1). The residents of government colonies are exclusively employees and rentees of the government by rule. The community life in these colonies is less homogeneous and more hetergeneous in nature; since the residents belong to different communities and regions of the country. This would influence the interaction pattens of inhabitants more on secularistic and impersonal level, and less on communal and regional levels, thereby, ensuring more sense of anonymity during social discourse, and lesser community controls over undesirable interactions.

Simliarly, the metropolitan and cosmopolitan character of private residential localities of New Delhi facilitate anonymity with negligible community controls.

In the case of business cum residential localities, characteristically respondents could maintain their impersonality while keeping relations casual and unstable.

The interesting feature of our finding was that, 15 respondents belonged to the rural areas who had regular links with this city, and might have carried the infection to rural areas, provided, they refrained from sex during infected period. This was, perhaps due to the dynamics of socio-economic factors influenced by the developing means of communication. Even out of those 85 cases who reside in Delhi, 80 cases had migrated from rural areas, and, majority of them were keeping links with their native places, 36 were visiting their places regularly while 29 were visiting occasionally as per their needs.

2. Localities that supply female contacts.

On the basis of responses of our interviewees regarding the areas where they met their female infectious partners, we categorised the areas of supply of their partners into three broad heads :—

1. Traffic terminals of the city.
2. Inter-State terminals viz. Old and New Delhi railway station, Inter-State Bus terminus etc.
3. Business cum-shopping centres, viz. Karol Bagh Chandni Chowk, Sadar Bazar, Kashmiri Gate, Darya Ganj etc.

In first category only those cases have been included which did not fall within the third category i. e. the bus stands of shopping centres.

These localities charactically facilitate casual and unstable relations conducive to promiscuity with desired security against personal indentification. This is mainly due to regular inflow and outflow of traffic, most impersonal and business relations. Even the community controls are exercised only on business regulations and transactions, and not on personal interactions.

3. Places of sexual acts

Anonymity and absence of community controls are demanded in greater degree at the places where sexual indulgence actually takes place rather than at the places to which both the partners of sexual act belong, or happen to come across. Accordingly, it was imperative to know the places of the first and the last sexual acts of respondents, on the presumption that there is every liklihood of forgetting the details about intermediate experiences, while one rarely forgets the details about first and the last sex experiences.

Our data revealed that 20 out of 100 respondents indulged only once, and got infected on the first act only, while the remaining 80 respondents indulged more than once. Although the infection was transmitted through last act in all the 80 respondents but many of them got infected through intermediate acts also.[5]

Regarding the places of sexual act between respondents and their partners in their first and the last sexual acts (Table No. 2) it was interesting to find that 53 out to 100 respondents had their first sexual exposure, and 24 out of 80 had their last sexual exposure outside Delhi. This provided them with maximum anonymity and security against identification.

The place of sexual act confirmed our earlier statement that our respondents and their partners belonged to such localities which characteristically ensure anonymity and impersonality, by revealing that 11 out of those 47 respondents who performed their first act in Delhi, did it either at their own residence or their partners place, and 22 out of 56 performed their last act either at their own residence or at the residence of their partners.

It was intriguing, that of those respondents who had their exposure outside Delhi, 24 of out of 100 performed their first, and 8 out of 80 performed their last sex acts in rural areas. This fact was confirmed by 15 cases cited earlier in our sample, who belonged to rural areas and presented a paradoxical situation, since V. D. is an established urban phenomenon.

Analysing the time of the first and the last sexual act we found that majority of them performed these acts in the nights and evenings (Table No. 3) when chances of obscuring identification are more.

Conclusion

Our findings confirmed that the respondents as well as their partners belonged to such localities that facilitated anonymity, casual and unstable relationships, more heterogeneity of community life, giving rise to promiscuity, and hence, V. D. incidence.

The places of sexual acts within as well as outside Delhi confirmed this statemens.

The inclusion of rural areas as maintaining V. D. population though on small scale, and providing venue of undesirable sexual indulgence, directly dialate the magnitude of the problem. If, similar facts were found elsewhere on larger scale this would demand first of all the extension of V. D. control programme even to the rural areas. Secondly, it would involve socio-medical sanctions, against the migrating population from rural to the urban areas, as a control measure.

This was only a sample study and findings are tentative and for generalisations larger sample may be taken up from other V. D. clinics and centres.

Acknowledgement

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TABLE No. 1

Area of residence af respondents

Areas	Govt. Res. Colonies	Private Res. Localities	Govt./Pvt. Res. Localities	Business/Res. Localities	Total
New	29	15	7	5	56
Old Delhi	—	14	—	15	29
Total	29	29	7	20	85

TABLE No. 2

Places of sexual act between respondents and thier contacts

Places	First Act		Last Act	
Respondents House	3		8	
Friends House	4		6	
Contacts Residence	8	47	14	56
Rented Place for the purpose	7		6	
Community places	25		25	
Outside Delhi Urban	29		16	
Outside Delhi Rural	24		8	
Total	100		80	

TABLE No. 3

Time af the first and last sexual act

Time	First	Last
Morning	4	2
Midday	11	3
Evening	32	14
Night	49	58
Doubtful	4	3
Total	100	80

References

1. Laird, S. M. and Morten, R. S. "The Ecology and Control of Gonorrhea" Brit. J. Vener Dis. (1959), 35, 187.
2. Sharat C. Desai "Ecologic Perspective of Dermatalogic Problems in India" Indian Jr. of Derme. And Vener. 2, Volume 27, No. 1, 1961.
3. Seth, T. R. "Socio-physical Factors and Incidence of V. D." Under Publication.
4. Seth T. R. Ibid.
5. Seth, T. R. "Social Aeteology of V. D. Incidence" Under Publication.

CORRIGENDA

'Social Aetiology of V. D. Incidence' by T. R. Seth, New Delhi-23. Sept-Oct 1969.

1. The first para on p-222 has been wrongly placed. It should be at the end of the P-222 after the last para and before the first para on P-223.
2. The foot notes on pages-223, 224, have been given in between the paragraphs. It should be at the end of pages, 222, 223, respectively.