

**The Gender and Reproductive Health Research Initiative  
Mapping a Decade of Reproductive Health Research in India**

**Sexuality and Sexual Behaviour  
An Annotated Bibliography  
of Selected Studies (1990-2000)**

*Renu Khanna  
Sunita Gurbaxani  
Kasturi Sengupta*

Women's Health Training Research and Advocacy Centre (WOHTRAC)

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CREA empowers women to articulate, demand and access their human rights by enhancing women's leadership and focusing on issues of sexuality, reproductive health, violence against women, women's rights and social justice.

The Gender and Reproductive Health Research Initiative has been supported by The Ford Foundation. Support for printing, publishing and dissemination has been provided by The Rockefeller Foundation.

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**Suggested Citation:**

Khanna, R., S. Gurbaxani, K. Sengupta. Sexuality and Sexual Behaviour: An Annotated Bibliography of Selected Studies (1990-2000). The Gender and Reproductive Health Research Initiative. WOHTRAC and CREA. New Delhi. 2002.

**Project Co-ordinators:**

Geetanjali Misra (CREA) and T.K. Sundari Ravindran (RUWSEC).

**Published and disseminated by:**

Creating Resources for Empowerment in Action (CREA)  
2/14, Shantiniketan, Second Floor, New Delhi 110021  
Phone: 91-11-4107983, 91-11-6874733 Telefax: 91-11-6883209,  
Email: crea@vsnl.net Website: www.creaworld.org

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## BACKGROUND

This annotated bibliography lists studies carried out during 1990-2000 on selected aspects of sexuality and sexual behaviour in India as part of a series of annotated bibliographies on gender and women's reproductive health. These bibliographies are part of the *Gender and Reproductive Health Research Initiative* sponsored by the Ford Foundation.

In September 1998, the Ford Foundation in New Delhi hosted interested individuals involved in women's health issues as activists or researchers to discuss their concerns about the future of reproductive health research in India. The participants spent a day sharing their experiences and briefly reviewing the content, nature and geographical distribution of studies in reproductive health in India that Ford Foundation had funded over the past few years. After discussion, the participants decided on a process for identifying gaps in research on reproductive health and for promoting future research that would address issues that had not been addressed or adequately explored.

The agreed upon process was to have the following stages:

- Prepare annotated bibliographies of social science research or clinical studies referring to social dimensions on six major areas of reproductive health, drawing mainly on published research over the period 1990-2000.
- Based on the annotated bibliographies, prepare critical reviews of literature on each of the six areas of reproductive health. This review would examine, from a gender perspective, the entire body of research covered by the annotated bibliographies and identify the content gaps, methodological issues and ethical concerns.
- Disseminate the critical reviews as widely as possible to women's groups and NGOs, to those involved in women's studies, and to university departments dealing with health/population issues and reproductive health, in order to encourage the participation of a wide cross-section of actors in future research in the area.
- Invite brief research proposals to carry out studies that will address the research gaps identified by the reviews. Proposals will be short-listed by a team of experienced activists and researchers. The next step may consist of a workshop to help develop these proposals into fully fledged research plans.

The importance of involving a wide cross-section of people working for women's health and women's reproductive health from a gender perspective will govern the short-listing of proposals. Every effort will be made to encourage first-time researchers and activists to participate in the process, and to counter the notion that research is a 'specialist' concern and activity.

The following subject areas were chosen for the annotated bibliography series:

1. Selected aspects of reproductive health: maternal health, reproductive tract infections and contraceptive morbidity
2. Selected aspects of general morbidity in women, especially the interface between communicable and non-communicable diseases and reproductive morbidity
3. Sexuality and sexual health
4. Abortion
5. HIV/AIDS
6. Reproductive health services

Through this effort WOHTRAC has produced four volumes of readings on "Sexuality and Sexual Behaviour," in addition to this document.

We would like to acknowledge help from

Dr. Sundari Ravindran  
Dr. Meena Gopal  
Ms. Surekha Garimella

Ms. Radhika Chandiramani  
Ms. Vaishali Zararia  
Ms. Bhamini Mehta  
Ms. Kasmira Bhojak  
Mr. Nitin Patel  
Ms. Sushma Parekh  
Ms. Bhanuben Parmar

We hope readers find this document useful. We look forward to your comments.

Renu Khanna

Sunita Gurbaxani

Kasturi Sengupta

Women's Health Training Research and Advocacy Centre (WOHTRAC)  
Women's Studies Research Centre (WSRC)  
Faculty of Home Science  
The M. S. University  
Baroda-390 002  
Ph/Fax: (0265) 792106

### **Scope and Format**

This review is being done on research conducted on sexuality and sexual behaviour in India. The period chosen for review of literature is 1990 onwards and the material was collected from published and unpublished sources.

We drew considerably from some reviews done earlier. Most notable among these are:

- Dr. Moni Nag's book titled, *Sexual Behaviour and AIDS in India*, and an article, "Sexual Behaviour and AIDS in India: State of the Art," published in *The Indian Journal of Social Work*, 1994, LV(4), pp. 503-546.
- Shireen Jeejeebhoy's paper titled, "Adolescent Sexual and Reproductive Behaviour: A Review of the Evidence from India," published in International Centre for Research on Women (ICRW), *Working Paper* No. 3, December 1996.
- Pertti Pelto's "Sexuality and Sexual Behaviour: The Current Discourse," in *Implementing a Reproductive Health Agenda in India: The Beginning*, 1999, Saroj Pachauri (ed.), New Delhi: Population Council.

In addition, two workshops organised by the Population Council, *Research Related to Male Involvement in Reproductive Health and Contraceptive Use*, (Baroda, India, April 30-May 7, 1997), and *Men as Supportive Partners in Reproductive and Sexual Health: Narrating Experiences*, (Kathmandu, Nepal, June 23-26, 1998) also served as sources of research studies. We were also able to source some papers from the workshop on *Reproductive Health: New Evidence and Issues*, held at Pune, India from February 28 to March 1, 2000.

Other sources of the studies are:

#### Journals

- *Reproductive Health Matters*
- *Studies in Family Planning*
- *International Journal of Epidemiology*
- *Social Science and Medicine*
- *Radical Journal of Health*
- *Seminar*
- *The Indian Journal of Social Work*

- *The Journal of Family Welfare*
- *Journal of Sex and Marital Therapy*
- *Indian Journal of Maternal and Child Health*

#### Newsletters

- *AIDS Update*
- *AIDS Watch*
- *Council of Sex Education and Parenthood (International)*

#### Books

- *Sexual Behaviour and AIDS in India*, by Moni Nag
- *Learning about Sexuality: A Practical Beginning* by S. Zeidenteil and K. Moore (eds.).

#### NGOs

- SAHAJ/SARTHI
- FPAI (Family Planning Association of India)
- CORT (Centre for Operations Research and Training)
- DCT (Deepak Charitable Trust)
- Population Council

#### Other Organisations

- ORG (Operations Research Group-Marg)
- Brihan Mumbai Municipal Corporation, Public Health Department and UNICEF

### **Regional coverage**

The West region accounted for 42 of the studies and covered Gujarat and Maharashtra. The North accounted for 13 of the studies and covered U. P., Delhi, Punjab, 11 were from South India while 10 were from the East covering Calcutta, Assam and Indo-Nepal border, Central included Madhya Pradesh covering 3 studies, while there were 21 studies covering all India level.

### **Number of studies included**

The total number of abstracts reviewed was 98. The topics covered can be broadly classified as KAP-Sexuality, Adolescent Sexuality, Homosexuality, Special Groups, Sexual Health Problems, Sexual Violence, Sex Education, HIV/AIDS, Gender Relations and Miscellaneous.

### **Methodologies of studies**

The studies used quantitative and qualitative methods, mostly a combination of the two. A few studies were only survey-based. The following box gives the ranking of frequencies according to the methods used.

|                           |
|---------------------------|
| Questionnaire             |
| Interviews                |
| Focus Group Discussion    |
| Key Informant Interview   |
| Informal Discussion       |
| Case Studies (Narratives) |
| Free Listing              |
| Pile Sorting              |
| Observation               |
| Rating                    |
| Body Mapping              |
| Social Mapping            |
| Friendship Networks       |
| Draw and Dialogue         |

The Summary Table in the following pages provides a summary overview of the

- nature of the study
- geographic region covered
- objectives and methodology
- salient results

The annotated bibliographies follow these summary tables. These are organised into the following fields:

- **Abstract number:**
- **Author(s):**
- **Title:**
- **Source:**
- **Place of study:**
- **Period of study:**
- **Aims and objectives:**
- **Nature of study:**
- **Methodology:**
- **Findings:**
- **Reviewer's note (optional):**

The last section of this volume contains the complete bibliography of the studies included.



## SUMMARY TABLE

| KAP-SEXUALITY |                                 |  |  |               |
|---------------|---------------------------------|--|--|---------------|
| ABS. NO.      | GEOGRAPHIC REGION               | OBJECTIVES & METHODOLOGICAL ISSUES   | SALIENT RESULTS  | NOTES/REMARKS |
| 1             | West Mumbai                     | <p>To explore heterosexual behaviour and its correlates among college students.</p> <ul style="list-style-type: none"> <li>• 1996-FGDs and interviews to gain an overview of students' experiences.</li> <li>• 1997- Survey.</li> <li>• Multivariate analysis is used to determine correlates of that behaviour.</li> </ul> <p><u>Sample:</u> 4 colleges of low-income students.</p>   | <ul style="list-style-type: none"> <li>• Some 47% of male participants and 13% of female respondents had had any sexual experience with a member of the opposite sex.</li> <li>• 26% and 3%, respectively, had had intercourse.</li> <li>• The proportion of young men who had had any sexual experience increased steadily from 21% among those aged 15 or younger to 68% among those older than 21.</li> <li>• Young men in the arts program were more likely to have engaged in sexual activities (53%) than were those studying science or commerce (39-48%).</li> <li>• Those who were employed had a higher level of sexual experience (67%) than those who did not work (43%).</li> </ul>   | -             |
| 2             | North Lucknow                   | <ul style="list-style-type: none"> <li>• To study the frequency of coitus and its relationship with psychosocial variables.</li> <li>• To study the frequency of sexual satisfaction and its association with related variables.</li> </ul> <p>Semi-structured sex questionnaire based on questions about knowledge of sex and its source, relation with husband, frequency of coitus, etc.</p> <p><u>Sample:</u> 75 married females in the range of 18 to 50 years.</p> | <p><u>Attitude towards sex:</u></p> <ul style="list-style-type: none"> <li>• From the four options regarding their liking of sex: not at all/little/much/very much; 72 informants chose the 'much' category</li> </ul> <p><u>Frequency of coitus:</u></p> <ul style="list-style-type: none"> <li>• Frequency of coitus was studied for the first month after consummation.</li> <li>• During first month frequency was asked in terms of number of coitus per day.</li> <li>• Frequency of one per day was reported by 20 (27%) subjects, while 39 (53%) had a frequency of 2-3 coitus a day and 16 (21%) had a frequency of four or more coitus per day.</li> </ul> <p><u>Sexual satisfaction and marital satisfaction:</u></p> <ul style="list-style-type: none"> <li>• 65 wives assessed their marriage to be satisfactory and ten unsatisfactory. The wives who experienced their marriage as unsatisfactory also perceived the sexual act as unsatisfactory.</li> </ul> | -             |
| 3             | West Santrampur Taluka. Gujarat | <p>To study the attitudes and behaviours of men in relation to gender and sexuality.</p> <p><u>Sample:</u></p> <ul style="list-style-type: none"> <li>• Focus group discussions.</li> <li>• Among adult men (21 years and above).</li> <li>• Youth group (14-21 years of age).</li> <li>• 11 groups (consisting of approx. 8-12 men each).</li> </ul>  | <ul style="list-style-type: none"> <li>• The age at which sexual activity begins varied from 12 or 13 years to 18 or 21 years.</li> <li>• The general consensus was that sex begins after marriage unless "someone has excessive desire."</li> <li>• It was revealed that marriages are generally decided by the parents, elders, relatives of the prospective bride and groom at societal gatherings (such as weddings).</li> <li>• After marriage, sex usually starts right away, the night of the wedding unless the girl is too young.</li> <li>• During pregnancy, sex is usually continued, depending on the man's desire and interest.</li> <li>• The focus group discussions revealed that both extra-marital and pre-marital sex appear to be prevalent in these communities.</li> </ul>  | -             |

|   |   |   |   |   |
|---|---|---|---|---|
| 4 | East Orissa. Four Coastal districts.                        | <p>Comprehensive study of male sexual behaviour in the state of Orissa in eastern India.</p> <p><u>Sample:</u></p> <ul style="list-style-type: none"> <li>• Participatory mapping exercises men and women - 14 nos.</li> <li>• Informal group discussions (32 male groups, 28 female groups).</li> <li>• In-depth interviews.</li> <li>• Survey- 2,087.</li> <li>• Case study informants -42 cases.</li> </ul>                                | <ul style="list-style-type: none"> <li>• In the survey sample, only 8% of men under the age of 25 were married, and among the 30-35 years old, 7% were single.</li> <li>• Despite late age at marriage, the survey data showed that only about a quarter of men in Orissa had pre-marital sex.</li> <li>• Since urban men marry later, 36.1% end up having sex before marriage as contrasted to 26.3% of rural men.</li> <li>• For those married men who reported pre-marital sex, the interval between the first sexual experience and marriage is 4.5 years, varying little across differentials.</li> <li>• However, for urban men and for those with an education above secondary, the gap is 5.1 years.</li> </ul>   | -   |
| 5 | East Rural community of Muzzafarpur, Bihar.                 | <p>To understand whether the community had the knowledge on RTI/STD and HIV/AIDS - To assess the attitude of community towards sex and sexuality.</p> <ul style="list-style-type: none"> <li>• Quantitative techniques.</li> <li>• Survey.</li> <li>• Qualitative techniques.</li> <li>• Formal and informal interviews.</li> <li>• Four FGDs were conducted.</li> </ul> <p><u>Sample:</u> 208 males and 206 females from 414 households.</p> | <ul style="list-style-type: none"> <li>• From the data it is apparent that all are still not aware on how they can protect themselves from STD.</li> <li>• About 63% believed that all RTI/STD can be treated, while only 28% had the correct information that most of the problems can be treated.</li> <li>• People in general were aware of sexual relations taking place outside marriage (females 64%, males 57%).</li> <li>• Among the surveyed respondents, 18% of male respondents and 8% of female respondents acknowledged that they had extra-marital relationships. Only 3% had it on a regular basis.</li> <li>• To some extent females have given their consent that sex outside wedlock is not wrong (females-21%, males-8%).</li> </ul>   | -   |
| 6 | All Indian, Four zones (north, south, east, west) of India. | <p>To assess the knowledge about sources of information and sex education.</p> <ul style="list-style-type: none"> <li>• A standardised self-administered, semi-structured questionnaire.</li> <li>• The questionnaire was pre-tested at five of the participating centres.</li> </ul> <p><u>Sample:</u> Male 1,974, Female 2,735, Total 4,709. 42% were males and 58% females.</p>  | <ul style="list-style-type: none"> <li>• This analysis shows that the respondents received information about sex for the first time at an average age of 13 years.</li> <li>• The majority of male respondents, from the East Zone, irrespective of age, prefer to discuss sexual/health matters among their peers followed by parents. In contrast, female respondents in the age group 15-19 as well as 20-23 prefer confining their discussions with their mothers.</li> <li>• A significantly higher percent of males (22.1%) than females (11%) discussed these matters with professionals.</li> <li>• It was found that among males, the higher the age, the preference for parents was lower and the preference was higher for peers.</li> <li>• In the North Zone, male teenage respondents consulted mainly peers (77.8%) while it was both peers (56.6%) and mother (65.6%) among females.</li> </ul> | <ul style="list-style-type: none"> <li>• Overall, this analysis showed that only over a third of respondents could ask their teachers to clear doubts on sex, sexuality and reproduction, although less than five percent stated that they were shy to ask. It also indicates that the teachers are ill equipped to explain these matters. The need for sex education has been clearly expressed by the respondents.</li> </ul> |

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| 7  | All India. Four zones (north, south, east, west) of India | <p>To assess the knowledge on common sexual and reproductive factors such as masturbation, orgasm, and techniques of sexual intercourse among youth.</p> <ul style="list-style-type: none"> <li>• A standardised self-administered, semi-structured questionnaire.</li> <li>• The questionnaire was pre-tested at five of the participating centres.</li> </ul> <p><u>Sample:</u> Male 1,974, Female 2,735, Total 4,709. 42% were males and 58% females.</p>                                 | <p><u>Masturbation:</u></p> <ul style="list-style-type: none"> <li>• Wide zonal variation among the youth was found regarding knowledge on masturbation.</li> <li>• Overall, twice as many male (52.3%) than female (25.1%) respondents had correct knowledge on masturbation, except in the west zone. This indicates that masturbation is associated more with males than with females.</li> </ul> <p><u>Orgasm:</u></p> <ul style="list-style-type: none"> <li>• Irrespective of age and gender, respondents in the south zone had least knowledge about orgasm compared to their counterparts in other zones.</li> <li>• Again, twice the number of male (43.9%) than female (20.2%) respondents gave correct responses.</li> </ul> <p><u>Heterosexual intercourse:</u></p> <ul style="list-style-type: none"> <li>• A higher percent of male respondents gave correct responses to what is heterosexual intercourse in all the zones and age groups except those between 24-29 years in the north zone.</li> </ul> <p><u>Oral sex:</u></p> <ul style="list-style-type: none"> <li>• Across all age groups and zones, a significant higher number of male (43.6%) than female (22.2%) respondents knew correctly what is oral sex.</li> </ul> <p><u>Anal sex:</u></p> <ul style="list-style-type: none"> <li>• In all the age groups and zones, except among respondents between 24-29 years in the north zone, higher percent of male respondents had correct knowledge of what is anal sex as compared to female respondents.</li> </ul> | <ul style="list-style-type: none"> <li>• This indicates the need for providing unbiased, un-moralistic information to youth so that they are better informed and better adjusted to their changing physical, biological and emotional needs of growing up.</li> </ul> |
| 8a | West. Two Talukas- Padra & Baroda 8 Villages.             | <p>Rural women's views on:</p> <ul style="list-style-type: none"> <li>• menstruation from its onset to menopause</li> <li>• influence of menstruation on their daily lives</li> <li>• beliefs and attitudes towards menstruation, reproduction</li> <li>• menstrual problems and treatment seeking behaviour</li> <li>• Community mapping</li> <li>• Informal group discussions</li> <li>• Key informant interviews</li> <li>• In-depth interviews</li> </ul> <p><u>Sample:</u> 68 women</p> | <ul style="list-style-type: none"> <li>• It was observed that women did not hesitate to discuss menstruation and related problems.</li> <li>• Majority of women did not have negative attitude towards menstruation. They perceived that the advantages of menstruation far outweighed the negative aspects. Around one-fourth of women expressed a completely negative attitude towards menstruation.</li> <li>• More than one-third of the women stated that it is a manifestation of womanhood and its onset signalled that the girl was ready for marriage and procreation.</li> <li>• Almost all (94%) maintained sexual abstinence during the days they menstruated.</li> <li>• Twenty-one (31%) stated that they suffered from menstrual problems, the reported symptoms being excessive bleeding, scanty flow, irregular cycle and extreme pain. Menstrual problems are perceived as 'serious' and women seek prompt medical treatment from private or government providers.</li> </ul>  | -   |

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| 8b | West Gujarat. Two Talukas- Padra & Vadodara      | <p>Inquiry in to sexual experiences. To obtain general views and beliefs regarding knowledge and awareness of women's reproductive health problems, treatment seeking behaviours, understanding of problems causing sexual health problems.</p> <ul style="list-style-type: none"> <li>• 350 In-depth interviews (avg. 5 interviews)</li> <li>• Focus group discussions</li> </ul> <p><u>Sample:</u> 69 married women</p>  | <ul style="list-style-type: none"> <li>• Women believed that girls should get married as soon as they attained puberty.</li> <li>• It was observed that, before their marriages, rural women had practically no knowledge about the nature of the sexual act and sexual relations in marriage.</li> <li>• Almost all of them (64/69) perceived that sex was important for "procreation," "pleasure" and for "happiness."</li> <li>• All informants abstained from sex during menstruation and quite a few (22/69) also abstained from sex during pregnancy, particularly after the fifth month of pregnancy.</li> <li>• Despite the fact that several women (45/69) believed that extra-marital relationships were quite common in their communities and in certain faliyas in their villages, only 4/69 admitted having extramarital relationships.</li> </ul>   | -   |
| 8c | West.8 villages about 25 kms. Vadodara, Gujarat. | <p>Inquiry in to sexual experiences. To obtain general views and beliefs regarding knowledge and awareness of women's reproductive health problems, treatment seeking behaviours, understanding of problems causing sexual health problems.</p> <ul style="list-style-type: none"> <li>• Repeat in-depth interviews (avg. 5 interviews per informant)</li> <li>• Focus group discussions</li> <li>• Key informant interviews</li> </ul> <p><u>Sample:</u> 69 married women (15-49 years)</p> | <ul style="list-style-type: none"> <li>• Of the total women contacted 25% reported a current reproductive illness.</li> <li>• Of the sample of 69 women, 40 reported multiple reproductive problems.</li> <li>• The commonly reported problems were white discharge (55), urino-genital (36), menstrual problems (21), inability to conceive (7) and prolapsed uterus (3).</li> <li>• Women having menstrual problems wanted to get their uterus removed (hysterectomy).</li> <li>• Women utilised the services of the community health workers only for sterilisation, insertion of IUD, condoms and antenatal care and sometimes for menstrual problems.</li> <li>• 54 out of the 69 women had sought some treatment for their problems.</li> <li>• Reasons cited for not seeking treatment were problem will subside (7), felt shy to approach any provider (4), observing vows (2).</li> <li>• Sequence of treatment seeking suggests a ranking of private practitioners, home remedies, government facility, faith healer/<i>vaid</i>, ANM/LHV.</li> </ul> | <ul style="list-style-type: none"> <li>• Methodology appears to be conducive for sound data.</li> </ul> |
| 9  | West. 28 villages of Baroda                      | <p>To study male's attitude to sexuality and sexual behaviour.</p> <ul style="list-style-type: none"> <li>• Quantitative</li> <li>• Sample survey</li> <li>• Qualitative</li> <li>• FGD</li> <li>• In-depth case studies</li> </ul> <p><u>Sample:</u> 342 males</p>  | <ul style="list-style-type: none"> <li>• 22% agreed that sex experience for male is important before marriage.</li> <li>• 38% believed that both young men and women would have sex experience before marriage.</li> <li>• 31% believed that engaged couples may have pre-marital sex.</li> <li>• 23% were of the opinion that sex outside wedlock is not wrong while 42% agreed that sex outside wedlock is quite common.</li> <li>• 43% men were of the opinion that men can have sex outside wedlock but not women.</li> </ul>   | -   |

|    |  |   |  |   |
|----|--|---|--|---|
| 10 | All India. Rural areas of Agra District, Western part of UP. | <p>Knowledge, attitude, beliefs and practices of rural males towards various aspects of family formation including reproduction and contraceptive use.</p> <ul style="list-style-type: none"> <li>Interviews with wives first and a month later men's survey.</li> </ul> <p><u>Sample:</u> 517 married males.<br/>317 wives were interviewed</p>  | <ul style="list-style-type: none"> <li>1/3rd of the males (31%) and 29% of females preferred four or more children.</li> <li>The desired family size is still large (3 or more).</li> <li>35% of males and 46% females still believe that ideally girls should be married at young age, preferably before completing 17 years of age.</li> <li>Lack of communication between the husband and the wife on their reproductive goals and acceptance of contraceptive.</li> <li>1/4th of the males believed that reproduction is a natural process and need not be discussed.</li> </ul>   | - |
| 11 | West. Six colleges of Pune (rural/semi - rural/urban).       | <p>To understand youth sexual behaviour and possible risks to AIDS/HIV to address "KAP GAP": knowledge, attitudes and practice gaps to plan sustainable interventions from epidemic perspectives.</p> <ul style="list-style-type: none"> <li>Qualitative</li> <li>Focus group discussions</li> <li>In-depth interviews</li> <li>Quantitative methods</li> </ul> <p><u>Interview topics -</u></p> <ul style="list-style-type: none"> <li>Focusing on sexuality, perception of risk, etc.</li> <li>Anonymity was assured and maintained.</li> </ul> <p><u>Sample:</u> Girls: 996 Boys: 825.</p> | <p><u>Findings about girls:</u></p> <ul style="list-style-type: none"> <li>Only 4.4% (40) girls reported sexual experience.</li> <li>Age at first sexual experience in girls was at 16.1 yr. (2.9 (n=40)).</li> </ul> <p><u>Findings about boys:</u></p> <ul style="list-style-type: none"> <li>Sexual experience was reported by one-third of boys (270).</li> <li>Age at first sexual experience in boys was at 16.9 yr. (2.3 (n=269)).</li> </ul> <p><u>Findings about girls and boys:</u></p> <ul style="list-style-type: none"> <li>Both boys and girls interact with each other: ranging from social, emotional, professional to physical and sexual relationships.</li> <li>306 girls and 155 boys reported not experiencing sex, rest did not respond to this query.</li> <li>37% of boys (184/501) and 12% of girls (29/252) reported heterosexual experience.</li> </ul>   | - |
| 12 | South. Banglore.   | <p>To explore street children's knowledge and perception concerning sexuality and sexual behaviour.</p> <ul style="list-style-type: none"> <li>Qualitative methods <ul style="list-style-type: none"> <li>-Mapping methods</li> <li>-Mapping the environment of children</li> <li>-Free list</li> <li>-Pile sorting</li> <li>-Rating</li> <li>-In-depth interviews</li> </ul> </li> <li>Quantitative methods <ul style="list-style-type: none"> <li>-Survey</li> </ul> </li> </ul> <p><u>Sample:</u> 121 boys</p>   | <p><u>Pleasure rating by street boys:</u></p> <ul style="list-style-type: none"> <li>85.2% found sex with girls more pleasurable while 64% found sex with prostitute most pleasurable. 65.6% found oral sex (done) by a girl most pleasurable, while 50.8% found oral sex (done) by a boy most pleasurable.</li> <li>37.7% liked to do masturbation (self) while 65.6% found it most pleasurable to getting done by girl (masturbation) and 62.3% found masturbation (done by prostitute) most pleasurable.</li> <li>47.5% liked touching/breast pressing. 57.3% liked kissing a girl, while 8.1% liked kissing a boy.</li> </ul> <p><u>Risk rating by street boys:</u></p> <ul style="list-style-type: none"> <li>4% felt that masturbation was most dangerous/risky. 68.3% felt that sex with prostitute was very risky. 11.7% felt that kissing was very risky, 38.3% considered kissing to be risky, while 50% felt there was no risk involved.</li> <li>For 28.3% oral sex (getting done) was very risky, while 43.3% considered oral sex (doer) as very risky.</li> </ul> <p><u>Frequency of types of sexual behaviour:</u></p> <ul style="list-style-type: none"> <li>The 74 boys who are sexually active practiced a variety of sex behaviours. Only 8 boys practiced only vaginal and anal sex.</li> <li>Anal sex was the next most common sexual behaviour practiced by 46 boys and this was closely followed by vaginal sex (42 boys, 56.8%)</li> </ul> | - |

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| 13 | North India.<br>Delhi.   | To study views on marriage and related matters in the context of the major socio-economic changes in recent years.<br><u>Sample:</u> Number of respondents: 342   | <ul style="list-style-type: none"> <li>• 43% of young unmarried women and 61% of men approve of some degree of physical intimacy before marriage.</li> <li>• But when it comes to marriage only 7% of men are prepared to accept a partner who has had some physical relationship.</li> <li>• 19% didn't mind marrying someone whom has had physical relationship before marriage. 34% of women and 22% of men found nothing wrong in "holding hands."</li> <li>• While 30% of men felt there was no harm in "full intimacy," only 4% of women shared the view.</li> <li>• Only 10% of men and 5% of women felt kissing and caressing were all right.</li> </ul>   | - |
| 14 | North India.<br>Kalyanpuri, an urban resettlement colony of Delhi. | To study the sexual behaviour and practices of women in the reproductive age group.<br><u>Sample:</u> 111 women (104 married and 7 unmarried between 15-45 years)   | <ul style="list-style-type: none"> <li>• A high prevalence of RTI was reported by these women.</li> <li>• About half the women had their first sexual encounter by 16 years of age.</li> <li>• 61% of women said that their husbands had pre-marital sex.</li> <li>• 28% of the women said that their husbands were having sex outside marriage currently.</li> <li>• 83% of the women were found to have little or no choice in the matter of sexual activity.</li> </ul>   | - |
| 15 | West India.<br>Govindpuri slum in Delhi.                           | To assess the knowledge, attitude, behaviour and practice of the community about HIV/STD. <ul style="list-style-type: none"> <li>• Quantitative technique<br/>-A structured questionnaire</li> <li>• Qualitative techniques<br/>-4 focus group discussions</li> </ul> <u>Sample:</u> 200 households | <ul style="list-style-type: none"> <li>• While many of the respondents had correct knowledge that HIV/STD spreads through unprotected sexual contacts (88%), there were still some wrong notions among respondents like kissing/hugging as a mode of transmission.</li> <li>• 65% of the respondents believed that sex outside wedlock is common. Having sex with several women considered as a sign of masculinity was mentioned by 21% of the females while only 6% of men agreed to it.</li> <li>• 44% of the females were of the opinion that a male can have sex with his wife even if she does not want to.</li> <li>• 77% of the males mentioned that wife had refused sex some time.</li> </ul>  | - |
| 16 | South.   | To study the attitudes of parents, teachers and students towards sex education. <ul style="list-style-type: none"> <li>• A cyclostyled questionnaire</li> <li>• Informal discussion</li> </ul> <u>Sample:</u> 387 parents, 162 teachers and 3,720 students  | <ul style="list-style-type: none"> <li>• A great majority (82.82%) of students and a majority (67.28%) of teachers thought that sex education is necessary, parents seemed to be hesitant in this respect. Only 40.05% of parents thought that sex education is necessary.</li> <li>• The first 5 of the 20 suggested topics by the students are (1) Love and Affection (80.51%); (2) Family Planning (76.75%); (3) Interpersonal relationship (72.04%); (4) Pregnancy and Child Birth (70.42%); and (5) Marriage issues (65.99%).</li> <li>• The parents filled the first 5 slots with (1) Value Education (72.26%); (2) Responsible Parenthood (68.39%); (3) Family Planning (68.39%); (4) Pregnancy and Childbirth (61.29%); and (5) Puberty and Menstruation (61.29%).</li> <li>• For the teacher the 5 most important topics were: (1) Anatomy and Physiology of Sex Organs (76.48%); (2) Responsible Parenthood (74.48%); (3) Family Planning (74.48%); (4) Value Education (65.52%); and (5) Masturbation (62.76%).</li> <li>• Rape was considered to be fairly important by parents (45.81%), whereas the students (29.81%) and teachers (29.90%) did not think so.</li> <li>• While 72.26% of parents voted for value education, 65.52% of teachers and 57.55% of students opted for it.</li> </ul> | - |

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| 17 | South. Chennai.   | <p>To study the practices, knowledge and attitudes towards sexuality of the people with special reference to STD and AIDS.</p> <ul style="list-style-type: none"> <li>• Questionnaire</li> <li>• Interviews</li> </ul> <p><u>Sample:</u></p> <ul style="list-style-type: none"> <li>• 16,154 persons (between the age group of 15-83)</li> <li>• Sex ratio between males (11,143) and females (5,011) was 68.98:31.02</li> </ul>  | <ul style="list-style-type: none"> <li>• 1.47% (224) had sex with the persons of same sex.</li> <li>• Out of 6,620 subjects who reported having pre-marital sex, 67.66% had up to 6 partners, 9.17% up to 13 partners and 6.74% up to 20 partners.</li> <li>• Of the 12,773 subjects married, only 3,227 (19.98%) subjects had resorted to extra-marital sex.</li> <li>• Among the 15,264 subjects who had sex with another person, 5,344 subjects (35.01%) had oral-genital sex. And 472 subjects (3.09%) had anal sex.</li> <li>• Nearly 45.53% of the subjects have fear that masturbation is harmful. Yet 72.84% of the subjects confessed that they do masturbate.</li> </ul> | -   |
| 18 | West India. Three towns in Maharashtra.                     | <p>To study how sexuality is viewed by various groups' beliefs and attitudes regarding sex.</p> <ul style="list-style-type: none"> <li>• In-depth interviews</li> <li>• Self-administered questionnaire or face-to-face interview</li> <li>• Focus group discussion</li> </ul> <p><u>Sample:</u></p> <p>Number of Respondents:<br/> Students- 129 (um)<br/> Blue collar workers 127(m)137(um)<br/> Migrant workers 132(m) 126 (um)<br/> White collar workers 129(m) 130(um)<br/> Loom Workers 72(m)67(um)</p> | <ul style="list-style-type: none"> <li>• Among both married and unmarried 1.5 to 8.5% believed that sex is a sinful act.</li> <li>• Among married of all categories, majority 76.4% to 89% avoided sex during menses.</li> <li>• Between 15.1 to 42.3% agreed that sex causes sickness.</li> <li>• 41.7% to 68.7% agreed among all categories that sex is for pleasure.</li> <li>• 84.7% of married and 80.1% of unmarried and 80.1% of unmarried loom workers believed that sex is a natural act.</li> </ul>  | -   |
| 19 | West India. 20 villages in Kheda district of Gujarat state. | <p>To study status of married women with reference to the sexual decision-making process within marriage.</p> <ul style="list-style-type: none"> <li>• House-to-house survey</li> <li>• "quasi - anthropological" approach was adopted and both qualitative and quantitative information collected</li> <li>• In-depth case study</li> </ul> <p><u>Sample:</u></p> <p>109 women (16-50 years)</p>   | <ul style="list-style-type: none"> <li>• Mean age at menarche was 13.06 years (1.04; range 11-16 years) mean age at marriage was 12.76 years (2.75; range 5-20 years), while mean age at first intercourse was 14.83 years (2.02; range 9-22 years).</li> <li>• Almost 58% of the women reported that they did not have power to refuse sexual activity even if they did not feel like indulging in the sexual act.</li> <li>• 25 reported that their husbands forced them into sexual activity if they refused.</li> <li>• While 23 said that in such situations the husband tended to "go to someone else" (usually Commercial Sex Workers).</li> </ul>                          | <ul style="list-style-type: none"> <li>• Original title not referred to.</li> </ul> |

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| 20                          | West India.<br>Mumbai.<br>Urban slum<br>community.                             | To know about knowledge of the husbands about some aspects of reproductive health of women, the view of husbands about the locus control over pregnancy and the sexual behaviour of husbands. <ul style="list-style-type: none"> <li>• Interview</li> <li>• Survey</li> <li>• Questionnaire</li> </ul> <u>Sample:</u><br>6,727 husbands (currently married men between the age of 15-59) | <u>Knowledge about reproductive health issues:</u> <ul style="list-style-type: none"> <li>• More than 50% of husbands were not able to name any one of the warning symptoms. The largest number was aware of abdominal pain (20.4%) and bleeding (18.11%).</li> <li>• Husbands in the youngest category were the least informed about these conditions, but there was little variations among husbands 20 years or older.</li> </ul> <u>Knowledge of menstrual cycle:</u> <ul style="list-style-type: none"> <li>• Only 14.4% of husbands have the knowledge about the time in the menstrual cycle when they are likely to be pregnant, if they have no formal education. While more than 40% of husbands have this knowledge if their education is high school or above.</li> <li>• The husbands aged 25 to 44 have significantly more knowledge than the husbands aged 24 or less.</li> </ul> <u>Sexual behaviour of husbands:</u> <ul style="list-style-type: none"> <li>• Across the five districts, more than 14% of husbands reported having had pre-marital sexual intercourse. Among the husbands who had pre-marital sex, 41.90% indicated that they had intercourse with more than one woman.</li> </ul> | <ul style="list-style-type: none"> <li>• Large scale survey to obtain attitudes of college students and not practices.</li> </ul> |
| <b>ADOLESCENT SEXUALITY</b> |  |  |  |   |
| 21                          | West India.<br>Mumbai.<br>Low-income<br>college-going<br>youth.                | To know about the nature of boy - girl friendship. <u>Sample:</u> <ul style="list-style-type: none"> <li>• Survey questionnaire -- 966 students (625 boys and 341 girls of age group 16-22)</li> <li>• Focus group discussion - 75 students in 10 groups -- 39 sessions of 1 ½ hours.</li> <li>• In-depth interview- 87 students</li> </ul>  | <ul style="list-style-type: none"> <li>• The heterosexual friendships among the peers consisted of typologies of partnerships called '<i>Bhai-behen</i>,' 'time-pass' and 'true-love.'</li> <li>• The '<i>Bhai-behen</i>' relationship is a 'brother-sister' like relationship platonic in nature.</li> <li>• 'Time-pass' was a transitory relationship with a girl of their age, characterised by sexual intimacy that may lead to sexual intercourse.</li> <li>• 'Time-pass' relationships were more common among senior boys.</li> <li>• Fewer girls reported being involved in such relationships.</li> </ul>  | -   |
| 22                          | West India.<br>Bombay.<br>L.T.M.M.<br>College &<br>L.T. M.G.<br>College, Sion. | To study the incidence of the adolescent pregnancy in relation to marital status, education and occupation of the girl. <ul style="list-style-type: none"> <li>• Interviews</li> </ul> <u>Sample:</u><br>100 adolescent girls  | <ul style="list-style-type: none"> <li>• The majority were unmarried (91%).</li> <li>• A large group (44%) were below the age of 16 years.</li> <li>• Majority of the adolescent girls conceived following willed coitus.</li> <li>• 27% had positive attitude towards pregnancy.</li> <li>• 45% had negative attitude and expressed the view to get rid of pregnancy and were not emotionally disturbed over abortion.</li> </ul>   | -   |



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| 23a | West India.<br>Shirur Block of<br>Pune district,<br>Maharashtra. | <p>To identify adolescents' KAP about sex, fertility, contraception and RTIs including STDs; to explore gender differences in the dynamics of decision-making at the household level on matters related to sexual behaviour, fertility and contraceptive use.</p> <p><u>Sample:</u><br/>From two village conglomerates, total population 16,000, sample size 500 married and female adolescents aged 14-22.</p> <ul style="list-style-type: none"> <li>• Qualitative methods <ul style="list-style-type: none"> <li>• Group discussions</li> <li>• In-depth interviews</li> <li>• Key informant interviews</li> <li>• Other participatory methods</li> </ul> </li> <li>• Quantitative</li> </ul> | <ul style="list-style-type: none"> <li>• 10% unmarried and 30% married males reported pre-marital sex.</li> <li>• No female reported pre-marital sex.</li> <li>• Only 6% of women had knowledge about sexual intercourse before marriage.</li> <li>• Only 18% married and 4% unmarried adolescents reported ever use of condoms.</li> <li>• The first use of condoms was more likely after marriage than before, most of them used it for contraception.</li> <li>• About 44% of married females felt that they cannot refuse to have sex if their husband desires it.</li> <li>• The risk of extra-marital sex increases when the wife goes away for delivery leaving the husband alone for almost five months.</li> </ul> | -   |
| 23b | West India.<br>Shirur Block of<br>Pune district,<br>Maharashtra. | <p>To identify adolescents' KAP about sex, fertility, contraception and Reproductive Tract Infections (RTIs) including STDs; to explore gender differences in the dynamics of decision-making at the household level on matters related to sexual behaviour, fertility and contraceptive use.</p> <ul style="list-style-type: none"> <li>• Activity clock exercise</li> <li>• Body mapping</li> <li>• Survey</li> </ul> <p><u>Sample:</u><br/>500 married and unmarried female adolescents aged (14-22)</p>  | <ul style="list-style-type: none"> <li>• 25% thought that menstrual blood was located in uterus.</li> <li>• 56% married and 71% unmarried males reported that there is common opening for urine and menstrual blood.</li> <li>• Among unmarried females, 51% did not know that the baby is delivered through vagina.</li> <li>• About 30% of married men reported multiple sex partners.</li> <li>• 24% of the married females are of the opinion that men have extra-marital relations because they do not get variety in sexual relations while 31% of married males felt so.</li> </ul>  | <ul style="list-style-type: none"> <li>• The discussion makes some interesting points about possible and necessary interventions for rural areas.</li> <li>• The paper also identifies areas for further research.</li> </ul> |

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| 23c | West India. Shirur Block of Pune district, Maharashtra. | <p>To identify adolescents' KAP about sex, fertility, contraception and RTIs including STDs; to explore gender differences in the dynamics of decision-making at the household level on matters related to sexual behaviour, fertility and contraceptive use.</p> <p><u>Sample:</u><br/>From two village conglomerates total population 16,000, sample size 500 married and female adolescents aged 14-22</p> <ul style="list-style-type: none"> <li>• Qualitative methods <ul style="list-style-type: none"> <li>• Group discussions</li> <li>• In-depth interviews</li> <li>• Key informant interviews</li> <li>• Other participatory methods</li> </ul> </li> <li>• Quantitative</li> </ul> | <ul style="list-style-type: none"> <li>• 27% out of 150 married adolescents and 4% of never married adolescents had ever used a condom. Out of 27 married males, 4 had used it before marriage, 18 after marriage and 5 before and after marriage.</li> <li>• Use of condom was inconsistent.</li> <li>• 22 used condoms because they wanted to avoid pregnancy, 2 because they wanted to avoid 'dirty disease'. 9 respondents said condoms decreased the quality of sexual intercourse in terms of pleasure and satisfaction.</li> <li>• The survey revealed that 77% thought condom use was unnecessary because they were having sexual relations only with their wives, 10% wanted to have a child, 8% thought condom use would adversely affect their health, 5% did not know about condoms and thought they were some sort of tablets.</li> <li>• Adolescent married females thought condoms were some sort of tablets men were supposed to use. Some males expressed operational and logistic problems in condom use-inconvenience in use, disposal, procuring and storing.</li> <li>• About AIDS, 44% of married males felt that it was curable and 21% of unmarried males felt so.</li> <li>• 57% of the married males and 36% of the unmarried ones, who thought that AIDS was preventable, felt that if one avoided multiple partners AIDS could be prevented. 32% of married and 48% of unmarried males felt that AIDS was a hereditary disease. They got this impression because of posters on mother-to-child transmission.</li> <li>• Only 15% of married males and 8% of unmarried males had heard about STDs , 88% of the married males who had heard about STDs, felt that it was caused if one had sex with an infected person or a sex worker.</li> </ul> | - |
| 24  | West India. M. S. University, Baroda.                   | <p>To assess current knowledge of students about various basic aspects of family formation process, including knowledge of human philosophy, personal hygiene, contraceptives, STD, AIDS, abortion and their sexuality.</p> <ul style="list-style-type: none"> <li>• Self-administered semi-structured questionnaire</li> <li>• Informal interviews</li> <li>• In-depth case studies</li> </ul> <p><u>Sample:</u><br/>2,200 students. Preliminary findings were based on interview of 1,740 students (697 boys and 1,043 girls) from 7 faculties of university.</p>  | <p><u>Students lack information on:</u></p> <ul style="list-style-type: none"> <li>• Who is responsible for sex of child</li> <li>• Period of study during menstrual cycle when women can become pregnant</li> <li>• Legality of abortion</li> <li>• STDs</li> <li>• How IUD and pill are used</li> </ul>  | - |

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| 25 | West India. Six slum settlements in a suburb of Bombay. | <p>To evolve and test a sex and family life educational programme with an AIDS prevention module for low-income group adolescent girls in Bombay.</p> <p>During preparatory phase</p> <ul style="list-style-type: none"> <li>• Households survey was conducted</li> <li>• Multiple methods- both qualitative and quantitative</li> <li>• Three focus group discussions</li> <li>• Key interviews</li> <li>• Observations of daily routine of target group</li> </ul> <p><u>Sample:</u><br/>Boys: 25 adolescent boys<br/>Girls: 85 adolescent girls</p> | <p><u>Response of girls and boys about:</u><br/><u>Sexual aspects of marriage</u></p> <ul style="list-style-type: none"> <li>• Majority of girls (67%) and less than half the boys interviewed in the survey reported that they did not know anything about married life especially sexual aspects.</li> </ul> <p><u>Reproduction</u></p> <ul style="list-style-type: none"> <li>• Only 29% of girls, compared to 66% of boys answered in the affirmative when asked in the survey interview "Do you know how a women becomes pregnant?" Of these 56% of the girls and 83% of the boys mentioned that sexual intercourse leads to pregnancy.</li> <li>• Of the total girls and boys covered in the survey, 16% of the girls and 54% of the boys reported that a woman becomes pregnant after sexual intercourse</li> </ul> <p><u>Love marriage</u></p> <ul style="list-style-type: none"> <li>• Majority of the girls did not favour love marriages. On the other hand, only 1/3 of the boys were against love marriage</li> </ul> <p><u>"Bad girl", "bad boy"</u></p> <ul style="list-style-type: none"> <li>• "Talking to and mixing with boys" is the characteristic feature of a "bad girl" according to majority of girls (69%) and boys (66%).</li> </ul> | <ul style="list-style-type: none"> <li>• This study revealed some important findings about methodology.</li> <li>• When personal questions like nocturnal emissions were asked in the group, all answered negatively. An individual informal interview with minimum reference to personal experiences would be useful.</li> </ul> |
| 26 | North India. Lucknow, UP.                               | <p>To assess the knowledge and attitude of school students about family life, sexuality and STD/AIDS.</p> <ul style="list-style-type: none"> <li>• Survey, structured questionnaire</li> </ul> <p><u>Sample:</u><br/>510 students of 8 randomly selected schools<br/>270 boys<br/>240 girls</p>  | <ul style="list-style-type: none"> <li>• About half of students were aware of the meaning of 'safe sex.'</li> <li>• 74% of girls favoured inter-religion marriage.</li> <li>• About half of them did not agree that pre-marital sex is a sin.</li> <li>• 1/3rd approved of pre-marital sex if both partners agree to it.</li> <li>• 1/3rd felt that sexual experience is necessary before marriage.</li> </ul>  | -   |
| 27 | West.India,Pune (Co-educational colleges).              | <p>To collect data on sexuality, social networks, risk perception, risk behaviour, etc.</p> <ul style="list-style-type: none"> <li>• Focus group discussions</li> <li>• In-depth interviews</li> <li>• Friendship networks</li> <li>• Key informants interviews</li> <li>• Survey</li> </ul> <p><u>Sample:</u><br/>1,821 students (996 girls, 825 boys)</p>  | <ul style="list-style-type: none"> <li>• Boys and girls relationships range from social, emotional, professional to physical and sexual relations.</li> <li>• Sexual experience not responded by many girls and boys (574 and 886, respectively, for girls and boys).</li> <li>• Heterosexual experience: boys 37% (184/501) and girls 12% (29/252) ranging from non-penetrative (kissing, genital fondling, etc.) to penetrative sex in both except oral sex in boys.</li> <li>• Sex with CSWs reported 4% (23/499).</li> <li>• Mean number of partners in boys: 2.9 (2.6 (n=104) in girls: 1.3 (n=11)</li> </ul>  | -   |

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| 28 | India. Hyderabad, AP (six colleges).                        | <p>Study about pre-marital sex among male college students in Hyderabad.</p> <ul style="list-style-type: none"> <li>Anonymous questionnaire</li> <li>Focus group discussion</li> </ul> <p><u>Sample:</u><br/>72 male students between age group 17-23 years</p>   | <ul style="list-style-type: none"> <li>28% reported having experienced sexual intercourse, all with women.</li> <li>Among both rural and urban students, first intercourse mostly took place at 16-17 years.</li> <li>Higher proportions of rural students (35%) compared to urban students (11%) were sexually active by 18 years.</li> </ul> <p><u>Significant proportion of both rural and urban college students had experience of pre-marital sex with married women who were older than themselves</u></p> <ul style="list-style-type: none"> <li>28% reported having experienced pre-marital sex. 36% wanted to have it but "did not get an opportunity yet." 4% said they got opportunity but were scared to take it.</li> </ul> | <ul style="list-style-type: none"> <li>The above study was cited in the chapter on "Premarital Sex." The chapter contains a summary of 12 studies in rural and urban areas across class.</li> </ul> |
| 29 | India. Three districts of M viz. Bhopal, Sagar and Vidisha. | <p>To study the status of adolescent motherhood and to collect relevant information on fertility, family planning, maternal and child health and reproductive health.</p> <ul style="list-style-type: none"> <li>Baseline survey</li> </ul> <p><u>Sample:</u><br/>15% adolescents (13-19 years)</p>   | <ul style="list-style-type: none"> <li>92% of the adolescents knew of at least one modern contraceptive and 83% knew of at least one modern spacing method.</li> <li>Adolescents were more familiar with female sterilisation followed by OCP, male sterilisation, condom and IUD.</li> <li>Nearly 19% of the married teenagers had ever used a contraceptive method. Only 10% were currently using family planning, each using a spacing method.</li> <li>The use of spacing method was reported more in urban as compared to rural areas.</li> </ul>   | -   |
| 30 | West India. 10 schools in Baroda.                           | <p>To assess how far the students have gained knowledge on various aspects of population education, family planning, reproductive physiology, AIDS and STDs; to assess their attitude towards family formation (age of marriage, preferred family size, birth interval and sex preference).</p> <ul style="list-style-type: none"> <li>Questionnaire</li> </ul> <p><u>Sample:</u><br/>students: Total 725<br/>387 males<br/>338 females</p> | <ul style="list-style-type: none"> <li>99% of boys and 98% of girls were strongly in favour that a couple should have one or two children.</li> <li>About half of the students believe that the interval between two births should be more than 2 years.</li> <li>90% agreed to free interaction between boys and girls.</li> <li>79% said that there is nothing wrong in discussing about sex with the friend of same sex.</li> <li>42% said that discussing sex with the classmate of opposite sex is not bad.</li> </ul>  | -   |
| 31 | North. Delhi.   | <p>The study examines student attitudes, knowledge and sexual behaviour in India and acceptance of pre-marital sexual relations and masturbation.</p> <p><u>Sample:</u><br/>Total 887 students<br/>76.8% female &amp; 82.1% unmarried</p>   | <ul style="list-style-type: none"> <li>58% of women and 79% of men viewed intimate or casual sexual relations as acceptable before marriage.</li> <li>Only 32.1% of women supported the chastity of women.</li> <li>72.4% agreed that it would be better if women were free to express their sexual desires with as much initiative and aggressiveness as men.</li> <li>49.5% of males and 36.1% of females had a steady dating partner.</li> <li>39.3% of males and 20.4% of females had engaged in pre-marital sex.</li> </ul>   | -   |

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| 32  | West India. 10 Villages & 4 Urban Colleges in Kheda district. | To study the sexual behaviour of adolescent boys.<br><ul style="list-style-type: none"> <li>• Survey</li> </ul> <u>Sample:</u><br>368 boys   | <ul style="list-style-type: none"> <li>• Almost 16% of the rural boys and 9% of college students had a previous sexual experience.</li> <li>• Out of those who had been sexually active, 44% were illiterate or educated up to 5th grade.</li> <li>• Over half (54%) of the sexually active adolescent boys were economically active.</li> <li>• The mean age at first coitus was 17.9 years.</li> <li>• More than 78% of the boys had their first sexual contact with a prostitute and 80% had never used a condom.</li> </ul>   | <ul style="list-style-type: none"> <li>• The findings lent credence to hypothesis that some of the unmarried adolescent girls in India might be sexually active.</li> </ul> |
| 33a | West India. Gujarat, Anand 3 women's colleges.                | To determine the prevalence of masturbation among first year college girls.<br><ul style="list-style-type: none"> <li>• Structured and pre-tested survey instrument questionnaire</li> </ul> <u>Sample:</u><br>530 first year college girls  | <ul style="list-style-type: none"> <li>• The mean age of respondents was 17.3 (+/- 1.38) with a range of 17-19 years.</li> <li>• About 30% admitted that they masturbated.</li> <li>• The mean knowledge score with respect to human sexuality was 6.38 (+/- 4.25) on a scale of 25, with a median of 6.</li> <li>• The frequency of masturbation varied from one to five times per week.</li> <li>• Among the girls who reported to have practised masturbation, almost 80% were second or third in the birth order, while only 20% were first children.</li> </ul>  | -   |
| 33b | West India. Gujarat, Anand 3 colleges.                        | To determine the knowledge of human sexuality, physiology of reproduction and contraception among the first year college girls.<br><ul style="list-style-type: none"> <li>• Structured and pre-tested survey instrument questionnaires</li> </ul> <u>Sample:</u><br>530 girls                              | <ul style="list-style-type: none"> <li>• The mean knowledge score with respect to human sexuality was 6.38 on a scale of 25, with a median of 6.</li> <li>• Almost 59% of respondents felt that they possessed adequate knowledge regarding sexual matters.</li> <li>• The overall knowledge about human sexuality, reproduction and contraception was poor among the college girls.</li> </ul>   | -   |
| 34  | West India. Gujarat, Anand 8 randomly selected villages.      | To investigate the sexual behaviour and level of knowledge about STDs of unmarried adolescent boys.<br><ul style="list-style-type: none"> <li>• Survey</li> <li>• Structured and pre-tested questionnaires</li> </ul> <u>Sample:</u><br>178 adolescent boys  | <ul style="list-style-type: none"> <li>• The mean age at the first coitus was 18.01 years.</li> <li>• In over 87% of the cases (n= 156) the first sexual contact was with a commercial sex worker (prostitute).</li> <li>• With reference to masturbation, all the boys replied in affirmative.</li> <li>• The mean weekly frequency of masturbation was 8.47 (+/-1.03), and the mean age at first masturbation was 12.13 (+/- 1.4) years.</li> </ul>   | -   |
| 35  | North. Delhi Shantibaug area, Tigri Resettlement.             | (i) To study the patterns of sexual expression among adolescent boys and girls.<br>(ii) To study the information needs and networks of adolescent boys and girls regarding sexuality and reproductive health.<br><ul style="list-style-type: none"> <li>• In-depth interviews of key informants</li> </ul> | <ul style="list-style-type: none"> <li>• Conflict between the fear of <i>badnami</i>, and hence reduction in their chance to have a 'good' marriage, and the natural impulse of having relationships have been voiced by almost all the girls who were interviewed.</li> <li>• Most of the boys interviewed were of the view that mostly boys befriend girls with a physical relationship foremost in their minds.</li> <li>• The boys and girls who were interviewed had a highly developed interest in sexual matters.</li> <li>• The culmination of many of the "friendships" (<i>dosti</i>) appears to be in sexual intercourse.</li> <li>• From the interviews with girls a general hypothesis is that many girls have pre-marital sexual experience, but they may be limited to one or two "affairs" (<i>chakkar</i>), after which the parents arrange their marriage.</li> </ul> | -   |

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| 36  | West India.<br>Mumbai.                  | <p>To assess the knowledge of adolescent girls regarding menstruation, sexual illness, child birth, contraception and attitude towards sexual behaviour.</p> <ul style="list-style-type: none"> <li>• Girls who participated in FGDs - 80</li> <li>• Girls interviewed by questionnaire - 399</li> <li>• Draw and dialogue</li> <li>• Body mapping</li> <li>• Case studies (narratives)</li> <li>• Story writing</li> <li>• Individual meetings</li> </ul> <p><u>Sample:</u><br/>Adolescent girls aged between 13-19 years</p> | <ul style="list-style-type: none"> <li>• In the present study, a majority of girls interviewed by questionnaire reported to have reached menarche between 13 or 14 years of age (60%).</li> <li>• In the questionnaire, 57.6% of the girls were informed about menstruation by their mothers.</li> <li>• In the questionnaire, only 16.2% of the adolescent girls reported to have correct biomedical knowledge about menstruation.</li> <li>• In the questionnaire, three-fifth of the adolescent girls disliked all the practices that they had to follow.</li> <li>• Only 14.2% of the girls could give the correct answer that the delivery took place from vagina.</li> </ul>   | <ul style="list-style-type: none"> <li>• One of the limitations of this study was that it could not throw light on the sexual behaviour of the adolescent girls living in slums of Mumbai.</li> <li>• The sample size was small, confined to three wards of BMC. Hence, the findings of the study cannot be generalised for adolescents living in all slums of Mumbai.</li> <li>• The findings lent credence to hypothesis that some of the unmarried adolescent girls in India might be sexually active.</li> </ul> |
| 37a | South.<br>Tamilnadu<br>rural community. | <p>To determine the nature and extent of gynaecological morbidity including RTIs in young married women in order to estimate the need for health care in this group.</p>   | <ul style="list-style-type: none"> <li>• The mean age of the participants was 20.7 years (SD 1.42) and that of their husbands was 28.2 (SD 4.1).</li> <li>• Of the respondents 59% had one or more gynaecological problems.</li> <li>• 48.5% suffered from RTIs, 8% gave a history of menorrhagia, 9% had prevalence of STI.</li> <li>• With increasing duration of marriage the likelihood of women having RTIs increased.</li> <li>• Of the women who had symptoms suggestive of RTIs only 58% had RTI, whereas among the asymptomatic women 38% had RTI.</li> <li>• 65% of the women who had gynaecological symptoms had not sought treatment. Of those who had, 21% had opted for home remedies and traditional medicine, 57% approached unqualified private practitioners.</li> </ul> | -  |
| 37b | South.<br>Tamilnadu<br>rural community. |  | <ul style="list-style-type: none"> <li>• Of the 451 women who had participated in the study, 59% (265) had one or more gynaecological problems.</li> <li>• 48.5 of women had RTI and 9% had infertility.</li> <li>• 40% of women who had infertility, had RTI.</li> <li>• A high prevalence of bacterial vaginosis (18%) and trichomoniasis (13%) was seen in study.</li> <li>• The prevalence of STD (Trichomoniasis, Syphilis, chlamydia and Hepatitis B infection) in the study was 18%.</li> </ul>   | -  |

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| 38                   | India   | To study response of male and female students on issues related to sexuality and reproductive health.   | <ul style="list-style-type: none"> <li>• 5% of males also reported to be having sex with a maidservant.</li> <li>• One-fourth of females experienced sexual intercourse with relative or a known person.</li> <li>• It is worth noting that majority of female respondents had only one sexual partner.</li> <li>• Among the males, 31.8% had experienced non-coital sex and 14.7% had experienced coital sex.</li> </ul>  | -  |
| 39                   | West India. Rural Maharashtra 18 randomly selected rural schools. | To know about the opinion of school children and teachers of rural Maharashtra about AIDS and sex. <ul style="list-style-type: none"> <li>• Focus group discussions on AIDS, sex and sexuality, sex education</li> <li>• 21 focus group discussions with teachers</li> <li>• 38 focus group discussions with students</li> </ul> <p><u>Sample:</u><br/>selected students and teachers from 18 randomly selected rural schools</p> | <ul style="list-style-type: none"> <li>• Most students were unsure whether AIDS would affect them or how it could be contracted.</li> <li>• Some standard IX female students voiced the need for sex education at a young age.</li> <li>• Most teachers were uncomfortable and reticent to discuss sex and student sex behaviour.</li> </ul>   | -  |
| <b>HOMOSEXUALITY</b> |   |   |  |  |
| 40                   | India.  | To study current practice of homosexuality in India. <ul style="list-style-type: none"> <li>• Debonair magazine questionnaire survey in 1991</li> </ul> <p><u>Sample:</u><br/>1,424 men</p>   | <ul style="list-style-type: none"> <li>• 424 (37%) reported homosexual relationships.</li> <li>• 12% of unmarried men and 8% of married men reported that their first sexual experience was with another man and most of them (82%) had it before they were 20 years of age.</li> <li>• About two-fifths of the respondents - both unmarried and married - had homosexual experience with one or two persons while over a fifth had such experience with more than 10 persons.</li> <li>• Only 21% of respondents reported to have used condoms in their homosexual acts.</li> </ul> | <ul style="list-style-type: none"> <li>• Self-selected sample</li> <li>• Survey did not yield data regarding frequency and nature of the homosexual relationship the respondents had at the time of survey.</li> </ul> |
| 41                   | South India. Institute of Venerology (Madras).                    | To study current practice of homosexuality in India. <p><u>Sample:</u><br/>2,293 male patients</p>  | <ul style="list-style-type: none"> <li>• 73 (3%) were homosexuals who earned their living as dancer and /or sex workers.</li> <li>• Most of them belonged to the age group 21-30 years and took both active and passive roles in unprotected anal and oral intercourse.</li> <li>• They also entertained their clients by masturbation.</li> <li>• They acquired their sexual knowledge from friends and <i>hijras</i>.</li> <li>• 62% of the study population had STDs.</li> </ul>  | <ul style="list-style-type: none"> <li>• Study cited in the review by Moni Nag. Original study not seen.</li> </ul>  |

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| 42                    | India.   | To study lesbian sexual relationships.<br><ul style="list-style-type: none"> <li>• Questionnaire published in a 1992 issue of Savvy magazine</li> </ul> <u>Sample:</u><br>362 women respondents   | <ul style="list-style-type: none"> <li>• Only 31(9%) said that they ever had a sexual relationship with another women.</li> <li>• The first lesbian experience of 77% of women who had such experience was gained before they were 20 years of age.</li> <li>• Most of the women (81%) who had lesbian relationship had it with one or two partners.</li> <li>• Only 7% had it with more than 7 persons.</li> </ul>  | -   |
| <b>SPECIAL GROUPS</b> |  |   |  |   |
| 43                    | East India.<br>Rambagan - red light area of Calcutta.              | To gather some information in terms of client profile, sex worker profile, their socio-economic background and sexual practices.<br><ul style="list-style-type: none"> <li>• Stepwise ethnographic exploration method</li> <li>• Informal talks</li> <li>• Meeting/focus group discussions</li> <li>• Self-monitoring card - tri coloured<br/>red for vaginal sex<br/>blue for oral sex<br/>green for anal sex</li> </ul> | <ul style="list-style-type: none"> <li>• Child in Need Institution (CINI) identified three different categories of FSWs:</li> <li>• "permanent" (permanents residents of the area).</li> <li>• "fixed flying" (outsiders staying in rented rooms for the whole day).</li> <li>• "flying" (outsiders who come with clients from outside and use rooms on a rental basis for sexual act).</li> <li>• Oral sex was performed in 11% of all sexual acts and 25% involved the use of condom.</li> <li>• The practice of anal sex was quite low and demanded mostly by non-Bengali clients.</li> </ul> | -   |
| 44                    | East India.<br>Raxaul, a small town in Bihar on Indo-Nepal border. | The Boruka AIDS programme.<br><ul style="list-style-type: none"> <li>• Discussion</li> </ul> <u>Divisions were based on:</u> <ul style="list-style-type: none"> <li>• Providing medical care for general and sexually transmitted diseases</li> <li>• Behaviour change communication</li> <li>• Condom promotion and its social marketing</li> </ul> <u>Sample:</u><br>1,500-2,000 people                                 | <ul style="list-style-type: none"> <li>• 92% of the truckers know about condoms.</li> <li>• 89% have seen a condom, but only 40% of sexually active truckers have ever used it.</li> <li>• Those who have ever purchased a condom constitute only 27% of the sexually active truck drivers and helpers.</li> </ul>   | -   |
| 45                    | East India.<br>Sonagachi red-light area of Calcutta.               | To study sexual behaviours of FSWs.<br><u>Sample:</u><br>450 randomly selected FSWs (out of 3,664)  | <ul style="list-style-type: none"> <li>• The average number of clients per FSW per day was 3.3.</li> <li>• Peno-vaginal intercourse was the most commonly practiced sexual act but about 3/4th of FSWs reported experience of peno-oral sex.</li> <li>• Most of FSWs washed their genitals after intercourse.</li> <li>• About one-quarter of them took some precaution against pregnancy regularly and about one-half of those who did so took contraceptive pills.</li> </ul>  | <ul style="list-style-type: none"> <li>• Overview title on FSWs giving the history of prostitution in British and contemporary India. This study here is one of the many. All details are not present.</li> </ul> |



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| 46                            | East India. North eastern states of India through Assam.           | To study multiple sexual relationship of truck drivers.<br><ul style="list-style-type: none"> <li>• A questionnaire survey</li> </ul> <u>Sample:</u><br>506 truck drivers  | <ul style="list-style-type: none"> <li>• Truck drivers in India (all male) had multiple sexual relationship not only with FSWs but also with other men, particularly young boys, who accompany them in long highway drives as helpers.</li> <li>• 15% admitted previous homosexual experience.</li> <li>• None of them used condoms for any kind of sexual act.</li> </ul>  | <ul style="list-style-type: none"> <li>• Original study not seen. Findings cited in the review by Moni Nag.</li> </ul>   |
| 47                            | All India. Three different points were chosen on national highway. | To carry out rapid social appraisal of truck drivers for STD/HIV prevention project.<br><ul style="list-style-type: none"> <li>• Primarily focus group discussions</li> <li>• In-depth interviews with FSWs</li> </ul> <u>Objectives:</u><br><ul style="list-style-type: none"> <li>• To carry out rapid social appraisal on perceptions and felt needs of truckers.</li> <li>• Review the existing literature on truckers to augment primary data.</li> </ul> | <ul style="list-style-type: none"> <li>• Truckers reported having multiple heterosexual relationships with casual partners and sex workers.</li> <li>• Highway sex workers were preferred because of lower charges to those living in city brothels.</li> <li>• Self-medication was the first resort for symptoms indicating STDs.</li> <li>• The fleet owners showed apathy towards the health problems of truckers. None of them provided health insurance coverage to them.</li> <li>• Unsafe sexual practices and preference for highway sex workers pose serious threats to the spread of epidemics in rural areas along the highways.</li> </ul>  | <ul style="list-style-type: none"> <li>• Complete study not available.</li> </ul>  |
| <b>SEXUAL HEALTH PROBLEMS</b> |  |  |   |  |
| 48                            | East India. Uluberia, a town situated 50 km. west of Calcutta.     | To study sexual behaviour of truck drivers.<br><ul style="list-style-type: none"> <li>• Group discussions - 9</li> <li>• Interviews - 2-3 with each respondent</li> </ul> <u>Sample:</u><br>100 truckers<br><ul style="list-style-type: none"> <li>• 25 from Punjab</li> <li>• 20 from Bihar</li> <li>• 20 from UP</li> <li>• 13 from MP</li> <li>• 10 from West Bengal</li> </ul><br>79 truck drivers, 21 helpers   | <ul style="list-style-type: none"> <li>• Only 82 had visited their home just once in the previous year and had stayed there only for 1-2 months. Only 3 of them said they never visited any FSW.</li> <li>• 20 out of 100 truckers had their first sexual experience with their relatives and girlfriends. Only 2 truckers had their first sexual experience with their wives.</li> <li>• Red light areas were less frequented because FSWs there are more expensive.</li> </ul> <u>Sexual techniques practised :</u><br><ul style="list-style-type: none"> <li>• Oral sex with FSWs and wives was almost always followed by vaginal intercourse.</li> <li>• A fair proportions of truckers have experienced oral and anal sex among themselves, but also with male friends and massage boys available at <i>dhabas</i>.</li> <li>• When asked about whether they ever practised oral sex or not, 42 out of 100 truckers responded positively.</li> </ul> | <ul style="list-style-type: none"> <li>• Study provides valuable insights into the sexual subculture of a high-risk occupational group, including how masculinity is constructed in this group.</li> </ul> |

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| 49 |   | <p>To study the men's perceptions of the illnesses of the nether areas.</p> <p><u>Sample:</u></p> <ul style="list-style-type: none"> <li>• 33 men and 41 women</li> <li>• Married men between the ages of 20-50</li> <li>• Interviews</li> <li>• Semi-structured interviews</li> <li>• In-depth interviews</li> <li>• Focus group discussions</li> </ul> | <ul style="list-style-type: none"> <li>• When asked to list illnesses of the nether area, or illness which people don't like to talk about, the men often listed <i>safed pani</i> (white discharge) and <i>balatara</i> (burning) as illnesses.</li> <li>• <i>Tadu dukh</i> (cold pain) and <i>paramiyo</i> (a term used for an illness of the nether area) are considered to be very severe, in part because people believe that either there is no cure or that if treatment is unsuccessful, these diseases can lead to weakness and/or death.</li> <li>• Women are often blamed as the sources of infection and several men stated that if a woman has the disease, she will pass it on to her husband or partner.</li> <li>• The last reason given for these illnesses is evil spirits.</li> <li>• Traditional medicines are often used to treat <i>tadu dukh</i> or <i>paramiyo</i> and are given by specific people in the village.</li> <li>• Most of the measures related to prevention were to refrain from engaging from in the behaviour that causes the diseases. This pertains especially to avoiding sex with an infected person as well as refraining from having multiple sexual partners.</li> <li>• While most men felt that <i>tadu dukh</i> and <i>paramiyo</i> were different from <i>chaandi</i> (ulcer) and <i>garmi</i> (heat-induced infections), there is some overlap between all these illnesses.</li> <li>• The men interviewed recognised that <i>chaandi</i> is an infectious illness.</li> <li>• Compared to <i>tadu dukh</i> and <i>paramiyo</i>, <i>masa</i> (hemorrhoids) is not as serious but if untreated still constitutes a serious problem.</li> </ul> | -  |
| 50 | West India. Rural Indian Villages (Wasa & Anuirza). | <p>To study gynaecological disease in India.</p> <ul style="list-style-type: none"> <li>• Private interviews</li> <li>• Examination</li> </ul> <p><u>Sample:</u><br/>About 60% of population</p>   | <ul style="list-style-type: none"> <li>• Women and men, too, are often ignorant about the technical language for organs, foreplay and other aspects of their sexuality.</li> <li>• Once people open up, they talk freely about their sexual lives and problems.</li> <li>• Women experienced anxiety and stress because of disturbed marital relationships.</li> </ul>  | <ul style="list-style-type: none"> <li>• Other detailed study was also done and problems faced during study but here stress has been on sexuality part and discussions related to it.</li> </ul> |
| 51 | India. Rural India.                                 | <p>To investigate the role of sexual risk factors in cervical cancer among rural Indian women.</p> <ul style="list-style-type: none"> <li>• Interviews</li> <li>• Standardised questionnaire</li> <li>• A case-control design was used</li> </ul> <p><u>Sample:</u><br/>286 subjects<br/>134 women - invasive cervical cancer<br/>134 control women</p>  | <ul style="list-style-type: none"> <li>• Younger age at first intercourse was associated with a significantly increased risk of cervical cancer, 84% and 68%, respectively, reported their sexual debut at &lt;16 years of age.</li> <li>• Maximum risk in women who reported their first intercourse at &lt; 12 years of age, compared to that of women of &gt; or = 18 years.</li> <li>• Increased risk was also seen for women who had extra-marital sex relationships.</li> <li>• The risk pattern in typical Indian rural population where there is higher prevalence of early marriage and a low rate of female promiscuity.</li> </ul>   | -  |

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| 52 | West India.<br>Nandnagar area<br>20 kms from<br>Vadodara.           | To study sexual behaviour.<br><ul style="list-style-type: none"> <li>Qualitative data gathering methods were used throughout the situation assessment</li> </ul> <u>Sample:</u> <ul style="list-style-type: none"> <li>28 women (having multiple sex partners)</li> <li>25 men</li> </ul>   | <ul style="list-style-type: none"> <li>First sexual contacts with a slightly older female relative are quite common.</li> <li>Those involved in multi-partner relationships have had and continue to have sexual contacts with varying combinations of unmarried village girls, married women and sex workers.</li> <li>Use of <i>daru</i> (country <i>liquor</i>) is very common in connection with sexual adventures of young men.</li> <li>Women too suffered from a different spectrum of problems.</li> <li><i>Daru</i> (country <i>liquor</i>) is prohibited in Gujarat, but in the study area large number of <i>daru</i> brewing and selling places were found.</li> </ul>  | -  |
| 53 | East India.<br>Calcutta.  | Exploratory study of health seeking strategies in relation to sexual health among a group of female sex workers.<br><u>Sample:</u> <ul style="list-style-type: none"> <li>Total population approximately 2,000</li> <li>256 sex worker households</li> <li>288 non-sex worker households</li> <li>Qualitative research study</li> <li>General participant observation</li> <li>Observation in the health clinic</li> <li>Identification and regular follow-up of nine sex workers currently suffering from sexual health problems</li> <li>In-depth interviews with five local key informants</li> <li>40 narrative Interviews</li> </ul> | <ul style="list-style-type: none"> <li>Specific disorders such as syphilis, gonorrhoea and genital trauma or inflammation were explicitly regarded as occupation hazards, usually being referred as line diseases (from "line of work") and seen as being caused primarily by lack of hygiene ("dirt") or by rough or violent intercourse.</li> <li>When asked specifically about women's health problems, vaginal discharge, burning urine, menstrual disorders and lower abdominal pain were most commonly mentioned.</li> <li>Analysis of results from the 27 illness narratives and nine case histories concerning reproductive and sexual health problems showed that among the sex workers studied, treatment for both sexual and general health problems was overwhelmingly sought from allopathic practitioners. With regard to choice of allopathic services, use of private sector was extremely common. For example, of the 27 sex workers interviewed, 13 (48%) had sought treatment initially from the private sector for the last recalled reproductive health problem.</li> <li>In the urban context where health services are readily available, patterns of initial treatment-seeking are shown to be generally appropriate, but subsequent "non-complaint" therapeutic practices give cause for concern.</li> </ul> | <ul style="list-style-type: none"> <li>Listening to women talk about health from their own point of view and situating these accounts in the context of their everyday lives provides a more illuminating perspective on their health-related strategies.</li> <li>The study also raises questions about the appropriateness of applied research into health-seeking behaviour, which tends to privilege cultural beliefs over considerations of political economy and disease over health.</li> </ul> |
| 54 | West India.<br>Gujarat, Six<br>villages of<br>Santrampur<br>Taluka. | To study the women's perceptions of STDs.<br><ul style="list-style-type: none"> <li>Interviews</li> <li>23 semi-structured interviews</li> <li>In-depth interviews</li> <li>Four focus group discussions</li> </ul> <u>Sample:</u> <ul style="list-style-type: none"> <li>41 women and 33 men</li> <li>Married women in reproductive age group</li> </ul>   | <ul style="list-style-type: none"> <li>When asked to list illnesses of the nether area, four illness were identified by local women during interviews and focus group discussions, namely: <i>safed pani</i> (white discharge), <i>tadu dukh</i> (cold pain), <i>paramiyo</i> (a term used for an illness of the nether area) and <i>garmi</i> or <i>kothe garmi</i> (heat-induced infections). <i>Safed pani</i> is considered the most common and wide-spread among women.</li> <li>Many women believed <i>tadu dukh</i> and <i>paramiyo</i> to be the same disease, but some insisted that <i>paramiyo</i> was more serious and less common.</li> <li><i>Garmi</i> and <i>kothe garmi</i> also shared common symptoms with one another (such as rash-like eruptions and boils) and were perceived as the most serious illness of all. However, <i>kothe garmi</i> was clearly associated with the genital area, while <i>garmi</i> was believed to be a generalised infection. Both were thought to be caused by eating hot foods.</li> </ul>  | -  |

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| 55 | India.   | To study sexual problems in teenagers and youth.<br><u>Sample:</u><br>• 266 between 16 to 21 years   | The problems faced by teenagers and youth:<br>• <i>Dhat</i> syndrome<br>• Penile size anxiety<br>• STDs<br>• Diseases of the pain<br>• Miscellaneous  | • Complete study not available.<br>Information taken from newsletter.                     |
| 56 | West India. 8 villages about an hour drive from Vadodara city. | To understand the sexual behaviour of rural men and their reproductive and sexual health problems.<br>• In-depth interviews (avg. 3)<br>• Key informant interviews<br>• Focus group discussion<br><u>Sample:</u><br>78 married (25-60 years)<br>46 unmarried men (15-24 years)                             | • Non-marital sexual contacts were reported to be high among rural men, arising chiefly as an attachment with their partners.<br>• Ignorance regarding safe periods and how to use condoms often result in unwanted pregnancies and STDs.<br>• Services to induce abortion were either sought from medical stores or from qualified private health providers.<br>• While the male partner's involvement was largely restricted to providing various abortifacients to their female partners procured from medical stores, medical termination of pregnancy (MTP) was obtained with the help of female friends and other support in the community.<br>• Despite the negative outcome of their non-marital sexual relationships, men continue to indulge in risky sexual practices. | • Findings contain some interesting aspects of construction of male sexuality and gender. |
| 57 | West India. 8 villages near Vadodara City.                     | To understand perceived sexual and reproductive health problems of men and their treatment seeking behaviours in rural Gujarat.<br>• Repeat in-depth interviews<br>• Focus group discussions<br>• Key informant interviews<br><u>Sample:</u><br>married men (25-60 years)<br>unmarried youth (16-24 years) | • Despite high heterosexual promiscuity, use of condom is low among rural communities.<br>• Fear of pregnancies outweighs the fear of contracting STDs among youth who reported using condoms during sexual intercourse with unmarried casual partners.<br>• Men's understanding and explanations of the symptoms of STDs focus on " <i>garmi</i> " (heat) and this concept of "heat" governs their treatment seeking behaviours.   | • Complete study not available.   |
| 58 | India. Department of Psychiatry at J.S.S.                      | To review cases with sexual problems.<br><u>Sample:</u><br>• Hospital sample had n=100<br>• Clinic group had n = 126<br>• Hospital group had 96% males<br>• Clinic group had 87% of males  | • Majority of the patients came only for initial 2-3 follow-up visits.<br>• Sexual aversion disorder never came for follow-up after 3 visits.   | • Complete study not available. Information taken from newsletter.                        |

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| 59 | South India.<br>Madras   | <p>To study the problems and concerns that may arise regarding the sexuality of the aged. Sexual Health of the aged was considered under the following categories :</p> <ul style="list-style-type: none"> <li>• Sexual dysfunction</li> <li>• Sexual problems</li> <li>• Other considerations with a bearing on sexuality</li> </ul> <p><u>Sample:</u></p> <ul style="list-style-type: none"> <li>• 57 women between the ages of 48-65 years</li> <li>• 481 men</li> </ul> | <p><u>Sexual problems</u><br/><u>General sexual disinterest:</u></p> <ul style="list-style-type: none"> <li>• Some people, with advancing age may feel that sex is a meaningless function since it no longer has reproductive potential. Studies reveal that such people had very little enthusiasm for sex in younger years.</li> <li>• It may be a cover-up for anxiety about their inadequacies.</li> </ul> <p><u>Sexual boredom/monotony:</u></p> <ul style="list-style-type: none"> <li>• Men and women experience a certain amount of boredom in long - standing monogamous sexual relationships.</li> </ul> <p><u>Impaired/physical sexuality:</u></p> <ul style="list-style-type: none"> <li>• It plays a key role in determining what, if any changes occur in their sexual lives.</li> </ul> <p><u>Attrition by disuse:</u></p> <ul style="list-style-type: none"> <li>• Sexual abstinence.</li> <li>• A greater physiological handicap than non-abstinence.</li> </ul> | <ul style="list-style-type: none"> <li>• Complete study not available. Information taken from newsletter.</li> </ul>  |
| 60 | West India.,<br>Slum community located in northeast of Mumbai. | <p>To assess the domains of male sexual health problem in a slum community, to find out perceived causes and treatment of these problems.</p> <ul style="list-style-type: none"> <li>• Free listing</li> <li>• Pile sorting</li> <li>• Rating</li> </ul> <p><u>Sample:</u><br/>53 practitioners</p>   | <ul style="list-style-type: none"> <li>• The men listed various sexual health problems like masturbation, bent penis problems, sores on the penis, white discharge, loss of sexual desire.</li> <li>• Weakness and itching were the most frequently mentioned items, involuntary loss of semen is uppermost in the minds of men.</li> <li>• About the severity of problems, AIDS was uniformly rated as very severe followed by syphilis and gonorrhoea. Pus discharge was seen as severe.</li> </ul>   | <ul style="list-style-type: none"> <li>• One of the few studies in India in recent years looking at men's sexual health problems.</li> <li>• Study makes a distinction between 'contact' and 'non-contact' sexual health problems.</li> </ul> |
| 61 | West India.<br>Baiganwadi locality of north-east Mumbai.       | <p>To provide some insights into the perceptions of sexual illnesses of males by both the clients as well as providers.</p> <ul style="list-style-type: none"> <li>• In-depth qualitative interview</li> <li>• Free listing of illnesses</li> <li>• Rating of illness according to the perceived severity</li> </ul> <p><u>Sample:</u><br/>Mainly Muslim men, belonging to low socio-economic background<br/>Age - 16 to 45 years</p>                                       | <ul style="list-style-type: none"> <li>• Presence of a large number of untrained or not qualified doctors in the slum area who provide services on male sexual problems.</li> <li>• Large number of clients of these doctors are unmarried young boys in the age group of 20-25 years.</li> <li>• A total of 34 types of sexual illnesses which clients thought males suffer from could be identified from free listing exercise of the clients.</li> <li>• The list of illnesses produced by the unmarried boys does not differ very substantially from that of the married men.</li> <li>• The sexual history of the young males showed that these boys are sexually very active.</li> </ul>  | <ul style="list-style-type: none"> <li>• Full study not available for this review.</li> </ul>   |

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| 62                     | West India.<br>Mumbai                           | To study various aspects of sexual health problems, experience of sexual health problems, treatment seeking.<br>• Semi-structured questionnaire<br><u>Sample:</u><br>1,279 men  | <ul style="list-style-type: none"> <li>• It was observed that 43% of men had reportedly experienced one or more sexual health problems. Among the most experienced --Wet dream is commonly reported - 17% -Kamjori - 12.9%, White discharge - 11.2%-Early ejaculation - 9.9%, Burning urination - 7.3%</li> <li>• A higher proportion - 53% of younger respondents (below age 25) reported one or the other types of sexual health problems than older respondents (above age 35, 41%).</li> <li>• 51% of illiterates reported experiencing problems compared to those who had some level of education.</li> <li>• 54% of men with non-marital sexual relations reported having some kind of sexual health problems as compared to only 38% among those who did not have non-marital sexual relations.</li> <li>• Treatment sought for the sexual health problems shows that a higher proportion of episodes of <i>garmi</i> (61%) were taken for treatment, followed by pus discharge (45.5%), <i>kamjori</i> (34.5%) and burning urination (27.7%).</li> </ul> | -   |
| <b>SEXUAL VIOLENCE</b> |   |   |  |   |
| 63                     | West India.<br>M. S. University of Baroda.      | To study sexual harassment of women.<br>• Personal interview<br>• Both inductive and descriptive analysis were used in examining the data<br><u>Sample:</u><br>50 women   | <ul style="list-style-type: none"> <li>• Most women felt disgusted, insulted and scared by this kind of behaviour.</li> <li>• Many women also experience a deep sense of shame after incidents of molestation.</li> <li>• Women at all levels experienced sexual harassment: graduate, postgraduate, Ph.D. (by guide), teaching staff, administration (by student leaders).</li> </ul>   | -   |
| 64                     | North India.<br>Amritsar and Faridkot (Punjab). | To study sexual crimes against women.   | <u>Classification of crimes against women:</u> <ul style="list-style-type: none"> <li>• Sexual offences.</li> <li>• Sexual perversions.</li> <li>• Sex-related crimes.</li> <li>• Especially to the weaker sex.</li> </ul>   | <ul style="list-style-type: none"> <li>• Complete paper not available, information, taken from a newsletter.</li> </ul> |
| 65                     | North India. Two villages of central UP.        | To study the issue of sexual violence within marriage.<br>• Qualitative study<br>• In-depth case study<br>• FGD with community members<br>• Interviews with health and abortion service providers<br><u>Sample:</u><br>• 122 currently married women<br>• Of these 115 answered questions on sexual behaviour | <ul style="list-style-type: none"> <li>• Only 18% had some vague idea.</li> <li>• Out of 98 who answered all questions <ul style="list-style-type: none"> <li>• 67 (68%) reported sexual coercion</li> <li>• 21% reported physical violence</li> <li>• 14% reported anger</li> </ul> </li> </ul>   | -   |

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| 66                   | West India. Mumbai.                          | <p>(i) To present women's perceptions of how reproductive health problems influence their relationships with their husband and how they address these reproductive health problems.</p> <p>(ii) To contextualise the findings in terms of impact of gender and violence and of policy and practice in the provision of health services.</p> <ul style="list-style-type: none"> <li>• Structured and semi-structured interviews</li> <li>• Group discussion (13 group discussions of 110 women)</li> </ul> <p><u>Sample:</u><br/>3,082 women</p>   | <p><u>Relationship with husbands:</u></p> <ul style="list-style-type: none"> <li>• Most of the women felt that the husbands were really concerned about their ill health.</li> <li>• Against the perception of high degree of concern and support mentioned by the women, there are others who think that while their partners are supportive, they could be more so.</li> </ul> <p><u>Women's responses to sexual intercourse initiated by husbands:</u></p> <ul style="list-style-type: none"> <li>• 26 responded that they did not want it and could not speak out.</li> <li>• 24 stated they did not want it and husband did not listen to them.</li> <li>• 3 stated that they had forced intercourse.</li> <li>• 54 stated that when they did not want it, their husband understood.</li> <li>• 132 did not give any information.</li> </ul> | -  |
| <b>SEX EDUCATION</b> |  |   |   |  |
| 67                   | All India. Bihar, UP, AP, MP.                | <p>To study about need for more sex education.</p> <ul style="list-style-type: none"> <li>• Listeners' letters responding to a series of sex education programmes broadcast by BBC's Hindi service</li> </ul> <p><u>Sample:</u></p> <ul style="list-style-type: none"> <li>• Some 10,000 letters were received and of these roughly half were randomly selected for analysis.</li> <li>• Bihar (1,283), UP (807), AP (659), MP (624)</li> <li>• Most correspondents were young male students with secondary / college education</li> <li>• More than 80% were single and under 30 years</li> <li>• Only 25 letters were from women</li> </ul> | <ul style="list-style-type: none"> <li>• Nearly all correspondents (97%) expressed ignorance about some matter related to sex.</li> <li>• Just over 10% of questions concerned AIDS.</li> <li>• Just under half (42%) said they felt emotional conflict in matters of sex.</li> <li>• Others suffered from guilt (27%).</li> <li>• Anxiety (27%).</li> <li>• Depression (18%).</li> <li>• Fear of marriage (18%).</li> <li>• A minority said sexual problems had made them contemplate suicide (6%).</li> </ul>   | <ul style="list-style-type: none"> <li>• Complete title not available, information from newsletter.</li> </ul> |
| <b>HIV/AIDS</b>      |  |   |   |  |
| 68                   | Central India. Transportnagar in Indore(MP). | <p>To study sexual behaviour and substance use pattern among adolescent truck cleaners and risk of HIV/AIDS.</p> <ul style="list-style-type: none"> <li>• Survey - random sampling semi-structured, pre-tested performa was administered by oral interview technique.</li> </ul> <p><u>Sample:</u><br/>210 adolescents (15-19 years)</p>  | <ul style="list-style-type: none"> <li>• In nearly all of these adolescents the senior driver (88.6%) was a regular visitor of prostitutes.</li> <li>• 94.3% of these adolescents had indulged in unprotected sexual intercourse and the remaining 5.7% had used condoms infrequently.</li> <li>• Majority of them (98.5%) had not heard of HIV and AIDS.</li> <li>• 4.3% had a history of STD.</li> <li>• Substance use was fairly common in these children.</li> </ul>  | <ul style="list-style-type: none"> <li>• Complete study not available.</li> </ul>                              |

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| 69                      | West India.<br>Middle income communities in Mumbai. | To explore adolescent sexuality. <ul style="list-style-type: none"> <li>Qualitative research methods</li> <li>Focus group discussions</li> <li>In-depth interviews</li> </ul>  | <u>Findings about girls and boys :</u> <ul style="list-style-type: none"> <li>Adolescents lacked proper understanding of sexual development, sexual relationships and risk of STDs and HIV/AIDS.</li> <li>More boys than girls, reported early initiation into sex (as early as age of 13); usually unprotected sex.</li> </ul>   | <ul style="list-style-type: none"> <li>Complete study not available, information from a newsletter.</li> </ul>  |
| 70                      | North India.<br>Public school in New Delhi.         | To study knowledge level of youth in India regarding human sexuality and AIDS. <ul style="list-style-type: none"> <li>Survey instrument (questionnaire) had 99 questions in two parts</li> <li>The first part had 86 questions</li> <li>The second had 11 questions and specifically pertained to sexually active students</li> <li>Approximately 1 hour and 10 minutes to complete</li> </ul> <u>Sample:</u> <ul style="list-style-type: none"> <li>893 students</li> <li>-397 females</li> <li>-493 males</li> </ul> | <ul style="list-style-type: none"> <li>Most of the students did not perform well on both reproductive and AIDS scale.</li> <li>On AIDS scale, <ul style="list-style-type: none"> <li>13% scored - zero points</li> <li>11% scored - 1 points</li> <li>9% scored - 2 points</li> </ul> </li> <li>On the reproductive knowledge scale <ul style="list-style-type: none"> <li>36% scored - 0 points</li> <li>29% scored - 1 point</li> </ul> </li> <li>The higher the grades level the higher score on the reproductive knowledge and AIDS scale.</li> <li>Boys performed better than the girls on both the scales.</li> <li>Those who rarely got into trouble at school scored higher on the knowledge (5.27) and AIDS scales (3.89).</li> <li>Females who reported better relationships scored higher on the knowledge (4.9) and AIDS (4.02) scales and had conservative attitude towards pre-marital sex.</li> </ul>  | <ul style="list-style-type: none"> <li>The limitation of the study is that there is no way to ascertain that all the subjects are interpreting the questions in the same manner.</li> <li>Since the students were from one school in Delhi, the findings may be generalised only to urban adolescents.</li> </ul> |
| <b>GENDER RELATIONS</b> |   |  |   |   |
| 71                      | North India.<br>Urban callers from New Delhi.       | To analyse the language used by the men and women who have phoned the helpline to talk about sex and their experiences of their bodies and their sexuality. <ul style="list-style-type: none"> <li>Discussion</li> </ul> <u>Sample:</u> <ul style="list-style-type: none"> <li>Of 15,000 calls</li> <li>82.3% were from men</li> <li>18.3% from women</li> </ul>   | <u>Reactions of women:</u> <ul style="list-style-type: none"> <li>Women accepted male-centred and male-defined assumptions, even at the expense of their own uncertain understandings and experience.</li> </ul> <u>Reactions of men:</u> <ul style="list-style-type: none"> <li>The men seem to place their women sexual partners in certain categories, which are defined by activities they engage in with them, or think they can engage in, and the social and emotional relationships they share with them.</li> </ul> <u>Findings - general:</u> <ul style="list-style-type: none"> <li>Eight out of ten callers are men and many people phone more than once.</li> <li>Callers' perceptions of sexual acts and bodily processes appear to be based on and restricted by male-centred and male-defined assumptions. The penis is seen as central to sex and to any sexual problems men may have and only penile-vaginal intercourse is considered real sex.</li> </ul> | <ul style="list-style-type: none"> <li>Study reveals interesting aspects of construction of gender and sexuality.</li> </ul>  |



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| 72 | West India. Low-income area of Mumbai, India.           | <p>Study of sexual negotiation in marriage.</p> <ul style="list-style-type: none"> <li>Repeat in-depth interviews</li> </ul> <p><u>Sample:</u></p> <ul style="list-style-type: none"> <li>65 married women</li> <li>23 married men</li> </ul>  | <p><u>Reactions of women:</u></p> <ul style="list-style-type: none"> <li>Not appropriate to express their sexual needs.</li> <li>More likely to experience sexual pleasure when they experienced marital harmony.</li> </ul> <p><u>Reactions of men:</u></p> <ul style="list-style-type: none"> <li>Wanted women to be more sexually active and expressive. Felt they had a right to sex in marriage.</li> </ul> <p><u>Reactions of both men and women:</u></p> <ul style="list-style-type: none"> <li>Frequency of sex should diminish with increasing duration of marriage and child bearing, through men adhered to this belief less.</li> </ul>  | <ul style="list-style-type: none"> <li>Paper reveals some interesting issues in construction of gender and male and female sexuality.</li> </ul>   |
| 73 | West India. Gujarat, six villages of Santrampur Taluka. | <p>To explore women's concepts and perceptions of STDs.</p> <ul style="list-style-type: none"> <li>Qualitative research methodologies</li> <li>Interviews</li> <li>23 semi-structured interviews</li> <li>Four focus group discussions</li> </ul> <p><u>Sample:</u></p> <ul style="list-style-type: none"> <li>41 women</li> <li>33 men</li> </ul> | <p><u>Low self-esteem and helplessness:</u></p> <ul style="list-style-type: none"> <li>Demonstrations of shame and shyness also reflected women's low self-confidence and feeling of helplessness towards their situation.</li> <li>Illnesses seem so common in women that many believe these ailments to be 'natural,' a part of their lives or their fate.</li> </ul> <p><u>Gender relations:</u></p> <ul style="list-style-type: none"> <li>Gender relations, especially between husbands and wives, deeply influence women's lives and their health status. Many husbands do not take their wives' ailments seriously: a significant number of women said that their husbands had refused to take them to the doctor.</li> <li>Unequal gender dynamics also have more subtle implications for women's health. Women do not feel that they can refuse sexual intercourse with their husband, even though they are aware that one of them has a sexually transmitted disease.</li> </ul> <p><u>Power relations and women's roles:</u></p> <ul style="list-style-type: none"> <li>However serious illnesses are, many depend on the permission of male and/or elder relatives to get treatment, reflecting the gender dynamics within the household.</li> <li>Regardless of whether it is the wife or the husband who is infertile, women are usually blamed for failing to bear children. Not only do men refuse to undergo fertility tests, but often they take on second wives as a result of this infertility.</li> </ul> <p><u>Decision-making process:</u></p> <ul style="list-style-type: none"> <li>The process of seeking treatment is a difficult one for women. They have to deal with the power structure within their home in order to seek permission for treatment. Because of delicate gender and power relations, many women find it difficult to approach their spouse about seeking treatment. Even the mother-in-law may not always be approachable.</li> <li>Despite evidence to the contrary, at least three women felt that the gender and age did not play a role in their decision to seek treatment, they felt they were alone responsible for the decision they made.</li> </ul> | <ul style="list-style-type: none"> <li>As seen from the above sections, women perceive themselves within their families and society (and how others perceive them) which directly impacts women's perceptions of illness and their treatment seeking behaviour.</li> </ul> |

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| 74 | All India.                                  | <p>To study about the issue of sex consciousness among child-desiring husbands in relation to family gender.</p> <ul style="list-style-type: none"> <li>• Large scale random sampling investigation (cross-sectional survey)</li> </ul> <p><u>Sample:</u><br/>2,364 husbands (married only once with wife below 45 years of age)</p>   | <ul style="list-style-type: none"> <li>• Sex consciousness is not a static characteristic of a person, its intensity changes during the course of family building when the family gender usually changes and what might have been a covert concern previously may come out as an overt one.</li> <li>• A couple starts with a neuter family gender (childless) when the incidence of concern about the sex of the desired child is found to be very low.</li> <li>• The first gender-change involves a sudden spurt in the intensity of sex-consciousness, as shown by this study.</li> <li>• The desire of a child is slightly mitigated when family passes from neuter to feminine family gender.</li> <li>• Among the child-desiring husbands with masculine family-gender, the reason of security in old age, is more frequently reported than the desire for a son.</li> </ul>  | - |
| 75 | West India.<br>Mumbai urban slum community. | <p>To examine the husband-wife relationships with focus on sexual communication, sexual behaviour and sexual equity.</p> <p><u>Sample:</u></p> <ul style="list-style-type: none"> <li>• Focus group discussions - six sessions of four groups of women with 10-12 in each group</li> <li>• In-depth interview - 26 women and 19 men (three to five sessions)</li> <li>• Pile sorting of sexual and related behaviours</li> </ul> | <ul style="list-style-type: none"> <li>• In-depth interviews revealed a variety of pre-coital behavioural patterns from participation in these behaviours to extensive involvement and time for pre-coital activity.</li> <li>• The process of initiating sex begins with verbal and non-verbal expressions of interest. However, communication and initiation of sex, differs markedly among women and men. Women describe using indirect ways of expressing desire or mood for sex. For example, cooking a good meal, dressing up, putting children to sleep early.</li> <li>• Men on the other hand expressed their desire more directly though non-verbally (e.g., fondling of breasts, kissing or biting cheeks/necks and touching woman's body suggestively).</li> <li>• Nearly 32% of men reported regular multiple commercial as well as non-commercial experiences during the marital life span.</li> <li>• Men interviewed admitted to the use of force with their wives to gain sexual access.</li> </ul> | - |

**MISCELLANEOUS**

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| 76 | Eastern India.<br>Calcutta slums.    | <p>To explore the nature of the struggle faced by women of the working class to control their own bodies and to learn about birth control and sexual experiences of urban slum dwelling women in order to understand women's agency in this crucial, most intimate aspect of their lives.</p> <p><u>Sample:</u><br/>100 women in fifteen slums across Calcutta city</p> <ul style="list-style-type: none"> <li>- Interviews using a structured questionnaire with both focused and open ended questions.</li> </ul> <p>Corroboration of certain facts like age, engagements in paid work etc. was done. Few case studies were also done.</p> | <ul style="list-style-type: none"> <li>• Sexual interaction for the women in the sample was associated with initiation of marital relationship.</li> <li>• 73% of women felt that sex is an "assigned work that has to be done." 29% of wives said they felt good after sex.</li> <li>• 47% were either exhausted by the end of the day and had no feeling after intercourse, while 24% felt repulsed and angry after intercourse.</li> <li>• 21% of the wives reported that husbands do not need to force wife, since she does not express displeasure even when she feels it.</li> <li>• 43% reported that husbands used force or threat or force and/or desertion, 28% said that husbands do not use force and listen to them.</li> <li>• Tubectomy or laproscopic sterilisation is the most viable method of contraception for the majority of woman across all age groups.</li> <li>• 23% of women (both Hindu and Muslim included) did not use any birth control method; another 23% used some non-technical method (IUD, condom, abortion, rhythm, etc.), while 54% of women chose female sterilisation.</li> <li>• A high proportion of women know about rhythm (80.95%) and withdrawal (100%) methods of contraception, which were not promoted by the family planning programme.</li> <li>• Of the sample 37% of women thought that men are economic providers and it was better for women to obtain sterilisation; 29% of women were unaware about the existence of vasectomy. 19% of women reported that their husbands refused, 9% were too shy to tell their husbands and only 6% said they wanted to take charge of birth control and therefore did not prefer vasectomy.</li> </ul> | - |
| 77 | Western India.<br>Suburban<br>Mumbai | <p>To see how the three conditions or processes - provisioning, violence and family support--shape the sexual lives and gender relationships of working class married couples in Mumbai, India.</p> <p><u>Sample :</u></p> <ul style="list-style-type: none"> <li>• 65 married women and 23 married men of reproductive age</li> <li>• Focus group discussions with all the respondents</li> <li>• In-depth interviews with all the respondents (average 3 interviews)</li> <li>• Key informant interviews.</li> </ul>   | <ul style="list-style-type: none"> <li>• Non-provisioning is a source of marital discord among couples. As compared to women who are married to providers, those who are married to non-providers are more likely to be beaten by their husbands, and their husbands are more likely to abuse alcohol. Such women are also more likely to perceive their birth families as non-supportive.</li> <li>• Women providers tended to make decisions for the household, and their non-providing households considered them to be thwarting their traditional male authority. This situation often led to marital conflicts and violence against woman.</li> <li>• Male participants denied using violence against their wives.</li> <li>• Women who were beaten were more likely to have husbands who abused alcohol and did not provide regular financial support. These women were more likely to have been separated from their husbands at least once during the marriage.</li> <li>• Beatings and fights revolved around the 3 inter-related issues: money to meet basic family needs, husband's alcohol abuse and matters relating to sex.</li> <li>• In matters relating to sex, men's violation of sexual worries in terms of having two wives concurrently, another regular partner, or frequenting sex workers was a cause for domestic quarrels and wife battering. Sexual jealousy provides a partial explanation, the primary reason was to stop the diversion of scarce financial resources to these other women.</li> </ul>  | - |

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| 78 | India. Calcutta, Delhi and Madras.                        | <p>To study the different methodologies for studying sexual behaviour and beliefs of middle and upper classes in urban India.</p> <ul style="list-style-type: none"> <li>• Self-administered and anonymous questionnaire survey</li> <li>• Focus group discussions</li> </ul> <p><u>Sample:</u></p> <ul style="list-style-type: none"> <li>• 240 men and 220 women, belonging to the middle and upper classes (age 21-45 years)</li> </ul> | <p><u>Research design and methodology:</u></p> <ul style="list-style-type: none"> <li>• The primary objective at this stage was to generate a list of possible methodologies for carrying out such a study. This was achieved through the diagnostic route of analysing the cultural, social and historical context of sexual attitudes, thus identifying the root causes of the resistance and the possible motivators for informed and willing participation in the study.</li> <li>• The technique of focus group discussions was used in this phase.</li> </ul> <p><u>Methodology of selection study:</u></p> <ul style="list-style-type: none"> <li>• The methodologies of information collection generated in the qualitative stage were put to consumer test through a quantitative exercise.</li> <li>• The test was a simple one involving asking a cross-section of middle class urban respondents, randomly selected, to rank the methodologies in order of their suitability to elicit correct information from the general population.</li> </ul> <p><u>The operations research:</u></p> <ul style="list-style-type: none"> <li>• An operations research was carried out in the final stage. This involved field testing selected methodologies among middle class urban Indians using scientific survey research technology.</li> <li>• The questionnaire used for the two methodologies was the same.</li> </ul> <p><u>Validity of findings:</u></p> <ul style="list-style-type: none"> <li>• Validation of studies of sexual behaviour presents considerable difficulties. Apart from problems of recall bias and interviewer approach, it is impossible to determine whether the subjects tell the truth.</li> </ul> <p><u>The findings: operations research</u></p> <ul style="list-style-type: none"> <li>• The findings also indicate that the in-home acceptance rate was not significantly different from that for the in-home methodology.</li> </ul> | <ul style="list-style-type: none"> <li>• One of the few papers looking at methodologies for research on sexual behaviours and attitudes in the context of HIV/AIDS. The study concludes that given an in-depth understanding of socio-cultural issues, it is possible to undertake large-scale quantitative studies to map sexual behaviours.</li> </ul> |
| 79 | Agra, Lohamandi, Tajgunj, New Agra, Khandari & Belahganj. | <p>To compare health aspects and sex behaviour attitudes of adopters and non-adopters of family planning.</p> <ul style="list-style-type: none"> <li>• Questionnaire</li> <li>• Sex behaviour attitude inventory</li> </ul> <p><u>Sample:</u></p> <ul style="list-style-type: none"> <li>• 90 urban female respondents, age group of 25-35 years</li> </ul>  | <p><u>Physical health distress:</u></p> <ul style="list-style-type: none"> <li>• The "operated" and non-adopter groups showed significantly higher physical distress as compared to the "spacing group." The non-adopter group showed poorer physical health than the "spacing group," while no significant change was observed between the "operated group" and non-adopters.</li> </ul> <p><u>Psychological health distress:</u></p> <ul style="list-style-type: none"> <li>• The results show that the "operated" and non-adopter group experienced greater emotional distress as compared to the "spacing group," though only two adopter groups showed significantly higher emotional distress.</li> </ul> <p><u>Total health distress:</u></p> <ul style="list-style-type: none"> <li>• The "operated" and "spacing group" differed significantly in terms of total health distress. On the whole, the "spacing group" enjoyed better physical and emotional health.</li> </ul> <p><u>Sex behaviour attitude:</u></p> <ul style="list-style-type: none"> <li>• None of the three groups endorsed the attitude of either restrictiveness or permissiveness in sex behaviour, thereby suggesting that adoption of family planning is not related to permissive or restrictive sex behaviour attitudes.</li> </ul>  | -  |

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| 80 | South India. Urban & non-slum of the area Mollywood-Chennai. | <p>To bring about a societal change by addressing the large issues in sexual health from unsafe sex to gender relation through community participation.</p> <ul style="list-style-type: none"> <li>• Group discussions</li> </ul> <p><u>Sample:</u></p> <ul style="list-style-type: none"> <li>• 31,390 (6,183)</li> <li>• Urban slum - 14,885</li> <li>• Non-slum -16,505</li> <li>• Projects covered 2,400 households</li> </ul> | <ul style="list-style-type: none"> <li>• Group discussions for youth created a demand among pre-adolescent boys. A few boys between 9-12 years peeped through the window. The facilitator also involved them in discussion on sexuality.</li> <li>• The type of programme improved both men's and women's health.</li> <li>• Regular group discussion resulted in improvement in their sexual health. Gender education helps understand feelings of either sex.</li> <li>• Non-availability of information regarding sexuality.</li> <li>• Guilty feelings related to extra-marital relations impact the family.</li> </ul>   | - |
| 81 |  |  | <ul style="list-style-type: none"> <li>• In only less than 10% of the episodes, sexual intercourse was shown to take place between husband and wife.</li> <li>• In 83% intercourse was shown to take place between persons not related to each other-- neighbours, friends, employers-employee, etc.</li> <li>• In 9% of episodes it happened between relatives - aunt and nephew, cousins of opposite sex, etc.</li> <li>• In 7% of episodes lesbian acts and mutual masturbation were described.</li> <li>• In 14% of episodes more than two partners were involved in the sexual act.</li> <li>• In 32% of episodes there was no reference to the age of the partners. Among the rest, ages of male partners ranged from 13 to 42 years and in the female partners from 15 to 45 years.</li> <li>• 60% of males and 51% of female partners were shown to be unmarried. In 28% of instances male partner was married and in 45% of instances female partner was married. In the rest marital status was not clear.</li> <li>• For 40% of males and 12% of females the particular instance was their first sexual experience.</li> <li>• 69% of episodes were shown to take place in the home of the female partner, 17% in home of male partner and 16% in toilets, 4% in workplaces and 4% in other places (sugar cane field, train compartment, two-wheeler, under a staircase).</li> <li>• 44% of sex was shown to happen at night.</li> <li>• 70% of the episodes reflected that the female partner took the lead.</li> </ul> | - |

## ABSTRACT NO. 1

- Author(s)** : Abraham, Leena, and K. Anil Kumar
- Title** : Sexual Experiences and Their Correlates among College Students in Mumbai City
- Source** : International Family Planning Perspectives, 1999, 25(3), pp. 139-152
- Place of study** : Mumbai
- Period of study** : N.A.
- Nature of study** : N.A.
- Aims and objectives** : To explore heterosexual behaviour and its correlates among college students.

**Methodology:**

Sample: 4 colleges of low-income students.

- 1996-FGDs and interviews to gain an overview of student's experiences.
- 1997- Survey.
- Multivariate analysis was used to determine correlates of sexual behaviour.

**Findings:**

- 47% of male participants and 13% of female respondents had had any sexual experience with a member of the opposite sex.
- 26% and 3%, respectively, had had intercourse.
- The proportion of young men who had had any sexual experience increased steadily from 21% among those aged 15 or younger to 68% among those older than 21.
- Young men in the arts program were more likely to have engaged in sexual activities (53%) than young men studying science or commerce (39-48%).
- Those who were employed had a higher level of sexual experience (67%) than those who did not work (43%).

## ABSTRACT NO. 2

- Author(s)** : Agarwal, A., B. Kaur, and S. Kumar
- Title** : Sexual Behaviour in a Group of Urban Females
- Source** : Indian Journal of Psychiatry, 1992, 34(3), pp. 236-244
- Place of study** : Lucknow
- Period of study** : N.A.
- Nature of study** : N.A.

**Aims and objectives** : To study the frequency of coitus and its relationship with psychosocial variables. To study the frequency of sexual satisfaction and its association with related variables.

**Methodology:**

Sample: 75 married females in the range of 18 to 50 years.

- Semi-structured sex questionnaire based on questions about knowledge of sex and its source, relation with husband, frequency of coitus, and so forth.

**Findings:**

Attitude towards sex:

- From the four options regarding their liking of sex: not at all/little/much/very much, 72 informants chose the 'much' category.

Frequency of coitus:

- Frequency of coitus was studied for the first month after consummation.
- During first month, frequency was asked in terms of number of coitus per day.
- Frequency of one per day was reported by 20 (27%) subjects, while 39 (53%) had a frequency of 2-3 coitus a day, and 16 (21%) had a frequency of four or more coitus per day.
- There were only three subjects below 20 years of age and they had frequency between four to once a week.

Sexual satisfaction and marital satisfaction:

- 65 wives assessed their marriage to be satisfactory and 10 unsatisfactory.
- The wives who experienced their marriage as unsatisfactory also perceived the sexual act as unsatisfactory.

Conclusion:

- Sexual satisfaction was significantly associated with economic status and satisfactory marriage.

**ABSTRACT NO. 3**

**Author(s)** : Avni, Amin, Emily Fatula, and Renu Khanna

**Title** : Attitudes and Behaviours of Men in Relation to Gender and Sexuality: Evidence from Qualitative Studies Conducted in the Santrampur Taluka of Panchmahals District, Gujarat

**Source** : Working Paper No. 4., SARTHI, March 1997

**Place of study** : Gujarat

**Period of study** : August 1994 - January 1995

**Nature of study** : N.A.

**Aims and objectives** : To study the attitudes and behaviours of men in relation to gender and sexuality.

**Methodology:**

Sample: not specified

Focus group discussions:

- Among adult men (21 years and above) and youth group (14- 21 years of age)
- 11 groups (consisting of approximately 8-12 men each)

Topics of discussion:

- Sex and sexual behaviour
- Marriage
- Pre-marital and extra-marital sex
- Pregnancy and menstruation
- Migration
- Prostitution
- STDs
- Contraception
- Knowledge about sex
- Homosexuality

**Findings:**

- The age at which sexual activity begins varied from 12 or 13 years to 18 or 21 years.
- The general consensus was that sex begins after marriage unless "someone has excessive desire."
- It was revealed that marriages are generally decided by the parents, elders, or relatives of the prospective bride and groom at societal gatherings (such as weddings).
- After marriage, sex usually starts right away, the night of the wedding unless the girl is too young.
- During pregnancy, sex is usually continued, until the eighth month of pregnancy, depending on the man's desire and interest. After delivery, sex is resumed usually after 40 days or two to three months later.
- The focus group discussions revealed that both extra-marital and pre-marital sex appear to be prevalent in these communities.
- Both the adult and youth groups agreed that extra-marital sex occurs outside the family, while pre-marital sex does occur, it is not generally approved.
- According to the adult group, men when going out for employment, usually try to bear the lack of sex, and try to control their urges. They feel that lack of sex affects women more.
- Preventing pregnancy is not given much importance, and most men did not seem to know what to do to prevent pregnancy.
- The group seemed to have knowledge and suggested the use of condoms, abortions or abstention as methods for spacing.
- The sources of knowledge about sex vary from women in the households to books, films, older brothers, friends and instinct.
- Many men did not know of sex between men, although some acknowledged it.

Conclusion:

- The men's attitudes towards marriage reflect the fact that married people are more respected than single men or women.

**ABSTRACT NO. 4**

- Author(s)** : Collumbian, Martine, Braj Das, Nabesh Bohidar, et al.
- Title** : Male Sexual Behaviours in Orissa
- Source** : Paper presented at *Workshop on Reproductive Health in India: New Evidence and Issues*, Pune, February 28 - March 1, 2000



**Place of study** : Four Coastal districts in Orissa

**Period of study** : May - September 1997

**Nature of study** : N.A.

**Aims and objectives** : To comprehensively study male sexual behaviour in the state of Orissa in eastern India.

### **Methodology:**

#### Sample:

- Participatory mapping exercises, men and women (14)
- Informal group discussions (32 male groups, 28 female groups)
- In-depth interviews
- Ordinary community members (68)
- Outreach workers (8)
- Medical participants (6)
- Traditional healers (3)
- Pimps (4)
- Retailers selling condoms (17)
- Survey (2,087)
- Case study informants (42 cases)

### **Findings:**

- In the survey sample, only 8% of men under the age of 25 were married, and among the 30-35 years old, 7% were single.
- Despite late age at marriage, the survey data showed that only about a quarter of men in Orissa had pre-marital sex.
- Since urban men marry later, 36.1% have sex before marriage as compared to 26.3% of rural men.
- For those married men who reported pre-marital sex, the interval between the first sexual experience and marriage is 4.5 years, varying little across differentials.
- However, for urban men and for those with an education above secondary, the gap is 5.1 years.
- Among married men who reported pre-marital sex, 6% reported to have had their first sexual intercourse with the girlfriend who later became their wife (8.3% in urban areas and 5.6% in rural areas).
- Nearly three-quarters of men who had sex before marriage report girlfriends or acquaintances as first partners, and 16% relatives.
- The active role women play was confirmed by the survey data. Excluding first encounters, which were with sex workers, 29% of married men reported that they had been approached by the woman.
- In 38% of the encounters, the encounter was a mutual initiative, and in 33% of the cases it was the man who had taken the first step.
- Nearly 60% of those who ever had extra-marital sex reported only one partner, and 10% (0.9% of all married men) had more than 5 extra-marital partners.
- Nearly 5% of single men and 6.4% of married men reported sexual relations with other men, but for married men a higher proportion of these contacts included anal intercourse.
- Thus, 4.7% of married men reported ever having had anal sex and only 2.3% of single men.

## ABSTRACT NO. 5

- Author(s)** : CORT
- Title** : Awareness and Knowledge on HIV/AIDS and STD among Rural Community of Muzzafarpur, Bihar: A Case Study of Gaighati Block
- Source** : Centre for Operations Research and Training (CORT), May 19, 1998
- Place of study** : Rural community of Muzzafarpur, Bihar
- Period of study** : N.A.
- Nature of study** : N.A.
- Aims and objectives** : To understand whether the community had knowledge of RTI/STDs and HIV/AIDS; to assess the attitude of the community towards sex and sexuality.

### **Methodology:**

Sample: 208 males and 206 females from 414 households

#### Quantitative techniques:

- Survey

#### Qualitative techniques:

- Formal and informal interviews
- Four FGDs

### **Findings:**

- From the data it is apparent that community members are still not aware of how they can protect themselves from STDs.
- About 63% believed that all RTIs/STDs can be treated, while only 28% had the correct information that most of the problems can be treated.
- People in general were aware of sexual relations taking place outside marriage (females 64%, males 57%).
- Among the surveyed respondents, 18% of male respondents and 8% of female respondents did acknowledge that they had extra-marital relationships. Only 3% had it on regular basis.
- To some extent females have given their consent that sex outside wedlock is not wrong (females 21%, males 8%).
- 32% of females and 6% of males agreed that males can have extra-marital relations but not women.
- 42% of females and 20% of males agreed that a man can force his wife to have sex even if she does not want to.
- The age at which males had their first sexual experience was 20 years while for females it was 16.2 years.

### Conclusion:

- On probing with certain attitudinal questions, it was evident that people in general were aware of sexual relations taking place outside the marriage. However, when it came down to personalised situations, they did not approve of sex outside the marriage. This shows that sexual activity continues to be seen and approved of only within the marriage system.

## ABSTRACT NO. 6

- Author(s)** : Family Planning Association of India (FPAI)
- Title** : A Study of Knowledge, Attitudes, Beliefs and Practices among Urban Educated Indian Youth
- Source** : Family Planning Association of India, Sex Education Counselling Research and Training/Therapy (SCERT), Mumbai
- Place of study** : Four zones (north, south, east, west) of India
- Period of study** : 1993-94
- Nature of study** : N.A.
- Aims and objectives** : To assess the knowledge, attitude, beliefs and practices about sexuality among urban educated Indian youth.

### Methodology:

Sample: 4,709 respondents in the age group of 15 to 29  
42% were males and 58% females

| Gender | East          | West             | North          | South            | Total             |
|--------|---------------|------------------|----------------|------------------|-------------------|
| Male   | 439<br>(9.32) | 737<br>(15.65)   | 356<br>(7.56)  | 442<br>(9.39)    | 1,974<br>(41.92)  |
| Female | 310<br>(6.58) | 739<br>(16.84)   | 508<br>(10.79) | 1124<br>(23.87)  | 2,735<br>(58.08)  |
| Total  | 749<br>(15.8) | 1,530<br>(32.49) | 864<br>(18.35) | 1,566<br>(33.26) | 4,709<br>(100.00) |

- A standardised self-administered, semi-structured questionnaire.
- The questionnaire was pre-tested at five of the participating centres.

### Findings:

- The respondents received information about sex for the first time at an average age of 13 years.
- Male respondents preferred to discuss matters about intimate sexual/health problems with their peers, while female respondents preferred peers followed by their mother. More male than female respondents discuss sexual matters with their fathers.
- Less than a fourth of the respondents had correct knowledge about masturbation, orgasm, and oral and anal sex, while it was less than 40% for conception and heterosexual intercourse.
- The highest percentage of respondents stating to have received sex education were female respondents between 20-30 years. Overall 41.8% of male and 36.2% of female respondents stated to have received sex education.
- A higher percentage (24.3%) of teenage male respondents were able to ask their teachers to clear doubts on human reproduction in all the zones. About two-fifths of the respondents felt shy to ask their teacher to clear their doubts.
- In all the zones and age groups, a small percentage of the respondents felt that their teachers were shy to explain topics related to sex and reproduction. They also felt that their teacher was unable to explain topics on conception, pregnancy and childbirth.

- Overall, male (58.9%) respondents were more informed (masturbation, anal, oral, conception) than female (38.1%) respondents in all the zones except the South. Also, the male-female difference in knowledge reduces with increased age.
- AIDS as an STD was widely known (over 70%) followed by HIV (57.3% males; 43.4% females), gonorrhoea (36.5% males; 26.1% females), and syphilis (34.7% males; 26.3% females).
- In all the age groups in all the zones, except North, a higher proportion of the males (60.3%) than females (36.3%) gave the correct response of preventing an STD by the use of condoms. Sexual abstinence as a method of preventing an STD infection was stated by 16.4% of male and 13.1% of female respondents. A higher percentage of males (59.4%) than females (43.6%) stated to avoid sex with strangers.
- Not having multiple sex partners as another way of preventing an STD infection was stated more frequently by male respondents (52.2%) than female respondents (43.6%).
- Less than a quarter of the respondents (male 20.7%; female 10.1%) stated that STDs can be prevented by washing genitals.
- Males were better informed than females, especially on homosexual intercourse without a condom as a mode of HIV transmission.
- Adolescent male respondents felt more strongly than female respondents that a girl must have a hymen to be a virgin.
- Pre-marital sex was more acceptable to boys (18.3%), particularly in the age group 20-23 years, than girls (4.2%). While most of the girls (63.3%) felt that sexual relations should begin only after marriage, only 38.4% boys felt so.
- Across age groups and zones, a higher percentage of male respondents (37.7%) than female respondents (11.8%) stated to have had a sexual contact.
- On the average, males (16 years) were about two years younger than females (18 years) when they had their first sexual experience.
- Only 19% of male and 6% of female respondents stated to have had sexual intercourse. The other types of sexual contacts were masturbation (31.8% males; 2.7% females), caressing of breasts (23.2% males; 6% females) and hips/thighs (13.7% males; 3.7% females), and hugging/kissing (17.2% males; 11.1% females). Oral (4.8% males; 1.5% females) and anal (2.1% males; 0.4% females) sexual practice was also stated by the respondents.
- Around four percent of male respondents stated to have had sexual contact with prostitutes. A small percent of both male and female respondents stated servants.
- A significantly higher percentage of male respondents stated to have used the condom than female respondents. The other contraceptive methods such as IUD, spermicide and the withdrawal method were used by a small number of respondents.

Conclusions:

- An overwhelming majority of both male (78.5%) and female (60.6%) respondents felt that schools and colleges could improve and have topics on sex education.

**Reviewer's note:**

- The need for sex education has been clearly expressed by the respondents. However, the teachers seem to be ill-equipped to explain these matters.
- This indicates the need for providing unbiased, un-moralistic information to youth so that they are better informed and better adjusted to their changing physical, biological and emotional needs of growing up.

## ABSTRACT NO. 7

- Author(s)** : Joseph, Abraham, Srikanth, Ruth Archana
- Title** : Sexual Behaviour: Older Husbands Younger Wives
- Source** : Unpublished paper presented at the *Workshop on Men as Supportive Partners in Reproductive and Sexual Health: Narrating Experiences*, Nepal, 1998, June 23-26
- Place of study** : Rural community in South India
- Period of study** : 1995-97
- Nature of study** : N.A.
- Aims and objectives** : To determine the factors influencing sexual behaviour among spouses of adolescent women.

### **Methodology:**

Sample: 451 women (married adolescent women in age group of 16-22 years)  
100 men (20-45 years)

### Qualitative:

- Interviews of key informants
- Focus group discussions
- In-depth interviews

### **Findings:**

- Pre-marital and extra-marital sexual relationships were common among males.
- 48% of men reported that they had pre-marital relationships.
- 12 men admitted they had had extra-marital relationships.
- 98 were confident that their wife had not had any pre-marital relationship.
- 28 men reported that their wives had abortions and of these 14 were induced abortions.
- The decision to induce an abortion was taken by the wife in 6 cases (43%), the husband in four cases (29%), by both partners in 2 cases (14%), and by their parents in 2 cases (14%).
- 56% of men had spoken about spacing or delaying contraception with their wives.
- Six men had a previous history of symptoms suggestive of STDs. All of them had sought treatment.

### Conclusion:

- Knowledge about AIDS is fairly high. However, actual use of condoms and preventive measures against AIDS is low.

### **Reviewer's note:**

- The study does a lot of cross-checking of data from different sources (e.g., men's responses are checked against their wives).
- Data from qualitative methods are used to substantiate (or otherwise) data from the quantitative survey.
- The discussion brings out subtler aspects of gender relations.

## ABSTRACT NO. 8A

- Author(s)** : Joshi, Archana, E. Kurien, A. Misra, et al.
- Title** : Socio-Cultural Implications of Menstruation and Menstrual Problems on Rural Women's Lives and Treatment Seeking Behaviour
- Source** : Operations Research Group, 1996, Baroda
- Place of study** : Gujarat
- Period of study** : March-August 1996
- Nature of study** : N.A.
- Aims and objectives** : To study rural women's views on menstruation from its onset to menopause and the influence of menstruation on their daily lives, beliefs and attitudes towards menstruation, reproduction, menstrual problems and treatment seeking behaviour.

### **Methodology:**

Sample: 68 women

- Community mapping
- Informal group discussions
- Key informant interviews
- In-depth interviews

### **Findings:**

- Half of the women reported that they started menstruating by 14 years of age and a significant proportion (41%) stated that they attained puberty after their marriage.
- It was observed that women did not hesitate to discuss menstruation and related problems.
- The majority of women did not have negative attitudes towards menstruation. They perceived that the advantages of menstruation far outweighed the negative aspects. They believed that it was a natural gift.
- More than one-third of the women stated that it is a manifestation of womanhood and its onset signalled that the girl was ready for marriage and procreation.
- Around one-fourth of women expressed a completely negative attitude towards menstruation.
- Most of the women could not accurately remember the age at which they started menstruating for the first time. Almost half of them recalled that they attained menarche around the age of 14 years.
- Almost all the women were told that they were not supposed to pray during the days they were menstruating.
- More than three-fourths stated that a special sweet was prepared for them at menarche.
- Almost all (94%) maintained sexual abstinence during the days they menstruated.
- Twenty-one (31%) stated that they suffered from menstrual problems. The reported symptoms were excessive bleeding, scanty flow, irregular cycle and extreme pain.
- Menstrual problems are perceived as 'serious' and women seek prompt medical treatment from private or government providers.

- Author(s)** : Joshi, Archana, Mrinalika Dhapola, Elizabeth Kurian, et al.
- Title** : Rural Women's Experiences and Perceptions of Marital Sexual Relationships
- Source** : Operations Research Group (ORG), 1996-97
- Place of study** : Vadodara, Gujarat
- Period of study** : N.A.
- Nature of study** : N.A.
- Aims and objectives** : To study rural women's attitudes towards sex, the ways in which married women communicate their desire for sexual intercourse and their sexual experiences in marital relationships.

**Methodology:**

Sample: 69 married women (15-49 years)

Exploratory qualitative approaches:

- Repeat in-depth interviews (average of five interviews per informant)
- Focus group discussions
- Key informant interviews

**Findings:**

- Women believed that girls should get married as soon as they attained puberty.
- It was observed that, before their marriages, rural women had practically no knowledge about the nature of the sexual act and sexual relations in marriage.
- The main sources of information about sexual relationships between a man and a woman were reported to be older female relatives such as sisters-in-law and sisters, friends and neighbours.
- Almost all of them (64/69) perceived that sex was important for "procreation," "pleasure" and for "happiness," "a means of procreation" as well as "wifely duty."
- All informants abstained from sex during menstruation and quite a few (22/69) also abstained from sex during pregnancy, particularly after the fifth month of pregnancy.
- Though the sexual act was usually initiated by their husbands, women openly expressed their desire for sex verbally and/or through various physical gestures and were willing partners in sexual intercourse with their husbands.
- Despite the fact that several women (45/69) believed that extra-marital relationships were quite common in their communities and in certain *faliyas* in their villages, only 4/69 admitted having extra-marital relationships.

Conclusion:

- Women are not passive partners in their marital sexual relationships.
- They are empowered to some extent in matters related to sexual interaction, hence they can be involved in condom promotion programs to promote safe sex.
- Interventions should be planned keeping in view the socio-cultural diversity that exists with regard to sexual communication and interaction in different locations rather than accepting the general beliefs of women's "powerlessness" to negotiate safe sex practices.
- The extent of extra-marital relationships is under reported.

**Reviewer's note:**

- The methodology appears sound.
- It comes out from the study that although women were ignorant about sexual relations before marriage, their attitudes towards sex and sexual communication are quite empowered after marriage. Rural women talk candidly about their sexual interaction and communication with their husbands.

**ABSTRACT NO. 8C**

- Author(s)** : Joshi, Archana, Mrinalika Dhapola, and Pertti J. Pelto
- Title** : Gynaecological Problems: Perceptions and Treatment Seeking Behaviours of Rural Gujarati Women
- Source** : Operations Research Group, 1996-97, Baroda
- Place of study** : Gujarat
- Period of study** : N.A.
- Nature of study** : N.A.
- Aims and objectives** : To obtain general views and beliefs regarding knowledge and awareness of women's reproductive health problems, treatment seeking behaviours, and understanding of problems causing sexual health problems.

**Methodology:**

Sample: 69 married women

- Repeated in-depth interviews (350)
- Key informant interviews (health care providers)
- Focus group discussions

**Findings:**

- Of the total women contacted, 25% reported a current reproductive illness.
- Of the sample of 69 women, 40 reported multiple reproductive problems.
- The commonly reported problems were white discharge (55), urino-genital (36), menstrual problems (21), inability to conceive (7) and prolapsed uterus (3).
- The causes of white discharge listed by the women were "garmi" or heat, weakness that follows sterilisation due to loss in the body, childbirth, weakness, and inadequate diet coupled with excessive workload. Some also said that sexual intercourse with husband was the cause.
- The cause for urino-genital problems stated by the women were poor genital hygiene, and hot foods, which were a major cause for eruptions. Sexual intercourse with men (transfer of man's heat) and working in the fields in the summer were the other reasons quoted.
- Women having menstrual problems wanted to have their uterus removed (hysterectomy).
- Women utilised the services of the community health workers only for sterilisation, insertion of IUD, condoms and antenatal care and sometimes for menstrual problems.



- 54 out of the 69 women had sought some treatment for their problems.
- Reasons cited for not seeking treatment were problem will subside (7), felt shy to approach any provider (4), observing vows (2).
- Sequence of treatment seeking suggests a ranking of private practitioners, home remedies, government facility, faith healer/*vaid*, and ANM/LHV.

## ABSTRACT NO. 9

- Author(s)** : Khan, M., Irfan Khan, and Nupur Mukherjee
- Title** : Men's Attitude towards Sexuality and Their Sexual Behaviour: Observations from Rural Gujarat
- Source** : Paper presented at the *Workshop on Male Involvement in Reproductive Health and Contraception*, Population Council, Baroda, 1997, April 30 - May 2
- Place of study** : Baroda
- Period of study** : N.A.
- Nature of study** : N.A.
- Aims and objectives** : To study male's attitude towards sexuality and sexual behaviour.

### Methodology:

Sample: 342 males

#### Quantitative:

- Sample survey

#### Qualitative:

- FGDs
- In-depth case studies

The data presented in this study are related to a part of the larger sample, the data collection for which had not been completed.

### Findings:

- 22% agreed that sex experience for males is important before marriage.
- 38% believed that both young men and women would have sex experience before marriage.
- 31% believed that engaged couples may have pre-marital sex.
- 23% were of the opinion that sex outside wedlock is not wrong while 42% agreed that sex outside wedlock is quite common.
- 43% of men were of the opinion that men can have sex outside wedlock but not women.
- 61% were of the view that the sex outside wedlock is for pleasure and enjoyment while for 4% it was a matter of pride.
- When the question of decision-making power in reproduction and contraception comes, 40-46% said that it was mainly taken by the man. 37-52% said that it was taken jointly. Informal interviews show that wives' participation was passive or negligible.

- Two-thirds of males interviewed felt that only males should initiate sex, and slightly more than one-third believed that it would be a shameful act if a woman initiated or expressed desire for sex.
- 37% of the males were of the opinion that men have the right to have sex with their wives even if they do not want to have it.
- 15% of males justified wife beating for refusing sex to their male partner.
- 19% were of the view that to have frequent sex is a sign of masculinity while 17% were of the view that sex with several women was a sign of sexual behaviour and perceived masculinity and for the same reason 21% attributed to having more children.
- Two-fifths of men (44%) had their first sexual experience before their 20th birthday.
- 21% of males (72) had reported pre-marital sex.
- 27% of the males interviewed had experienced sex outside wedlock.

Conclusion:

- Rural males who were interviewed were much more relaxed about pre- and post-marital sex.
- Many approved sex outside wedlock, particularly for males.
- 38% believed that both young men and women could have sex experience before marriage.
- Wide prevalence of sexual violence and coercion within families should be taken as a matter of serious concern.
- Males not only control all decisions related to reproduction and contraceptive use, but insist on maintaining the power equation status quo in the family and community at large.

**ABSTRACT NO. 10**

- Author(s)** : Khan, M. E., and Bella Patel
- Title** : Male Involvement in Family Planning: A KABP Study of Agra District
- Source** : Population Council, India, 1997
- Place of study** : Agra District, Uttar Pradesh
- Period of study** : N.A.
- Nature of study** : N.A.
- Aims and objectives** : To study the knowledge, attitude, belief and practices of rural males towards various aspects of family formation including reproduction and contraceptive use.

**Methodology:**

Sample: 517 married males  
317 wives

- Interviews with wives first and a month later men's survey

**Findings:**

- One-third of the males (31%) and 29% of females preferred four or more children.
- The desired family size is still large (3 or more).

- 35% of males and 46% of females still believe that ideally girls should be married at a young age, preferably before completing 17 years of age.
- A lack of communication exists between the husband and the wife on their reproductive goals and acceptance of contraceptives.
- One-fourth of the males believed that reproduction is a natural process and need not be discussed.
- An equal proportion felt that these are "meaningless things" and does not help anyway.
- Males' desire to keep control of reproductive processes is well reflected by the fact that about two-thirds of the males (65%) believed that discussion of these issues should be always initiated by males/husband.
- 28-34% of males also felt that they would be offended and would react adversely if their wives initiated discussion on either reproductive goals or contraceptive use.
- 38-52% of males said that in their families all decisions related to reproduction and family planning were taken by the husband alone.
- 33% of the couples were using modern family planning methods. Only 20% of their wives reported contraception.
- For many men, when an "easier and less complicated method" like laparoscopy is available for women (sterilisation), there is no reason why should men undergo a more "risky" operation.
- 68% believed that MTPs are illegal and undergoing abortion is a criminal offence.

Conclusion:

- There is urgent need for educational campaigns to make the community aware of the legal status of MTP.

ABSTRACT NO. 11

- Author(s)** : Mawar, N., et al.
- Title** : Youth Sexuality Study for Behaviour Change Interventions for HIV/AIDS in College Youth, Pune, India
- Source** : AIDS Update, 1998, 4(1), pp. 5
- Place of study** : Pune
- Period of study** : N.A.
- Nature of study** : N.A.
- Aims and objectives** : To understand youth sexual behaviour and possible risks to AIDS/HIV and to address "KAP GAP": knowledge, attitude and practice gap to plan sustainable interventions from epidemic perspectives.

**Methodology:**

Sample: girls: 996  
boys: 825

Qualitative:

- Focus group discussions
- In-depth interviews

Quantitative methods:

Interviews topics:

- Focus on sexuality, perception of risk
- Anonymity was assured and maintained.

**Findings:**

Findings about girls:

- Only 4.4% (40) girls reported sexual experience.
- Age at first sexual experience in girls was at 16.1 years (2.9) (n=40).

Findings about boys:

- Sexual experience was reported by one-third of boys (270).
- Age at first sexual experience in boys was at 16.9 years (2.3) (n=269).

Findings about girls and boys:

- Both boys and girls interact with each other: ranging from social, emotional, professional to physical and sexual relationships.
- 306 girls and 155 boys reported not experiencing sex. The rest did not respond to this query.
- 37% of boys (184/501) and 12% of girls (29/252) reported heterosexual experience.

Conclusion:

- It is of major concern that despite adequate knowledge of AIDS, youth reported risky behaviour.
- AIDS awareness needs to be integrated with youth programmes involving both boys and girls where sexuality and gender relationships are openly discussed.

**Reviewer's note:**

Complete study with description of methodology was not available. It is difficult to comment on validity of data.

**ABSTRACT NO. 12**

- Author(s)** : Murthy, Radha Srinivasa, and Mani Karott
- Title** : Street Boys' Perception of Sexuality and Sexual Behaviour
- Source** : Paper presented at the *Workshop on Reproductive Health in India: Evidence and Issues*, Pune, February 28 - March 1, 2000
- Place of study** : Bangalore
- Period of study** : N.A.
- Nature of study** : N.A.
- Aims and objectives** : To explore street children's knowledge and perception concerning sexuality and sexual behaviour.

**Methodology:**

Sample: 121 boys

Qualitative methods:

- Mapping methods

- Mapping the environment of children
- Free list
- Pile sorting
- Rating
- In-depth interviews

Quantitative methods:

- Survey

**Findings:**

Pleasure rating by street boys:

- 65.6% of boys found anal sex doer (boy doing to a boy) most pleasurable.
- 11.4% found anal sex--getting done (boy getting done by another boy) most pleasurable, while 49.2% found it pleasurable.
- 85.2% found sex with a girl more pleasurable while 64% found sex with a prostitute most pleasurable.
- 65.6% found oral sex (done) from a girl most pleasurable, while 50.8% found oral sex (done) from a boy most pleasurable.
- 37.7% liked to do masturbation (self) while 65.6% found it most pleasurable getting done by girl (masturbation), and 62.3% found masturbation (done by prostitute) most pleasurable.
- 47.5% liked touching/breast pressing.
- 57.3% liked kissing a girl, while 8.1% liked kissing a boy.
- 36% found it pleasurable when forcing a boy (younger boys) to do anal sex.
- 77% found it most pleasurable to rape a girl.
- 55.7% liked to have anal sex with a girl.

Risk rating by street boys:

- 4% felt that masturbation was most dangerous/risky.
- 68.3% felt that sex with a prostitute was very risky.
- 11.7% felt that kissing was very risky, 38.3% considered kissing to be risky, while 50% felt there was no risk involved.
- For 28.3% oral sex (getting done) was very risky, while 43.3% considered oral sex (doer) as very risky.
- Sleeping with CSWs is seen as risky (2.73) but pleasurable (2.59).
- Having sex with different girls (2.52) is dangerous but pleasurable (2.82).

Frequency of types of sexual behaviour:

- The 74 boys who are sexually active practised a variety of sex behaviours.
- Only 8 boys practised only vaginal and anal sex.
- 54 boys practised mutual masturbation and self masturbation.
- Anal sex was the next most common sexual behaviour practised by 46 boys and this was closely followed by vaginal sex (42 boys, 56.8%).

Perception of AIDS:

- 44.1% perceived AIDS as a deadly disease.
- 25% mentioned that AIDS spreads through multiple partners.
- 20.6% had heard about it from TV/posters/films/books.
- 16.2% were aware that AIDS spreads through sex.
- Only 5.9% of boys mentioned *nirodh* as a way of preventing HIV.

**ABSTRACT NO. 13**

**Author(s)** : Nalapat, M. D.  
**Title** : A Survey That Focuses on What Men and Women Look for in Each Other and Looks Are at a Discount

**Source** : Council of Sex Education and Parenthood (International), 1995, p. 36

**Place of study** : Delhi

**Period of study** : N.A.

**Nature of study** : N.A.

**Aims and objectives** : To study views on marriage and related matters in the context of the major socio-economic changes in recent years.

**Methodology:**

Sample: 342 respondents

**Findings:**

- 43% of young unmarried women and 61% of men approve of some degree of physical intimacy before marriage. But when it comes to marriage only 7% of men are prepared to accept a partner who has had some physical relationship.
- 19% didn't mind marrying someone who has had a physical relationship before marriage.
- 34% of women and 22% of men found nothing wrong in "holding hands."
- While 30% of men felt there was no harm in "full intimacy," only 4% of women shared the view.
- Only 10% of men and 5% of women felt kissing and caressing were all right.
- 48% of women and 31% of men were totally unopposed to pre-marital intimacy.
- 9% of men and 7% of women had no definite view.
- Among those, under some "western" influence, 53% of women and 77% of men approved of some degree of physical intimacy.
- While only 7% favoured full intimacy among women, as many as 52% of men approved it.

**Reviewer's note:**

- The survey also focused on other issues like wedding extravaganzas, professional preference, arranged marriage and dowry issues, but only those pertaining to the issue of sexuality have been analysed in detail.
- The complete study could not be traced. It is difficult to make comments on the methodology and soundness of the data.

**ABSTRACT NO. 14**

**Author(s)** : Nayar, Tania, and S. C. Chawla

**Title** : Sexual Behaviour of Women in an Urban Resettlement Colony of Delhi

**Source** : Radical Journal of Health, 1996, II (2/3), pp. 133-139

**Place of study** : Delhi

**Period of study** : October 1992 - June 1993

**Nature of study** : Community-based

**Aims and objectives** : To study the sexual behaviour and practices of women in the reproductive age group.

**Methodology:**

Sample: 111 women (104 married and 7 unmarried) between 15-45 years

- Cluster sampling technique
- Structured pre-tested questionnaire

**Findings:**

- A high prevalence of RTIs was reported by these women.
- About half the women had their first sexual encounter by 16 years of age.
- 61% of women said that their husbands had pre-marital sex.
- 28% of the women said that their husbands were having sex outside marriage currently.
- Some 83% of the women were found to have little or no choice in the matter of sexual activity.
- 55 women did not know about STDs.
- 56 women knew they could acquire STDs from their husband/partner.
- 29.7% (33) claim to know how to protect themselves from acquiring STDs.
- 20.7% (23) don't know how to protect themselves from acquiring STDs.

Conclusion:

- Gynaecological morbidity and sex education are issues requiring urgent attention.

**Reviewer's note:**

In this study women's perspectives on men's sexual behaviour comes out clearly.

**ABSTRACT NO. 15**

**Author(s)** : Rajagopalan, S., N. Kumar, R. Ansari, et al.

**Title** : Knowledge, Attitude, Behaviour and Practice of the Community on STD/HIV in Slums of Delhi: A Study of Govindpuri Slum

**Source** : Centre for Operations Research and Training (CORT), 1997

**Place of study** : Delhi

**Period of study** : N.A.

**Nature of study** : N.A.

**Aims and objectives** : To assess the knowledge, attitude, behaviour and practice of the community about HIV/STD.

**Methodology:**

Sample: Sample size of 200 households

Quantitative technique:

- A structured questionnaire

Qualitative technique:

- Four focus group discussions

**Findings:**

- While many of the respondents had correct knowledge that HIV/STD spreads through unprotected sexual contacts (88%), there were still some wrong notions among respondents such as kissing/hugging as a mode of transmission.
- 65% of the respondents believed that sex outside wedlock is common.
- Having sex with several women considered as a sign of masculinity was mentioned by 21% of the females while only 6% of men agreed to it.
- 44% of the females were of the opinion that a male can have sex with his wife even if she does not want to.
- 77% of the males mentioned that their wives had refused sex some time or other.
- 44% mentioned that they did not do anything on wife's refusal. One-fourth said they forced their wives.
- Another 21% became angry and abused their wives for not co-operating.
- In 7% of the cases the husband became violent and also beat their wives.
- Having sex 1-3 times a week was the general pattern reported by about half of the respondents.
- 29% of the males had sexual experience outside wedlock. This was mostly before marriage (16%).
- 9% reported both before and after marriage.
- 13% of respondents had sex with CSWs.

Conclusion:

- A lot of misconceptions exist on the mode of transmission of HIV/AIDS.

**Reviewer's note:**

It is difficult to comment on the methodology and data since the complete study could not be traced.

**ABSTRACT NO. 16**

- Author(s)** : Reddy, Narayana
- Title** : A Pilot Study on the Attitudes of Students, Teachers and Parents towards Sex Education
- Source** : Paper presented at *ICSEP (International Council of Sex Education and Parenthood), National Annual Convention, February 1990*
- Place of study** : South India
- Period of study** : N.A.
- Nature of study** : N.A.
- Aims and objectives** : To study the attitudes of parents, teachers and students towards sex education.

**Methodology:**

Sample: 387 parents, 162 teachers and 3,720 students



- A cyclostyled questionnaire
- Informal discussion

**Findings:**

- A great majority (82.82%) of students and a majority (67.28%) of teachers thought that sex education is necessary, but parents seemed to be hesitant in this respect. Only 40.05% of parents thought that sex education is necessary.
- The first 5 of the 20 suggested topics by the students were: (1) love and affection (80.51%); (2) family planning (76.75%); (3) interpersonal relationship (72.04%); (4) pregnancy and childbirth (70.43%); and (5) marriage issues (65.99%).
- The parents filled the first 5 slots with: (1) value education (72.26%); (2) responsible parenthood (68.39%); (3) family planning (68.39%); (4) pregnancy and childbirth (61.29%); and (5) puberty and menstruation (61.29%).
- For the teacher the 5 most important topics were: (1) anatomy and physiology of sex organs (76.55%); (2) responsible parenthood (74.48%); (3) family planning (74.48%); (4) value education (65.52%); and (5) masturbation (62.76%).
- Rape was considered to be fairly important by parents (45.81%), whereas the students (29.81%) and teachers (29.90%) did not think so.
- While 72.26% of parents voted for value education, 65.52% of teachers and 57.55% of students opted for it.
- Body image is another topic that was selected as important by students (54.84%) and teachers (44.14%).

**ABSTRACT NO. 17**

- Author** : Reddy, Narayana, Meera Shivshankar, Uma Mahalingam, et al.
- Title** : A Report on Select Urban (Madras) Sexuality
- Source** : Paper presented at the *XXI National Conference of IASSTD and AIDS (Indian Association for the Study of Sexually Transmitted Disease and AIDS)*, Chennai, 8 February 1997
- Place of study** : Chennai
- Period of study** : April 1985 - March 1996
- Nature of study** : Large-scale survey
- Aims and objectives** : To study the practices, knowledge and attitudes towards sexuality of the people with special reference to STD and AIDS.

**Methodology:**

Sample:

- 16,154 persons (in the age group of 15-83)
- Sex ratio between males (11,143) and females (5,011) was 68.98:31.02
- The majority of the subjects (37.51%) were in the age group of 25-30
- The study subjects were drawn from

- persons attending health care centres
- persons known to the research workers
- members of some social organisations

Techniques:

- Questionnaire
- Interviews

Interview topics:

- Marital status
- Educational background
- Sexual orientation
- Pre-, extra-marital sexual intercourse
- Oral sex
- Anal sex
- STD affliction
- Knowledge about sex
- Masturbation

**Findings:**

- 94.49% of the study population had had sexual intercourse. Among them, the majority (43.23%) had their first sexual intercourse between the ages of 21-26.
- Among the 94.49% who had sexual intercourse, more than half (56.63%) of them had indulged in sexual activity for the first time with their marital partners.
- Prostitutes (21.95%) topped the list of a host of other pre-marital sexual partners.
- 1.47% (224) had sex with persons of same sex.
- Out of 6,620 subjects who reported having pre-marital sex, 67.66% had up to 6 partners, 9.17% up to 13 partners and 6.74% up to 20 partners.
- Of the 12,773 subjects married, only 3,227 (19.98%) subjects had resorted to extra-marital sex.
- Among the 15,264 subjects who had sex with another person, 5,344 subjects (35.01%) had oral-genital sex. 472 subjects (3.09%) had anal sex.
- Nearly 45.53% of the subjects have fear that masturbation is harmful. Yet 72.84% of the subjects reported that they masturbate.
- Most of the respondents stated that they get their information about sexuality from friends (36.60%) and books (30.31%).
- 74.14% of the subjects thought that matters of sexuality should be discussed openly.

**ABSTRACT NO. 18**

|                        |   |
|------------------------|---|
| <b>Author(s)</b>       | : Savara, Meera, and C. R. Sridhar                                      |
| <b>Title</b>           | : Sexual Behaviour amongst Different Occupational Groups in Maharashtra |
| <b>Source</b>          | : The Indian Journal of Social Work, 1994, LV (4), pp. 626-627          |
| <b>Place of study</b>  | : Maharashtra   |
| <b>Period of study</b> | : N.A.  |
| <b>Nature of study</b> | : N.A.  |

**Aims and objectives** : To study how sexuality is viewed among various groups and to examine their beliefs and attitudes regarding sex.

**Methodology:**

Sample: 1,049 respondents

|                      | <b>Married</b> | <b>Unmarried</b> |
|----------------------|----------------|------------------|
| Students             |                | 129              |
| Blue collar workers  | 127            | 137              |
| Migrant workers      | 132            | 126              |
| White collar workers | 129            | 130              |
| Loom workers         | 72             | 67               |

- In-depth interviews
- Self-administered questionnaire or face-to-face interview
- Focus group discussion

**Findings:**

- Among both married and unmarried only 1.5% to 8.5% believed that sex is a sinful act.
- 41.7% to 68.7% agreed among all categories that sex is for pleasure.
- For blue collar workers 76.4% believed that sex is for spiritual development. Among others it varied from 56.8% to 74.4%.
- 84.7% of married and 80.1% of unmarried and 80.1% of unmarried loom workers believed that sex is a natural act.
- Among married of all categories, the majority (76.4% to 89%) avoided sex during menses.
- 49.6% to 77.8% agreed that a drop of semen is equivalent to 100 drops of blood.
- A varied number from 35.8% of loom workers (unmarried) to 70.1% of blue collar workers (unmarried) agreed that sex leads to weakness.
- 39.2% to 76.4% agreed that sex should be avoided during pregnancy.
- Partners for blue collar workers other than wife was 11.1% while prostitutes were 5.6% and relatives were 4.8%.
- 11.5% were any other than wife partner for migrant workers. 6.9% were prostitutes and 3.8% were relatives.
- 7.2% were other than wife partner for white collar workers. 3.2 were prostitutes and 1.6% were relatives.
- For loom workers 1.4% was any other partner than wife and 2.9% were relatives.
- 18.9% of students had sex and all were unmarried.
- 24.9% of blue collar workers had pre-marital sex while 29.2% had sex but were unmarried.
- 26.7% of migrant workers had pre-marital sex and 34.9% had sex but were unmarried.
- 26.4% of white collar workers had sex before marriage while 26.2% had sex but were unmarried.
- 14.3% of loom workers had pre-marital sex while 10.4% had sex but were unmarried.
- In all the categories of respondents, the first sexual experience was most likely to be with a friend.
- Among students 2.4% had homosexual experience.
- 2.4% were married among blue collar workers, and 3.1% of unmarried had experience of homosexuality.
- 3.1% of married and 1.6% of unmarried migrant workers had experience of homosexuality.
- 6.4% of married and 3.1% of unmarried white collar workers had experience of homosexuality.
- While there were no married loom workers who had such experience, there were 1.5% who were unmarried who had experience of homosexuality.

Conclusion:

- Sex was seen in a positive light as a source for spiritual development and linked to a natural act which gods do.
- Approximately 50% had sex more than once a week.
- A few respondents said that they had anal intercourse, group sex and sex with animals.

- White collar workers were the group that showed the highest percentage of those going to paid sex workers.
- Higher degrees of pre-marital sex are seen among the higher occupational, educational groups and those who have a higher age at marriage.
- Homosexuality rates were low. The incidence of homosexual contacts ranged from 1 to 6% among the married.
- Unmarried respondents reported less homosexual experience.

**Reviewer's note:**

- This study is one of the earliest studies done on sexual behaviour in the context of HIV/AIDS in India.
- The study makes an interesting point that there is no one sexuality in the world and different cultures have related to sexuality in different ways.
- Thus, how one communicates about sex and sexuality is important. Communication about sex and sexuality should be suited to the cultural constructs and not be based on only a scientific understanding of sex.

**ABSTRACT NO. 19**

- Author(s)** : Sharma, Vinit, Rachana Sujay, and Anuragini Sharma
- Title** : Can Married Women Say No to Sex? Repercussions of the Denial of the Sexual Act
- Source** : The Journal of Family Welfare, 1998, 44(1), pp. 1-7
- Place of study** : Kheda district of Gujarat
- Period of study** : February 1997 - April 1997
- Nature of study** : N.A.
- Aims and objectives** : To study the status of married women with reference to the sexual decision-making process within marriage.

**Methodology:**

Sample: 109 women (16-50 years)

- House-to-house survey
- "Quasi-anthropological" approach
- Qualitative and quantitative information collected
- In-depth case study

**Findings:**

- Mean age at menarche was 13.06 years (1.04; range 11-16 years), mean age at marriage was 12.76 years (2.75; range 5-20 years), while mean age at first intercourse was 14.83 years (2.02; range 9-22 years).
- The mean coital frequency was 5.21 (3.96).

- Almost 58% of the women reported that they did not have power to refuse sexual activity even if they did not feel like indulging in the sexual act.
- Twenty-five reported that their husbands forced them into sexual activity if they refused.
- While 23 said that in such situations the husband tended to "go to someone else" (usually CSWs).
- Six women reported that their husbands resorted to shouting and abusive language.
- Seven women said that denial resulted in the husband beating them and/or the children.
- Forty-eight women said that husbands did not do anything and usually "went to sleep with a bad temper."
- Almost 24% of women admitted that they had extra-marital sexual contacts.

**Conclusion:**

- Many women are victims of sexual coercion within marriage, which would not occur if their societal status was raised to be at par with that of their partners.

**ABSTRACT NO. 20**

- Author(s)** : Singh, Kaushalendra, Shelah Bloom, Ami Ong Tsui, et al.
- Title** : Reproductive Health Issues of Husbands in UP, India
- Source** : Paper presented at the *Workshop on Reproductive Health in India: New Evidence and Issues*, Pune, India, 28 February - 1 March 2000
- Place of study** : Mumbai
- Period of study** : November 1995 - April 1996
- Nature of study** : Large scale survey
- Aims and objectives** : To examine husbands' knowledge of some aspects of reproductive health of women, the view of husbands about the locus control over pregnancy and the sexual behaviour of husbands.

**Methodology:**

Sample: 6,727 husbands (currently married men between the age of 15-59)

- Interview
- Survey
- Questionnaire

**Findings:**

Knowledge about reproductive health issues:

- More than 50% of husbands were not able to name any one of the warning symptoms.
- The largest number were aware of abdominal pain (20.4%) and bleeding (18.11%).
- Husbands in the youngest category were the least informed about these conditions, but there was little variations among husbands 20 years or older.

Knowledge of menstrual cycle:

- Only 14.4% of husbands have the knowledge about the time in the menstrual cycle when they are likely to be pregnant, if they have no formal education.

- While more than 40% of husbands have this knowledge if their education is high school or above.
- The husbands aged 25 to 44 have significantly more knowledge than the husbands aged 24 or less.

Sexual behaviour of husbands:

- Across the five districts, more than 14% of husbands reported having had pre-marital sexual intercourse.
- Among the husbands who had pre-marital sex, 41.90% indicated that they had intercourse with more than one woman.
- One-fifth of husbands under age 25 reported having pre-marital sex.
- 4.1% reported extra-marital sex.
- Rural husbands were also more likely to have had extra-marital sexual experience (4.5%) than urban husbands (2.8%).
- Approximately three out of every five husbands who reported STD signs or symptoms consulted someone for treatment; one of five husbands reported treating themselves.

**Reviewer's note:**

- The findings of the MRHS survey have revealed a set of factors that contribute to the poor health status of individuals in Uttar Pradesh.

ABSTRACT NO. 21

- Author(s)** : Abraham, Leena
- Title** : True-love, Time-pass, *Bhai-behen* . . . Heterosexual Relationships among the Youth in a Metropolis
- Source** : Paper presented at the *Workshop on Reproductive Health in India: New Evidence and Issues*, Pune, India, February 28 - March 1, 2000
- Place of study** : Mumbai
- Period of study** : 1996-98
- Nature of study** : N.A.
- Aims and objectives** : To know about the nature of boy-girl friendship.

**Methodology:**

Sample:

- Survey questionnaire - 966 students (625 boys and 341 girls of age group 16-22)
- Focus group discussion - 75 students in 10 groups (39 sessions of 1.5 hours)
- In-depth interviews - 87 students

**Findings:**

- The heterosexual friendships among the peers consisted of typologies of partnerships called '*Bhai-behen*,' 'time-pass' and 'true-love.'
- The '*Bhai-behen*' relationship is a 'brother-sister' like relationship, platonic in nature.
- '*Bhai-behen*' relationship is a broad and fluid category that allows boys and girls to initiate a friendship that could remain 'just friends' or it could change into 'true-love' or at times to 'time-pass' types.
- 'Time-pass' was a transitory relationship with a girl of their age, characterised by sexual intimacy that may lead to sexual intercourse.
- 'Time-pass' relationships were more common among senior boys.
- Fewer girls reported being involved in such relationships.
- 'True-love' was characterised by the emotional involvement of the partners.
- Girls see their relationship as 'true-love,' while boys see it as 'time-pass.' In other words, boys' behaviour could be understood as 'casual sexual behaviour,' that of girls could not be seen so.

**Reviewer's note:**

- The paper clearly outlines the conceptual framework and research methodology. Presentation of findings and discussion are precise.

ABSTRACT NO. 22

- Author(s)** : Allahbadia, Gautam, V. R. Ambiyee, P. R. Vaidya, et al.
- Title** : Adolescent Sexuality, Pregnancy and Abortion

**Source** : Journal of Obstetrics and Gynaecology, 1990, 40(2), pp. 152-155

**Place of study** : Bombay

**Aims and objectives** : To study the incidence of the adolescent pregnancy in relation to marital status, education and occupation of the girl.

**Nature of study** : Prospective

**Period of study** : N.A.

**Methodology:**

Sample: 100 adolescent girls

- Interviews

**Findings:**

- The majority were unmarried (91%).
- A large group (44%) were below the age of 16 years.
- The majority of the adolescent girls conceived following willed coitus.
- 27% had positive attitudes towards pregnancy.
- 45% had negative attitudes and expressed the view to get rid of the pregnancy and were not emotionally disturbed over abortion.
- 76 pregnancies were terminated by Emcredil, and 2 by intra-amniotic saline.
- Only 24 were by menstrual regulations (9) and suction evacuation (15).

Conclusion:

- Adolescents comprise 10% of the population and account for a large share of illegitimate births and abortions.

**ABSTRACT NO. 23A**

**Author** : Mutathan, R. K., and Hemant Apte

**Title** : Sexual Behaviour amongst Adolescents in Rural Western Maharashtra

**Source** : AIDS Research and Review, 1999, 2(2)

**Place of study** : Pune District, Maharashtra

**Period of study** : June 1997 - December 1998

**Nature of study** : N.A.

**Aims and objectives** : To identify adolescent's KAP about sex, fertility, contraception and RTIs including STDs; to explore gender differences in the dynamics of decision-making at the household level on matters related to sexual behaviour, fertility and contraceptive use.



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**Methodology:****Sample:**

- 500 married and female adolescents aged 14-22 from two village conglomerates with a total population of 16,000

**Qualitative methods:**

- Group discussions
- In-depth interviews
- Key informant interviews
- Other participatory methods

**Quantitative:****Findings:**

- Significant gender differentials were evident.
- 10% of unmarried and 30% of married males reported pre-marital sex.
- No females reported pre-marital sex.
- Only 6% of women had knowledge about sexual intercourse before marriage as compared to 69% of males who had acquired it through movies and peers.
- Only 18% of married and 4% of unmarried adolescents reported ever using condoms.
- The first use of condoms was more likely after marriage than before. Most of them used it for contraception.
- About 44% of married females felt that they cannot refuse to have sex if their husband desires it.
- The risk of extra-marital sex increases when the wife goes away for delivery leaving the husband alone for almost five months.

**Reviewer's note:**

The study makes some interesting points related to gender differentials, and also examines economic changes in these villages and their impact on some social issues.

**ABSTRACT NO. 23B**

- Author(s)** : Apte, Hemant
- Title** : Adolescent Sexuality and Fertility: A Study in Rural Western Maharashtra
- Source** : Unpublished summary of paper presented at the *Workshop on Research Related to the Male Involvement in Reproductive Health and Contraceptive Use*, Population Council, Baroda, 1997, April 30-May 7
- Place of study** : Pune district, Maharashtra
- Period of study** : N.A.
- Nature of study** : N.A.
- Aims and objectives** : To identify adolescent's KAP about sex, fertility, contraception and RTIs including STDs; to explore gender differences in the dynamics of decision-making at the household level on matters related to sexual behaviour, fertility and contraceptive use.

**Methodology:**

Sample: 500 married and unmarried female adolescents aged 14-22

Qualitative methods:

- Activity clock exercise
- Body mapping

Quantitative methods:

- Survey

**Findings:**

- 25% thought that menstrual blood was located in uterus.
- 56% of married and 71% of unmarried males reported that there is a common opening for urine and menstrual blood.
- Among unmarried females, 51% did not know that the baby is delivered through vagina.
- For males, married or otherwise, the prime source of information on menstruation (42%), pregnancy (23%) and sexual intercourse (62%) had been peer group.
- 49% of males and only 6% of girls reported knowledge of sexual intercourse before marriage.
- About 30% of married men reported multiple sex partners.
- 24% of the married females are of the opinion that men have extra-marital relations because they do not get variety in sexual relations, while 31% of married males felt so.

Conclusion:

- Much reproductive health education among these adolescents is needed to help prevent STIs and/or postpone pregnancies.
- Sexuality has become an agenda of the people in the rural areas and could be addressed through an intervention research.

**Reviewer's note:**

- The discussion makes some interesting points about possible and necessary interventions for rural areas.
- The paper also identifies areas for further research.

**ABSTRACT NO. 23C**

|                        |  |
|------------------------|--|
| <b>Author</b>          | : Apte, Hemant   |
| <b>Title</b>           | : Knowledge, Opinion and Practices of Condom Use, STDs and AIDS among Adolescent Males: A Study of Rural Western Maharashtra |
| <b>Source</b>          | : CEDPA, Choose a Future: Issues and Options for Adolescent Boys, August 30 - September 2, 1999                              |
| <b>Place of study</b>  | : Pune District, Maharashtra   |
| <b>Period of study</b> | : Two years between 1995 and 1998  |
| <b>Nature of study</b> | : N.A.   |

**Aims and objectives** : To identify adolescent's KAP about sex, fertility, contraception and RTIs including STDs; to explore gender differences in the dynamics of decision-making at the household level on matters related to sexual behaviour, fertility and contraceptive use.

**Methodology:**

Sample: 500 married and female adolescents aged 14-22 from two village conglomerates with a total population 16,000

Qualitative methods:

- Group discussions
- In-depth interviews
- Key informant interviews
- Other participatory methods

Quantitative methods:

**Findings:**

- 27% out of 150 married adolescents and 4% of never married adolescents had ever used a condom.
- Out of 27 married males, four had used it before marriage, 18 after marriage and 5 before and after marriage.
- Use of condom was inconsistent.
- Twenty-two used condoms because they wanted to avoid pregnancy, and two because they wanted to avoid 'dirty disease.'
- Nine respondents said condoms decreased the quality of sexual intercourse in terms of pleasure and satisfaction.
- The survey revealed that 77% thought condom use was unnecessary, because they were having sexual relations only with their wives, 10% wanted to have a child, 8% thought condom use would adversely affect their health, and 5% did not know about condoms or where to get them.
- Adolescent married females thought condoms were some sort of tablets men were supposed to use.
- Some males expressed operational and logistic problems in condom use - inconvenience in use, disposal, procuring and storing.
- About AIDS 44% of married males felt that it was curable and 21% of unmarried males felt so.
- 57% of the married males and 36% of the unmarried ones, who thought that AIDS was preventable, felt that if one avoided multiple partners AIDS could be prevented.
- 32% of married and 48% of unmarried males felt that AIDS was a hereditary disease. They got this impression because of posters on mother to child transmission.
- Only 15% of married males and 8% of unmarried males had heard about STDs (*gupta rog*). 88% of the married males who had heard about STDs felt that it was caused if one had sex with an infected person or a sex worker.
- The concept of STDs appears to be non-existent among the study respondents. Exploration with various local terms like *Garmi Parna*, VD yielded marginally additional responses.

**ABSTRACT NO. 24**

**Author(s)** : Society for Operations Research and Training (SORT)  
**Title** : Interest and Awareness of University Students of Family Life Education  
**Source** : SORT, 1998

**Place of study** : M. S. University, Baroda

**Period of study** : N.A.

**Nature of study** : N.A.

**Aims and objectives** : To assess current knowledge of students about various basic aspects of the family formation process, including knowledge of human philosophy, personal hygiene, contraceptives, STDs, AIDS, abortion and their sexuality.

### **Methodology:**

Sample: 2,200 students

- Preliminary findings were based on interviews of 1,740 students (697 boys and 1,043 girls) from 7 faculties of the university
- Self-administered, semi-structured questionnaire
- Informal interviews
- In-depth case studies

### **Findings:**

Students lack information on:

- Who is responsible for sex of child
- Period of study during menstrual cycle when women can become pregnant
- Legality of abortion
- STDs
- How IUD and pills are used
- What is safe sex

Students' opinion for number of children a couple should have:

- 70% of males and 79.5% of females opted for two children.
- 76.3% of males and 80.6% of females preferred one son.
- 76.8% of males and 84.9% of females preferred one daughter.
- 33.1% of males and 45.1% of females know that if a woman is unable to give birth to a male child, biologically the husband is responsible.
- 81.5% of males and 81.3% of females know that pregnancy occurred through sexual intercourse.
- 47.1% of males and 35.2% of females approved of abortion
- 31.3% of males and 24.3% of females approved of sex determination test.
- 10.5% of males and 6.7% of females approved of abortion if sex of foetus is female.
- 42.6% of males and 34.5% of females were aware of the legal status of abortion.
- 68.3% of males and 69% of females agreed that woman can decide for abortion in the case of unwanted pregnancy.
- 60.1% of males and 66.4% of females agreed that the decision for abortion should be taken by both woman and husband/partner.
- 80.1% of males and 76% of females were aware that pregnancy can be prevented.
- 60.7% of males and 20.4% of females knew how to use a condom.
- 47.1% of males and 30.5% of females reported having unprotected sex (without condom).
- 36.4% of males and 18.6% of females agreed that pre-marital sex is all right if both partners agree. While 46.5% of males and 58.8% of females disagreed to have pre-marital sex even if both partners agree.
- 32.1% of males and 12.2% of females agreed and 45.3% of males and 64.6% of females disagreed with the statement that males may go for pre-marital sex.
- 24.1% of males and 3.2% of females agreed and 54.4% of males and 71.9% of females disagreed with the statement that a woman may go for pre-marital sex.
- 31.1% of males and 11.5% of females agreed that after engagement, it is okay to have sex before

marriage, while 49.1% and 68.7% of females disagreed.

- 30% of males and 9.1% of females agreed that sexual experience is necessary before marriage, while 51.4% of males and 72.5% of females disagreed.
- 13.7% of males and 10.1% of females agreed that the husband has a right to have sex even if the wife does not want at that time, while 75.2% of males and 75.5% of females disagreed.
- 77.5% of males and 79% of females agreed that the wife has a right to refuse sex if she does not want, while 14.3% of males and 10.4% of females disagreed.

## ABSTRACT NO. 25

- Author(s)** : Bhende, A. A.
- Title** : Study of Sexuality of Adolescent Girls and Boys in Under Privileged Groups in Bombay
- Source** : The Indian Journal of Social Work, 1994, LV (4), pp. 557-571
- Place of study** : Bombay
- Period of study** : 18-month project (1993)
- Nature of study** : N.A.
- Aims and objectives** : To evolve and test a sex and family life educational programme with an AIDS prevention module for low-income group adolescent girls in Bombay.

### **Methodology:**

Sample: 25 adolescent boys  
85 adolescent girls

#### During preparatory phase:

- Households survey conducted
- Multiple methods--both qualitative and quantitative
- Three focus group discussions
- Key interviews
- Observations of daily routine of target group

#### Interview topics:

- Knowledge regarding menstruation, physical changes during puberty, reproduction, sexual aspects of marriage, and STDs and HIV/AIDS.
- Opinions, perceptions and values regarding love marriage, future partner, "bad girl" and "bad boy," and restrictions on girls.
- Sexual behaviour including social interactions between the adolescent girls and reaction to sexual harassment and pre-marital sexual behaviour.

### **Findings:**

#### Sexual aspects of marriage:

- The majority of girls (67%) and less than half the number of boys interviewed in the survey reported that they did not know anything about married life, especially sexual aspects.

Reproduction:

- Only 29% of girls, compared to 66% of boys answered in the affirmative when asked in the survey interview, "Do you know how a woman becomes pregnant?"
- Of these, 56% of the girls and 83% of the boys mentioned that sexual intercourse leads to pregnancy.
- Of the total girls and boys covered in the survey, 16% of the girls and 54% of the boys reported that a woman becomes pregnant after sexual intercourse.

Love marriage:

- The majority of the girls did not favour love marriages. On the other hand, only one-third of the boys were against love marriage.

"Bad girl" and "bad boy":

- "Talking to and mixing with boys" is the characteristic feature of a "bad girl" according to a majority of girls (69%) and boys (66%).

Conclusion:

- It appears that the concept of responsible sexual behaviour in the opinion of girls and boys involves keeping away from the opposite sex.
- One point that clearly emerged from the research findings was that the STD/AIDS prevention programme should be different for adolescent girls and boys.

**Reviewer's note:**

- This study revealed some important information about methodology.
- When personal questions like nocturnal emissions were asked in the group, all answered negatively. An individual informal interview with minimum reference to personal experiences would be useful.

**ABSTRACT NO. 26**

- Author(s)** : CORT
- Title** : Awareness of School Students about Family Life and Reproduction: KABP among Adolescents in Uttar Pradesh
- Source** : Centre for Operation Research and Training (CORT), 2000
- Place of study** : Lucknow, Uttar Pradesh
- Period of study** : N.A.
- Nature of study** : N.A.
- Aims and objectives** : To assess the knowledge and attitude of school students about family life, sexuality and STD/AIDS.

**Methodology:**

Sample: 510 students from 8 randomly selected schools aged 15 to 17 years (270 boys and 240 girls)

- Survey, structured questionnaire

**Findings:**

- About half of the students were aware of the meaning of 'safe sex.'

- 74% of girls favoured inter-religion marriage.
- 8 out of 10 students supported free interaction between boys and girls.
- About half of them did not agree that pre-marital sex is a sin.
- One-third approved pre-marital sex if both partners agree to it.
- One-third felt that sexual experience is necessary before marriage.
- About 44% of the students had boy/girl friends (i.e., friends of opposite sex).
- One-fourth to one-third had experience of kissing or hugging.
- About 6% had experience of sexual intercourse. Mostly male students (10%) reported it.

Conclusion:

- The study shows that many students are becoming sexually active at a young age, but they did not indulge in sexual activities.

ABSTRACT NO. 27

- Author(s)** : Mawar, Nita, S. P. Tripathy, and R. Bagul
- Title** : Lessons Learned from Youth Sexuality Study in College Youth for Planning Behaviour Change Intervention
- Source** : Unpublished paper presented at *National Meet on Social and Behavioural Aspect of Sexuality*, March 8-9, 1999
- Place of study** : Pune
- Period of study** : September 1996 - March 1998
- Nature of study** : N.A.
- Aims and objectives** : To collect data on sexuality, social networks, risk perception and risk behaviour.

**Methodology:**

Sample:

Number of Respondents : 1,821 students  
 996 girls  
 825 boys

Phase-I qualitative data:

- Focus group discussions
- In-depth interviews
- Friendship networks
- Key informant interviews

Phase-II quantitative data:

- Survey

**Findings:**

- Boys' and girls' relationships range from social, emotional and professional to physical and sexual relations.
- Sexual experience was not reported by many girls and boys (574 and 886, respectively, for girls and boys).

- Age at first sexual experience: in girls 16.1 years (n=40: childhood experience, sex with senior/spouse); in boys 16.9 years (n=269: coitus, masturbation, night falls, voyeurism).
- Heterosexual experience: boys 37% (184/501) and girls 12% (29/252) ranging from non-penetrative (kissing, genital fondling) to penetrative sex in both, except oral sex in boys.
- Sex with CSWs reported by 4% of boys (23/499).
- Mean number of partners: boys 2.9 (2.6, n=104); girls 1.3 (n=11).
- Homosexual experience reported by 15% of boys (77/501) and 5% of girls (13/251).

**Conclusion:**

- Youth sexuality needs to be geared in a positive way for both boys and girls when such democratic interventions through equal participation are encouraged in educational institutes.

**Reviewer's note:**

Abstract is made on the basis of transparencies and not the full study.

**ABSTRACT NO. 28**

- Author(s)** : Nag, Moni
- Title** : Pre-marital Sex
- Source** : Sexual Behaviour and AIDS in India, 1996, New Delhi: Vikas Publishing House Pvt. Ltd., pp. 26- 43
- Place of study** : Hyderabad, AP
- Period of study** : N.A.
- Nature of study** : N.A.
- Aims and objectives** : To study pre-marital sex among male college students in Hyderabad.

**Methodology:**

Sample: 72 male students in the age group 17-23 years

- Anonymous questionnaire
- Focus group discussion

**Findings:**

- All were married.
- 28% reported having experienced sexual intercourse, all with women.
- Among both rural and urban students, first intercourse mostly took place at 16-17 years.
- Higher proportions of rural students (35%) compared to urban students (11%) were sexually active by 18 years.

Most common partner in the first sexual intercourse:

- Neighbours (45%)
- Friends (30%)
- Relatives (15%)
- Fiancés (10%)



A significant proportion of both rural and urban college students had experience of pre-marital sex with married women who were older than themselves:

- 28% reported having experienced pre-marital sex.
- 36% wanted to have it but "did not get an opportunity yet."
- 4% said they had the opportunity but were scared to take it.

**Reviewer's note:**

The above study was cited in the chapter on "Premarital Sex." The chapter contains a summary of 12 studies in rural and urban areas across class.

**ABSTRACT NO. 29**

- Author(s)** : Rajagopal, S., and G. Philip
- Title** : Status of Married Adolescent Girls: A Case of Three Districts of Madhya Pradesh
- Source** : WP No. 9, 1995, Centre for Operations Research and Training, Vadodara
- Place of study** : Bhopal, Sagar and Vidisha, Madhya Pradesh
- Period of study** : N.A.
- Nature of study** : N.A.
- Aims and objectives** : To study the status of adolescent motherhood and to collect relevant information on fertility, family planning, maternal and child health and reproductive health.

**Methodology:**

Sample: 15% adolescents (13-19 years)

- Baseline survey

**Findings:**

- 92% of the adolescents knew of at least one modern method, and 83% knew of at least one modern spacing method.
- Adolescents were more familiar with female sterilisation followed by OCP, male sterilisation, condom and IUD.
- Nearly 19% of the married teenagers had ever used a contraceptive method.
- Only 10% were currently using family planning, each using spacing method.
- The use of a spacing method was reported more in urban as compared to rural areas.
- A quarter of adolescents did not approve of a couple using family planning while opposition from husband or other family members was reported at around 8%.
- Intra-spouse communication regarding the number of children decided by couple was more among aged 20-44 years (50%) compared to teenagers (38%), and more in urban compared to rural areas.
- Around 6% of adolescents reported at least one unwanted pregnancy.

- Half of the unwanted pregnancies resulted in live births, 7% in stillbirths, while 21% of pregnancies were attempted to be aborted and the rest (19%) were currently continuing with the unwanted pregnancy.

Conclusion:

- It is important to plan and implement schemes that may help in raising the age at marriage in India. It is necessary to enforce and effectively implement the Child Marriage Restrain Act and to increase the literacy level.
- It is important that adolescents are given appropriate and adequate information and education on family life, hygiene and health.

ABSTRACT NO. 30

- Author(s)** : Rajgopalan, S., et al.
- Title** : Interest and Awareness of School Students in Various Aspects of Family Life and Reproduction: KABP among Adolescents in Vadodara
- Source** : Centre for Operations Research and Training (CORT), 1998
- Place of study** : Baroda
- Period of study** : N.A.
- Nature of study** : N.A.
- Aims and objectives** : To assess how much the students have gained knowledge on various aspects of population education, family planning, reproductive physiology, AIDS and STDs; to assess their attitude towards family formation (i.e., age of marriage, preferred family size, birth interval and sex preference).

**Methodology:**

Sample: 725 students (387 males and 338 females)

- Questionnaire

**Findings:**

- 99% of boys and 98% of girls were strongly in favour that a couple should have one or two children.
- About half of the students believed that the interval between two births should be more than two years.
- 90% agreed to free interaction between boys and girls.
- 79% said that there is nothing wrong in discussing sex with the friend of the same sex.
- 42% said that discussing sex with the classmate of the opposite sex is not bad.
- Two-thirds of students presume that pre-marital sex is a sin.
- 41% consider pre-marital sex is all right if both partners agree.
- 17% of the students felt that sexual experience is necessary before marriage.
- Students of English medium schools were far behind in case of friendship with opposite sex (52%) as compared to Gujarati medium (86%).

- Experience of kissing (26%), hugging (45%) and sexual intercourse (7%) were higher in boys than in girl students - kissing (10%), hugging (18%) and sexual intercourse (2%).

Conclusion:

- The above differences were significant, but no significant difference was found by the medium of school.
- It may be assumed that because of the response error, reporting the experience of sexual intercourse by the students is underestimated.

**ABSTRACT NO. 31**

- Author(s)** : Sachdev, Paul
- Title** : University Students in Delhi, India: Their Sexual Knowledge, Attitudes and Behaviour
- Source** : Journal of Family Welfare, 1997, 43(1), pp. 1-12
- Place of study** : Delhi
- Period of study** : N.A.
- Nature of study** : Baseline study
- Aims and objectives** : The study examines student attitudes, knowledge and sexual behaviour in India and acceptance of pre-marital sexual relations and masturbation.

**Methodology:**

Sample: 887 students (76.8% female and 82.1% unmarried)

**Findings:**

- 58% of women and 79% of men viewed intimate or casual sexual relations as acceptable before marriage.
- Only 32.1% of women supported the chastity of women.
- 72.4% agreed that it would be better if women were free to express their sexual desires with as much initiative and aggressiveness as men.
- 49.5% of males and 36.1% of females had a steady dating partner.
- 39.3% of males and 20.4% of females had engaged in pre-marital sex.
- About 50% of males and females approved of parents allowing their daughters as much sexual freedom as their sons.
- 61.7% of men and 40.6% of women regarded love as the key to satisfying sexual relations.
- 50.4% of males and 38.6% of females accepted masturbation as healthy.
- 66.7% of females and 62.4% of males viewed infidelity as unacceptable for both partners.
- 72.2% of females and 57.6% of males agreed that extra-marital relations were almost always harmful to a marriage.

Conclusion:

- Women were more sexually conservative than men in sexual attitudes and sexual behaviour.

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ABSTRACT NO. 32

- Author(s)** : Sharma, Anuragini, and Vinit Sharma
- Title** : Adolescent Boys in Gujarat, India: Their Sexual Behaviour and Their Knowledge of Acquired Immuno Deficiency Syndrome and Other Sexually Transmitted Diseases
- Source** : Journal of Development and Behavioural Pediatrics, 1997, 18(6), pp. 399-404.
- Place of study** : Kheda district
- Aims and objectives** : To study the sexual behaviour of adolescent boys.
- Nature of study** : N.A.
- Period of study** : N.A.

**Methodology:**

Sample: 368 boys

- Survey

**Findings:**

- Almost 16% of the rural boys and 9% of college students had previous sexual experience.
- Out of those who had been sexually active, 44% were illiterate or educated up to 5th grade.
- Over half (54%) of the sexually active adolescent boys were economically active.
- The mean age at first coitus was 17.9 years.
- More than 78% of the boys had their first sexual contact with a prostitute and 80% had never used a condom.
- 16% of boys reported that their first sexual contact had been a girl friend of almost the same age group.

**Reviewer's note:**

The above finding lends credence to the hypothesis that some of the unmarried adolescent girls in India might be sexually active.

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ABSTRACT NO. 33A

- Author(s)** : Sharma, Anuragini, and Vinit Sharma
- Title** : The Guilt and Pleasure of Masturbation: A Study of College Girls in Gujarat, India
- Source** : Sexual and Marital Therapy, 1998, 13(1), pp. 63-70

**Place of study** : Gujarat

**Aims and objectives** : To determine the prevalence of masturbation among first year college girls.

**Nature of study** : N.A.

**Period of study** : N.A.

**Methodology:**

Sample: 530 first year college girls

- Structured and pre-tested survey instrument questionnaire

**Findings:**

- The mean age of respondents was 17.3 (+/- 1.38) with a range of 17-19 years.
- About 30% admitted that they masturbated.
- The mean knowledge score with respect to human sexuality was 6.38 (+/- 4.25) on a scale of 25, with a median of 6.
- Almost 81% of the one-third of the studied girls who masturbated, had started masturbating between the ages of 12 and 15 years, with the mean age at first masturbation being 13.74 years, and the median age being 15 years.
- The frequency of masturbation varied from one to five times per week.
- Among the girls who reported to have practised masturbation, almost 80% were second or third in the birth order, while only 20% were first children.

**ABSTRACT NO. 33B**

**Author(s)** : Sharma, Anuragini, and Vinit Sharma

**Title** : Sexual Knowledge and Practices of College Girls in Rural Gujarat, India

**Source** : The Journal of Family Welfare, 1996, 42(3), pp. 19-26

**Place of study** : Gujarat

**Aims and objectives** : To determine the knowledge of human sexuality, physiology, of reproduction and contraception among the first year college girls.

**Nature of study** : N.A.

**Period of study** : N.A.

**Methodology:**

Sample: 530 girls

- Structured and pre-tested survey instrument questionnaires

**Findings:**

- The mean knowledge score with respect to human sexuality was 6.38 on a scale of 25, with a median of 6.
- Almost 59% of respondents felt that they possessed adequate knowledge regarding sexual matters.
- The overall knowledge about human sexuality, reproduction and contraception was poor among college girls.

**ABSTRACT NO. 34**

- Author(s)** : Sharma, Anuragini, Vinit Sharma, S. Dave, et al.
- Title** : Sexual Behaviour of Adolescent Boys: A Cause for Concern
- Source** : Sexual and Marital Therapy, 1996, 11(2), pp. 147-151
- Place of study** : Gujarat
- Aims and objectives** : To investigate the sexual behaviour and level of knowledge about STDs of unmarried adolescent boys.
- Nature of study** : N.A.
- Period of study** : N.A.
- Methodology** :
- Sample: 178 adolescent boys
- Survey
  - Structured and pre-tested questionnaires

**Findings:**

- The mean age at the first coitus was 18.01 years.
- In over 87% of the cases (n= 156) the first sexual contact was with a commercial sex worker (prostitute).
- With reference to masturbation, all the boys replied in the affirmative.
- The mean weekly frequency of masturbation was 8.47 (+/-1.03), and the mean age at first masturbation was 12.13 (+/- 1.4) years.

**ABSTRACT NO. 35**

- Author(s)** : Sodhi, Geeta
- Title** : Seeking Gratification: Study of Sexual Behaviour Patterns of Adolescents in an Urban Slum.

**Source** : Paper presented at the *Workshop on Reproductive Health in India: New Evidence and Issues*, Pune, India, 28 February - 1 March 2000

**Place of study** : Delhi

**Period of study** : July 1996, 18-month period

**Nature of study** : N.A.

**Aims and objectives** : To study the patterns of sexual expression among adolescent boys and girls; to study the information needs and networks of adolescent boys and girls regarding sexuality and reproductive health.

#### Methodology:

| Method                   | Sample                              |
|--------------------------|-------------------------------------|
| Key informant interviews | 32 persons                          |
| In-depth interviews      | 75 interviews 35- M & 36 -F         |
| Case studies             | 11 Adolescents 5 M & 6 F            |
| Serial interviews        | 15 SIs 6 M & 9 F                    |
| Focus group discussions  | 8 FGDs 4 boys groups 4 girls groups |

- In-depth interviews of key informants

#### Findings:

- Conflict between the fear of *badnami*, and hence reduction in their chance to have a 'good' marriage, and the natural impulse of having relationships have been voiced by almost all the girls who were interviewed.
- While the social context influences the sexual behaviour of adolescents by giving it a cloak of secrecy and little space and time, it also provides a platform to those who are unable to postpone their sexual gratification and indulge in extremely unsafe sexual behaviour.
- Most of the boys interviewed were of the view that mostly boys befriend girls with a physical relationship foremost in their minds.
- For many girls there is the lure of romantic love, as they see it in the movies. For at least some girls there is the dream of developing a "love marriage," and from the interviews it seems that young girls entertain thoughts of having a romance such as those portrayed in the movies.
- The boys and girls who were interviewed had a highly developed interest in sexual matters.
- The culmination of many of the "friendships" (*dosti*) appears to be in sexual intercourse.
- From the interviews with girls a general hypothesis is that many girls have pre-marital sexual experience, but they may be limited to one or two "affairs" (*chakkar*), or after which the parents arrange their marriage.

- Author(s)** : Ubale, Usha, Alka Gadgil, and Nandini Roy
- Title** : Adolescent Girls and Sexual Health: A Report of the Action Research Undertaken by the Brihanmumbai Municipal Corporation
- Source** : Brihanmumbai Municipal Corporation, Public Health Department and UNICEF, Mumbai
- Place of study** : Mumbai
- Period of study** : 1996-97
- Nature of study** : N.A.
- Aims and objectives** : To assess the knowledge of the adolescent girls regarding menstruation, sexual illness, childbirth, contraception and attitude towards sexual behaviour.

**Methodology:**

Sample: Adolescent girls aged between 13-19 years  
 Girls who participated in FGDs - 80  
 Girls interviewed by questionnaire - 399

Qualitative data:

- Draw and dialogue
- Body mapping
- Case studies (narratives)
- Focus group discussions
- Story writing
- Individual meetings
- In-depth interviews to gain insight into girls' experiences within the context of their day-to-day life

Quantitative data:

- Questionnaire to gain a more systematic insight into the distribution of knowledge, ideas and experiences of girls on some selected issues emerging from the qualitative data.

**Findings:**

- In the present study, a majority of girls interviewed by questionnaire reported to have reached menarche between 13 or 14 years of age (60%).
- In the questionnaire, 57.6% of the girls were informed about menstruation by their mothers.
- In the questionnaire, only 16.2% of the adolescent girls reported to have correct biomedical knowledge about menstruation.
- In the questionnaire, three-fifths of the adolescent girls disliked all the practices that they had to follow.
- It was reported by a majority of the girls that they had problems during menstruation (61.9%) and the problems mainly cited were stomach-ache or pain in abdomen or cramps (86.2%).
- When the questionnaire was administered, 31.8% of the girls reported to know about conception. Of them, a majority (73%) clearly stated that a woman conceived when sperm from a man's penis entered the vagina.
- Only 14.2% of the girls could give the correct answer that the delivery took place from the vagina.
- The girls were not very forthcoming about the aspects of sexuality in the FGDs, but during the in-depth interviews, which were at person to person level, they shared a lot about sexuality.



Conclusion:

- The study clearly shows that adolescent girls living in the slums of Mumbai have inadequate knowledge about their body and bodily processes.
- One aspect, which was not covered in this study, was nutritional status of the adolescent girls.

**Reviewer's note:**

- One of the limitations of this study was that it could not throw light on the sexual behaviour of the adolescent girls living in slums of Mumbai.
- The sample size was small, confined to three wards of BMC. Hence, the findings of the study cannot be generalised for adolescents living in all slums of Mumbai.

ABSTRACT NO. 37A

- Author(s)** : Prasad, Jasmine H., Valentine George, Lalitha M. K., et al.
- Title** : Prevalence of Reproductive Tract Infection among Adolescents in a Rural Community in Tamil Nadu
- Source** : Paper presented at the Workshop on Reproductive Health in India: New Evidence and Issues, Pune, India, 28 February - 1 March 2000
- Place of study** : Tamil Nadu
- Period of study** : June 1996 - November 1996
- Nature of study** : Population-based cross-sectional study
- Aims and objectives** : To determine the nature and extent of gynaecological morbidity including RTIs in young married women in order to estimate the need for health care in this group.

**Methodology:**

Sample: 451 non-pregnant women in the 16-22 age group

**Findings:**

- The mean age of the participants was 20.7 years (SD 1.42) and that of their husbands was 28.2 (SD 4.1).
- Of the respondents 59% had one or more gynaecological problems.
- 48.5% suffered from RTIs, 8% gave a history of menorrhagia, 9% had infertility, 7% had UTI and 0.7% gave a history of genital prolapse. The prevalence of STI was 18%.
- With increasing duration of marriage the likelihood of women having RTIs increased.
- Of the women who had symptoms suggestive of RTIs only 58% had RTI, whereas among the asymptomatic women 38% had RTI.
- 65% of the women who had gynaecological symptoms had not sought treatment. Of those who had, 21% had opted for home remedies and traditional medicine, and 57% approached unqualified private practitioners.

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**ABSTRACT NO. 37B**

- Author(s)** : Prasad, Jasmine
- Title** : Reproductive Health Needs of Adolescents
- Source** : Paper presented at the *Workshop on Reproductive Health in India: New Evidence and Issues*, Pune, India, 28 February - 1 March 2000
- Place of study** : Tamil Nadu
- Period of study** : N.A.
- Nature of study** : Cross-sectional
- Aims and objectives** : To study sexual behaviour of adolescents and prevalence of reproductive tract infection (RTI) and STD among young married women.

**Methodology:**

Sample: 451 women

**Findings:**

- Sexual intercourse before marriage is common among adolescents, especially among boys. 48% of men in the study group had pre-marital sex.
- Sexual relations begin at the age of 15 to 16 and usually were initiated by older women (sex workers, young widows, brother's wife or domestic servants).
- However, only 3% of women admitted to having sex before marriage.
- Unwanted pregnancy that occurs before marriage is terminated. Among married couples, 13% of women resorted to inducing abortion for spacing.
- Of the 451 women who had participated in the study, 59% (265) had one or more gynaecological problems.
- 48.5% of women had RTIs and 9% had infertility.
- 40% of women who had infertility, had RTI.
- A high prevalence of bacterial vaginosis (18%) and Trichomoniasis (13%) was seen in the study.
- The prevalence of STDs (Trichomoniasis, Syphilis, Chlamydia and Hepatitis B infection) in the study was 18%.

**Reviewer's note:**

In the study, the method used was not specified.

**ABSTRACT NO. 38**

- Author(s)** : Verma, Ravi, and G. Rangaiyan
- Title** : A Comparative Response of Male and Female Students on Issues Related to Sexuality and Reproductive Health

**Source** : Unpublished summary of paper presented at the *Workshop on Research Related to the Male Involvement in Reproductive Health and Contraceptive Use*, Population Council, Baroda, 1997, April 30 - May 7

**Place of study** : India

**Period of study** : N.A.

**Nature of study** : N.A.

**Aims and objectives** : To study responses of male and female students on issues related to sexuality and reproductive health.

**Methodology:**

Sample: N.A.

**Findings:**

- Half of the male respondents said that if they get a partner they would have sexual intercourse while well over 86% of females said they would not.
- One-third of males reported that sex is for fun while one-tenth of the opposite sex supported the same.
- Around 42% of males and 20% of females reported that they had experienced the stimulation of sex organs by opposite sex partner with or without clothes.
- 14.7% of male and 6.5% of female respondents reported to have experienced sexual intercourse.
- Among the respondents who had experienced sexual intercourse 34.5% of males and three-fourths of females had reported that their partner was a school/college friend.
- One-fifth of males reported that their partner was a neighbour and one-fourth said that their sex partners were commercial sex workers.
- 5% of males also reported having sex with a maidservant.
- One-fourth of females experienced sexual intercourse with a relative or a known person.
- It is worth noting that a majority of female respondents had only one sexual partner.
- One in every two boys and one in every three girls is reported to have had physical contact for sexual purposes.
- Among the males, 31.8% had experienced non-coital sex and 14.7% had experienced coital sex.
- While among females 27.5% had experienced non-coital sex and 6.5% had experienced coital sex.

Conclusion:

- Knowledge regarding various reproductive health issues (abortion, conception, embryo, menopause, onset of menstruation, hymen and gestation period of study) was lower among males than female respondents.
- Overall, a higher proportion of females compared to males exhibited ignorance about sex-related concepts.

**Reviewer's Note:**

Since the complete paper was not available, the sample and the methods used are not reported.

ABSTRACT NO. 39

- Author(s)** : Verma, Ravi, S. Sureender, and M. Guruswamy
- Title** : What Do School Children and Teachers in Rural Maharashtra Think of AIDS and Sex?
- Source** : Health Transition Review, 1997, 7 Suppl., pp. 481-486
- Place of study** : Rural Maharashtra
- Period of study** : N.A.
- Nature of study** : N.A.
- Aims and objectives** : To know about the opinion of school children and teachers of rural Maharashtra about AIDS and sex.

**Methodology:**

Sample: Selected students and teachers from 18 randomly selected rural schools.

- Focus group discussions on AIDS, sex and sexuality, sex education
- 21 focus group discussions with teachers
- 38 focus group discussions with students

**Findings:**

- Most students were unsure whether AIDS would affect them or how it could be contracted.
- Some standard IX female students voiced the need for sex education at a young age.
- Most teachers were uncomfortable and reticent to discuss sex and student sex behaviour.

**Reviewer's note:**

Complete study not available.

## ABSTRACT NO. 40

**Author(s)** : Nag, Moni  
**Title** : Sexual Behaviour and AIDS in India: State of the Art  
**Source** : The Indian Journal of Social Work, 1994, LV (4), p 525  
**Place of study** : India  
**Period of study** : 1991  
**Nature of study** : N.A.  
**Aims and objectives** : To study current practices of homosexuality in India.

**Methodology:**

Sample: 1,424 men

- *Debonair* magazine questionnaire survey in 1991

**Findings:**

- 424 (37%) reported a homosexual relationship.
- 12% of unmarried men and 8% of married men reported that their first sexual experience was with another man and most of them (82%) had it before they were 20 years of age.
- About two-fifths of the respondents, both unmarried and married, had homosexual experience with one or two persons while over a fifth had such experience with more than 10 persons.
- Only 21% of respondents reported to have used condoms in their homosexual acts.

**Reviewer's note:**

- Self-selected sample.
- Survey did not yield data regarding frequency and nature of homosexual relationships the respondents had at the time of survey.

## ABSTRACT NO. 41

**Author(s)** : Nag, Moni  
**Title** : Sexual Behaviour and AIDS in India: State of the Art  
**Source** : The Indian Journal of Social Work, 1994, LV (4), p. 525  
**Place of study** : India  
**Period of study** : 1990-1992  
**Nature of study** : N.A.  
**Aims and objectives** : To study current practices of homosexuality in India.

**Methodology:**

Sample: 2,293 male patients

**Findings:**

- 73 (3%) were homosexuals who earned their living as dancers and/or sex workers.
- Most of them belonged to the age group 21-30 years and took both active and passive roles in unprotected anal and oral intercourse.
- They also entertained their clients by masturbation.
- They acquired their sexual knowledge from friends and *hijras*.
- 62% of the study population had STDs.

**Reviewer's note:**

Study cited in the review by Moni Nag. Original study not seen.

**ABSTRACT NO. 42**

**Author(s)** : Nag, Moni

**Title** : Sexual Behaviour and AIDS in India: State of the Art

**Source** : The Indian Journal of Social Work, 1994, LV (4), pp. 525-526

**Place of study** : India

**Period of study** : N.A.

**Nature of study** : N.A.

**Aims and objectives** : To study lesbian sexual relationships.

**Methodology:**

Sample: 362 women respondents

- Questionnaire published in a 1992 issue of *Savvy* magazine

**Findings:**

- Only 31 (9%) said that they had a sexual relationship with another women.
- The first lesbian experience of 77% of women who had such experience was gained before they were 20 years of age.
- Most of the women (81%) who had a lesbian relationship had it with one or two partners.
- Only 7% had it with more than 7 persons.

## ABSTRACT NO. 43

- Author(s)** : Bhattacharya, Sutapa, and S. K. Senapati
- Title** : Sexual Practice of the Sex Workers in a Red Light Area of Calcutta
- Source** : The Indian Journal of Social Work, 1994, LV(4), pp. 547-556
- Place of study** : Calcutta
- Period of study** : May-July 1993
- Nature of study** : N.A.
- Aims and objectives** : To gather some information in terms of client profile, sex worker profile, their socio-economic background and sexual practices.

**Methodology:**

Sample: 300-400 CSWs

- Stepwise ethnographic exploration method
- Informal talks
- Meeting/focus group discussion
- Self-monitoring card-tri-coloured
  - red for vaginal sex
  - blue for oral sex
  - green for anal sex

**Findings:**

- Child in Need Institution (CINI) identified three different categories of FSWs: "permanent" (permanents residents of the area); "fixed flying" (outsiders staying in rented rooms for the whole day); and "flying" (outsiders who come with clients from outside and use rooms on a rental basis for sexual act, locally known as a "shot").
- There are 298 "permanent," 116 "fixed flying" and 200 "flying" FSWs. Over three-fourths of them originated in the rural areas of West Bengal.
- 89% of sexual acts performed by FSWs were peno-vaginal.
- Oral sex was performed in 11% of all sexual acts and 25% involved the use of condom.
- Oral sex was often practised as a pre-coital stimulant and reported by FSWs as a practice learned mostly from pornographic videocassettes.
- Elderly FSWs expressed their strong reluctance to submit to oral sex but they had to yield to their clients' demand for it sometimes.
- The practice of anal sex was quite low and demanded mostly by non-Bengali clients.

## ABSTRACT NO. 44

- Author(s):** Majumdar, A.
- Title:** Interventions among Truck Drivers: Example of a Cross-Border Collaboration

**Source** : AIDS Watch, 1998, 3(2-3), pp. 4-6  
**Place of study** : Bihar  
**Period of study** : April 1997  
**Nature of study** : N.A.  
**Aims and objectives** : To examine the Boruka AIDS programme.

**Methodology:**

Sample: 1,500-2,000 people

- Discussion: When audience is relaxed and receptive, social workers initiate discussions on different health issues. The focus was gradually narrowed down to sexual health, STDs and HIV/AIDS.

Divisions were based on:

- Providing medical care for general and sexually transmitted diseases.
- Behaviour change communication.
- Condom promotion and its social marketing.

**Findings:**

- 92% of the truckers knew about condoms.
- 89% have seen a condom, but only 40% of sexually active truckers have ever used it.
- Those who have ever purchased a condom constitute only 27% of the sexually active truck drivers and helpers.

**ABSTRACT NO. 45**

**Author(s)** : Nag, Moni  
**Title** : Female Sex Workers and Their Clients  
**Source** : Sexual Behaviour and AIDS in India, 1996, New Delhi: Vikas Publishing House Pvt. Ltd., pp. 51-70  
**Place of study** : Calcutta  
**Period of study** : N.A.  
**Nature of study** : Community-based survey  
**Aims and objectives** : To study sexual behaviour of FSWs.

**Methodology:**

Sample: 450 randomly selected FSWs (out of 3,664)

**Findings:**

- The average number of clients per FSW per day was 3.3.



- Peno-vaginal intercourse was the most commonly practical sexual act but about three-fourths of FSWs reported experience of peno-oral sex.
- Most of FSWs washed their genitals after intercourse.
- About one-quarter of them took some precaution against pregnancy regularly and about one-half of those who did so took contraceptive pills.

**Reviewer's note:**

Overview title on FSWs giving the history of prostitution in British and contemporary India. This study is one of the many. All details are not present.

**ABSTRACT NO. 46**

**Author(s)** : Nag, Moni

**Title** : Sexual Behaviour and AIDS in India

**Source** : The Indian Journal of Social Work, 1994, LV(4), p. 525.

**Place of study** : Northeastern states of India through Assam

**Period of study** : N.A.

**Nature of study** : N.A.

**Aims and objectives** : To study multiple sexual relationships of truck drivers.

**Methodology:**

Sample: 506 truck drivers

- Questionnaire survey

**Findings:**

- Truck drivers in India (all male) had multiple sexual relationships not only with FSWs but also with other men, particularly young boys, who accompany them on long highway drives as helpers.
- 15% admitted previous homosexual experience.
- None of them used condoms for any kind of sexual act.

**Reviewer's note:**

Original study not seen. Findings cited in the review by Moni Nag.

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**ABSTRACT NO. 47**

- Author(s)** : ORG
- Title** : STD/HIV Prevention Project for Inter-City Truck Drivers in India: A Social Appraisal
- Source** : Operation Research Group (ORG), 1995
- Place of study** : Salem, Tamil Nadu; Jaipur, Rajasthan; and Guwahati, Assam
- Period of study** : N.A.
- Nature of study** : N.A.
- Aims and objectives** : To carry out a rapid social appraisal of truck drivers for a STD/HIV prevention project.

**Methodology:**

| Methods                 | Sample |
|-------------------------|--------|
| Focus group discussions | 12     |
| In-depth interviews     | 30     |

- Review of the existing literature on truckers to argument primary data

**Findings:**

- Truckers reported having multiple heterosexual relationships with casual partners and sex workers.
- Highway sex workers were preferred because of lower charges to those living in city brothels.
- Self-medication was the first resort for symptoms indicating STDs.
- The fleet owners showed apathy towards the health problems of truckers. None of them provided health insurance coverage to them.
- Unsafe sexual practices and preference for highway sex workers pose a serious threat to the spread of epidemics in rural areas along the highways.

Conclusion:

- There is an urgent need to develop intervention strategies to encourage safe sex practices and provide appropriate health care services at halt points along the highways.

**ABSTRACT NO. 48**

- Author(s)** : Rao, Asha, Moni Nag, Kingshuk Mishra, et al.
- Title** : Sexual Behaviour Pattern of Truck Drivers and Their Helpers in Relation to Female Sex Workers
- Source** : The Indian Journal of Social Work, LV(4), pp. 603-616

**Place of study** : Uluberia, a town situated 50 km west of Calcutta

**Period of study** : October-December 1993

**Nature of study** : N.A.

**Aims and objectives** : To study sexual behaviour of truck drivers.

**Methodology:**

Sample: 100 truckers (79 truck drivers, 21 helpers)

- 25 from Punjab
- 20 from Bihar
- 20 from UP
- 13 from MP
- 10 from West Bengal
- Group discussions: 9
- Interviews: 2-3 with each respondent

**Findings:**

- Only 82 had visited their home just once in the previous year and had stayed there only for 1-2 months.
- Only three of them said they never visited any FSW.
- 20 out of 100 truckers had their first sexual experience with their relatives and girl friends.
- Only two truckers had their first sexual experience with their wives.
- Some truckers reported that at the initial stage of their professional life when they were *khalasis*, they were forced to subject themselves to homosexual practices, mostly as passive partners with their bosses.
- Out of 97 who visited FSWs, 64 did so in all three locations - highways, *dhabas* and red light areas.
- Red light areas were less frequented because FSWs there are more expensive.
- When asked why they visited FSWs, the most common response given by 55 of them was "I just cannot control myself."
- Peer pressure was mentioned as a reason for visiting FSWs by 18 truckers.
- The majority of truckers (62 out of 100) reported three to seven visits to FSWs per week.

Sexual techniques practised:

- Oral sex with FSWs and wives was almost always followed by vaginal intercourse.
- Fair proportions of truckers have experienced oral and anal sex among themselves, but also with male friends and massage boys available at *dhabas*.
- None of the 100 truckers seemed to be absolutely homosexual or "gay."
- When asked about whether they ever practised oral sex or not, 42 out of 100 truckers responded positively.
- The prevalence of the practice of anal sex among truckers is somewhat similar to that of oral sex. 32 out of 100 truckers interviewed had experienced it at least once.

Conclusion:

- One crucial finding is that a majority of truckers in the sample estimated to have sexual relationships with 50 to 100 different female sex workers in places around highways and red light areas.

**Reviewer's note:**

The study provides valuable insights into the sexual subculture of a high risk occupational group, including how masculinity is constructed in this group.

- Author(s)** : Amin, Avni, Emily Fatula, and Marie-Claude Grenon
- Title** : Men's Perceptions of the Illnesses of the Nether Area: Evidence from Qualitative Studies Conducted in the Santrampur Taluka of Panchmahals District, Gujarat
- Source** : Working Paper No. 3., SARTHI, November, 1996
- Place of study** : Gujarat
- Period of study** : August 1994 - January 1995
- Nature of study** : N.A.
- Aims and objectives** : To study men's perceptions of the illnesses of the nether area.

**Methodology:**

Sample: 33 married men between the ages of 20-50 and 41 women

- Interviews
- Semi-structured interviews
- In-depth interviews
- Focus group discussions

Questions for semi-structured interviews and focus group discussions with men and women:

- The general ailments in the nether area
- Illness of the nether area
- Reasons for this ailment
- Symptoms of this ailment
- Why the illness occurs and whom does it happen to?
- Affect of illness on the person's daily life
- Ailment: serious or common problem
- What do you do?
- Prevention
- Have you ever had any of these ailments?

Activities used during the training:

- Songs
- Case studies
- Games
- Role-plays

**Findings:**

- When asked to list illnesses of the nether area, or illnesses which people don't like to talk about, the men often listed *safed pani* (white discharge) and *balatara* (burning) as illnesses.
- *Tadu dukh* (cold pain) and *paramiyo* (a term used for an illness of the nether area) are considered to be very severe, in part because people believe that either there is no cure or that if treatment is unsuccessful, these diseases can lead to weakness and/or death.
- Women are often blamed as the sources of infection and several men stated that if a woman has the disease, she will pass it on to her husband or partner.
- The last reason given for these illnesses is evil spirits.
- Traditional medicines are often used to treat *tadu dukh* or *paramiyo* and are given by specific people in the village.

- Most of the measures related to prevention were to refrain from engaging in the behaviour that causes the disease. This pertains especially to avoiding sex with an infected person as well as refraining from having multiple sexual partners.
- While most men felt that *tadu dukh* and *paramiyo* were different from *chaandi* (ulcer) and *garmi* (heat-induced infections), there is some overlap between all these illnesses.
- The men interviewed recognised that *chaandi* is an infectious illness.
- Compared to *tadu dukh* and *paramiyo*, *masa* (hemorrhoids) is not as serious but if untreated still constitutes a serious problem.
- Most people opined that the only treatment for *masa* is to have an operation.
- The men interviewed indicated that they would often (not always) try *junglee dava* (traditional plant-based medicine) before going to the allopathic doctor's clinic, and many go to private doctors rather than the hospital.

Conclusion:

- From the findings, it appears that people do not like to discuss the illnesses of the nether area openly for the fear of censure of other community members.

**Reviewer's note:**

- The data presented in this paper indicate that men in the Panchmahals District have a relatively coherent explanatory model to describe "illnesses of the nether area."
- One important implication of these data is the recognition that the domain "illnesses of the nether area" is not synonymous with the biomedical domain of "sexually transmitted diseases."

**ABSTRACT NO. 50**

- Author(s)** : Bang, Abhay, and Rani Bang
- Title** : A Community Study of Gynaecological Disease in Indian Villages: Some Experiences and Reflection
- Source** : In S. Zeidenstein and K. Moore (eds.), *Learning About Sexuality: A Practical Beginning*, 1996, USA: Population Council, pp. 223-237
- Place of study** : Rural Indian Villages (Wasa and Anuirza)
- Period of study** : N.A.
- Nature of study** : Community-based
- Aims and objectives** : To study gynaecological disease in India.

**Methodology:**

Sample: About 60% of population

- Private interviews
- Examination

Interviews topics:

- Gynaecological diseases in rural women
- The awareness and perceptions of the women about their gynaecological and sexual disorders
- The proportion of women who have access to gynaecological care

**Findings:**

- Women and men, too, are often ignorant about the technical language for organs, foreplay and other aspects of their sexuality.
- Once people open up, they talk freely about their sexual lives and problems.
- Women experienced anxiety and stress because of disturbed marital relationships.

**Conclusion:**

- 92% of women had gynaecological problems.
- 7.8% had never undergone pelvic examinations and received treatment.

**Reviewer's note:**

Other detailed study was also done and problems faced during the study, but here the stress has been on the sexuality part and discussions related to it.

**ABSTRACT NO. 51**

- Author(s)** : Biswal, Litan N., B. Manna, P. K. Maiti, et al.
- Title** : Sexual Risk Factors for Cervical Cancer among Rural Indian Women: A Case-Control Study
- Source** : International Journal of Epidemiology, 1997, 26(3), pp. 491-95
- Place of study** : Rural India
- Period of study** : N.A.
- Nature of study** : N. A.
- Aims and objectives** : To investigate the role of sexual risk factors in cervical cancer among rural Indian women.

**Methodology:**

Sample: 286 subjects (134 women with invasive cervical cancer and 134 control women)

- Interviews
- Standardised questionnaire
- A case-control design

**Findings:**

- Younger age at first intercourse was associated with a significantly increased risk of cervical cancer, 84% and 68%, respectively, reported their sexual debut at <16 years of age.
- The risk factors found to be associated with cervical cancer were early age at first coitus, extra-marital sex partners of the women and the time interval since first exposure.
- Maximum risk in women who reported their first intercourse at < 12 years of age, compared to that of women of > or = 18 years.
- Increased risk was also seen for women who had extra-marital sex relationships.
- The risk pattern is typical of Indian rural population where there is higher prevalence of early marriage and a low rate of female promiscuity.

Conclusion:

- Findings confirm the association between early age at first coitus and cervical cancer in women with a low rate of sexual promiscuity and define the role of these risk factors in cervical carcinogenesis among rural Indian women.

ABSTRACT NO. 52

- Author(s)** : Deepak Charitable Trust
- Title** : Situation Assessment of the Sexual Behaviours in the Nandnagar (pseudonym) Area
- Source** : A Report by Deepak Medical Charitable Trust, Deepak Medical Foundation, Baroda, 1997 (unpublished)
- Place of study** : Nandnagar area 20 km from Vadodara
- Period of study** : 1997
- Nature of study** : N.A.
- Aims and objectives** : To study sexual behaviour.

**Methodology:**

Sample: 28 women (having multiple sex partners) and 25 men

Qualitative data:

- Social mapping
- Interviews with key informants
- Direct observation
- Group interviews
- Individual "cases"

**Findings:**

- First sexual contacts with a slightly older female relative are quite common.
- Those involved in multi-partner relationships have had and continue to have sexual contacts with varying combinations of unmarried village girls, married women and sex workers.
- Use of *daaru* (country liquor) is very common in connection with sexual adventures of young men.
- All people interviewed in this study reported considerable numbers of sexual problems. It is interesting to note that men listed numbers of concerns and worries as sexual health problems that are non-contact problems like masturbation, thin semen, impotence and nocturnal emission.
- Women too suffered from a different spectrum of problems.
- *Daaru* (country liquor) is prohibited in Gujarat, but in the study area large numbers of *daaru* brewing and selling places were found.

Conclusion:

- The villages are located along both sides of the highway. The sex workers and *daaru* supplies along the highway originate primarily from nearby villages. The study shows extensive multi-partner sexual contacts.

- Author(s)** : Evans, Catrin, and Helen Lambert
- Title** : Health Seeking Strategies and Sexual Health among Female Sex Workers in Urban India: Implications for Research and Service Provision
- Source** : Social Science Medicine, 1997, 44(12), pp. 1791-1803
- Place of study** : Calcutta
- Period of study** : June-September 1994
- Nature of study** : Community-based
- Aims and objectives** : To study health seeking strategies in relation to sexual health among a group of female sex workers.

**Methodology:**

Sample: 256 sex worker households and 288 non-sex worker households from a total population of approximately 2,000

Qualitative research:

- General participant observation
- Observation in the health clinic
- Identification and regular follow-up of nine sex workers currently suffering from sexual health problems
- In-depth interviews with five local key informants
- 40 narrative interviews

Topics:

- Local understanding of sexual health problems
- Practices related to the maintenance of health and prevention of disease
- Factors influencing treatment seeking
- Use of medications

**Findings:**

- When asked about the health problems, women most commonly complained of general "weakness," "body ache," "head spin," and gastric disorders.
- Specific disorders such as syphilis, gonorrhoea and genital trauma or inflammation were explicitly regarded as occupation hazards, usually being referred as *line diseases* (from "line of work") and seen as being caused primarily by lack of hygiene ("dirt") or by rough/violent intercourse.
- When asked specifically about women's health problems: vaginal discharge, burning urine, menstrual disorders and lower abdominal pain were most commonly mentioned.
- Analysis of results from the 27 illness narratives and 9 case histories concerning reproductive and sexual health problems showed that among the sex workers studied, treatment for both sexual and general health problems was overwhelmingly sought from allopathic practitioners.
- The main help-seeking "trigger for action" was, according to sex workers, an inability to work and perform daily tasks.
- With regard to choice of allopathic services, use of the private sector was extremely common. For example, of the 27 sex workers interviewed, 13 (48%) had sought treatment initially from the private sector for the last recalled reproductive health problem.
- Perceived efficacy (in women's terms, the "power of the doctor's hand") was probably the second most important factor affecting choice of service.



- Services were frequently switched in the middle of treatment if "cure" was not immediately forthcoming (of the sex workers interviewed, 59% had sought treatment from more than one services for the same problem and 50% of subsequent consultations took place in the private sector).
- In the urban context where health services are readily available, patterns of initial treatment-seeking are shown to be generally appropriate, but subsequent "non-complaint" therapeutic practices give cause for concern.

Recommendations:

- Operational research
- Policy formulation on the provision of effective sexual health services
- Applied research to be directed at improving sexual health

Conclusion:

- The continued popularity of the private sector, even where, as in Calcutta red-light districts, free services are readily available, suggests that it is meeting particular health needs more effectively than other local primary services.

**Reviewer's note:**

- Listening to women talk about health from their own point of view and situating these accounts in the context of their everyday lives provides a more illuminating perspective on their health-related strategies.
- The study also raises questions about the appropriateness of applied research into health-seeking behaviour, which tends to privilege cultural beliefs over considerations of political economy and disease over health.

**ABSTRACT NO. 54**

- Author(s)** : Grenon, Marie Claude, and Tazeem Mawji
- Title** : Women's Perceptions of Sexually Transmitted Diseases: Evidence from Qualitative Studies Conducted in the Santrampur Taluka of Panchmahals District, Gujarat
- Source** : Working Paper No. 1, SARTHI, April 1996
- Place of study** : Gujarat
- Period of study** : January 1995
- Nature of study** : N.A.
- Aims and objectives** : To study the women's perceptions of STDs.

**Methodology:**

Sample: 41 women in reproductive age group and 33 men

- 23 semi-structured interviews
- In-depth interviews
- Four focus group discussions

Questions for semi-structured interviews and focus group discussions with men and women:

- The general ailments in the nether area

- Illness of the nether area
- Reasons for this ailment
- Symptoms of this ailment
- Why the illness occurs and whom does it happen to?
- Affect of illness on the person's daily life
- Ailment: serious or common problem
- What do you do?
- Prevention
- Have you ever had any of these ailments?

Activities used during the training:

- Songs
- Case studies
- Games
- Role-plays

**Findings:**

- When asked to list illnesses of the nether area, four illness were identified by local women during interviews and focus group discussions, namely: *safed pani* (white discharge), *tadu dukh* (cold pain), *paramiyo* (a term used for an illness of the nether area) and *garmi* or *kothe garmi* (heat-induced infections).
- While all the four are believed to be prevalent in the study area, *safed pani* is considered the most common and wide-spread among women.
- Many women believed *tadu dukh* and *paramiyo* to be the same disease, but some insisted that *paramiyo* was more serious and less common than *tadu dukh*.
- *Garmi* and *kothe garmi* also shared common symptoms with one another (such as rash-like eruptions and boils) and were perceived as the most serious illnesses of all.
- However, *kothe garmi* was clearly associated with the genital area (and thought to affect women's reproductive systems), while *garmi* was believed to be a generalised infection. Both were thought to be caused by eating hot foods.

**ABSTRACT NO. 55**

- Author(s)** : Gupta, G. K.
- Title** : Sexual Problems in Teenagers and Youth
- Source** : Council of Sex Education and Parenthood (International), 43, p. 6
- Place of study** : India
- Period of study** : N.A.
- Nature of study** : N.A.
- Aims and objectives** : To study sexual problems in teenagers and youth.

**Methodology:**

Sample: 266 between 16 to 21 years

**Findings:**

The problems faced by teenagers and youth:

- *Dhat* syndrome
- Penile size anxiety
- STDs
- Diseases of the pain
- Miscellaneous

**Conclusion:**

- Youth of India have questions and dilemmas about human sexuality.
- Sex education is totally lacking and discouraged in our place of study.

**Reviewer's note:**

Complete study not available. Information taken from newsletter.

**ABSTRACT NO. 56**

- Author(s)** : Joshi, Archana, Mrinalika Dhapola, Pertti J. Pelto
- Title** : Male Involvement in Seeking Abortion Services in Rural Gujarat
- Source** : A working paper, Operation Research Group (ORG), Centre for Social Research, 1998
- Place of study** : Gujarat
- Period of study** : October 1997-March 1998
- Nature of study** : N.A.
- Aims and objectives** : To understand the sexual behaviour of rural men and their reproductive and sexual health problems.

**Methodology:**

Sample: 78 married men (25-60 years) and 46 unmarried men (15-24 years)

- In-depth interviews (average 3)
- Key informant interviews
- Focus group discussion

**Findings:**

- Non-marital sexual contacts were reported to be high among rural men, arising chiefly as an attachment with their partners.
- Ignorance regarding safe periods and how to use condoms often result in unwanted pregnancies and STDs.
- Services to induce abortion were either sought from medical stores or from qualified private health providers.
- While the male partner's involvement was largely restricted to providing various abortifacients to their female partners procured from medical stores, medical termination of pregnancy (MTP) was obtained with the help of female friends and other support structures in the community.

- Despite the negative outcome of their non-marital sexual relationships, men continue to indulge in risky sexual practices.

Conclusion:

- Opportunities for early sexual contact, incorrect knowledge of fertile period of study, relatively easy availability of abortion services and social support structures to get rid of unwanted pregnancies altogether may not only promote risky sexual practices in rural areas but may also have an adverse effect on the reproductive and sexual health of rural men and women.

**Reviewer's note:**

Findings contain some interesting aspects of construction of male sexuality and gender.

**ABSTRACT NO. 57**

- Author(s)** : Operation Research Group.
- Title** : Perception of STDs and Treatment Seeking Behaviours among Rural Men in Gujarat, India
- Source** : Abstract reviews, Operation Research Group (ORG)-Marg, 1997-98
- Place of study** : Gujarat
- Period of study** : 1996
- Nature of study** : Community-based
- Aims and objectives** : Ethnographic study to understand perceived sexual and reproductive health problems of men and their treatment seeking behaviours in rural Gujarat.

**Methodology:**

Sample: married men (25-60 years) and unmarried youth (16-24 years)

- Repeat in-depth interviews
- Focus group discussions
- Key informant interviews with community members

**Findings:**

- Despite high heterosexual promiscuity, use of condom is low among rural communities.
- Fear of pregnancies outweighs the fear of contracting STDs among youth who reported using condoms during sexual intercourse with unmarried casual partners.
- Men's understanding and explanations of the symptoms of STDs focus on "*garmi*" (heat) and this concept of "heat" governs their treatment seeking behaviours.

Conclusion:

- Appropriate prevention interventions for sexual health will require careful designing of educational campaigns and involving private practitioners in delivery of STD treatment services.

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**Reviewer's note:**

Complete study not available and therefore the sample could not be given.

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**ABSTRACT NO. 58**

- Author** : Rao, T. S. S., and V. Rao
- Title** : Some Experiences in Sex Therapy
- Source** : Council of Sex Education and Parenthood (International), 1995, 36, pp. 1-7
- Place of study** : India
- Period of study** : N.A.
- Nature of study** : Hospital-based
- Aims and objectives** : To review cases with sexual problems.

**Methodology:**

Sample:

- Hospital sample n =100
- Clinic group n = 126
- Hospital group 96% males
- Clinic group 87% males

Cases analysed on the basis of:

- Socio-demographic characteristics
- Diagnosis
- Management and outcome characteristics

**Findings:**

- A majority of patients came only for initial 2-3 follow-up visits.
- Sexual aversion disorder patients never came for follow-up after 3 visits.

Conclusion:

- Even though more cases attended the private clinic and came for follow-up, it was not statistically significant in comparison to the hospital group.

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**Reviewer's note:**

Complete study not available. Information taken from newsletter.

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**Author(s)** : Reddy, Narayana  
**Title** : Geriatric Sexuality  
**Source** : Council of Sex Education and Parenthood (International), 1994, 34, p. 4  
**Place of study** : Madras  
**Period of study** : N.A.  
**Nature of study** : N.A.  
**Aims and objectives** : To study the problems and concerns that may arise regarding the sexuality of the aged.

**Methodology:**

Sample: 57 women between the ages of 48-65 years and 481 men

Sexual health of the aged was considered under the following categories:

- Sexual dysfunction
- Sexual problems
- Other considerations with a bearing on sexuality

**Findings:**

Sexual problems:

Certain conditions may affect adversely the sexuality of the elderly:

- General sexual disinterest
- Sexual boredom/monotony
- Impaired physical sexuality
- Attrition by disuse

1. General sexual disinterest:

- Some people, with advancing age may feel that sex is a meaningless function since it no longer has reproductive potential.
- Studies reveal that such people had very little enthusiasm for sex in younger years.
- It may be a cover-up for anxiety about their inadequacies.

2. Sexual boredom/monotony:

- Men and women experience a certain amount of boredom in a long-standing monogamous sexual relationship.

3. Impaired physical sexuality:

- It plays a key role in determining what, if any changes occur in their sexual lives.

4. Attrition by disuse:

- Sexual abstinence
- A greater physiological handicap than non-abstinence

Unreasonable expectations:

- Sources of the anxieties in older men stem from unreasonable expectations about their sexual performance.

Cultural inhibitions:

- Cultural inhibitions and beliefs are so strong that many elderly couples avoid sexual activity, even though they need and desire it, in order to conform to the imagined normative behaviour dictated by the society.

Marital difficulties:

- Couples who do not communicate with each other openly, frankly and comfortably will find a loss of sexual interest in one another.

Conclusion:

- Ageing affects the sexual response, but it does not put a stop to it.
- Biological changes in sexual response are not the only changes occurring in old age. They are part and parcel of the overall bodily changes occurring in the process of ageing.
- If proper preparation for ageing is made available, elderly couples will not be anxiety prone and feel comfortable and age gracefully.

**Reviewer's note:**

Complete study not available. Information taken from newsletter.

ABSTRACT NO. 60

- Author(s)** : Verma, Ravi, G. Rangaiyan, R. Singh, et al.
- Title** : A Study of Male Sexual Health Problems in a Mumbai Slum Population
- Source** : Unpublished paper presented at the *Workshop on Men as Supportive Partners in Reproductive and Sexual Health: Narrating Experiences*, Nepal, 1998, June 23-26
- Place of study** : Mumbai
- Period of study** : N.A.
- Nature of study** : N.A.
- Aims and objectives** : To assess the domains of male sexual health problems in a slum community; to find out perceived causes and treatment of these problems.

**Methodology:**

Sample: 53 practitioners

- Free listing
- Pile sorting
- Rating

**Findings:**

- The men listed various sexual health problems like masturbation, bent penis problems, sores on the penis, white discharge and loss of sexual desire.
- Weakness and itching were the most frequently mentioned items, involuntary loss of semen is uppermost in the minds of men.

- About the severity of problems, AIDS was uniformly rated as very severe followed by syphilis and gonorrhoea. Pus discharge was seen as severe.

Conclusion:

- There are four major domains of male sexual health problems. In addition to STDs, men are equally concerned about quality and quantity of semen and impotence.

**Reviewer's note:**

- This is one of the few studies in India in recent years looking at men's sexual health problems.
- Study makes a distinction between 'contact' and 'non-contact' sexual health problems.

ABSTRACT NO. 61

- Author(s)** : Verma, Ravi, Nandini Roy, G. Rangaiyan, et al.
- Title** : Male Sexual Illness: Initial Observations from a Qualitative Study in the Slums of Mumbai
- Source** : Unpublished Summary of Paper Presented at the *Workshop on Research Related to the Male Involvement in Reproductive Health and Contraceptive Use*, Population Council, Baroda, 1997, April 30-May 7
- Place of study** : Mumbai
- Period of study** : N.A.
- Nature of study** : N.A.
- Aims and objectives** : To provide some insights into the perceptions of sexual illnesses of males by both the clients as well as providers.

**Methodology:**

Sample: Mainly Muslim men, belonging to low socio-economic backgrounds aged 16 to 45 years

- In-depth qualitative interview
- Free listing of illnesses
- Rating of illness according to the perceived severity

**Findings:**

- A large number of untrained or not qualified doctors are present in the slum area who provide services on male sexual problems.
- A large number of clients of these doctors are unmarried young boys in the age group of 20-25 years.
- A total of 34 types of sexual illnesses that clients thought males suffer from could be identified from the free listing exercise of the clients.
- These sexual illnesses could be broadly classified into four categories, namely sexual performance related illnesses, illnesses indicating the presence of STDs, psycho-sexual problems, and a variety of illnesses that they thought are linked to the sexuality of an individual.
- The free listing exercise with the doctors who were practising in the same area produced a large number of illnesses. However, the emphasis in the list of doctors remains primarily on those illnesses that are symptomatic of the presence of STDs.



- The list of illnesses produced by the unmarried boys does not differ very substantially from that of the married men.
- The sexual history of the young males showed that these boys are sexually very active.
- Sexual illnesses were found to have associated beliefs regarding their causes. "Bad" sexual contacts, multiplicity of sexual partners, certain types of food habits and drugs were thought to be some of the causes.

**Reviewer's note:**

Full study not available for this review.

**ABSTRACT NO. 62**

- Author(s)** : Verma, Ravi, G. Rangaiyan, Sumitra Sharma, et al.
- Title** : A Study of Sexual Health Problems and Treatment Seeking Behaviour among Men in a Slum Community
- Source** : Paper presented at the *Workshop on Reproductive Health: New Evidence and Issues*, Pune, India, February 28--March 1, 2000
- Place of study** : Mumbai
- Period of study** : N.A.
- Nature of study** : N.A.
- Aims and objectives** : To study various aspects of sexual health problems, experience of sexual health problems and treatment seeking.

**Methodology:**

Sample: 1,279 men

- Semi-structured questionnaire

**Findings:**

- It was observed that 43% of men had reportedly experienced one or more sexual health problems. Among the most experienced:
  - Wet dream - 17%
  - *Kamjori* - 12.9%
  - White discharge - 11.2%
  - Early ejaculation - 9.9%
  - Burning urination - 7.3%
- A higher proportion (53% of younger respondents below age 25) reported one or more of the other types of sexual health problems than older respondents (above age 35, 41%).
- 51% of illiterates reported experiencing more problems compared to those who had some level of education.
- 54% of men with non-marital sexual relations reported having some kind of sexual health problems as compared to only 38% among those who did not have non-marital sexual relations.
- Treatments sought for the sexual health problems show that a higher proportion of episodes of *garmi* (61%) were taken for treatment, followed by pus discharge (45.5%), *kamjori* (34.5%) and burning urination (27.7%).

## ABSTRACT NO. 63

- Author(s)** : Chandrakar, Nili
- Title** : Sexual Harassment against Women in an Educational Institution
- Source** : Unpublished paper presented at University Forum, 1999
- Place of study** : Gujarat
- Period of study** : 1998
- Nature of study** : N.A.
- Aims and objectives** : To study sexual harassment against women.

**Methodology:**

Sample: 50 women

- Personal interview
- Both inductive and descriptive analysis used in examining the data

Interviews topics:

- Socio-economic background characteristics
- How often they face sexual harassment
- Reaction/impact and what action was taken by them

**Findings:**

- Most women felt disgusted, insulted and scared by this kind of behaviour.
- Many women also experience a deep sense of shame after incidents of molestation.
- Women at all levels experienced sexual harassment: graduate, postgraduate, Ph.D. (by guide), teaching staff, administration (by student leaders).

Conclusion:

- Women are gradually becoming aware of sexual discrimination and cruelty.

## ABSTRACT NO. 64

- Author(s)** : Gorea, R. K.
- Title** : Sexual Crimes against Women
- Source** : Council of Sex Education and Parenthood (International), 1997, 43, pp. 1-2
- Place of study** : Amritsar and Faridkot, Punjab
- Period of study** : N.A.
- Nature of study** : N.A.
- Aims and objectives** : To study sexual crimes against women.

**Methodology:** N.A.

**Findings:**

Classification of crimes against women:

- Sexual offences
- Sexual perversions
- Sex-related crimes, especially to the weaker sex

Conclusions:

- Rape is the most common sexual offence.
- Exemplary punishment can be a good deterrent.

**Reviewer's note:**

Complete paper not available, information taken from a newsletter.

**ABSTRACT NO. 65**

**Author(s)** : Khan, M. E., John Townsend, Ranjana Sinha, et al.

**Title** : Sexual Violence within Marriage

**Source** : Seminar, 1996, 447, pp. 32-35

**Place of study** : Central Uttar Pradesh

**Period of study** : Five months

**Nature of study** : N.A.

**Aims and objectives** : To study the issue of sexual violence within marriage.

**Methodology:**

Sample: 122 currently married women (115 answered questions on sexual behaviour)

- Qualitative study
- In-depth case study
- FGD with community members
- Interviews with health and abortion service providers

**Findings:**

- None of the 115 women interviewed had a clear knowledge of sexual life after marriage: only 18% had some vague idea.
- Out of 98 who answered all questions:
  - 67 (68%) reported sexual coercion
  - 21% reported physical violence
  - 14% reported anger
  - The remaining 32% although they admitted sexual coercion by their husband did not give further details.
- Most women (70%) could not resist their husband and submitted to his demands.
- However, about one-third of women did not report any coercion by their husband.
- 30% were generally able to resist sexual coercion by their husbands.

Conclusion:

- Family life education should be introduced through different channels and forums to prepare adolescent boys and girls for married life and contraception. Such an education could reduce the trauma that young girls often experience immediately after marriage.

ABSTRACT NO. 66

- Author(s)** : Khanna, Renu, Korrie Koning, Swati Pongurlekar, et al.
- Title** : Sexual Coercion and Reproductive Health Problems in Slum Women of Mumbai: Role of the Health Care Provider
- Source** : Paper presented at the *Workshop on Reproductive Health in India: New Evidence and Issues*, Pune, February 28 - March 1, 2000
- Place** : Mumbai
- Period of study** : October 1993--December 1995
- Nature of study** : Hospital-based
- Aims and objectives** : To present women's perceptions of how reproductive health problems influence their relationships with their husbands and how they address these reproductive health problems; to contextualise the findings in terms of impact of gender and violence and of policy and practice in the provision of health services.

**Methodology:**

Sample: 3,082 women

- Structured and semi-structured interviews
- Group discussion (13 group discussions of 110 women)

**Findings:**

Relationship with husbands:

- Most of the women felt that their husbands were really concerned about their ill health.
- In addition to the perception of a high degree of concern and support mentioned by the women, there are others who think that while their partners are supportive, they could be more so.

Women's responses to sexual intercourse initiated by husbands:

- 26 responded that they did not want it and could not speak out.
- 24 stated they did not want it and their husbands did not listen to them.
- 3 stated that they had forced intercourse.
- 54 stated that when they did not want it, their husbands understood.
- 132 did not give any information.

Conclusion:

- The narratives of the women indicated that a significant number of women are forced into having sex with their partners even when they have symptoms of reproductive health problems.
- Gender-based violence should be included in the basic and postgraduate training of health practitioners.
- Women with symptoms have an expectation of the health care providers to speak to their husbands to prevent coercive sex.

- Author(s)** : Bali, P.
- Title** : BBC's Hindi Sex Report Reveals Need for More Sex Education
- Source** : Council of Sex Education and Parenthood (International), 1995, 35, p. 4
- Place of study** : Bihar, UP, AP and MP
- Period of study** : N.A.
- Nature of study** : N.A.
- Aims and objectives** : To study the need for more sex education.

**Methodology:**

Sample: Some 10,000 letters were received and roughly half were randomly selected for analysis.

- Bihar (1,283), UP(807), AP(659), MP(624)
- Most correspondents were young male students with secondary/college education.
- More than 80% were single and under 30 years.
- Only 25 letters were from women.
- Report based on listeners' letters responding to a series of sex education programmes broadcast by BBC's Hindi service.

**Findings:**

- Nearly all correspondents (97%) expressed ignorance about some matter related to sex.
- Just over 10% of questions concerned AIDS.
- Just under half (42%) said they felt emotional conflict in matters of sex.
- Others suffered from guilt (27%); anxiety (27%); depression (18%); fear of marriage (18%).
- A minority said sexual problems had made them contemplate suicide (6%).

Conclusion:

- Only 25 letters were from women-this is believed to reflect social taboos rather than actual level of sexual problems among women or the number of female listeners.

**Reviewer's note:**

Complete title not available, information from newsletter.

## ABSTRACT NO. 68

- Author(s)** : Bansal, Raj Kumar
- Title** : Sexual Behavior and Substance Use Patterns amongst Adolescent Truck Cleaners and Risk of HIV/AIDS
- Source** : Indian Journal of Maternal and Child Health, 1997, 3(4), pp. 108-110
- Place of study** : Indore, Madhya Pradesh
- Period of study** : N.A.
- Nature of study** : N.A.
- Aims and objectives** : To study sexual behaviour and substance use patterns among adolescent truck cleaners and the risk of HIV/AIDS.

**Methodology:**

Sample: 210 adolescents (15-19 years old)

- Random sampling, semi-structured, pre-tested survey administered by oral interview technique

**Findings:**

- 25.2% of adolescent truck cleaners had a history of sexual activity, mostly unplanned and unprotected sex.
- In nearly all of these adolescents, the senior driver (88.6%) regularly visited prostitutes.
- 94.3% of these adolescents had indulged in unprotected sexual intercourse, and the remaining 5.7% had used condoms infrequently.
- The majority of them (98.5%) had not heard of HIV/AIDS.
- 4.3% had a history of STDs.
- Substance use was fairly common in these children.

Conclusion:

- The study shows that adolescent truck cleaners are a highly vulnerable group.

**Reviewer's note:**

Complete study not available.

## ABSTRACT NO. 69

- Author(s)** : Bharat, S.
- Title** : Adolescent Sexuality and Vulnerability to HIV Infection in Mumbai, India
- Source** : AIDS Update, 1998, 4(1), p. 5
- Place of study** : Mumbai

**Period of study** : N.A.

**Nature of study** : N.A.

**Aims and objectives** : To explore adolescent sexuality.

**Methodology:**

Qualitative research:

- Focus group discussions
- In-depth interviews

Interviews topics:

- Understanding of puberty changes
- Patterns and contexts of adolescent sexual behaviour

**Findings:**

Findings about girls and boys:

- Adolescents lacked proper understanding of sexual development, sexual relationships and risks of STDs and HIV/AIDS.
- More boys than girls reported early initiation into sex (as early as the age of 13) and usually unprotected sex.

Conclusion:

- Adolescents in low income communities are at risk of STDs and HIV/AIDS because of their lack of understanding of sex and sexuality, unprotected sexual activity, and presence of non-commercial context of sex.

**Reviewer's note:**

Complete study not available, information from a newsletter.

**ABSTRACT NO. 70**

**Author(s)** : Tikoo, Minakshi, Stephan Bollman, and M. Betsy Bergen

**Title** : Knowledge Level of Youth in India Regarding Human Sexuality and AIDS

**Source** : Journal of Sex and Marital Therapy, 1995, 21(4), pp. 247-254

**Place of study** : New Delhi

**Period of study** : N.A.

**Nature of study** : N.A.

**Aims and objectives** : To study knowledge level of youth in India regarding human sexuality and AIDS.

**Methodology:**

Sample: 893 students (397 females and 493 males)

- Survey instrument (questionnaire) had 99 questions in two parts. The first part had 86 questions. The second had 11 questions and specifically pertained to sexually active students. Questionnaire took approximately 1 hour and 10 minutes to complete.

Interview topics:

- Demographics
- Knowledge, attitudes and behaviours regarding human sexuality and AIDS
- Fifteen items constituted knowledge scale. The reproductive knowledge scale had eight items and the AIDS scale had seven items.

**Findings:**

- Most of the students did not perform well on both reproductive and AIDS scale.
- On AIDS scale,
  - 13% scored - 0 points
  - 11% scored - 1 point
  - 19% scored - 2 points
  - 16% scored - 3 points
  - 14% scored - 4 points
  - 12% scored - 5 points
  - 10% scored - 6 points
  - 5% scored full 7 points
- On the reproductive knowledge scale,
  - 36% scored - 0 points
  - 29% scored - 1 point
  - 20% scored - 2 points
  - 11% scored - 3 points
  - 2% scored - 4 points
  - 1% scored - 6 points out of 7
- The higher the grade level the higher score on the reproductive knowledge and AIDS scale.
- Boys performed better than the girls on both the scales.
- Those who rarely got into trouble at school scored higher on the knowledge (5.27) and AIDS scales (3.89).
- Females who reported better relationships scored higher on the knowledge (4.9) and AIDS (4.02) scales and had conservative attitudes towards pre-marital sex.

Conclusion:

- Indian adolescents have limited knowledge about human sexuality and AIDS. The students rated their knowledge about sexuality as average or good. Given the performance on the knowledge and AIDS scales, it is apparent that their knowledge is not very good.

**Reviewer's note:**

- The limitation of the study is that there is no way to ascertain that all the subjects are interpreting the questions in the same manner.
- Because the students were from one school in Delhi, the findings may be generalised only to urban adolescents.



- Author(s)** : Chandiramani, Radhika
- Title** : Talking about Sex
- Source** : Reproductive Health Matters, 1998,12(6), pp. 76-86
- Place of study** : New Delhi
- Period of study** : N.A.
- Nature of study** : N.A.
- Aims and objectives** : The study analyses the language used by the men and women who have phoned the helpline to talk about sex and their experiences of their bodies and their sexuality.

**Methodology:**

Sample: Of 15,000 calls, 82.3% were from men and 18.3% were from women.

- Discussion

**Findings:**Reactions of women:

- Women accepted male-centred and male-defined assumptions, even at the expense of their own uncertain understandings and experience.

Reactions of men:

- The men seem to place their women sexual partners in certain categories, which are defined by activities they engage in with them, or think they can engage in, and the social and emotional relationships they share with them.
- Men commonly complain about women's bodies, shapes and sizes, and how they smell and taste, but they understand little about how women's bodies are constructed or what gives women sexual pleasure.

Findings - general:

- Eight out of ten callers are men and many people phone more than once.
- Callers' perceptions of sexual acts and bodily processes appear to be based on and restricted by male-centred and male-defined assumptions.
- The penis is seen as central to sex and to any sexual problems men may have, and only penile-vaginal intercourse is considered real sex.

Conclusion:

- Both men and women are perpetuating a male-dominated set of values about sex and sexuality but classifying women's sexuality on the basis of the little they know about women's sexual desires and needs.

**Reviewer's note:**

Study reveals interesting aspects of construction of gender and sexuality.

- Author(s)** : George, Annie
- Title** : Differential Perspectives of Men and Women in Mumbai, India on Sexual Relations and Negotiations within Marriage
- Source** : Reproductive Health Matters, 1998, 12(6), pp. 87-96
- Place of study** : Mumbai
- Period of study** : October 1995 - September 1997
- Nature of study** : N.A.
- Aims and objectives** : Study of sexual negotiation in marriage.

**Methodology:**

Sample: 65 married women and 23 married men

- Repeat in-depth interviews

Interview topics:

- Different perspectives on sexual pleasure
- Sexual coercion
- Female and male sexuality resulted in on-going negotiations to attain/avoid sex

**Findings:**

Reactions of women:

- Not appropriate to express their sexual needs.
- More likely to experience sexual pleasure when they experienced marital harmony.
- Asked to have sexual relations against their wishes but negotiated to limit this.

Reactions of men:

- Wanted women to be more sexually active and expressive.
- Felt they had a right to sex in marriage.

Reactions of both men and women:

- Frequency of sex should diminish with increasing duration of marriage and childbearing, through men adhered to this belief less.

Conclusion:

- Safer sexual practices were barely on the agenda for negotiation within marriage.
- The outcome of negotiation was never fixed; both men and women had the potential to influence it in their favour.
- The changing access to resources may contribute more opportunity and space for women to influence the nature of their sexual experience.

**Reviewer's note:**

Paper reveals some interesting issues in construction of gender and male and female sexuality.

**Author(s)** : Grenon, Marie-Claude

**Title** : Women's Health: Gender Relations and Illnesses Management Behaviour--Evidence from Qualitative Studies Conducted in the Santrampur Taluka of Panchmahals District, Gujarat

**Source** : Working Paper No. 2, SARTHI, April 1996

**Place of study** : Gujarat

**Period of study** : January 1995

**Nature of study** : N.A.

**Aims and objectives** : To explore women's concepts and perceptions of STDs.

**Methodology:**

Sample: 41 women and 33 men

Qualitative research methodologies:

- Interviews
- 23 semi-structured interviews
- Four focus group discussions

**Findings:**

Women's work:

- Illness often occurs as a result of women's heavy workloads, especially when the amount of food consumed or its nutrition value is not sufficient. Several women interviewed acknowledged the link between lack of food and their health.

Low self-esteem and helplessness:

- Demonstrations of shame and shyness also reflected women's low self-confidence and feeling of helplessness towards their situation.
- Several women admitted feeling powerless to change an oppressive situation, as in the case of domestic violence.
- Illnesses seem so common in women that many believe these ailments to be 'natural,' a part of their lives or their fate.
- A result of women's low self-esteem (and shyness to talk about their health concerns) is that they will often wait for a long time before seeking treatment. The illness will thus go untreated and women's health will rapidly decline.

Gender relations:

- Gender relations, especially between husbands and wives, deeply influence women's lives and their health status.
- Many husbands do not take their wives' ailments seriously. A significant number of women said that their husbands had refused to take them to the doctor.
- Unequal gender dynamics also have more subtle implications for women's health. Women do not feel that they can refuse sexual intercourse with their husband, even though they are aware that one of them has a sexually transmitted disease.

Power relations and women's roles:

- However serious illnesses are, many women depend on the permission of male and/or elder relatives to get treatment, reflecting the gender dynamics within the household.
- Besides not being able to seek treatment without permission, women also face restrictions on their mobility often for socio-cultural reasons.

- Regardless of whether it is the wife or the husband who is infertile, women are usually blamed for failing to bear children.
- Not only do men refuse to undergo fertility tests, but often they take on second wives as a result of this infertility.

Time before treatment:

- The majority of the women interviewed waited for weeks, months and sometimes years before seeking treatment in the formal health care system.
- Family members blame some women for being ill, especially since illnesses are thought to be due to eating particular foods.
- Some women do not seek treatment in the formal health care system at all.

Decision-making process:

- The process of seeking treatment is a difficult one for women. They have to deal with the power structure within their home in order to seek permission for treatment. Because of delicate gender and power relations, many women find it difficult to approach their spouse about seeking treatment. Even the mother-in-law may not always be approachable.
- Despite evidence to the contrary, at least three women felt that the gender and age did not play a role in their decision to seek treatment. They felt they were alone responsible for the decisions they made.

Conclusion:

- Women's health is deeply influenced by and depends on women's gender roles, status, environment, power relations and so forth.

**Reviewer's note:**

As seen in the findings, women perceive themselves within their families and society (and how others perceive them), which directly impacts women's perceptions of illness and their treatment seeking behaviour.

**ABSTRACT NO. 74**

- Author(s)** : Lahri, Subrata
- Title** : Sex Consciousness among Child-Desiring Husbands in Relation to Family Gender
- Source** : Journal of Population Research, January - July 1997, 4(1), pp. 29-42
- Place of study** : All India
- Period of study** : N.A.
- Nature of study** : Survey
- Aims and objectives** : To study the issue of sex consciousness among child-desiring husbands in relation to family gender.

**Methodology:**

Sample: 2,364 husbands (married only once with wife below 45 years of age)

- Large scale random sampling investigation (cross-sectional survey)

### Findings:

- Sex consciousness is not a static characteristic of a person. Its intensity changes during the course of family building when the family gender usually changes and what might have been a covert concern previously may become an overt one.
- A couple starts with a neuter family gender (childless) when the incidence of concern about the sex of the desired child is found to be very low.
- Thereafter, with the birth of a child, the family gender changes either to feminine (daughter only) or masculine (son only) followed, possibly, by a common gender (both daughter and son).
- The first gender-change involves a sudden spurt in the intensity of sex-consciousness, as shown by this study.
- The desire of a child is slightly mitigated from neuter to feminine family gender.
- Among the child-desiring husbands with masculine family-gender, the reason of security in old age, is more frequently reported than the desire for a son.
- Whereas, the case is just the reverse among those with feminine gender, the desire for a son being extremely strong.
- The demand for an additional daughter is almost non-existent among the sex-conscious husbands who have daughters, whereas, the demand for a son among those with sons only is substantial.
- 81% with daughter only are definitely keener to have an additional child than those (61%) with sons only.
- Desire for more children in family with daughters only (81%) is somewhat lower than that (89%) in a childless family.
- 29% only are particularly conscious about the sex of the next offspring.

### Conclusion:

- There is a strong desire for sons in India.

## ABSTRACT NO. 75

- Author(s)** : Maitra, Shubhada, and Stephan Schensul
- Title** : Sexual Behaviour and Decision-Making among Married Muslim Women and Men in a Mumbai Slum
- Source** : Paper presented at the *Workshop on Reproductive Health in India: New Evidence and Issues*, Pune, India, 28 February - 1 March 2000
- Place of study** : Mumbai
- Period of study** : N.A.
- Nature of study** : N.A.
- Aims and objectives** : To examine the husband-wife relationship with a focus on sexual communication, sexual behaviour and sexual equity.

### Methodology:

#### Sample:

- Focus group discussions - six sessions of four groups of women with 10-12 in each group
- In-depth interviews - 26 women and 19 men (three to five sessions)
- Pile sorting on sexual and related behaviours

### Findings:

- In-depth interviews revealed a variety of pre-coital behavioural patterns from participation in these behaviours to extensive involvement and time for pre-coital activity.
- The process of initiating sex begins with verbal and non-verbal expressions of interest. However, communication and initiation of sex, differs markedly among women and men. Women describe using indirect ways of expressing desire or mood for sex (e.g., cooking a good meal, dressing up, putting children to sleep early).
- Men, on the other hand, expressed their desire more directly though non-verbally (e.g., fondling of breasts, kissing or biting cheeks/necks and touching woman's body suggestively).
- Nearly 32% of men reported regular multiple commercial as well as non-commercial experiences during the marital life span.
- 14 women who reported violent initiation into sex described their first night experience by using term like *khaufnaak* (fearful), *khatarnaak* (dangerous) and *takleef* (pain/discomfort).
- While almost all women perceived sexual access by their husbands to their bodies as a male right, at least half the women reported that they were able to refuse sex on certain occasions with 30% of the women being able to refuse specific sexual behaviours like anal sex.
- 14 of the 26 women reported sexual coercion at least once in the life span of their marriage, almost being violently initiated into sex by their husbands on the wedding night.
- 12 out of 19 men interviewed admitted to the use of force with their wives to gain sexual access.

### ABSTRACT NO. 76

- Author** : Seal, Arna
- Title** : Negotiating Intimacies: Sexualities, Birth Control and Poor Households
- Source** : Stree, Calcutta, 2000
- Place of study** : Calcutta
- Period of study** : N.A.
- Type of Research** : N.A.
- Aims and objectives** : To explore the nature of struggle faced by women of the working class, to control their own bodies and to learn about birth control and sexual experiences of urban slum dwelling women in order to understand women's agency in this crucial, most intimate aspect of their lives.

### Methodology:

Sample: 100 women in fifteen slums across Calcutta city

- Interviews using a structured questionnaire with both closed and open-ended questions. Certain facts like age, engagements in paid work, and so forth were corroborated. A few case studies were also done.

### Findings:

- The author has categorised the sample into five model groups and the findings are reflected according to each.

|         |  |
|---------|--|
| Group A | - Wife contributes > 40%; husband is a stable provider.                    |
| Group B | - Wife contributes >40%; husband unstable provider.                        |
| Group C | - Wife contributes <40%; husband is a stable provider.                     |
| Group D | - Wife's earning not used for household expenses, husband gives allowance. |
| Group E | - Wife does not earn, husband gives allowance.                             |

### A place called home:

#### Group A (Sample-6)

- 66.7% of husbands help with housework.
- 83.3% of husbands seem to be more accountable and responsible in that they take an interest in making family decisions with their wives.
- 66.7% of husbands do not drink.
- 83.3% of husbands do not beat their wives.

#### Group B (Sample-22)

- 50% of the husbands were not earning.
- 63.6% of wives made critical family decisions on their own.
- 81.8% of husbands drank everyday.
- 59.1% of husbands beat their wives.

#### Group C (Sample-26)

- 15.4% of wives were ignorant of the quantity of their husband's income.
- 59% of husbands did not help with housework.
- 35% of husbands exercised ultimate veto power in family decisions.
- 50% of wives reported being beaten by their husbands.
- 27% of wives said their husbands drank alcohol when they had money.
- 62% of wives reported their major worry as trying to make ends meet and 34% expressed a sense of hopelessness and discontent about their relationship with their husbands.

#### Group D (Sample-59)

1. 60% of husbands helped in housework (fetching water or vegetables from the market).
2. All husbands drank regularly.
3. 60% of wives reported being beaten.

#### Group E (Sample-38 households)

- 18% of wives had no idea about their husband's income.
- Majority of husbands kept a high degree of control on their incomes.
- 42% of wives reported that their husbands had ultimate veto power.
- 60.5% of the husbands as reported, did not help in housework.
- 21.2% of husbands helped only when wives were ill.
- 36.8% of wives reported that their husbands drank regularly (everyday, pay day).
- 26.3% of the wives talked of regular beatings by their husbands (the author suggests this is an underestimation).

### Average:

- Wife beating -56%
- Husband drinks-63%
- Husbands helps in housework-46% (ranging from just fetching water and purchasing vegetables from market to more)

#### Articulation of love and sexual intimacies:

- Sexual interaction for the women in the sample was associated with initiation of the marital relationship.
- 73% of women felt that sex is an "assigned work that has to be done."
- Women's agency in the negotiation of intimacy was severely constrained by the limits of their physical environment or compounded by gender dynamics of spousal roles. 19% of wives did not feel self-conscious. 73% felt extremely tense due to lack of privacy.
- Spousal love is mainly expressed through domestic exchanges in day-to-day cohabitation. On the wife's part, loving is significantly disassociated from sexual intercourse. Sexual intercourse is primarily considered a physical function bereft of any romantic notions.

#### Sexual satisfaction:

- 29% of wives said they felt good after sex.
- 47% were either exhausted by the end of the day and had no feeling after intercourse while 24% felt repulsed and angry after intercourse.

#### Conjugal dynamics during sexual intercourse:

- 21% of the wives reported that husbands do not need to force wife, since she does not express displeasure even when she feels it. 95% of these belong to groups C, D and E where the women do not contribute much or anything to the income pool.
- 43% reported that husbands used force or threat or force and/or desertion. In group B (women contribute over 40% and husbands do not) the majority of the women (55%) reported this. The author attributes this to loss of control of the economic domain to their wives, induces husbands in this group to regain some autonomy by exercising control over their wives' sexuality.
- 28% said that husbands do not use force and listen to them. A significant proportion of women who reported this were from group B where women were more able to assert their sexual agency due to their significant contribution to the income pool. The author suggests that the nature of negotiation is linked to a wife's economic dependence on her husband.

#### Negotiating birth control:

- Tubectomy or laproscopic sterilisation is the most viable method of contraception for the majority of woman across all age groups.
- 23% of women (both Hindu and Muslim included) did not use any birth control method; another 23% used some non-technical method (IUD, condom, abortion, rhythm), while 54% of women chose female sterilisation.
- All women in the sample knew of female sterilisation as opposed to any other method.
- The lowest proportion of women (10.6%) who had knowledge about male sterilisation were not able to give a satisfactory description of vasectomy.
- A high proportion of women knew about rhythm (80.95) and withdrawal (100%) methods of contraception, which were not promoted by the family planning programme.
- Of the sample, 37% of women thought that men are economic providers and it was better for women to obtain sterilisation; 29% of women were unaware of the existence of vasectomy. 19% of women reported that their husbands refused, 9% were too shy to tell their husbands, and only 6% said they wanted to take charge of birth control and therefore did not prefer vasectomy.

#### Decision-making regarding birth control:

Group A 83.3% of wives were able to tell their husbands what they want regarding birth control.

Group B Only 14% said they could jointly negotiate contraception with their husbands. 27.3% kept secret their sterilisation or any non-terminal method they had obtained. Almost 25% of the women did not discuss birth control matters with their husbands, reflecting lack of communication between spouses.



Group C 42.3% of the wives have to acquiesce to their husband's wishes when it came to making any birth control choice. The limits of wives' negotiation are reflected since they are partly dependent on the husband and yet try to exert covert control over some of their birth control choices, while the ultimate veto power rests with the husband.

Group D & E The women were more passive in birth control negotiation given that their incomes do not contribute to household expenditure (40% in group D and 71% in group E). This reiterates the nature of the limited control women have over their bodies during intercourse.

### ABSTRACT NO. 77

**Author(s)** : George, Annie

**Title** : Household Resources, Gendered Relationships, and Social Identities: Consequences for Sexualities

**Source** : Paper presented at the *Workshop on Reproductive Health in India: New Evidence and Issues*, Pune, February 28--March 1, 2000

**Place of study** : Mumbai

**Period of study** : 1995-96

**Nature of study** : N.A.

**Aims and objectives** : To see how the three conditions or processes - provisioning, violence and family support - shape the sexual lives and gender relationships of working class married couples in Mumbai, India.

#### Methodology:

Sample: 65 married women and 23 married men of reproductive age

- Focus group discussions with all the respondents
- In-depth interviews with all the respondents (average 3 interviews)
- Key informant interviews

#### Findings:

- Only 2 of 65 households of women participants were unemployed. Yet 23 women said that their husband could not be relied on to provide money for the household on a regular basis.
- 42 women had to work to supplement the husband's earnings.
- One in three women was the main wage earner in the family.
- Non-provisioning is a source of marital discord among couples. As compared to women who are married to providers, those who are married to non-providers are more likely to be beaten by their husbands, and their husbands are more likely to abuse alcohol. Such women are also more likely to perceive their birth families as non-supportive.

- Women providers tended to make decisions for the household, a condition that their non-providing households considered thwarting their traditional male authority. This situation often led to marital conflicts and violence against the woman.
- 32 women participants reported being beaten by their husbands at least some times. Seven women had thought about or attempted to commit suicide.
- All men participants denied using violence against their wives.
- Women who were beaten were more likely to have husbands who abused alcohol and did not provide regular financial support. These women were more likely to have been separated from their husbands at least once during the marriage.
- Beatings and fights revolved around the three inter-related issues: money to meet basic family needs, husband's alcohol abuse and matters relating to sex.
- In matters relating to sex, men's violation of sexual worries in terms of having two wives concurrently, another regular partner, or frequenting sex workers was a cause for domestic quarrels and wife battering. Sexual jealousy provides a partial explanation, and the primary reason was to stop the diversion of scarce financial resources to these other women.
- When men did not provide regularly for their families, beat their wives, abused alcohol and were seen as 'unreasonable' and 'undependable' by their wives, women developed a sense of disgust or boredom towards sex. In such situations women tend to characterise sexual relations as coercive, unsatisfactory, boring or a 'chore.' They tolerate sex because it was part of the deal of marriage. They also claimed the deviation of men from the ideal cultural notion of masculinity.

- Author(s)** : Basu, D. P.
- Title** : Methodologies for Studying Sexual Behaviour
- Source** : The Indian Journal of Social Work, 1994, LV(4), pp. 573-588
- Place of study** : Calcutta, Delhi and Madras
- Period of study** : N.A.
- Nature of study** : N.A.
- Aims and objectives** : To study the different methodologies for studying sexual behaviour and beliefs of middle and upper classes in urban India.

**Methodology:**

Sample: 240 men and 220 women, belonging to the middle and upper classes (age 21-45 years)

- Self-administered and anonymous questionnaire survey
- Focus group discussions

Interview topics:

- First stage: In-depth qualitative research and FGDs (four in Calcutta and four in Bombay) with married and unmarried males and females
- Second stage: Quantitative study to rank preferred methodology
- Third stage: Operations research to field test selected methodologies, in-home interview and in-hall interview

**Findings:**Research design and methodology:

- The primary objective at this stage was to generate a list of possible methodologies for carrying out such a study.
- This was achieved through the diagnostic route of analysing the cultural, social and historical context of sexual attitudes, thus identifying the root causes of the resistance and the possible motivators for informed and willing participation in the study.
- Focus group discussions were used in this phase.

Focus group discussions:

- The qualitative phase produced a host of rich information for the study. The subject of sexual behaviour is an intensely personal matter, which was reconfirmed from the start. It was clear that societal pressures largely determined individual behaviour and value systems. The intensity varied with the social class. The Victorian closed-mind attitude to sex seems to affect the educated middle class the most.
- The less educated and poor as well as the liberated and westernised upper class suffer less from the social taboos associated with the subject.
- The lower class still retains the pre-British open attitude on the subject of sex, at least to some extent.
- On the other hand, the upper-upper social stratum seems to have accepted the Western 'liberalised' mould.
- The group discussion findings also indicated that, despite the initial strong barrier of discussing such a topic, there was no lack of spontaneity once the ice was broken.
- Confidentiality of the information collected should not only be promised but also demonstrated. Elaborate and visible efforts are required to overcome 'the fear-of-disclosure syndrome.'

- Any methodology that is suspected of not providing foolproof confidentiality is likely to be rejected actively or passively. Therefore, such practices as collecting names and addresses or even numbering the questionnaires for field control purposes have to be avoided.
- Another aspect that requires attention is the requirement of privacy during actual filling up of the questionnaire.
- The tone of the questionnaire has to be non-judgemental and serious.

Methodology of selection study:

- The methodologies of information collection generated in the qualitative stage were tested through a quantitative exercise.
- The test was a simple one that asked a cross-section of middle class urban respondents, randomly selected, to rank the methodologies in order of their suitability to elicit correct information from the general population.
- Twelve methodologies were tested.
- The first three involved in-house interviews.
- The next three methodologies involved bringing the respondents to a central location (in-hall) after a suitable random recruitment exercise, briefing them in a group and carrying out the interviewing and self-completion exercise individually with adequate privacy.
- Within the magazine-published questionnaire group there were variations: questionnaires published in film magazines; those published in special magazines meant for particular target groups; and other literary type magazines.

The operations research:

- An operations research was carried out in the final stage to field test selected methodologies among middle class urban Indians using a scientific survey research technology.
- Two methodologies were selected--the less expensive in-home interview and the more expensive in-hall interview.
- The questionnaire used for the two methodologies was the same.
- Detailed briefing of the respondents preceded the in-home interviews by the investigators, covering the aspects of secrecy, confidentiality, and so on.
- Each investigator carried a closed bag with slit on top (like a ballot box) where the respondents were asked to drop the questionnaire after they had completed them in privacy (in a secluded place) and sealed them in an envelope.
- A similar procedure was adopted for the in-hall study except that the briefing was done in a group followed by a discussion session.
- Sample sizes (400 males and females each for in-house and in-hall) were taken from the middle class in the age group of 21 to 45 years.

Validity of findings:

- Validation of studies of sexual behaviour presents considerable difficulties. Apart from problems of recall bias and interviewer approach, it is impossible to determine whether the subjects are telling the truth.
- For the pilot study, three aspects were considered to comment on the validity of the findings: (1) internal consistency of the data; (2) distribution of responses between males and females, and the married and unmarried, to check the trends against the prior knowledge; and (3) estimates of a few key behavioural parameters based on feedback received from a group of opinion leaders.

Findings: operations research:

- The in-hall acceptance rate was not significantly different from the in-home methodology.
- The rejections due to inconsistency and incompleteness were quite low.
- As far as beliefs and experiences of pre-marital sex are concerned, there was significant difference between the responses of the male groups in the two methodologies.
- 17% of male in-hall respondents and 23% of male in-home respondents reported having pre-marital sexual intercourse. 8% of female in-hall respondents and 10% of female in-home respondents reported having pre-marital sexual intercourse.

- The age at the first experience was lower among the unmarried respondents than among the married.
- 41% of the unmarried respondents reported having the experience at 20 years or earlier compared to 32% among the married.
- The majority (60% in-hall respondents and 62% in-home respondents) of pre-marital sexual partners were fiancé/fiancée, 7% (in-hall respondents) and 10% (in-home respondents) were relatives, and 28% (in-hall respondents) and 34% (in-home respondents) were friends.

Study limitation:

- The study was conducted with limited resources and therefore suffers the problems associated with small sample sizes.
- Moreover, it was restricted to the upper middle class and therefore, the findings are not strictly projectable to the entire population.
- The methodologies tested in this study are suitable only for the literate population because of the self-completion aspect.

Conclusion:

- The study did not bring out many of the resistance points and motivational factors, which can be worthwhile inputs for designing a large-scale study.
- The study proves that it is possible to achieve a reasonably high acceptance rate and that the concern for validity of the findings is unfounded.
- With a well-thought-out research programme, it is possible to break down the social barriers and get co-operation from the respondents.

**Reviewer's note:**

This paper is one of the few that examines methodologies for research on sexual behaviours and attitudes in the context of HIV/AIDS. The study concludes that given an in-depth understanding of socio-cultural issues, it is possible to undertake large-scale quantitative studies to map sexual behaviours.

**ABSTRACT NO. 79**

- Author(s)** : Bhargava, M., and S. Khajuria
- Title** : A Comparative Study of Health Distress and Sex Behavioural Attitude of Family Planning Adopters and Non-Adopters
- Source** : The Journal of Family Welfare, 1990, 36(2), pp. 23-29
- Place of study** : Agra
- Period of study** : N.A.
- Nature of study** : N.A.
- Aims and objectives** : To compare health aspects and sex behaviour attitudes of adopters and non-adopters of family planning.

**Methodology:**

Sample: 90 urban female respondents, age group 25-35 years

- Questionnaire
- Sex behaviour attitude inventory

**Findings:**

Physical health distress:

- The "operated" and non-adopter groups showed significantly higher physical distress as compared to the "spacing group."
- The non-adopter group showed poorer physical health than the "spacing group," while no significant change was observed between the "operated group" and non-adopters.

Psychological health distress:

- The "operated" and non-adopter group experienced greater emotional distress as compared to the "spacing group," though only two adopter groups showed significantly higher emotional distress.

Total health distress:

- The "operated" and "spacing group" differed significantly in terms of total health distress.
- On the whole, the "spacing group" enjoyed better physical and emotional health.

Sex behaviour attitude:

- None of the three groups endorsed the attitude of either restrictiveness or permissiveness in sex behaviour, thereby suggesting that adoption of family planning is not related to permissive or restrictive sex behaviour attitudes.

**ABSTRACT NO. 80**

- Author(s)** : Leelavathi, N.
- Title** : Promoting Safe Sex through Improved Gender Relation
- Source** : Paper Presented at the *Workshop on Men as Supportive Partners in Reproductive and Sexual Health: Narrating Experiences*, Nepal, 1998, June 23-26
- Place of study** : Chennai
- Period of study** : N.A.
- Nature of study** : N.A.
- Aims and objectives** : To bring about a societal change by addressing large issues in sexual health from unsafe sex to gender relation through community participation.

**Methodology:**

Sample: 31,390

- Urban slum -14,885
- Non-slum - 16,505
- Project has covered 2,400 households
- Group discussions

**Findings:**

- Group discussions for youth created a demand among pre-adolescent boys. A few boys between 9-12 years peeped through the window. The facilitator also involved them in discussion on sexuality.
- The type of programme improved both men's and women's health.
- Regular group discussion resulted in improvements in their sexual health.
- Gender education helps understand feelings of either sex.
- Information regarding sexuality is not readily available.
- Guilty feelings related to extra-marital relations impact the family.

**Conclusion:**

- The community has realised the importance of sexual and reproductive health, which is evident from its acceptance of family planning services.

**ABSTRACT NO. 81**

- Author** : Apte, Hemant
- Title** : Images of Masculinity and Femininity as Portrayed in Pornographic Literature
- Source** : News and Views: Newsletter of the Council of Sex Education and Parenthood (International), No. 52, January - March 2000
- Place of study** : Maharashtra
- Period of study** : N.A.
- Nature of study** : Content analysis
- Aims and objectives** : To find out how images of masculinity and femininity in pornographic literature differ from the cultural definition of masculinity and femininity; to trace the origins of sexual myths in such literature.

**Methodology:**

- Content analysis of 86 episodes of sexual intercourse from various books.

**Findings:**

- In less than 10% of the episodes, sexual intercourse was shown to take place between husband and wife.
- In 83% of the episodes, intercourse was shown to take place between persons not related to each other, such as neighbours, friends and employers/employee.
- In 9% of episodes it happened between relatives - aunt and nephew, cousins of opposite sex, and so forth.
- In 7% of episodes, lesbian acts and mutual masturbation were described.
- In 14% of episodes more than two partners were involved in the sexual act.
- In 32% of episodes there was no reference to the age of the partners. Among the rest, ages of male partners ranged from 13 to 42 years and in the female partners from 15 to 45 years.
- 60% of male and 51% of female partners were shown to be unmarried. In 28% of episodes the male partner was married and in 45% of instances the female partner was married. In the rest, marital status was not clear.
- For 40% of males and 12% of females the particular instance was their first sexual experience.

- 69% of episodes took place in the home of the female partner, 17% in the home of the male partner, and 16% in toilets, 4% in workplaces, and 4% in other places (sugar cane field, train compartment, two-wheeler, under a staircase).
- 44% of sex happened at night.
- 70% of the episodes reflected that the female partner took the lead.
- All episodes, except these describing lesbian acts, ended in peno-vaginal intercourse with fellatio preceding. Only 10-12% of episodes depicted cunnilingus.
- One-third of episodes referred to masturbation.
- In 17% of episodes there was consumption of alcohol.
- In no instance was there reference to condom use.
- Findings also describe
  - physical attributes of the woman
  - foreplay and afterplay
  - description of genitals and vocabulary
  - vocabulary for semen
  - number of sexual encounters
  - reasons why married individuals sought such relationships.

Conclusion:

- Sexual messages were found in these stories that could lead to high-risk behaviour.
- Pornographic *Marathi* literature depicts female sexuality as equally predatory as male sexuality. Women are portrayed to be sexually insatiable, opportunistic and passionate for sex. Men are conquerors, yielding to the demands of the irresistible female.

**Reviewer's note:**

Interesting study with serious implications for action since readership of such literature is growing.



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## The Gender and Reproductive Health Research Working Group:

### **Achutha Menon Centre for Health Science Studies (AMCHSS)**

Sree Chitra Tirunal Institute for Medical Sciences  
and Technology  
Medical College PO  
Trivandrum- 695011, Kerala  
Phone: 91-471- 524234, Fax: 91-471-446433  
Email: sct@sctimst.ker.nic.in

### **Centre for Enquiry into Health and Allied Themes (CEHAT)**

Flat No. 3-4, Aman Terrace  
Plot No. 140, Survey No. 26  
Dhanukar Colony, Kothrud  
Pune- 411029, Maharashtra  
Email: cehatpun@vsnl.com

### **Creating Resources for Empowerment in Action (CREA)**

2/14, Shantiniketan, Second Floor  
New Delhi- 110 021  
Phone: 91-11-4107983, 91-11-6874733  
Telefax: 91-11-6883209  
Email: crea@vsnl.net

### **Rural Women's Social Education Centre (RUWSEC)**

191 A, Nehru Nagar, Vallam Post,  
Chengalpattu 603002, Tamil Nadu  
Phone and Fax: 91-4114- 30682  
Email: rural@md4.vsnl.net.in

### **Talking About Reproductive and Sexual Health Issues (TARSHI)**

49, Golf Links, Second Floor  
New Delhi 110003  
Phone: 91-11-4610711, 4654603, Fax: 91-11-4654210  
Email: tarshi@vsnl.com

### **Tata Institute of Social Sciences (TISS)**

P.O.Box 8313, Deonar,  
Mumbai 400088, Maharashtra  
Phone: 91-22- 5563289-96, Fax: 91-22-5562912  
Email: lakshmil@tiss.edu, anitarego@yahoo.com

### **Women's Health Training Research and Advocacy Centre (WOHTRAC)**

Women's Studies Research Centre  
MS University of Baroda  
Vadodara- 390002, Gujarat  
Phone and Fax: 91-265-792106  
Email: wohtrac@sify.com

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## **The Gender and Reproductive Health Research Initiative**

### **Annotated Bibliographies (1990-2000):**

#### **Abortion**

Creating Resources for Empowerment in Action

#### **HIV/AIDS**

Tata Institute of Social Sciences

#### **Reproductive Health Services**

Centre for Enquiry into Health and Allied Themes

#### **Sexuality and Sexual Behaviour**

Women's Health Training Research and Advocacy Centre

#### **Women's Morbidity**

Rural Women's Social Education Centre

#### **Women's Reproductive Health**

Rural Women's Social Education Centre