SPECIAL ARTICAL

✓ SOCIAL AETIOLOGY OF V. D. INCIDENCE

By

T. R. SETH*

INTRODUCTION

V. D. is a unique communicable disease the causation of which finds basis in the wider social-system. It is more a sociocultural than a bio-medical problem, since it involves the most personal and delicate interaction patterns of individuals. These interaction patterns are invariably by institutional codes of society: Social aetiology can help in the understanding of interaction patterns responsible for the transmission of V. D. infections.

In Venereal Diseases the infection is transmitted sexually [3,4], in almost all the cases. Therefore; the understanding of the pattern of sexual indulgence of the V. D. Universe is most vital to establish the social aetiology of V. D. The pattern of sexual indulgence would include.

1. The nature of Indulgence
2. Duration of Indulgence
3. Frequency of Indulgence

METHODOGY

To verify the above factors empirically, one hundred, male diagnosed V. D. cases who attended the V. D. Training Centre, Safdarjang Hospital, New Delhi, from amongst those suffering from syphilis, gonnorhea and chancroid were selected at random.

The relevant information was collected with the help of a pre-tested standardised schedule in confidence through personal interviews.

ANALYSIS OF DATA

(a) Nature of Sexual Indulgence

To understand the nature of sexual indulgence it was important to understand first of all the marital status of our respondents and then the age at which they started sexual activity along with the age of their partners in first coitus.

Regarding marital status of our respondents 53 were married and 47 were unmarried. Out of the married group one was widow and another was separated.

The majority of our respondents and their partners in the first sexual indulgence were from the same age group (Table No. 1). But one fact was most revealing that many of them started sexual activity as a relatively early age.

---

*Social Science Instructor Regional Family Planning Training Centre, Delhi Administration, Formerly, Health Educator, V. D. Training and Demonstration Centre, Safdarjang Hospital, New Delhi.

*Received for Publication on 2-5-69.

TABLE No. I.

Age at first Coitus

L. No.	Age-group	Respondents	Partners
I.	10 years and below	3	3
2.	11–15 years	15	19
3.	16–20 years	50	46
4.	21–25 years	27	24
5.	26-30 years	4	8
6.	31–40 years	1	–
7.	Total	100	100

The indulgence may be early or late but whether it was voluntary of involuntary can help us a lot in understanding the social forces, although partially, responsible for the spread of V. D. infection. To ascertain voluntary-involuntary character of their action at first sexual indulgence, they were asked whether they visited their partners in first coitus alone or accompanied some one: We found that 75% alone whereas only 25% were accompanied by someone.

To establish the general trends of their actions for sexual indulgence it was essential to know not only about the first indulgence but about their later acts also.

Out of those 80 respondents who had more than one contact (since 20 respondents had only one contact) 22.5% rarely visited their partners alone, 12.5% visited occasionally with their friends, while, as many as 65% always visited their partners alone.

The fact that majority of our respondents visited their partners alone clearly established the voluntary nature of their actions; and it might be interesting to know their reasons for these actions. Out of those 75 respondents who visited their partners in first coitus alone, 65 said that they indulged in sex to 'seek pleasure' or 'to gain experience about a woman'. Out of the remaining ten, eight had first indulgence with their wives while in the case of other two their wives were pregnant.

In the case of those 25 cases who visited their partners in first coitus with some one, eleven were compelled or encouraged to act by their patners; nine were influenced by their friends just to seek pleasure or experience in sex.

The pattern of indulgence would be understood better if we could indentify the reasons for the indulgence not only of our respondent but of their partners too. But it was practically not possible to obtain such information. So we inquired about the nature of their partners in first and the last coitus which would given us some idea about the trends in sexual indulgence and that would indirectly reflect to some extent their reasons for indulgence too.

Our data revealed (Table No. 2) that majority of the partners of our respondents i. e. 79% in first coitus were non-professionals. These non-professionals were those who maintained casual relations and were termed as 'Casual Acquaintan-

ces'. This was a diffused group or spread-out-group in our society and hence would pose a serious threat to the institutions of marriage and family because of its evasive and obscured indentification. Another feature regarding family implications of V. D. infection came to forefront when, on asking, 16 of our respondents suspected one or more members of their families suffering from V. D. (Table No. 3). This needs deeper probe into the dynamics of association of factors that help or hinder the spread of V. D..

TABLE No. 2.

Categories	Professionals	Non-Professionals	Total
First coitus	21	79	100
Last coitus	92	51	80*

* only 80 respondents had more than one partner.

TABLE No. 3.

Suspected members of families of respondents suffering from V. D.

Relationship with Respondent	Only one member	Two members	Total
Wife	13	1	14
Brother	1	1	2
Daughter	–	1	1
Sister-in-law	–	1	1
Total	14	4*	18

* Two members each family wife and daughter in one family and brothers and sister-in-law (brother wife) in the other family.

It might be intersting to note here that the easy and free availability of contraceptive[1] especially condoms, due to vigorious launching of family planning programme on national scale, would render this group harmless, provided this group would recognise the significance of prophlaxis in V. D. as a preventive measure and actually start using condom for the same. Although in this case sexual indulgence might increase in terms of frequency of acts and number of partners or contacts; whereas, the sterilsed cases and that of IUD (Loop) insertions might pose a different set of problems.

In the case of professionals* also the use of condom would provide the maximum security to the individuals. But the sociological repercusssons in this case would stand since this group would be highly evasive due to professional security and being unorganised[2], due to prohibition on prostitution.

* This includes all those who indulge in sex for money only.

For whatever reasons they had been restrained to report for treatment, the period during which they remained untreated bears manifold sociological consequences to the community and the individual himself. Out of these 40 respondents 50% remained untreated for a few months, 24% about a year while the remaining 26% did not report to any V. D. Clinic for more than one year. It would be interesting to study whether this group applied self-medication, undertook private treatment or no treatment whatsoever during this period.*

(9) Duration of Indulgence

The fact that majority of our respondents started sexual activity at a relatively early age lead us logically to know the duration of indulgence, as to how long the V. D. cases had been indulging in sex and how many times they got infected during this period of indulgence.

Analysing our data in terms of the age of respondents at first coitus and the age at which they reported for treatment when this study was undertaken the duration of sexal indulgence was established (Table No. 4). The frequency of recurrence of infection in our respondents during their period of indulgence in sex could be best calculated by the number of attempts they made for treatment to different centres or clinics with fresh infections (Table No. 5).

TABLE No. 4.

Duration of sexual Indulgence

S. No.	Duration in years	Number
1.	Less than one year	20
2.	One-two years	17
3.	Three-four years	14
4.	Five-Ten years	29
5.	Eleven-Twenty years	15
6.	Twenty years and above	5
7.	Total	100

TABLE No. 5.

Number of attempts to different centres/clinics with fresh infection

No. of Attempts	Once only	Twice	Three times	Four times	Five times and more	Total
No. of Respondents	24	45	17	9	5	100

The duration of Indulgence and frequency of recurrence of disease wou'd not reveal that the respondents reported for treatment immediately after realising their infection. Hence, on our asking whether they reported for treatment immediately after realising their infection or not, 40 respondents said that they did not report for treatment to any V. D. Clinic even after realising their infection.

Without minimising the gravity of the period during which they remained untreated it was important to ascertain that whether they had stopped visiting women for sexual gratification or not. It was found that 64% of our respondents were still visting, while 36% had stopped. Of those 36 who had stopped visting women 22.2% had stopped after marriage and 77.8% stopped after geting infection.

Analysing the frequency of recurrence of disease in terms of time interval between the first and the last infection. We found that 68 cases had first as well as last infection within one year (Including those also who were infected only once). In the case of 18 there was 1–2 years interval in case of nine 3–4 years while five cases had 5–10 years interval in their first and the last infection.

(c) Frequency of Indulgence

In V. D. infection might be transmitted on the very first indulgence or an individual might escape it even after prolonged and repeated indulgence with one or even more than one partners. Whatever the case, an individual is highly susceptible to get infection who frequently visits different women or even the some woman maintaining, in turn, multiple relations simultaneously or successively.

T. R. Seth "Reaction of the Patients towards V. D. Infections" under preparation.

Therefore, the frequency of indulgence and the number of contacts or partners were most important variables along with the duration and nature of indulgence, to establish the pattern of sexual Indulgence.

Our analysis* revealed that 35% of our respondents indulged in coitus "whenever they got a chance," thus avoided the direct answer, 33% indulged two to four times in a month, 10% indulged 15 times whereas in the case 3% indulgence was as high as once daily on the average, while 7% indulged only once till then. This last group of 7% comprising unmarried respondents only, acquired infection on the very first chance.

The partners of our respondents were mainly professionals and casual acquaintances, thus promiscuous. This fact was further confirmed by our probe into the number of contacts or partners of our respondents. Out of those 80 respondents who had more than one partners, 75% had more than two 10% had only one partner within the last six months. Not only this, out of the remaining 20 respondents who had only one partners in their lives, 35% acquired infection after repeated indulgence with the same contact. This revealed the partner of these 20 respondents were maintaining multiple relations.

CONCLUSION

Our analysis clearly indicated that majority of our respondents had a history of prolonged and frequent sexual indulgence irrespective of their marital status. The cultural norm in our society prohibits any kind of sexual indulgence except marital and the fact that 53% of our respondents were married established that either of the spouses of this group was maintaining extra marital relations and, carried the infection, thus deviated from traditional norm. This was, therefore,

either formulating its own norms which were contradictory to the established norms of our society or revolutionalising the existing norms governing sexual behaviour, which may be manifested in the modern value system[5].

*No distinction was made regarding indulgence with wives and extra-marital in the case of married resp:ndents.

This was further confirmed by the reluctance on the part of 40 respondents who delayed in reporting for treatment even after realising their infection. Their reluctance to report for treatment reflected clearly that their sexual practices were in direct contravention of the accepted sex codes of our society.

The repeated performance of same act by the individuals which is governed by the new norms established the degree of strength of that act or that trait of the cultural pattern. The continuous visits of majority of our respondents to women even after getting infection for sexual practices is a strong trait contradicting our sex code and might become institutionalised in due course. This is further confirmed by the fact that they continued visiting women for sexual indulgence even after repeated recurrence of infection.

The voluntary character of sexual practices of majority of our respondents along with the evasive nature of the 'promiscuousfemale-infections-pool' as partners of our respondents which comprise of professionals and casual acquaintances, and the infection carried by members of the families of some of our respondents are the main contributing factors in strengthening the contradictory new norms governing the sexual pattern of V. D. Universe.

But our findings are tentative and need to be confirmed by studies in other universe with larger samples.

ACKNOWLEDGEMENT

The author acknowledges his deep gratitude to the medical Superintendent, Safdarjang Hospital for his permission to publish this paper. His acknowledgments are also due to M/s. S. S. Narang, pathologist, N. C. Bhargava, Venereologist (both from V. D. Centre Safdarjang Hospital) and C. Rajagopalan, Asstt. Professor Humanities, Indian Institute of Technology, Hauz Khas, New Delhi, for their help and valuable criticism during the preparation of this paper.

BIBLIOGRAPHY

1. Nicol C. S. "Venereal Diseases-Moral Standard and Public Opinion" Brit. J. Vener Dis. (1963).
2. Ramachander M. "A Study on the Pattern and Prevalence of Veneral Diseases at Kur_ nool" Indian Jr. of Dermatology and Venereology 155, Vol. 26 No. 4, 1960.
3. Seale J. R. "The Sexually Transmitted Diseases and Marriage" Brit. J. Vener Dis. (1966), 42, 36.
4. Tambi R. B. Venereal Diseases control' Indian Journal of Dermatology and Venereology, 178, Vol. 26 No. 4, 1960.
5. Who, Geneva Conference, 1965 "International work in Endemic Trebonematoses and Venereal Infections' 1948-1963" Pg.-22.