

## VENEREAL DISEASES AMONG BENGALIS AND PAKISTANIS - AN APPRAISAL ON FURTHER SOCIAL FACTORS

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### Summary

The present report ascertains the marital status and some religious and recreational factors of male Bengalis and Pakistanis who attended venereal disease (VD) clinics in England. In total 445 male Bengalis and Pakistanis were interviewed. Of them 160 attended a VD clinic and formed the basis of the study. The remaining served as a Control group.

In recent years Venereal Diseases have resisted every available control measures and have constituted a serious challenge to both the social and medical services in many parts of the world. Similarly an increase in the reported number of cases has also been witnessed in Great Britain which coincided with the new wave of immigration there, mostly by Commonwealth citizens. There is still some doubt as to the contribution of those immigrants (Hossain 1970a), while there may well be some confusion concerning the increase in venereal diseases in Britain (Hossain 1971a). However, numerous social and epidemiological studies on immigrants have therefore been undertaken in Britain, but most were based on West Indians. People from Bangladesh and Pakistan contribute a fair proportion of working immigrants in Britain, a considerable number of whom have been reported attending venereal disease clinics in England, but no details were available on them. There are certain factors based on religious and social codes of these Asian Muslims which made them less likely to indulge in indis-

criminate sexual promiscuity, as *Quran* recommends capital punishment for those indulging in sex relations outside wedlock. There was therefore a need of a study which can define some social factors associated with sexual behaviour of these immigrant population.

Whilst absence of regular sex consorts has somewhat diverse influence on some people (Hossain 1967), Hossain (1971b) pointed out that Pakistanis who were attending a venereal disease clinic in Britain were more precocious sexually than their fellow-nationals. They also had no knowledge of sexually transmitted diseases and were, therefore, possibly unaware of the risks they ran in respect of venereal diseases (Hossain 1969, 1970b). On the other hand, it appeared that in England there was always someone to sell her body, and the Pakistanis had a greater economic prosperity (Hossain 1970c). The places where they lived were frequently visited by "call girls" for the purpose of soliciting (Hossain 1971c). Suggestion (Beveridge 1962) has been put forward that social integration is seldom established as the Muslims cannot drink alcohol. On the other hand, because of their language problem and different culture and customs Bengalis and Pakistanis were

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Received for Publication on 26-5-1972

not possibly so easily assimilated into the English community. This, in turn, might suggest that suitable recreational and cultural facilities might not have been accessible to these immigrants in England. The present communication has therefore been aimed to illustrate such further social factors as marital status and attitude towards marriage, religious obligations, and recreational habits of male Bengali and Pakistani immigrants attending venereal disease clinics in England.

### Material and Method

The study included 160 male Bengalis and Pakistanis who were ordinarily residing in Britain and were attending a venereal disease (VD) clinic in England between 1967 and 1968. Because of the great diversity of religion, culture and custom of these Muslim immigrants, comparison with other population appeared invalid and biased. The results of the affected (VD) group were therefore compared with those of 285 male Bengalis and Pakistanis, representing the Control group, who were residing in Britain but were not attending any (VD) clinic at the time of study. The controls were similar in many respects and were drawn proportionately from the same parent population and the areas from where the affected group came. The ages of the sample population ranged between 15 and 50 years and over. The mean age was 32.4 years for the VD group and 32.2 years for the controls, and the standard deviation was 7.0 years for both the groups.

The entire sample population was face-to-face interviewed by the author through a standardised questionnaire in their own languages. The questionnaire was initially used in a pilot study and was later modified.

As the observations were in the form of a classification of a variable or some attribute which was not quantifiable, the  $X^2$  (Chi-squared) test was used to investigate the significance of the difference so as to determine whether the

VD group and the Control group could be considered to represent two different populations with respect to the variable being studied or whether they represent the same population. In other instances the data were measured calculating the mean and the standard deviation.

## RESULTS

### Marital Status

One of the VD group was a widower of 18 years standing. Among the Control group there were 2 widowers and 1 divorced, the latter's marriage lasted for a year having been divorced 9 years ago. Of those widowed, one's wife died 6 years and the others 15 years previously. Excluding them the difference between the two groups was not significant statistically, and 77 (48.4%) of the VD group and 122 (43.3%) of the Control group were married. Only 1 (1.3%) of the VD group and 7 (5.6%) controls stated that they married more than once but did so only after the death of previous wives. Of the married population including the widowed and divorced, 21 (26.9%) of the VD group and 26 (20.8%) controls got married during their residence in Britain. There was, however no statistically significant difference between the two groups in this respect.

The difference between the two groups was found insignificant statistically when the length of their marriage including of those who were widowed or divorced was calculated. The length varied between less than a year and beyond 31 years. The average mean duration of marriage in both groups was 11.9 years with a standard deviation of 7.57 years for the VD group and 7.37 years for the controls.

The difference between the two groups was also statistically insignificant for their ages at marriage. The average age at marriage was 22.56 years for the VD group and 23.11 years for the controls with a standard deviation of 4.75 years for the former and 4.81 years for the

latter. Although people got married as late as 35 years, marriages occasionally took place before the age of 16 years. Among the VD group only 1 (1.3%) married at age 15 and none at 16 or 14 and under. Among the Control group 2(1.6%) married at the age of 14 and under, none at 15 but 2(1.6%) at the age of 16 years.

Although one-quarter of both groups had no children, the VD group had more number of children than the Control group had (Table I). The difference between the two groups was statistically significant. ( $\chi^2 = 9.4$  and  $p < .03$ ).

### Attitude towards Marriage

An analysis of the attitude of the bachelors including those who were widowed or divorced about prospective marriage revealed that 30(36.1%) out of 83 of the VD group and 38 (23.3%) out of 163 controls were willing to marry soon, but 13 (15.7%) of the VD group and 70 (43.0%) controls denied to marry soon. The remaining of both groups were uncertain. The difference between the two groups was highly significant statistically ( $\chi^2 = 18.4$  and  $p < .0001$ ).

Whether or not they wished to get married soon, a great proportion of

TABLE I  
Number of children of the married Bengalis and Pakistanis in England.

Number of Children	VD Group		Control		Total	
	No.	Percentage	No.	Percentage	No.	Percentage
None	21	27.0	25	20.0	46	22.7
1	10	12.8	23	18.4	33	16.3
2	9	11.5	30	24.0	39	19.2
3	13	16.7	23	18.4	36	17.7
4	13	16.7	12	9.6	25	12.3
5 +	12	15.3	12	9.6	24	11.8
All	78	100.0	125	100.0	203	100.0

The difference between the two groups was statistically highly significant ( $\chi^2 = 20.8$  and  $p = .00001$ ), and only 6 (7.8%) out of 77 of the VD group but 42 (34.4%) out of 122 of the Control group lived in England with their wives.

All the wives were cited as nationals of Bangladesh or Pakistan except 2 of the VD group and 2 controls who had British wives.

A history of polygamy was infrequent. Only 2 (1.2%) of the VD group and 2(0.7%) of controls each of whom had 2 wives, both living. Also, 9(5.6%) of the VD group and 15 (5.3%) of the Control group gave such a history for their parents, and so another 19(11.9%) of the VD group and 24(5.3%) controls gave it for their family members.

them did not intend to marry outside their own community. Only 6 (7.2%) of the VD group and 6(3.7%) controls agreed for such a marriage, while 32 (38.5%) of the VD group and 62(38.0%) of the Control group were uncertain. The difference between the two groups was, however, statistically insignificant.

There were 4(2.5%) of the VD group but 20 (7%) controls who were living in England with a mistress as husband and wife. The marital status revealed that among the VD group there were 2 bachelors, 1 widower and 1 married, and among the controls there were 13 bachelors and 7 married. The numbers were too small to provide evidence of a difference that there might be any between the two groups. The length of

residence with the mistresses was under 3 years among the VD group. Among the Control group 13 had lived with their mistresses for less than 3 years, and 7 had lived with them for less than 5 years. All the mistresses were cited as British nationals excluding 7 who were Irish nationals. Excluding those who were married, only 1 of the VD group and none of the Control group agreed to marry outside his own community.

Similarly, there were 8 (5%) of the VD group who had a steady girl friend of foreign nationality, of whom 2 were willing to marry outside their own community. The comparative figure for the Control group was 20 (7%) of whom 4 were willing.

#### Religious Obligations

Muslims are obliged to say their 'namaz' (prayer) five times a day throughout the year, but can also say their 'namaz' as often as possible when for any reason such a frequency cannot be maintained. Twenty-six (16.2%) of the VD group and 51 (17.9%) said their 'namaz' occasionally, but 122 (76.3%) of the VD group and 171 (62.1%) of the Control practically never said their 'namaz', other than perhaps those of yearly festivals. There were fewer in the VD group than in the Control who said their prayers daily or often. This included 3 (1.9%) of the VD group and 36 (12.6%) of the Control group who said their 'namaz' daily 5 times a day, while the remaining 9 (5.6%) of the VD group and 21 (7.4%) of controls said it as often as possible. The difference between the two groups was statistically significant ( $X^2 = 13.5$  and  $p < .005$ ).

Two of the VD group were excluded as their drinking habits were unknown. Of the remaining, 60 (38%) of the VD group but 78 (27.4%) of the Control group claimed that they drank alcohol once or more. The difference between the two groups was statistically significant ( $x^2 = 5.34$  and  $p < .025$ ). Of those

who drank alcohol, 31 (51.7%) of the VD group and 35 (44.9%) of controls drank it very seldom, the frequency varied once in a month to years. Only 17 (28.3%) of the VD group and 23 (29.5%) of the Control group drank it regularly. The difference between the two groups was, however, statistically insignificant.

#### Social Leisure

There was a statistically highly significant difference between the two groups in relation to have personal (best) friends among the British people ( $x^2 = 12.4$  and  $p < .0005$ ). Only 50 (31.3%) of the VD group but 138 (48.4%) of the Control groups claimed to have British friends. Of them 36 (72%) of the VD group and 69 (50%) of the Control group found them at their work. Thus, more of the Control group than of the VD group found their friends outside their working environment. This resulted in a statistically significant difference between the two groups ( $X^2 = 7.2$  and  $p < .01$ ). However, of those who had personal friends among British people, about half of both groups comprising 27 (54%) of the VD group and 72 (52.2%) controls had no social visit with their friends. Only 22 (44%) of the VD group and 55 (39.8%) of the Control group visited them upto 4 times a month, and 1 (2%) of the VD group but 11 (8%) Controls visited them more often. The difference between the two groups was, however, statistically insignificant.

The frequency of Bengalis and Pakistanis visiting other fellow-nationals (including relatives) not residing with them has been illustrated in Table II. The difference between the two groups was statistically highly significant ( $X^2 = 18.3$  and  $p < .005$ ). Far more of the Control group than of the VD group maintained their social contact with Bengalis, Indians or Pakistanis more often.

TABLE II

The frequency of Bengalis and Pakistanis visiting other Bengalis, Indians and Pakistanis in England.

Frequency Per month	VD Group		Control		Total	
	No.	Percentage	No.	Percentage	No.	Percentage
0 — 1	6	3.8	6	2.1	12	2.7
2 — 3	13	8.1	24	8.4	37	8.3
4 — 8	101	63.1	132	46.3	233	52.4
9 — 15	22	13.8	48	16.9	70	15.7
16 — 30	18	11.2	75	26.3	93	20.9
All	160	100.0	285	100.0	445	100.0

### Recreational Habits

The frequency with which they read newspapers, books and/or journals in any language as a source of recreation is shown in Table III. The VD group read them casually while the Control group read them often. The difference between the two groups was statistically very highly significant ( $X^2 = 47.4$  and  $p < .00001$ ).

There was a statistically highly significant difference between the two groups ( $X^2 = 26.4$  and  $p < .00009$ ), and more of the VD group than of the Control group denied listening to radio and/or watching television (Table IV).

A great proportion of both groups comprising 120 (75%) of the VD and 219 (77%) controls denied ever going to

TABLE III

Frequency of reading by Bengalis and Pakistanis in England.

Frequency Per month	VD Group		Control		Total	
	No.	Percentage	No.	Percentage	No.	Percentage
0	93	58.1	140	49.1	233	52.4
1 — 8	48	30.0	34	11.9	82	18.4
9 — 15	7	4.4	11	4.0	18	4.0
16 — 30	12	7.5	100	35.0	112	25.2
All	160	100.0	285	100.0	445	100.0

Twenty-four (15%) of the VD group and 35 (12.3%) of the Control group denied going to cinema or theatre ever, and 94 (58.8%) of the VD group and 128 (44.9%) controls went there 4 or more times a month. Of the remaining 13 (8.1%) of the VD group and 20 (7%) Controls went there usually once a month, and the other 29 (18.1%) of the VD group and 102 (35.8%) Controls went there 2-3 times a month. The difference between the two groups was statistically significant in this respect ( $X^2 = 15.9$  and  $p < .005$ ).

dance halls or to other similar places of recreation. Only 22 (13.7%) of the VD group and 42 (14.7%) controls visited them, at least, once a week or more. The remaining 18 (11.3%) of the VD group and 24 (8.3%) of the Control group visited them occasionally once to three times a month. The difference between the two groups was statistically insignificant.

A small proportion of both groups comprising 18 (11.3%) of the VD group and 50 (17.5%) of the Control group

TABLE IV  
Frequency of listening to radio or watching television.

Frequency Per month	VD Group		Control		Total	
	No.	Percentage	No.	Percentage	No.	Percentage
0	55	34.4	63	22.1	118	26.5
1 — 2	7	4.4	6	2.0	13	2.9
3 — 4	9	5.6	11	3.9	20	4.5
5 — 8	15	9.4	21	7.4	36	8.1
9 — 15	21	13.1	19	6.7	40	9.0
16 — 30	53	33.1	165	57.9	218	49.0
All	160	100.0	285	100.0	445	100.0

visited any social clubs. The difference between the two groups was again not significant statistically.

Apart from the usual means of leisure activities, an enquiry was made whether they had any special hobby. Only 5 (3.1%) of the VD group but 28 (9.8%) of the Control group had any such hobby. The difference between the two groups was statistically significant ( $X^2 = 6.7$  and  $p < .01$ ).

**Discussion**

Absence of a stable sex life as well as a family environment was a most prominent feature among male Bengali and Pakistani immigrants attending venereal disease clinics in England. The results of this study also revealed an evidence that they had no strong feeling about their religious obligations and were less religious than their fellownationals, some even drank alcohol. They also had no recreational and cultural activities.

There was no difference between the proportion of married in either group. Nor was there any difference for how long they were married and when or where they got married. There was also no evidence that early marriage was widely practised in those parts of the sub-continent, though most people of this study came from rural areas (Hossain 1970c). Although there was no difference between the two groups when their age at marriage was analysed, the two groups differed significantly

when the difference between the two means was calculated. The mean age at marriage of the VD group was 22.56 years with a standard deviation of 4.75 years. The comparative figures for the Control group were 23.11 and 4.81 years. The difference between their mean age at marriage was 0.55 year, and the standard error of the difference between the two means was 0.22 years. According to statistical definition it should be noted that the difference between the means of a sample is said to be significant when it exceeds twice the value of standard error. At that point the probability of the difference occurring by chance is less than .05, i.e., less than 1 in 20. It was therefore evident that the VD group married at a slightly earlier age than did the Control group. On the other hand, although more of the VD group than of the Control group had no children, the average number of children was 3.2 for the VD group and 2.6 for the Control group. Whether or not the VD group came from a large family, as the study among the servicemen in India (Singh et al. 1966) revealed, they certainly had larger families than the Control group.

It is known that special temptations assail those who remain separated from their families. As it is with the immigrants (Hossain 1967), men and women who remain separated from their sex partners for prolonged periods and who have to live in an uncongenial environment are more prone to embark

on amorous adventures than others (Wittkower 1948). As the male immigrants often lack domestic and social influences, their increasing earning capacity and variety of psychological stresses lead them to find certain form of social outlet. Frequently one is forced to look further afield also for sexual adventures because of the disproportion between the number of men and women immigrants (Nicol et al. 1960), while some people are more apt to undertake light hearted sexual relationships than others (Grimble 1965). Rejection by local community also plays its part. The male immigrants therefore resort to the local prostitutes perhaps because sexual relationships offer an easy, quick, and exciting way of establishing a new and intimate association (Sutherland 1950). They are therefore found more prone to contract venereal infection than men of same age-group in the indigenous population (Willcox 1965).

The immigrants, in general, arrive in the country alone, and usually send for their families when they are settled. As a result when the numbers of unaccompanied male decreases, the family life and the presence of stable sex life perhaps reduces the risk of sexual promiscuity. Similar effects may be seen with those who are living with a mistress or have steady girl friend. That's why many venereologists agree that a stable sexual union, whether in or outside wedlock, is unlikely to carry the risk of venereal infection. Suggestion for official encouragement of immigrating with wife and family has therefore been made, particularly, in relation to the Commonwealth immigrants (Laird and Mortin, 1959) (in 1972, Pakistan resigned from Commonwealth countries). Yet, male Bengalis and Pakistanis in England lacked a stable sex and family life. The present study noted that only 7.8 per cent of the VD group but 34.4 per cent of the Control group lived in England with their wives. This agreed with what the

Indian study (Singh et al. 1966) had also noted. Again, less of the VD group than of the Control group were found to live with a mistress as husband and wife. The proportion in the VD group was also similarly less among those who had a steady girl friend.

Many people still believe the Muslims are polygamous as their religion permits it. This study, however, failed to find that polygamy is widely practised now in either Bangladesh or Pakistan. Only a negligible proportion of both groups gave any such history among themselves, or among their parents or other family members.

Among the bachelors, more of the VD group than of the Control group intended to marry soon. Whilst this may be a reflection of the general pattern as more of them married at an earlier age this also suggests that they might have acquired the economic stability or have appreciated their loneliness and now wish to enter the home-making group. Whether such an appreciation would have any practical value would depend if they were willing to bring thier wives after marriage. However, in considering the control of venereal infection in the immigrant population, Willcox (1965) strongly favoured intermarriage so as to confer a stable sex life. This, however, appeared non-acceptable to these particular immigrant population, and included even those who were either living with a mistress or had a steady girl friend of foreign nationality.

Religious upbringing (Macfarlane 1948) exerts some influence against sexual promiscuity. The more religious one is, the less possibility he stands of indiscriminate sexual behaviour. The present study confirmed the view. The Control groups appeared to be more religious than the VD group (Singh et al. 1966) and they, therefore, presumably felt strongly about observing religious obligations. However, as has

been noted in recent years, more Pakistanis were venturing into public houses in Britain (Beveridge 1962), despite their religious obligations more of VD group than of the Control group claimed that they drank alcohol. Therefore, as in their consumption of alcohol, they were perhaps at the same time became less religious and more sexually permissive.

Immigrants are usually prone to a certain amount of exaggerated psychological reactions as social relationships are not easily established. The home population generally exert various influences on them with certain discrimination which usually lead the immigrants non-integrated consequently resulting in psychosis and frustration (Tewfik and Okasha 1965). The impact of the problem may be more pronounced because of the diversity of culture, custom and religion of these immigrant population, and yet most of them showed no enthusiasm for social integration. About half of the controls compared to one-third of the VD group had personal (best) friends among British people. Although there was no difference between the two groups for maintaining any social contact through visiting each other, fewer of the VD group than of the Control group found their friends outside their working environment. This suggests that the Control group was perhaps interested of being accepted by the British people and were possibly active in finding friends than did the VD group. It also appeared that the VD group might be more in the nature of a 'sub-culture', in England with few connections into ordinary British society. They possibly maintained their social as well as sexual life in relative isolation from the community in which they lived. However, because only a small proportion of them maintained any social contact with British people, it was assumed that they probably used their leisure time by visiting other Bengalis, Indians and Pakistanis not living with

them. This study noted that although the VD group maintained such social contact but not as often as the Control group did.

From their tendency of finding personal friends among British people and from their drinking habits, there was no evidence to support that strict non-consumption of alcohol denied Muslims access to the social life of the local British community (Beveridge 1962).

The influence of leisure does not need to be re-emphasized. It was, however, not known how much recreational and cultural facilities were available to them in England and, what was of more importance, how much they used them in their leisure hours.

An evaluation of their cultural attainments and use of recreation through reading newspapers, books and/journals in any language revealed that more of the Control group than of the VD group read them regularly. More of the VD group than of the Control group denied listening to radio and/or watching television, and enjoyed them occasionally and casually. There were no differences between the two groups in regard to visiting Dance Halls and other similar places of recreation, or in visiting social clubs. Only a small proportion of both groups claimed to visit them. Fewer of the VD group than of the Control group also had any special hobby.

Few of them denied going to the cinema or theatre but the proportion was more in the VD group than in the Control group among those who did not go there, and who went there 4 or more times a month. Nearly everyone went to cinema, and for the vast majority the only visual recreation were Indo-Pakistani films shown in most cities and industrial towns of Britain with high concentration of Bengali, Indian and Pakistani immigrants.

In general, the VD group were found less active culturally. They did not put their leisure to good account. There



was no evidence that recreational facilities were non-accessible to them. Rather they did not avail themselves of all the recreational facilities to which they had access as fully as the Control group did.

There was no difference in marital status among the Bengalis and Pakistanis in England. The history of early marriage and of polygamy were infrequent. Those in the VD group, however, had a large family and married at an earlier age than their fellow-nationals.

Absence of stable sex life as well as lack of family environment were most prominent features among the VD group. Very few of them lived in England with a wife or family. Similarly, they were few of those who were living with a mistress or had a steady girl friend. Among the bachelors though more of the VD group than of the Control group were willing to marry in the near future, most of them indicated no desire for inter-marriage.

Persons who attended VD clinics appeared to have no strong feeling about observing their religious obligations, some of them drank alcohol even.

Whether due to their own customs perhaps influenced by some other factors, most of them remained segregated from the British community. Fewer of the VD group than of the Control group had British friends, and far fewer of them found their friends outside their working environment.

There was no evidence that cultural and recreational facilities were not accessible to these immigrants in England. Despite the availability of wide-ranging facilities, the VD group failed to put their leisure hours to good account and for any constructive recreation. Their only recreation was to enjoy cinema, usually Indian and Pakistani films, and to visit other Bengalis, Indians and Pakistanis not living with them.

#### Acknowledgment

The author wishes to thank Dr. C.S. Nicol, Physician-in-Charge to the Lydia Department at St. Thomas' Hospital, London, Dr. R. D. Catterall, Director to the James Pringle House at Middlesex Hospital, London, Dr. G.S. Andrew, Consultant Venereologist at St. Luke's Hospital, Bradford, Yorkshire, and Dr. C. D. Alergant, Senior Consultant Venereologist at Liverpool Royal Infirmary and Seamen's Dispensary, Liverpool for allowing me to study their patients; Mr. E. F. Harding and Dr. J M. Bynner, for a variety of help; and Dr. Suraiya Hossain, for constant support and encouragement.

#### REFERENCES

1. Beveridge, MM (1962) *Br J vener Dis*, 38: 154-156.
2. Grimble, A (1965) *Br J vener Dis*, 41: 186-192.
3. Hossain ASMT (1967) *Pakist J Hlth*, 17: 41-58.
4. Hossain. ASMT (1969) *Pakist med Rev*, 4: 18-26.
5. Hossain, ASMT (1970a) *Indian Pract*, 23: 753-758.
6. Hossain, ASMT (1970b) *Hlth educ J*, 29: 135-141.
7. Hossain, ASMT (1970c) *Pakist med Rev*, 5: 471-481.
8. Hossain, ASMT (1971a) *Indian J Derm-venereol*, 37: 214-222.
9. Hossain, ASMT (1971b) *Soc Sci & Med* 5: 227-241.
10. Hossain, ASMT (1971c) *Publ Hlth (Lond)* 85: 123-131.
11. Laird, SM and Morton, RS (1959) *Br J vener Dis*, 35: 187-196.
12. Macfarlane, WV (1948) *Publ Hlth (Lond)*, 62: 4-8.
13. Nicol, C S, Brinton, M, Bird, GS and Rigden, M S (1960) *Br J vener Dis*, 36: 44-48.
14. Singh, K, Mohamed, E and Sukhija, CL (1966) *J Indian med Ass*, 46: 270-274.
15. Sutherland, E (1950) *Br J vener Dis*, 26: 1-12.
16. Tewfik, GI and Okasha, A (1965) *Postgrad med J*, 41: 603-612.
17. Willcox, R R (1965) *Practitioner*, 195: 628-638.
18. Wittkower, ED (1948) *Br J vener Dis*, 24: 59-64.