MARITAL STATUS AND VENEREAL DISEASES

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Introduction

The venereal diseases are diseases of antiquity. They are said to have been described by Celsus, Calen and Hippocrates. It is believed that they were brought to Europe from America by the Coloumbus expedition in 1492. The global increase in incidence of venereal disease has thrown a challenge to medicine. It is not a problem of treatment alone but of prevention and control. In any programme for the control of communicable disease, psycho-social factors stand out as most vital influencing the epidemiologic aspect to a large extent. The marital status is one of the important social factors amongst the non-bacterial causes of venereal diseases. A study of which might throw some light on the possible steps that could be taken to initiate community action to bring down the prevalence of the diseases. Exposure and acquisition of venereal diseases patients attending the hospital in Pondicherry, it was found that 42.1% of them were unmarried and 57.9% were married. However, when these figures were compared to the percentage of married and unmarried people in the general population, the prevalence of venereal diseases in unmarried people was significantly high and in the married people significantly low[1]. The authors also found an association between marital status and type of contact the persons had. A higher proportion of unmarried people had contact with prostitutes and a high proportion of married people with "family women" (good-time girls). In a study of servicemen suffering from venereal diseases in Poona bachelorhood was found to be significantly associated with venereal diseases[2]. However, in the Railway colony, Lucknow, it was found that prevalence was higher among the married than the unmarried[3]. Tampi and Rao reported that venereal diseases are more common among married than among unmarried persons[4]. In a recent hospital study of venereal diseases patients in Delhi, it was found that 53% of the respondents were married, and rest unmarried[5]. In a study of teenage venereal diseases patients in Delhi, it was found that the proportion of married teenagers was higher among experimental group and this difference was found to be highly significant[6]. In a study of venereal disease incidence in Finland, it was found that among elderly people, both males and females the role of infection is greater in unmarried people than in the married people[7]. In a survey of 200 venereal diseases and 86 Impetigo patients, the percentages of married people were 52.5% and 46.5% respectively[8].

A positive correlation between acquisition of venereal diseases and marital disharmony had been reported by several authors[2,9,10]. Seale interviewed 84 married patients and their spouses and reported the incidence of marital disharmony according to the predominant

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Received for Publication on 11—9—1972

causes like financial, housing, sexual and lack of common interest. It was found that lack of common interest was the predominant factor in the marital disharmony[10]. In a study of 50 cases in Chicago, it was found that venereal diseases were evenly distributed among married and single subjects. On the married group 60% were separated from the wife or reported difficulties in their marital relations. Even among those patients who claimed that their marital relation was good, there was a high frequency of extra-marital exposures amongst them. Such a poor adjustment to a marital life appears to be evidence of a personality deficiency[9]. In a study of 100 males of venereal diseases patients and 100 controls in poona Military Hospital, 40% of the disease group and only 1.6% of the control group reported marital disharmony[2]. The difference was very highly significant. The author also suggested that marital disharmony[2]. The difference was very highly significant.

Methodology

The study was carried out on two hundered patients diagnosed as suffering from venereal diseases for first time in the venereal diseases outpatients clinics of the All India Institute of Medical Sciences and Safdarjang Hospitals. Another of two hundered persons, matched of age were selected as controls from the Dermatoloy clinics of the same hospitals from January 1971 to December, 1971.

All the patients were interviewed in private after initially gaining their confidence by explanation of the purpose and assurance of the confidential nature of the information gathered. In addition to other factors such as sexual history also taken.

Findings and Discussions

The patients were grouped as married, unmarried and widowers as shown in Table 1.

No difference was found in the distribution of these groups in the cases and controls. This finding is contradictory to reports in literature by several workers (3, 6, 7, 9), who generally seem agreed that venereal disease is more of a problem in married people. Some other workers on the other had felt that bachelors were more prone to venereal disease (2, 4, 8, 10). In view of the fact that marriage is almost universal in our culture and that perhaps the strongest determinant of a person's marital status is his age, it was felt that the more fact of marriage was not very meaningful. The analysis could perhaps be refined by considering whether or not a person was living with his wife and also whether or not he was happily married. When analysis was done along these lines, significant differences showed up (Table 2.)

Of the 100 married people amongst the cases 30 were currently living apart from their wives while in 109 married controls only 7 were living apart from their wives. This difference is statistically significant at 0.1% level ($p < 0.001$). When analysis was done on the basis of whether or not a person claimed to be happily married, this statistically significant difference continued to be present. Twenty seven percent of the married men with venereal disease said that they were unhappily married whilst only a tenth of that percentage amongst the controls were not happily married (Table 3).

In an attempt to further delineate these differences, the analysis were repeated taking into consideration only those married persons in the study who were currently living with their wives. Here, too, the proportion of persons unhappy in their marriages was greater among the cases of venereal diseases. This difference was again significant at one tenth of 1% level ($P < 0.001$), (Table 4).

TABLE 1

Distribution of patients according to their marital status

Marital status	Case		Control		Total	
	No.	percentage	No.	percentage	No.	percentage
Married	100	50.0	109	54.5	209	52.25
Unmarried	99	49.5	86	4.30	185	46.25
Widower	1	0.5	5	2.5	6	1.50
Total	200	100.0	200	100.0	400	100.00

$x2 = 0.641$, $df = 2$, $P < 0.5$

TABLE 2

Distribution of married patients according to their living pattern with wives

Currently living apart from wives	Case		Control		Total	
	No.	percentage	No.	percentage	No.	percentage
Yes	30	30	7	6.4	37	17.7
No	70	70	102	93.6	172	82.3
Total	100	100	109	100.0	209	100.0

$x 2 = 18.3$, $df = 1$, $P < 0.001$

TABLE 3

Distribution of the patients according to their marital discord

Marital discord	Case		Control		Total	
	No.	percentage	No.	percentage	No.	percentage
Yes	27	27	3	2.7	30	14.3
No	73	73	106	97.3	179	85.7
Total	100	100	109	100.0	209	100.0

$x2 = 23.01$, $df = 1$, $P < 0.001$

TABLE 4

Distribution of married persons, currently living with their wives, according to the status of their marriage

State of marriage	Case		Contral		Total	
	No.	percentage	No.	percentage	No.	percentage
Discordant	19	27.2	1	0.9	20	11.6
Harmonius	51	62.8	101	99.1	152	88.4
Total	70	100.0	102	100.0	172	100.0

$x2 = 25.16$, $df = 1$, $P < 0.0001$

The findings in this study too seemed to indicate that there is association between marriage and venereal diseases. This association was not determined by whether or not a person was married, which in the opinion of the investigator often depends upon the subjects age but whether or not the person was actually staying with the wife after having married and whether or not he was happily married. Because no attempt was made to determine the state of marital harmony other than by questioning the interviewee, it is quite possible that an element of bias has entered in this part of the study. It is not inconceivable that patients of venereal diseases have attempted consciously or unconsciously to excuse their illicit sexual relationship on the basis of their unhappy married life.

REFERENCES

1. Rangaswamy R et al : Marital Status and Venereal Disease Ind J Derm and Vener 35 : 129 1969.
2. Singh K et al ; Psycho-social factors of Background of Servicemen Contracticg VD J Ind Med Assn 46 : 270 1966.
3. Kapoor OP and Prasad BG Survey of the Prevalence of Syphilis Ind J Derm and Vener 30 : 129 1969.
4. Tampi RB and Rao S Marital Status and Prevalence of VD Ind J Derm and Vener 24 : 25 1958.
5. Seth TR : Socio-physical Factors and Incidence of VD Ind J Derm and Vener 36 : 93 1970.
6. Shandilya I : Study of Psycho-social factors of VD among Teenagers Thesis for MD in Preventive and Social Medicine All India Institute of Medical Sciences 1965.
7. Haro HS et al : Gonorrhoea and its Control in Finland Brit JVD 27 : 120 1961.
8. Wittkower ED and Cowan : Some psychological aspects of sexual Promiscuity Psychosom Medicine 6 : 287 1944.
9. Bundersen HN and Plotke F : Psychosomatic approach of VD Control Amer JPH 39 : 1535 1949.
10. Seale JR, The Sexually Transmitted Disease and Marriage, Brit JVD, 42 : 31, 1966.

True

Reticulocyte count and hemoglobin estimation are of greater importance than periodic leukocyte and platelet estimation. Because of this major effect on erythrocytes azaribine is a useful drug in the treatment of Polycythemia Vera.

Ref: Editorial: Year book of Dermatology, 1972, p. 63.