

SOCIO-PHYSICAL FACTORS AND INCIDENCE OF V. D.

By

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INTRODUCTION

In any control programme of communicable diseases socio-physical factors stand out as most vital in influencing epidemiological aspects to a large extent. These factors facilitate the selection of proper universe of population in order to concentrate the preventive and control measures especially in V. D, which involves the most personal and delicate interaction patterns of the diseased group. These interaction patterns are influenced by the value standards unique to the socio-economic group, of which the infected individuals are members. Hence, the selection of proper segments of population predominantly suffering from V. D. can help in controlling the disease effectively in a short span.

METHODOLOGY: For the said purpose a sample of 100 diagnosed V. D. cases, who attended the V. D. Training Centre, Safdarjang Hospital, New Delhi, from amongst those suffering from syphilis, gonorrhoea and chancroid were selected at random. The relevant information was collected with the help of a standardised and pre-tested schedule through personal interviews. The cases were interviewed on their 2nd or 3rd visit in the centre.

The study was focussed mainly on the following factors:—(i) Age and marital status (ii) Education (iii) Occupation (iv) Income-Individual/Family. (v) Family background in terms of income/size/structure/accommodation (vi) Area of residence (vii) Rural-Urban background (viii) Link with native place.

ANALYSIS OF DATA: Most of the above mentioned factors viz. education, income, occupation, family background, accommodation, area of residence, directly or indirectly determine the socio-economic status of an individual in the society, while the study of age, marital status and rural urban background of individual carry their own merits for the control measures of sexually transmitted diseases.

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Age^{5,7} Many recent studies have emphasised the importance of age for effectively controlling the sexually transmitted diseases, because, if relatively grown up people are reporting to the V. D. clinics on larger scale than younger ones, it is possible that they might have already extended the infection before realising that they themselves are infected and before actually reporting to the clinics for treatment. On the other hand if amongst relatively younger generation which is a reservoir of potentialities of the society, V. D. is predominant, it may pose a constant and serious threat to the society by presenting multiple social problems.

"In some countries it has been observed that syphilis (as well as gonorrhoea) is becoming more frequent among young people than previously."⁸

The age analysis of our data also (Table No. 1) indicated the predominant prevalence of V.D. amongst the younger generation i.e. 79% of our respondents were from 16-30 years of age-group, out of which 71% were in the 16-25 years age group, the age at which the consequences of sexual indulgence are remotely understood by an individual, especially in our society where formal sex education is not provided and sex code is rather rigid.^{3,6}

Marital Status: In almost all the cases of V.D., infection is transmitted through sexual intercourse between the heterosexual or homosexual; even the congenital cases are a consequence of sexual interactions between their parents. It is important to know the marital status of the V. D. universe in order to establish the nature of sexual interaction responsible for the transmission of the diseases i.e. whether it is non-marital, pre-marital, marital or extra-marital. All these different types of sexual relations transmitting V.D. infection pose different set of problems the roots of which may be found in the wider social system.

Analysis of our data indicated that 53% of our respondents were married and 47% unmarried. Again the analysis of the married group in terms of their age and that of their spouses at the time of marriage further revealed that majority of them were relatively young at the time of marriage (Table No. 2).

EDUCATION: Regarding educational level of our respondents, sixty two per cent (9% primary, 25% Middle and 28% Higher Secondary or Matriculation) of our sample received education upto school level, 17% upto college level whereas the same number i.e. 17% did not receive education at all. The fact that majority of our respondents formed low educational group and that of uneducated, revealed that they might have not achieved maturer views about life, especially about sex. Recent studies revealed⁸ that poverty on the one hand and riches with consequent increased consumption of alcohol and lesser influences of family and religion on the other hand give rise to casual and promiscuous sex relation, hence, responsible to a considerable extent in the prevalence of V.D. Therefore, it was imperative to establish economic group of our sample for which income pattern of our sample

was considered. Moreover, different approach is required for different economic groups for preventive and control measures, since the behavioural pattern of the members of each economic group are guided by different value standards.

Analysis of our data revealed that majority of our respondents i.e. 60% formed lower income group Rs. 150/- and below, 36% formed lower middle group in our society i.e. Rs. 151 to 500 whereas 4% were not earning at the time of investigation.

But it may be misleading to establish the standard of living of our respondents on the basis of their personal incomes only, because the economic liberties a person can enjoy is conditional to the structure and size of his family. Hence the family back ground of our respondents in terms of income, size, structure and accommodation was considered.

Family Background. Analysing our data in terms of the structure of the families, we found that 50% of our respondents were having joint families, 46% nuclear, 2% extended while 2% were having no families.

In terms of the total income we found that the families of 39% of our respondents were earning Rs. 250/- and below, 40% in between 251-500 and 18% Rs 501-570, while the family of one respondent only was earning more than 2,000, whereas two respondents had no families and were not earning themselves also at the time of investigation.

Regarding size of the families, our data indicated that the families of all our respondents except one could not afford the high class standard of living since 69% were having 4 to 8 members in their families, 13% 9 to 12 members, whereas 4% were having even more than 12 members in their families. Correlating the size structure and income of the families of our sample it is confirmed that most of them were practically from lower and middle classess in our society.

Occupation. The income and education of the individual is positively correlated with occupation, especially in the modern open-societies of equal opportunities, because, higher the education better the chances for higher occupation hence higher income and vice-versa. Therefore, it was essential to ascertain the occupational pattern of our sample.

The occupational analysis of our sample (Table No. 3) indicated that 69% of them represented the working group, 15% and 13% clerical and business groups respectively. This established that our sample represented mainly the "average-working-group" of our society.

ACCOMMODATION AND AREA OF RESIDENCE: Closely related to the income size and structure of the families are two other variables i. e. accommodation and area of residence which influence social relationships of the individual and help in determining their social status as well.

The members of larger families with little accommodation are easily exposed to obscenity, whereas alternatively, members of smaller families with larger accommodation may stand better chances of personal freedom at home with consequent easy access to sex-promiscuity. Similar is the case with the area of residence also, since exposure to obscenity and chances of personal freedom depend upon whether the area of residence is non-planned congested or open, spacious, planned with modern amenities.

The small accommodation (Table No. 4) that our respondents were occupying alone or with others might have exposed them to obscenity in many cases.

As regards the area of residence the majority of our respondents were from the New Delhi area and that also mainly from the Government Residential Colonies. (Table No. 5).

This, perhaps is due to the fact the V.D. Centre where the study was conducted is surrounded mainly by the Government Residential Colonies. These colonies are planned with all the modern amenities. But at the same time these are not owned by the residents. Even those who were from the private residential localities were not the owners but mainly the rentees. The remaining 15 cases who came from villages were having the constant and frequent link with this city.

Rural-Urban-Background: The rural-urban-background of the individuals influence their interaction patterns because, in rural areas there are rigid community control and family influences whereas, in urban areas the community controls are almost nil and very little family influences with a sense of anonymity and relatively easy access to obscenity. freedom of movement of the young boys and girls together, create more chances of promiscuous indulgence.

In a recent study by Dr B. B. Gokhale and others on promiscuity and clients of prostitution it has been emphasised that "A majority of this group also was a part of the population which migrates from the villages into the cities for occupation"²

A similar view was also held by Punekar and Rao⁴ in another study emphasising that the personnel for immoral traffic in Bombay City were supplied by the rural areas.

In order to verify and confirm the above findings we collected the information about Rural-Urban-Background of our sample and found that 15 respondents had come from adjoining villages and these cases further affirmed that they had been visiting the city regularly. Out of the remaining 85 cases 5 were old and permanent residents of this city (more than 25 years) whereas, the other 80 cases had migrated from rural areas into this city for occupation. Of these 80 respondents 50% came to Delhi within the last 5 years, while other half came from between 5 to 10 years back. In terms of their link with their native places it was found that 45% had permanent and regular link with their native places since their families or by some near relations 36.25% visited their native places occasio-

nally whenever the need be, while 18.74% had almost no link with their native places, revealing that the shorter the duration of migration to the city the more frequent and regular the links with native place and vice-versa.

CONCLUSION: Our study has confirmed that it is the working group, with low income level, which predominantly suffers from V. D. whether they are married or unmarried; The size of their families, be it a joint or nuclear along with little accommodation they are holding seem to facilitate the spread of V. D. It is further revealed they are mainly the immigrants from rural areas who keep a constant touch with their native places for quite a good number of years and might be carrying the infection back to the villages. Another group, though small, coming from rural areas daily or occasionally also seems to be carrying the infection to the rural areas. This needs a detailed probing into nature and extent of indulgence after they get infection.*

Marriage may be one of the main solutions against unwanted sexual relations the success of which in turn depends on a great extent upon the maturer outlook towards conjugal relations. In general, maturer outlook towards marital relations is influenced by the age at which an individual marries, keeping individual variations constant. The early age at which majority of our respondents got married (married group only) might have lead to sexual deviation. But, we are faced with a dilemma, when we look into the relative early age at which most of the unmarried cases are reporting to V D clinics with initial infections. This can be well established only by a serious and probing study of fundamental personality traits of the V. D. Universe and the dynamics of socio-economic factors that influence the interaction patterns of the role incumbents of both the institutions of marriage and family. This study was conducted with a small sample, hence the findings are tentative unless confirmed by the studies with larger samples from different centres of the city.

Table No. 1

Age-group	Frequency
16-20 years	16
21-25 "	40
26-25 "	23
31-40 "	18
41 and above	3
Tbtal	100

*T. R. SETH "Reaction of patients towards V. D. Infection" under preparation.

Table No. 2

Age of the married respondents and their spouses at the time of marriage.

Age Groups	Respondents	Their spouse
10 years and below	2	3
11-15 years	5	17
16-20 years	18	28
21-25 years	19	5
26-30 years	8	—
31-40 years	1	—
Total	53	53

Table No. 3

S. No.	Categories	Frequency
1.	Skilled workers	38
2.	Semi-skilled workers	13
3.	Unskilled workers	18
4.	Clerical	15
5.	Business petty	13
6.	Professional	1
7.	Nil	2
8.	Total	100

Table No. 4

Nature of Accommodation	Alone	With Family	With Friends of relatives	Total
Sharing one or two rooms; other things separate.	2	25	—	27
Two or more rooms; other things sharing.	—	11	1	12
One room and other things separate.	—	2	—	2
One or two rooms separate other things sharing.	—	4	—	4
Two or more rooms and other things separate.	—	3	—	4
Jhuggi.	2	3	—	5
Community places.	5	—	2	7
Total	18	76	6	100

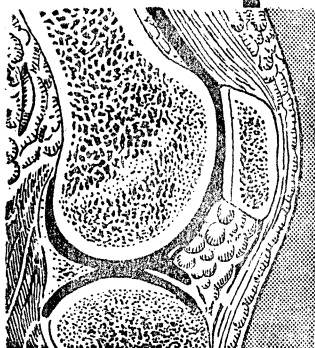
Table No. 5

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

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INDICATED IN

Rheumatic Arthritis...**Dexapred****TABLETS 0.5 mg.****INDICATIONS:**

Rheumatic diseases, allergic conditions, bronchial asthma, dermatological and ocular disorders, renal and liver diseases, infectious diseases, malignant tumours and particularly in pericarditis and pericardial effusion.

DOSAGE:

Initial dose is 3 mg. daily or as directed by the Physician.



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