

SEXUAL BEHAVIOR PATTERNS IN THIRUVANANTHAPURAM

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Background

Thread of sexuality is woven densely into the fabric of human existence. There are few people for whom sex has not been important at some time and many for whom it has played a dominant part in their lives. Sex is a motive force bringing two people into intimate contact. They may have nothing in common except mutual sexual interest. Their encounter may be brief or it may lead on to the principal relationship in their lives. This is important not only at an individual, personal level, but also socially and politically.

The nature of the relationships between men and women is crucial to our social and political systems. The dominance of men over women is one important dimension of the more general issue of dominance of one group over another. Sex is a political issue in another sense. The sexual values of a society are clearly identified with the establishment, and rejection of sexual value has always been one expression of political revolt or alienation. Perhaps only recently has such sexual revolt figured in political theory. Sex and gender are inter-related in complex ways. Sex permeates our symbolism and much of our art. In many languages, inanimate objects are endowed with gender.

Interest in human sexual behavior and the factors influencing it has probably never been greater than it is today as, threatened with a new and uniquely dangerous epidemic of sexually transmitted disease (AIDS), we speculate about how our sexual behavior will need to change to lessen this formidable threat. There are some important sources of information: historical evidence of changing patterns of sexual behavior; cross-cultural anthropological studies of mainly primitive societies and surveys of sexual behavior and attitudes in modern societies.

Sexual behavior pattern in India

Traditionally, in all mainstream Indian societies pre-marital sexual relationships among both women and men are strongly disapproved of, but there has always been more laxity for men than women. Also, opportunities for pre-marital experience have always been greater for men than for women. The gradual rise in age at marriage of both men and women in India during the last few decades with the consequent prolongation of the period between puberty and marital sex has perhaps contributed to an increasing practice of pre-marital sex. Substantial proportions of boys and girls in contemporary India have to pass through a long period of heightened sexual desires and experience what is termed "a sexual crisis". The average age at marriage for both men and women in India has been rising by about one per decade. By now, 1996, it is nearly 21 years for women and over 26 years for men. Increasing exposure in recent years to sexually explicit music, dance and other performances in television programmes, cinemas, videos and recently Internet are also expected to do the same.

One of the important behavioral aspects of reproductive health issues concerning men is proper understanding of sexual health problems and ensuring their effective treatment. Very few community-based studies are available on the prevalence of sexually transmitted infections among men and women, and very little is known about their health seeking



behaviours. A study by Narayana (1996) reported that among men interviewed in Uttar Pradesh, 13 percent had at least one perceived symptom of genital infections. The study reported that the proportion of men who reported symptoms was close to the proportion of men who had premarital sexual contacts. It is likely that a large number of those men who had experienced risky sexual contacts also reported symptoms of sexually transmitted infections. Difficulty while urinating, pain with urination, frequent urination, and swelling of testes or groin were the major symptoms reported. On the other hand, there is increasing evidence that men who have no sexually transmitted infection often reported symptoms such as pain in urination and swelling of testes (Hawkes, 1998).

The qualitative study by SARATHI in the rural areas of Gujarat revealed that the biomedical concept of STDs did not neatly match the community's cultural concept of "illnesses of nether areas" (Gernon and Tazeem 1996). Although men (and also women) recognized that these diseases are sexually transmitted, a region of a body defines the category of diseases and these diseases are believed to causes in addition to sexual transmission. The Gujarat study showed that men describe safed pani (white water), baltara (burning while urination) tadu dukh (cold pain, symptom as burning) parimayo (white discharge mostly among women) and Chaandi or garmi (burning down there) as major sexually transmitted diseases. The domain of the 'illnesses of the nether area' was a logical construct based on defining illnesses with respect to where are they located in a particular region of the body rather than defining them according to the mode of transmission. As a result, these include illnesses with multiple causes as well as problems that are distinctly not caused by sexual contacts (including itching, heat rash, and others).

The structured qualitative data of Mumbai slum study (Verma et. al., 1999) shows that there are four major domains of male sexual health problems. In addition to sexually transmitted infections, men are equally concerned about quality and quantity of semen and impotence which includes erectile deficiencies and premature ejaculations. A number of problems that may be indicative of the presence of STIs, are thought to be transmitted through both sexual contact and other means subsumed under the category *Garmi*. Men as well as untrained non-allopathic practitioners, who existed in large numbers in the study area and claimed to treat several of these sexual problems perceived indiscrete wastage of semen (excessive masturbation, wet dream, excessive sexual desire) to be a major cause of these problems. These practitioners prescribed a number of preparations for enhancing the thickness and quantity of semen. Other area of concern for men is related to the possibility of impotence. Erectile deficiencies and early ejaculation are manifestations of impotence. A large number of anecdotal evidence and also observations based on clinical data seem to suggest that the increasing number of men of all age groups and social classes reportedly suffered from erectile deficiency or premature ejaculation or both and spent a large amount of money for its treatment. In fact, one estimate goes on to claim that one out of every 10 men in India is impotent (Jain et al, 1998). An important feature of impotence is that almost two-thirds of all cases of impotence stem from psychological causes, the most damaging aspect of which is that it creates a vicious cycle of anxiety and depression, which in turn aggravates the problems (Shah, 1998).



The sexual dysfunctions can have deep psychological effects, and can greatly influence the quality of married life, sexual behaviour, and thus, family planning (Pandian, 1996). The knowledge, attitude and perceptions on various sexual health problems play a key role in transmission of sexually transmitted infection. Since these perceived disorders carry a social stigma with them, a higher proportion of them do not seek treatment and even if the treatment is sought it is not from the appropriate sources. However, social and behavioural factors may have influence on the treatment seeking behaviour for these sexual health problems. Clearly there is a need to pay attention to a wide range of male sexual health problems and the treatment seeking behaviour.

Isolated studies indicate that pregnancy and sexually transmitted diseases are on the rise among unmarried teenagers in India. However, little research has focused on sexual behavior among unmarried young people, partly because of the assumption that it is governed by traditional norms. Results of a survey (Abraham and Kumar, 1999) conducted among 966 low-income college students in metropolitan Mumbai are examined to identify levels of sexual behavior. Multivariate analysis is used to determine correlates of that behavior. Some 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. Individual-level characteristics such as age and personal income had modest effects on students' sexual behavior, and family-level variables had no significant effects. The strongest predictors of sexual behavior were students' knowledge about sexuality-related issues, attitudes toward sex, and levels of social interaction and exposure to erotic materials. However, the results differed for young men and women, and the effect of knowledge was inconsistent. Traditional norms and the role of the family are losing their importance in governing young people's sexual behavior in India. School-based sexuality programs are needed that will provide students with accurate information about pregnancy, contraception and sexually transmitted diseases.

The findings of various the surveys, consistently contradict the commonly held perception that pre-marital sex in India, particularly among students, is rare. In none of the samples of students surveyed so far, was the proportion of male students reporting pre-marital sexual experience less than 19%. Behavioral data collected from students that female students confirm the finding from attitudinal data are more conservative than male students regarding pre-marital sex.

Only two survey findings are available for the pre-marital sexual experience of female students: 6% among college students in Delhi and 48% among college students in Chennai (difference concerned to the figures may be due to sampling bias of the Chennai sample). Pre-marital sex among the urban middle class people in India is also rare. The findings of the "Debonair" questionnaire survey - 65% of the male respondents reporting pre-marital sexual experience - is open to serious doubts due to the high sampling bias. Methodologically more reliable are the findings of the 17% for men and 8% for women in the Calcutta-Delhi-Chennai survey, and of the 25% for men and women in the Maharashtra four-towns survey. The figure of 25% of male college students in a Delhi school (Sehgal et al., 1992) and 28% of male students in Hyderabad (Goparaju, 1994) reporting pre-marital sexual experience call for an



urgent need for appropriate sex education in Indian schools and colleges. Neighbors, relatives, female sex workers, friends and fiancées have been mentioned as partners in a few studies.

Despite of the ideals and situational constraints, references to extra-marital sexual relationships are not uncommon in Indian literature, but empirical studies are lacking. A study conducted among middle class working women in the Delhi metropolis in the 1950s and 1960s shows that attitudes towards extra-marital relationships underwent identifiable changes towards permissiveness within a single decade, although different norms of sexual morality for married women and men were still maintained (Kapur, 1973). A study among the educated middle class in Calcutta, Delhi, and Chennai found that the proportion with experience of extra-marital sex was 9% among men and less than 3% among women (Basu, 1994). Another study of a similar quality in four towns of Maharashtra found that the corresponding proportion was 7% in the middle class group and varied from 1 to 12% in the three lower class groups. No generalization is possible from these findings but they indicate that extra-marital sexual relationships are less frequent in India than in Western countries.

Sexual behavior pattern in Kerala

Not many studies are currently available which unmask the sexual behavior of Keralites. It can be assumed that, Keralites' sexual behavior will not be much different from other parts of India (Arunkumar, 1996). In a study conducted by University Health Center, University of Kerala, Thiruvananthapuram (1996) - 17.6% of male and 10.7% female students having love affair had sexual intercourse with their partners. Among the total of 1743 students from various colleges under Kerala University, 16.5% of the male students and 2.7% of the female students had sexual intercourse with outsiders. 9.7% of the male and 1.2% of the female students had reported to have homosexual experience.

In yet another recent study conducted among 125 randomly selected people of both sexes, in a sub-urban area of Thiruvananthapuram (Jayasree, 1996) display the following observations. 62.4% of the study population reported that they know people having extra-marital sexual relationships, and 56.8% of sample knows people having premarital sex. In both cases reported, number of partners range from 1 to 10. Regarding the first sexual intercourse of the study population, 29% of the sample revealed that, they had sex with a person other than their spouse; i.e., with a relative, friend, CSWs, or domestic servant. All of them were males. 8.9% of males had their first sexual intercourse before 15 years of age. 24.5% of males and 32.8% of females had it before the age of 20 years. 14% of the women reported that, their husbands have extra-marital sex and 11% women told that, their husbands had pre-marital sexual relations. 51.1% of the male and 7.6% of the female subjects, during their life period, reports having more than one sexual partner. 69.6% of the men and 9.2% of the women masturbate. Majority of the sample never shared their sexual problems, fears and thoughts with others, the figures being 44.8% (male) and 57.8% (female). The same study uncovers some interesting remarks on condom use. Only 39.6% People used condoms; and of this, majority (81.8%) used it as a method of contraception. 60.4% of the people never used condoms in their sexual acts. The main reasons for not using condoms are: do not feel (71.6%), do not like (10.4%), spouse do not like (10.4%).



In an article by Meppayil (2002) about a study conducted among 200 female students in various women's colleges of Kerala reveals some interesting verbatim: *"Chastity is an age-old concept in the modern times... many big things happens in our campus"*, one girl student said. *"I do sex just for pleasure, that's all... never thought of marriage"*, another 19-year old female student assumed. *"My parents do not care me, so I need to get affection; I think sex is the easiest way"* another 20-year old girl from women's college of the city. *"Do you still remain a virgin?"* is a common question asked with surprise among the female students from affluent society. *"Sex is not a sin, so long as I do not get pregnant is the latest motto of many students in campus"* one student from a famous women's college in the city said. *"Our parents will never understand this... they are of a bygone generation. Sexual freedom is an integral part of this changing society"* a female postgraduate student explains the reason for drastic change in sexual attitude.

From the foregoing discussion, it is evident that the behavioral and psychosocial research on individual's sexual behavior as well as sexual health will be essential within the overall framework of reproductive health. Research on the sexual behavior and sexual health of people is needed to examine local terminology of these behavior patterns, illnesses, perceived severity, symptoms, explanation about the causes, consequences, treatment seeking behaviors and modes of prevention. Such information will prove useful in implementing effective interventions because understanding peoples' perceptions of behavior and disease will enable programme planners to ensure that interventions make sense within the community's understanding about the same (Gernon and Tazeem 1996).

The present study

The growing public and governmental awareness of the spread of the AIDS epidemic has brought the importance of sexual behavior in general and sexually transmitted infections (STIs) in particular into attention because of the role of STIs in increased risk of HIV infection. Social and behavioral aspects of individuals in the community are important determinants of HIV/AIDS disease. Sexually transmitted diseases are a proxy for high-risk behavior contributing to the pandemic of HIV/AIDS (Arunkumar, 1996).

As a part of HIV/AIDS prevention activities, THRANI team of Foundation for Integrated Research in Mental Health conducts Family and Sexual Health Workshops in different parts of Kerala for the last five years. Workshops were conducted in association with local governments at Panchayat levels and non-governmental organizations. Participants are usually from all walks of life – housewives, skilled/unskilled workers, students, elected members, vendors, teachers etc. – and anyone interested in social-voluntary activities. Apart from concept of healthy family life, various dimensions of sex and sexuality are dealt in detail, spanning over five days. For the present study data was collected from 210 subjects (incidental sampling) all of them came for the workshop. Considering the fact that these workshops were conducted in various panchayats and communities in Thiruvananthapuram district, among such diverse groups of individuals from various professions and activities – present sample can be assumed to have fair representation of people in this District.



In the one-day version of the Workshop, concepts of sexual health, sexual behavior and colloquial usage of sexuality related terms are considered in pre-lunch session. Post-lunch session deals the healthier ways and methods sex and asserts the need for positive changes in sexual behavior patterns. During the lunch break, for assisting to explore one's own sexuality, anonymous sex survey questionnaire is distributed among the participants. The participants are informed in advance, their freedom of choice both to rate and submit the form or not. To ensure anonymity, the respondents were instructed to put the completed form in a box placed at the corner of the workshop hall at any time. It is understood that about 70% of the participants answered the survey, from the various workshops during the period August 2001 to February 2002.

The tool "Anonymous Sexual Behavior Survey" is distributed only after the session describing and defining various concepts of sex and sexuality. It was observed that many of the participants, especially from rural areas of the district did not know the difference between 'swyambhogam' and 'sambhogam' – Malayalam equivalents for masturbation and vaginal sex respectively – prior to the session. Pre-lunch workshop is designed such that prevalent sexual behavior in the society and sexuality related terms, its forms and usages are dealt in detail and clarifies doubts and misconceptions through a process of interactive sessions.

Results and discussion of the study

Table-1: Socio-demographic profile of the sample

Particulars	Figure
Sample size	210
Minimum Age	17 years
Maximum Age	65 years
Average Age	29.42 ± 9.91
Males Unmarried	55
Males Married	42
Females Unmarried	63
Females Married	50

"Anonymous Sexual Behavior Survey" the assessment tool in the present study, is a short questionnaire of 14 questions to which the respondent has to answer either 'yes' or 'no'. As its name implies, to protect anonymity of the respondents as far as possible minimum socio-demographic details are collected. These include only age, sex and marital status. As shown in table-1, the average age of respondents is 29.42 years with a standard deviation of 9.91 years. The minimum age of the sample is 17 years while the maximum is 65 years, which falls well inside the accepted sexually active age group of 15 to 60 years.



Table-2: Percentage distribution of subjects on each sexual behavior

Percentages are calculated on the basis of total number of subjects (given in parenthesis) in each sub-sample, viz., unmarried male (55), married male (42), unmarried female (63) and married female (50).

No.	Particulars	Sex	Unmarried	Married
1.	Percentage of subjects never reached an orgasm.	Male	3.64% (2)	2.38% (1)
		Female	71.43% (45)	20% (10)
2.	Percentage of subjects ever masturbated.	Male	96.36% (53)	88.10% (37)
		Female	30.16% (19)	52% (26)
3.	Percentage of subjects ever reached an orgasm from masturbation.	Male	96.36% (53)	80.95% (34)
		Female	28.57% (18)	44% (22)
4.	Percentage of subjects ever engaged in oral sex.	Male	47.27% (26)	78.57% (33)
		Female	19.05% (12)	46% (23)
5.	Percentage of subjects ever initiated oral sex.	Male	32.73% (18)	26.19% (11)
		Female	3.17% (2)	38% (19)
6.	Percentage of subjects ever reached an orgasm from oral sex.	Male	45.45% (25)	40.48% (17)
		Female	14.29% (9)	34% (17)
7.	Percentage of subjects ever engaged in vaginal sex.	Male	58.18% (32)	100% (42)
		Female	15.87% (10)	100% (50)
8.	Percentage of subjects ever reached an orgasm from vaginal sex.	Male	54.55% (30)	97.62% (41)
		Female	9.52% (6)	80% (40)
9.	Percentage of subjects ever engaged in anal sex.	Male	16.36% (9)	7.14% (3)
		Female	4.76% (3)	10% (5)
10.	Percentage of subjects ever reached an orgasm from anal sex.	Male	16.36% (9)	2.38% (1)
		Female	1.59% (1)	2% (1)
11.	Percentage of subjects ever felt homosexual attraction.	Male	34.55% (19)	16.67% (7)
		Female	7.94% (5)	32% (16)
12.	Percentage of subjects ever enjoyed homosexual activities.	Male	27.27% (15)	11.90% (5)
		Female	4.76% (3)	32% (16)
13.	Percentage of subjects ever had intense homosexual experience.	Male	27.27% (15)	9.52% (4)
		Female	3.17% (2)	6% (3)
14.	Percentage of subjects prefers homosexual relations.	Male	21.82% (12)	2.38% (1)
		Female	0% (0)	14% (7)



The sample of present study consisted of 55 unmarried male, 42 married male, 63 unmarried female and 50 married female. Female male ratio of Kerala in 2000 census is 1058:1000, while the present sample is of 113:97. Sample can be assumed to be representative as it is drawn from people attending various communities based interventions carried out in different parts of the district of Thiruvananthapuram. Unmarried subjects are slightly over represented. Questions of the survey are to some extent indirect and interpretations are drawn accordingly. To the question “have you ever-experienced orgasm?” majority of the unmarried female (71.43%) said no, while 20% married female and just 3.64% and 2.38% of unmarried and married male respectively said that they have never experienced orgasm. Even though from the other data concerning query “have you ever engaged in vaginal sex?” 100% of the married male and female said yes.

Considering the behavior of unmarried male sample, only 3.64% said they never had an experience of orgasm, which also suggests majority of the unmarried male sample had experienced some or the other kind of sexual act in their life. 96.36% of them masturbated and achieved orgasm from it. 47.27% said they had indulged in oral sex and 45.45% reported to have achieved orgasm from it, while 32.73% took initiative in the act. 58.18% of them disclosed that they engaged in vaginal sex of which 54.55% experiencing orgasm. Few (16.36%) of them ventured to engage in anal sex and all of them experienced orgasm from the act. One third of the unmarried male subjects (34.55%) disclosed that they felt attracted towards another male, while 27.27% said they enjoyed homosexual acts and had had intense, deep homosexual experience. Interestingly 21.82% of the unmarried male subjects prefer homosexual relationships.

Looking at the behavior of unmarried female sample, 71.43% said they never had an experience of orgasm, which can mean that they might not have ever engaged in any sort of sexual acts; however it also suggests that 28.57% of the unmarried female had had engaged in some or the other kind of sexual act in their life. 30.16% said that they masturbated and 28.57% reported of achieving orgasm from it. 19.05% said they had experience of oral sex and 14.29% admitted to have achieved orgasm from the act, but only a few (3.17%) took initiative in oral sex. 15.87% of them disclosed that they had experienced penetrative vaginal sex and 9.52% experienced orgasm from it. Very few (4.76%) unmarried female subjects engaged in anal sex and one subject said she experienced orgasm from anal sex. 7.94% of them reported to have had attraction towards another female, 4.76% said that they enjoyed homosexual acts and 3.17% had intense and deep homosexual experience; but none of them prefer homosexual relationships.

Referring to married female’s behavior, 20% never experienced orgasm, even though all of them engaged in sex. 52% reported to have masturbated and 44% achieved orgasm by the act. 46% had had experience of oral sex while 34% disclosed to have experienced orgasm from the act and 38% took initiative in oral sex. Although all of them had had vaginal sex, only 80% ever experienced orgasm from the act. 10% of them ever engaged in anal sex and one subject said she experienced orgasm from the act. 32% of them revealed to have ever had attraction towards another female and enjoyed homosexual acts, while 6% of them had



intense homosexual experience. Significant proportion of the married females (14%) preferred homosexual relations.

It is observed that only one married male never had an experience of orgasm, despite engaging in sexual acts. 88.10% reported to have ever masturbated and nearly all of them (80.95%) achieved orgasm from masturbation. 78.57% said they had experience of oral sex and 40.48% achieved orgasm from the act, while 26.19% took initiative in oral sex. All married male reported to have experienced penetrative vaginal sex and 97.62% experienced orgasm. 7.14% of the married males had engaged in anal sex and only one subject admitted to have experienced orgasm from it. 16.67% of them disclosed to have had attraction towards another male, while 11.90% reported that they enjoyed homosexual acts and 9.52% said they had deeper homosexual experiences; but only one of them prefer to have homosexual relationships to the heterosexual.

A focus group discussion was carried out among a group of postgraduate students at the University of Kerala to discuss the findings of this study in context of HIV/AIDS and other STI spread in Kerala. The discussion specifically focused on high-risk taking behavior pattern prevalent in unmarried Malayalee males of recent times. Some of the interesting points came up in the discussion are as follows:

- Malayalees are easily dragged into brothels in Mumbai, Delhi and Chennai or abroad. Lack of sexual outlet in Kerala culture for the aging unmarried and unemployed males along with rampant alcoholism is a major reason. Malayalam movies promote drinking and vulgar sex that adversely influences younger generation. Being a large migrant workforce, Malayalees working outside are one of the High Risk Groups for HIV infection. Forced to live alone in another city/country leaving their family and friends at home they feel their identity concealed and feel that they will not be recognized, and thus are easily tricked into a brothel for temporary sexual relief.
- Keralites are highly inclined to sex, this happens due to a number of circumstances they grew up. One psychiatrist, from his clinical experience claim that one out of every 5 child he saw had a history of childhood sexual abuse and is widespread in some areas of Kerala. The main culprits are neighbors (whom one's parents trust are left with) or close relatives. They misuse children to do sexual acts to meet their sexual urges. This becomes a Dracula-type act, as the individual will do the same thing to other children as he/she grows up. A highly untold activity or discussed in Kerala but a real threat for transmission of HIV to innocent children.
- All the Malayalam film heroes are "role models" of Kerala youth. Heroes particularly portraying characters with less morale inclined to having sex with sex workers are a common sight in most super hit movies. In younger ages these kinds of movies can influence the personality development and can become a problem in their later lives. Another significant fact is the impact of adult / A-rated and pornographic movies, porn magazines, videos are easily available through various channels. In teenage days, children buy these and use as an aid to masturbate. Masturbation as such is a no risk activity, but regular masturbation can make one addicted to it. Masturbation also needs privacy, and the habit develops in privacy. But once the privacy is lost under certain circumstances, it will



lead to increased sexual urge and compounded anxiety. Masturbation also has several misconceptions around it apart from the attached high "guilt" content, as most religions regarded it as 'sin'.

- Malayalees are preoccupied with talking about sex. There is a saying that when two Kannadiga meet they speak about money (in terms of paise they saved because of their smart act). When two Brahmins meet they speak about "Masala Dosa or Iruli Dosa" they ate or coffee they drunk recently. When two or more young Malayalee men meet they talk about girls and sex. There are a lot of bigmouths among Malayalees talking always about sex and their adventures with women when they are in a relaxed mood. Something like, they went for a cabaret and stroked a sex worker's breast, or had a sex with a sex worker or how they did had sex with a cleaner employee working in a toilet. The non-resident Malayalees discuss about massage parlors, brothels, call girls etc. These discussions prompt youngsters to experiment and explore more sex adventures and thus end up in brothel where the real thing happens.
- Kerala's prevailing social environment is not allowing spontaneous and normal interaction between boys and girls either in schools, colleges or gatherings. All interaction will become a subject for gossip and described as "Love Affair" or things like that. Normal interactions between boys and girls with proper guidance from friends and significant others can make them understand each other in a better way and not to be regarded as sex objects each other. Apart from this, subject of sex is a stigma and taboo in education. Even experienced teachers avoid chapters describing sexual activity in High Schools and Colleges. Instead, Kerala people should be determined to educate their children at high school and college about sex and risks involved in. This will equip them to avoid and act judiciously in several situations of entrapment.
- Malayalees living outside state and particularly outside India, family living away in India is a high-risk group. They are more prone to visiting brothels for their sexual satisfaction. In many countries organized sex work is rampant, and there is no guarantee a person is not HIV infected. Indian working abroad sees a lot of women's body exposed in modern dressing. Everything is almost visible which is erotic and very seductive. In these environment Indian men, in a course of time keeps a desire to have sex with them. But Indian worker is an Indian worker treated indifferently in all the modern countries. So his only solace is similarly dressed prostitutes in brothels. Once the money he desired to earn is done, he will try to explore more with these women and finally end up in a brothel.

The above findings and observations indicate a drastic change in the sexual behavior pattern among Malayalees. It is clear that sexual escapades are highly prevalent in Kerala society, particularly among unmarried male community. Review of earlier studies in these lines (Nag, 1996) argue that very little information is available on the female sexual partners of unmarried male. Neighbors, relatives, prostitutes, friends and fiancées have been mentioned as partners in a few studies. There is an indication that the premarital sexual partner of a male is often a married woman who may be a relative or neighbor. For example, one-half of all the first sexual partners of 72 college students in Hyderabad were married women older than themselves and a large majority of the partners were relatives. This is somewhat expected because of the higher value placed on the premarital chastity of Indian women than that of



men and because most Indian girls are still married at an early age. Some findings indicate that a sizable proportion of unmarried male students visit prostitutes. For example, a survey conducted in a red-light area of Calcutta found that eight per cent of the customers of prostitutes were students (Biswas 1994) and another survey in a Bombay red-light area found the corresponding figure as high as 30 per cent (Gilada 1994).

Prevalence of sex activity, especially penetrative sex among the unmarried female revealed in the present study is also significant. The article by Meppayil (2002) quotes recent survey conducted by Kochi Central Institute of Behavioral Sciences with the assistance of UNICEF, explored the sexual behavior of female students. A sample of 200 female students, age ranging from 16 to 19 years were selected from three women's colleges of Kerala. Results of the study unearthed some alarming facts. Of the 200 female students, 180 reportedly had sexual experience of some or the other kind; 120 students had some sexual experiences like hugging, petting, kissing, touching sex organs and being touched etc.; 36 had experienced penetrative sex with a partner of opposite sex and 24 had engaged in homosexual acts. Most of them had the first experience either from their house servants or drivers; other partners of opposite sex included cousin brothers, relatives and tuition teachers. Only few of them had the sexual relationship with their boyfriends.

A remarkable finding of the present study is the total absence of orgasmic experience amongst significant number of married female subjects. Despite engaging in sexual acts, 20% of them never reached orgasm. There can be various reasons for this including physiological defects. But considering a high number of married females revealing that they never experienced orgasm in their lifetime is unusual. Prevailing cultural taboo and stigma around sexuality and the deeper misconceptions about sexual acts among male partners, thus not allowing enough time in the act are some of the casual factors. This finding corroborates the observation that 32% of married females ever enjoyed homosexual activities, and 14% of them preferred homosexual relationship to heterosexual. Married female probably think that only another female could well understand their sexual need than a disconcerting male partner.

Another significant observation is, 27.27% of unmarried males and 11.90% of married males involved in and enjoyed homosexual activities. Homosexual behavior, particularly involving penetrative anal sex is very high-risk in HIV/AIDS context. It is also observed that 16.36% of unmarried male, 7.14% of married male, 10% married female and 4.76% of unmarried female ever engaged in anal sex. Since the advent of AIDS in India, homosexuality is often discussed in popular newspapers and magazines but information provided is almost always anecdotal. Studies (Nag, 1996) show that the most common locations of the first homosexual experience in both regions were parks and toilets. Relatives, mostly male cousins and uncles, were the second most common category of first homosexual partner, strangers being the most common category. Mutual masturbation was mentioned as the most common type of homosexual act.

Conclusion

The results and observations of the present study provide empirical evidence about the existing sexual behavior patterns in Thiruvananthapuram. The study reveals that a significant number of individuals are involved in various kinds of sexual behavior. It also exposes



absence or presence of orgasmic experiences, which may act as reinforcement in these sub-groups. The behavioral and psychosocial research on individual's sexual patterns is essential within the paradigm of studying reproductive health. It is observed that a significant number of males (39%) and females (36%) had ever involved in homosexual behavior. Among unmarried individuals, 58% of males and 16% females had had experience of penetrative sex, which is a HIV/AIDS high-risk behavior. Information like these from the present study will prove useful in designing and implementing effective sexual health interventions as understanding peoples' specific behavior will enable programme planners to ensure that interventions make sense within the community's understanding about the same. There is a need to closely examine these findings to evolve comprehensive reproductive health strategy relating community in the prevention of STD/HIV/AIDS.

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