

## A STUDY OF BEHAVIOURAL ASPECTS OF SEXUALLY TRANSMITTED DISEASES

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### Summary

Some of the behavioural aspects of 227 randomly selected male patients attending the STD Clinic of Safdarjung Hospital, New Delhi, were analysed. The majority were below thirty years of age and poorly educated. Two thirds of the patients were teetotallers.

37.4% study group were promiscuous and 35.3% of the study group were repeaters. A high incidence of pre-marital sex was noted. 35.2% of the married stated their spouse to be the cause of the STD. 11.9% of the study group admitted to homosexuality.

Professional women (prostitutes and call girls) were the source of the majority of infections. There was a statistically significant relationship between consumption of alcohol and promiscuity. None of the major STDs was significantly more frequently acquired from any particular source. NSU however was more frequent among the homosexual.

Such studies should be conducted from time to time to understand and evaluate the trend of permissiveness in the existing society.

**KEY WORDS:** Sexual Behaviour; Sexually Transmitted Diseases.

The world-wide trend towards a structural homogeneity in social behaviour and attitudes has resulted in the erosion of oriental culture. Attitudes of life based on emotions, beliefs and knowledge guide sexual behaviour. Promiscuity has been facilitated by decline in the inhibitions imposed by social customs, religion,

family, neighbours, public opinion and an increase in alcohol consumption. Sexual behaviour is the major single factor in the acquisition of STDs. Vulnerability to STDs begins with the onset of puberty and gains momentum thereafter.

A paucity of reports on the behaviour of patients attending STD clinics in Indian scientific literature prompted us to undertake this study.

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### Material and Methods

Of the male patients registered at the STD Training and Demonstration Centre, Safdarjung Hospital, New Delhi, during the period May to August 1981, 227 were randomly selected and evaluated with particular

stress on the behavioural aspects of each individual.

All patients were subjected to appropriate clinical and laboratory investigations before arriving at a final diagnosis.

**Observations**

The majority (93.8%) of the 227 patients had STDs. The remainder had various sex problems with a history of sexual exposure (Table 1). The sample is representative of the overall pattern of attendance for the various diseases at this Clinic.

**TABLE 1**  
Final diagnosis in 227 patients

Disease	No. of patients	%
Syphilis	21	9.2
Gonorrhoea	68	30.0
Chancroid	43	18.7
Trichomoniasis	24	12.7
Male contacts of females with trichomoniasis	5	
Non-specific urethritis	23	10.1
Genital warts	7	3.1
Balanoposthitis	9	4.0
Donovanosis	2	0.9
Lymphogranuloma venereum	8	3.5
Scabies	3	1.3
Non-STDs	14	6.5
<b>Total</b>	<b>227</b>	<b>100.0</b>

**Age and Marital Status**

51.5% of the 227 patients were single. Widowers and divorcees comprised only 5 patients. The majority of patients (79.2%) were under thirty. (Table 2).

**Educational Status**

Of the patients, 17.2% were illiterate and 63% had received schooling. Only 19.8% of the study group had attended college.

**Occupation**

Certain occupations tended to figure more prominently and repeatedly in

**TABLE 2**  
Age and marital status of the 227 patients

Age	Single	Married	Widower/ Divorcee	%
16-20	44	7	0	22.5
21-25	62	27	1	39.6
26-30	6	32	1	17.2
31-35	2	15	3	8.8
36-40	3	14	0	7.5
41 and above	0	10	0	4.4
<b>Total</b>	<b>117</b>	<b>105</b>	<b>5</b>	<b>10.0</b>

the study. Public and private transport workers (drivers, conductors, etc.) formed a major (12.3%) group, followed by students (8.4%), clerks (8.4%), hotel employees (4.9%) and policemen (4%).

**Sex Behaviour Pattern**

Of the single patients, 77.8% gave a history of heterosexual exposure and 17.1% gave a history of homosexuality.

61.0% of the married individuals stated extra-marital relationships to be the cause of their present STDs. 6.7% (7/105) admitted to homosexuality. 32.4% denied any extra-marital sex relationships.

**Alcoholism and Promiscuity**

The majority (65.2%) of the patients were teetotallers. Of the remainder, 6.1 were social alcoholics, 17 were regular alcoholics and one was a charas (cannabis) addict.

85 of the 227 (37.4%) were found to be promiscuous. 44.7% (38/85) of these were married.

**Source of Acquisition of STDs**

Professional women (i.e., prostitutes and call girls) were found to be the major source of STD (41.3%). Casual acquaintances (15.9%) and "girl friends" (9.3%) also accounted for a significant proportion of the cases

(Table 3). In 16 patients multiple recent exposures prevented the pinpointing of any definite source.

TABLE 3  
Source of acquisition of the disease

Source	No. of patients	%
Prostitutes	67	29.5
Call-girls	29	12.8
Casual acquaintances	36	15.9
Girl-friends	21	9.3
Marital	37	16.3
Homosexuals	10	4.4
Multiple	16	7.0
Others (eg. servant, sister-in-law, etc.)	4	1.8
Denial	7	3.0
Total	227	100.0

58.1% (68/117) of the single patients admitted to only a solitary exposure prior to the development of STD. An analysis of this group showed prostitutes to be the source in 29.4%, call girls in 17.6%, casual acquaintances in 36.8% and "girl friends" in 10.3%. Chance homosexual episodes accounted for the remainder (5.9%). An analysis of the various sources in relation to the specific STDs is shown in Table 4.

TABLE 4  
An analysis of STDs acquired from the various sources

Sources	Gono-rrhoea	Syph-ilis	Chan-croid	N.S.U.	Others
Prostitute	67	20	7	18	5
Call Girl	29	15	1	1	2
Girl Friend	21	4	4	7	1
Casual acquaintance	38	10	4	10	3
Homosexual	10	—	1	2	4
Total	165	49	17	38	15

### Homosexuality

27 (11.9%) of the patients most of whom were single, had indulged in homosexuality. Homosexual behaviour

was a chance episode during their lives in the majority (88.9%). Only three were regular homosexuals of whom one was married.

All except one, (who was an engineer) were from poor socio-economic and educational background.

### Repeaters

35.3% (80/227) of the study group had previous episodes of STD. Of these, 48 had earlier been registered at this clinic with one or more episodes of STD. In the remainder (23/80) a history suggestive of STD treated at other clinics or by a private practitioner was documented.

### Denials

Seven of the 227 patients denied all sex exposure. Of these, six had sexually transmitted diseases. Four of these seven were students and one was an unemployed widower.

### Discussion

#### Age

Morton<sup>1</sup> observed that sexual activity appeared to begin earlier than formerly in many countries. In a study of patients with gonorrhoea at Glasgow in 1972, only 12% were under 20 years of age<sup>2</sup>. In another study of patients with gonorrhoea reported from this Clinic in 1978, 14.5% were in the 16-20 years age group (Bhargava et al<sup>3</sup>). Rajan<sup>4</sup> from Singapore found an incidence of 18.5% among teenaged males in a study of patients with STDs. In our study, 22.5% of the patients were in the 16-20 years age group. As expected, the majority of patients (79.5%) were under 30 years of age.

#### Marital Status

In this study, the married comprised a sizeable proportion (46.3%) of the patients. This contrasts with Western reports where a decreasing trend in the

number of married and increasing numbers among single and formerly married groups has been noticed. In a study reported by Schofield<sup>3</sup>, 28% of the patients were married and 13% formerly married. Those formerly married comprised an insignificant percentage (2.2%) in our study.

### Educational Status

In the present study, 17.2% were illiterate. The rest had attended school but only one-fifth of the patients had graduate or higher technical qualifications, confirming the findings of Singh et al<sup>5</sup>.

### Occupation

Perfrement and Overfield<sup>6</sup> have suggested an occupational classification linked to the educational status of the patient. A uniform classification should be adopted so that figures from various clinics can be compared. In our study, a high prevalence among public and private transport workers, students, clerks, hotel employees and policemen was seen. Further screening of such groups is important for effective control of STD. The relatively high incidence of patients with clerical jobs in this study might be due to the fact that the hospital is located near major Government employees' housing complex and is a referral centre for the Central Government Health Scheme for Central Government employees.

### Alcoholism and Promiscuity

The relationship between alcoholism and promiscuity in Britain is well established; over 90% of casual contacts being made within or outside bars or public houses, these being the only places where strangers meet and make temporary friends at a time when inhibitions are clouded by alcohol (Schofield<sup>3</sup>).

In our study more than half of the 85 promiscuous patients consumed

alcohol on a casual (social alcoholics) or on a regular basis. The association was statistically significant. ( $X^2c = 12.3$   $p < 0.001$ ).

### Repeaters and Promiscuity

A high incidence of promiscuity (37.4%) is probably responsible for the maintenance of the repeater load. 55.3% of the promiscuous individuals were single. Schofield<sup>3</sup> found that 77% of the infections in men were due to indiscriminate promiscuity. It is the attitudes of this group that must be changed if an effective control of STD is to be obtained.

Glass<sup>7</sup> has shown that upwards of 50% of patients with gonorrhoea have more than one episode. In a previous study from our Clinic, Bhargava et al<sup>8</sup> have noted 25.49% incidence of repeaters. Perfrement and Overfield<sup>6</sup> noted a repeater incidence of 21% and noted that the attitude and reactions of the repeater group to the Clinic were more likely to be positive than the attitude of those attending the Clinic for the first time.

### Homosexuality

The British Co-operative Clinical Group<sup>8</sup> has discussed homosexually acquired conditions and their progressive increase in incidence in the U.K. The overall incidence of homosexuality in males with gonorrhoea in the U.K. was between 3.1 to 5.6% and in London the figure was 19.9% (range 7.7% to 27.6%). Fluker<sup>9</sup> noted a 15.5% incidence of homosexuality at a West London Hospital in males with gonorrhoea.

In the present study, though the overall incidence was 11.9%, only 4.4% had acquired STD through homosexuality.

### Sources of Acquisition of STDs

In the West, with growing degrees of

sexual freedom, prostitutes as a source of infection are on the decline. Dunlop<sup>10</sup> in London, U.K., has shown that whereas in 1961 about 32% of heterosexually infected men was infected by a paid source, the corresponding figure for 1969 was only 14%. The figures for "girl friends" during the same years were 27% and 49% respectively. According to Schofield<sup>3</sup>, 14.2% in 1967 and 5.3% in 1972 were infected by professional sources in U.K. In the same study in 1972, casual acquaintances were responsible for 70% to 72% of the infections in 1972, and girl friends for about 20%.

In sharp contrast to this, 97% of men in Singapore attributed their infection to prostitutes.

In the present study, professional women (prostitutes and call girls) were the major (42.3%) source of STDs. Casual acquaintances accounted for only 15.9% of exposures and girl friends were responsible for less than 10% of infections. This confirms Morton's<sup>1</sup> view that prostitution accounts for the great majority of infections in males in the Eastern and South American countries, whereas, among the developed countries, the growing freedom of women to express themselves sexually has reduced the percentage of men who attribute their infection to prostitutes in the countries concerned.

The first exposure is a major event in an individual's life—the breakdown of beliefs, accepted cultural norms and morality is often accompanied by anxiety and guilt feelings. Such exposures are frequently deliberate, often under the influence of alcohol and egged on by friends. An analysis of single patients with solitary sex exposure showed that the majority of these patients had their first exposure to professional women (47.0%). However, casual acquaintances also figure frequently (36.8%) enough to suggest that a

chance association with these women might be the turning point in the life of such men with poor resistance to temptation and plenty of curiosity to initiate the individual into an active sex life—breaking down his inhibitions.

15% of the patients denied extra-marital exposure and stated only a marital source of infection. An analysis of these patients revealed that of these 34 patients, five were repeaters, nine had pre-marital sex but only one was promiscuous. Two also manifested homosexual behaviour, of whom one regularly did so.

A statistical analysis of the major STDs acquired from the various sources showed that none of these were significantly more frequently acquired from any particular source.

In the West, a high proportion of gonorrhoea and syphilis (especially secondary and latent) were seen in homosexuals and the incidence of non-specific genital infections was low (Thin and Smith<sup>11</sup>). In contrast, syphilis and gonorrhoea were rare among the homosexually transmitted diseases in the present study. NSU was however more common among the homosexuals ( $X_c^2 = 7.14$   $P < 0.01$ ).

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