

# APPROPRIATE METHODOLOGIES FOR STUDYING SEXUAL BEHAVIOUR IN INDIA

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This paper describes a study carried out to develop appropriate methodologies for studying sexual lifestyles and habits of urban Indians. The paper points out the need for large scale quantitative studies to map sexual behaviour and contends that no systematic study has been carried out to develop methodologies which will be appropriate for Indian conditions. From the study undertaken, it concludes that, given an indepth understanding of the sociocultural issues, it is possible to undertake such an exercise with reasonable levels of acceptability and validity.

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## Introduction

More than four decades ago Alfred Kinsey (Kinsey et al., 1948) had commented that "Human sexual behaviour represents one of the least explored segments of biology, psychology and sociology". His words remain largely valid even today, at least in India. The realisation of the seriousness of the threat posed by AIDS, to the economic, social and demographic structure of the human race has, however, provided some impetus towards the subject in the recent times.

But, despite the apparent increase in the saliency of the subject, there is little reliable data on the sexual habits of the general population, based on a large scale study, even in the developed countries (Wellings et al., 1990).

The reasons for this situation seem to be three-fold: First is the issue of the need for such a data base. It has been argued by some anthropologists that such information does not provide the depth of understanding that is available from studies using qualitative and ethnographic techniques. On the other hand, the width of the statistically-valid quantified results provided by a large scale cross-sectional study is a vital input for strategic and policy planners. Not only are estimates required for planning support services and community involvement projects but they are also needed to plan the communication and health education strategy which starts from an analysis of gaps in knowledge, attitudes and practices. In fact, the two types of studies are really complimentary to each other in providing the width as well as depth in selected areas.

Second is the ethical issue of invasion into peoples' privacy. Modern survey techniques, however, do provide the privacy and confidentiality desired by the respondents. In fact, the study design can, and often do, provide for it specifically.

The third reason, and the most important one, concerns the acceptability of such research among the general population and the validity of the findings.

The concern for acceptability and validity of the findings is not unfounded. Sexual behaviour is considered to be an intensely personal issue, more so in India. Therefore it is entirely expected that such issues will be raised.

Unfortunately no organised study has been undertaken to understand the nature of the points of resistance that a researcher has to face for collecting data related to sexual habits. Similarly, there may be undiscovered motivational pegs which may be utilised to help the research process. Analysis of such resistances and motivations in the proper sociocultural and historical context is an important step in evolving methodological solutions. Therefore, without such a study it is perhaps unwise to come to the conclusion that such studies cannot be conducted with any degree of validity. Moreover organised attempts should be made to experiment with information collection methodologies also, in the framework of an operations research.

In India, quite a few studies have been carried out on the subject, but mostly small ones, primarily covering special target groups, such as: physicians and health personnel (Thirumalaikolundu Subramanian et al., 1992); medical officers (Divekar and Banerjee, 1992); students (Chitale et al., 1992: 15-19); truck drivers (Singh et al., 1992); and physicians (Chitale et al., 1992: 61-62). Moreover, most of these studies concentrated on measuring awareness and knowledge of AIDS, HIV infection and related issues and do not adequately cover such sensitive areas as sexual habits and practices.

It is, however, incorrect to state that no attempt has been made to study the sexual habits through large scale surveys. Mention must be made of such studies as those done by Sex Education Counselling Research Therapy Training, a division of Family Planning Association of India (FPAI, 1990), Family Planning Foundation (FPF and ORG, 1992) and the survey conducted amongst students in colleges in Madras (Reddy et al., 1983). In addition, studies have been undertaken and carried out by a few magazines like *Debonair* in 1991, *Savvy* in 1992 and *Femina* in 1993. These studies, however, have mostly relied on the responses of those motivated enough, for reasons not scientifically analysed, to complete and return the questionnaires. In all cases, the proportion that responded was either quite small or uncontrolled thus raising questions on the validity and representativeness of the sample and, consequently of the results. Moreover, none of the studies undertook any basic research on methodological issues in response to the concern for acceptability and validity for such studies.

This study was conceived to fulfill these gaps and it attempts to evaluate the efficacy of alternate data collection methodologies.

### **Research Design and Methodology**

The starting premise for this study is that there is no sacrosanct blueprint methodology for studying sexual behaviour. It must depend on what we wish to know, why we wish to know and from whom we want to get the information (Standing, 1992). Therefore, no presumption was made as to the relative efficacy of the different methodologies. This led to the adoption of a research programme.

The first stage of the programme involved an in-depth analysis based on qualitative research techniques. 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 and behaviour, thus identifying the root causes of the resistances and the possible motivators for informed and willing participation in the study.

The technique of focus group discussions was used in this phase.

In the second stage the methodologies generated were short-listed through a quantitative study amongst the general population. Two methodologies were then selected for actual field testing.

In the third and final stage of the research programme, an operations research was carried out. This involved field testing of selected methodologies among middle class urban Indians in Delhi, Calcutta and Madras using scientific survey research technology.

### **Focus Group Discussions**

The focus group discussions (FGDs) were carried out amongst men and women in the middle social class. In all, eight FGDs were conducted — four in Calcutta and four in Bombay. Married males, married females, unmarried males and unmarried females were covered in separate groups. The FGDs were conducted by members of the research team themselves.

As stated earlier, the focus of the qualitative stage was identifying appropriate methodologies of data collection, given the nature of the topic. In this context, detailed discussions were carried out to identify the specific resistances and motivations which must be considered for the success of the project. The appropriateness of the questions in terms of both content and form, and the language of the interview, were other issues that were included. Projective techniques were extensively used to elicit responses to sensitive issues.

The group discussions provided the two basic requirements for any study of sexual behaviour — appropriate cultural knowledge to supply meaning and social knowledge to supply context (Standing, 1992). This was vital as, in our view, the adoption of a methodology would be intrinsically linked to the social background of the population.

The qualitative phase produced a host of rich information for the study. That the subject of sexual behaviour is an intensely personal matter, was reconfirmed to start with. It was clear that societal pressures largely determined individual behaviour and value systems. But it was found that 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 social class still retain the pre-British open attitude to the subject of sex — at least to some extent. On the other hand, the upper-upper social stratum seems to have got into the Western 'liberalised' mould.

The middle class and, especially the women from this class, suffer from a sense of guilt and therefore may be expected to understate their sexual behaviour. One must also add that in this class sexual freedom in the western model is absent and

therefore the fear of disclosure becomes a strong deterrent for discussing the issue freely and frankly.

On the other hand, lack of sexual opportunity induces a 'deprivation syndrome' which, many a time, leads to sexual fantasy and over-statement of sexual experience. (The extent of this syndrome may be gauged by the fact that some participants in the group discussion admitted that they felt excited even reading the draft questionnaire which was given to them to indicate the kind of information that would be eventually collected.)

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. This indicates that, despite the social taboo, the relevance of the subject, especially in the context of AIDS, is well appreciated. Therefore the research programme must explain the context of the study to overcome the barrier and provide legitimacy and credibility. In fact, once it was mentioned in the groups that the project was to aid research on AIDS and it was supported by well-known national and international organisations, the level of cooperation increased dramatically. This also indicated that the credibility of the researchers is a vital issue. Pre-data collection counselling or detailed briefing would also be a vital input. If the briefing includes visuals, projects a sense of seriousness and a sense of institutional operation rather than an individual one, then the cooperation level is likely to increase. It can be further heightened through a mass media communication programme supporting the research, thus adding to its credibility.

Confidentiality of the information collected is another issue which must be given more serious considerations. It should not only be promised but also demonstrated. Elaborate and visible efforts are required to overcome 'the fear-of-disclosure syndrome'. Any methodology which is suspected of not providing fool-proof 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. (This consequently means a different field work control system, since back-checking will not be possible.) This requirement of confidentiality negates such methodologies as telephone survey since respondents can never be sure that telephone numbers will not be linked up to the responses provided by them. In many western countries the telephone method is used extensively for conducting marketing and political surveys. For example, the analysis of sexual behaviour in France (ASCF) relied on this method (ASCF, 1992). Unfortunately this does not seem to be true for India.

The issue of confidentiality even extends to the family members. The ideal situation seems to be that the entire exercise is kept secret from them also. This seems to be due not only to the fear-of-disclosure syndrome but also to the embarrassment factor associated with anything to do with sex. Therefore, it is important that information is collected in total secrecy and the chances of other family members, including spouses, intervening before the exercise is complete is minimised. This aspect negates methodologies involving questionnaires which are left behind, sent by post or the diary method. Questionnaires published in magazines face the problem of embarrassment especially among women. In any case magazine

surveys cannot provide the design robustness of a scientifically planned random survey.

Another aspect that requires attention is the requirement of privacy during actual filling up of the questionnaire. This is most applicable to questions relating to habits and practices rather than knowledge and attitudes. This is not a problem of acceptability of the methodology *per se* but an issue which might affect the correctness of the responses and therefore the validity of the findings. This attitude negates face to face interviews as also group discussions as methods of collecting behaviour data. (FGDs, however, are excellent preparators.)

The participants of the group discussions also recommended that questions not directly related to the research issue be avoided. This is necessary so that the respondents do not see the exercise as an invasion into their privacy unnecessarily. In fact, this linkage should be apparent and, if possible, explained.

The issue of translation of the questionnaire in the vernacular raised an inconclusive debate in the group discussions. It was generally felt that it would be a difficult task because words associated with sex habits were not usually used in the vernacular. And when used, words based on Sanskrit are more prevalent which are not always understood by the general population. A section of the participants, however, felt that careful translation coupled with explanatory notes, to provide clarity, might solve the problem. In the current pilot study this issue was avoided by not translating the questionnaires and administering them in English. This was possible since the study was confined to the urban middle class who were conversant with English. For a large-scale study covering the total population, this issue needs to be resolved.

The qualitative study also underscored the need for clarity in words and language. Unambiguous, non-scientific, commonly-used words, which are not perceived to be offensive, have to be used.

The tone of the questionnaire has to be non judgemental and serious.

As far as the data collectors are concerned, the findings of the FGDs indicate the need for careful selection. Male interviewers were recommended for men and females for women. This appearance should project maturity and induce confidence for the respondents to overcome the social barriers.

The participants also suggested that projective techniques might be used wherever possible. It is obvious that this technique cannot be used for practice-related questions. However, such questions seem to soften the respondent if they precede intimate behavioural questions on sex habits.

The qualitative research also generated ideas with respect to usual research issues like recall problem and reference periods. Since these do not pertain specifically to the topic, these are not discussed.

The conclusion that can be drawn from the above discussion is that, with a well-thought-out research programme, it is possible to break down the social barriers and get cooperation from the respondents.

## Methodology of Selection Study

In the next stage, the methodologies of information collection generated in the qualitative stage were put to consumer test through a quantitative exercise. 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. ("In your opinion which method is most suitable for getting frank and correct answers to questions such as these [the questionnaire was shown] from respondents of your sex, age and social class?") Suitable probing was carried out, along with detailed explanation of the different methodologies, to obtain well-thought-out responses.

One hundred such respondents were included in this study — fifty each from Delhi and Calcutta. The results of the survey are given in Table 1.

Table 1  
PREFERENCE OF DATA COLLECTION METHODOLOGY

<i>Methodology</i>	<i>Rank Score<sup>a</sup></i>	<i>Most Preferred (%)</i>
<b>IN-HOUSE</b>		
1. Briefing (followed by) face-to-face interview	6.04	6
2. Briefing → self-completion: questionnaire left behind	6.30	10
3. Briefing → self-completion: immediate	7.60	18
<b>IN-HALL (CENTRAL LOCATION)</b>		
4. Briefing followed by face-to-face interview	6.08	7
5. Briefing → self-completion: not immediate	6.58	11
6. Briefing → self-completion: immediate	7.72	26
7. Questionnaire by post — reply post	5.92	8
8. Telephone interview	4.98	4
9. Sexual activity diary	2.20	—
<b>MAGAZINE PUBLISHED QUESTIONNAIRE (Self-motivated reply)</b>		
10. Film magazines	5.36	4
11. Special magazines	4.46	2
12. Other magazines	5.80	4

<sup>a</sup> Rank Score: Wt. Avg. score considering rank 1 = 12 .... Rank 12 = 1.

As can be seen from the table, twelve methodologies were tested. The first three involved in-house interviews. In each case, pre-interview briefing explaining the research was proposed in keeping with the group discussion findings. 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, possibly with visual aids and then carrying out the interviewing and self completion exercise individually with adequate privacy.

Within the magazine-published questionnaire group there were three variations: questionnaires published in film magazines; those published in special magazines

meant for a particular target group, with or without sexual overtones, like *Business India*, *Debonair*, and such others; and other magazines of the literary type.

Results clearly validate the general findings of the qualitative research — need for immediate filling up of the questionnaire, self completion of the exercise and role of group briefing in breaking the ice.

## The Operations Research

The next stage of the study involved field testing of selected methodologies to assess their acceptability and validity. Two methodologies were selected — the less expensive in-home interview, preceded by a briefing and immediate self completion; and the more expensive in-hall interview also preceded by a briefing and immediate self completion.

The questionnaire used for the two methodologies were the same. It was a short questionnaire covering most, but not all, of the issues relevant to AIDS programme. For example, the time-frame for behavioural questions was "ever practiced" only; not different time-frame cohorts. The qualitative study indicated that the length of the questionnaire, as long as it was within reasonable limits, did not affect the quality of responses. Therefore, this should not be a factor affecting the experiment.

The questions asked included those related to demographic profile, knowledge and practice related to STD, premarital sex, extramarital sex, homosexuality and contact with sex workers. Personal practice related questions were always preceded by attitudinal questions. Great care was taken in the choice of investigators. The male respondents were interviewed by only male investigators and female respondents by female investigators. Investigators were briefed in detail, especially on the aspects of the interview technique, tone of presentation and the general attitude towards the respondent.

Each respondent was handed over a letter written by the author of this paper explaining in detail the research background and the importance of the study. The letter gave exact details of the proposed use of the findings and assurance of confidentiality.

The in-home interviews were preceded by a detailed briefing of the respondents by the investigators, covering the aspects of secrecy, confidentiality, and so on. Each investigator carried a closed bag with a 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. This acted as an excellent method for unfreezing the respondents.

The survey was carried out in Calcutta, Madras (conservative locations) and Delhi (relatively more progressive).

The total contact samples are given in Table 2.

Table 2  
 SAMPLE SIZES — OPERATIONS RESEARCH

<i>Sex</i>	<i>In-House</i>	<i>In-Hall</i>	<i>Total</i>
<b>Male</b>	400	400	800
<b>Female</b>	400	400	800
<b>Total</b>	800	800	1600

The respondents were selected from the middle class (monthly household income Rs. 2,500 - Rs. 3,500) in the age group of 21 to 45 years. They were contacted using the random route technique in locations selected in an unbiased fashion.

### **Validity of the Findings**

A reasonable level of sampling rigour was exercised in the study so that the effect of sampling error on the validity of the findings could be minimised. Moreover, rigid field control systems ensured elimination of non-sampling error.

Validation of studies of sexual behaviour presents considerable difficulties. Apart from problems of recall bias and interviewer approach, it is impossible to determine whether subjects tell the truth (Johnson et al., 1989). For the purpose of this pilot study, three aspects were considered to comment on the validity of the findings. The first involved internal consistency of the data. The second was distribution of responses between males and females, and the married and the unmarried, to check the trends against a prior knowledge. The third aspect considered was estimates of a few key behavioural parameters based on feedbacks received from a group of opinion leaders. The comments on validity that follow are based on these considerations.

### **The Results: Operations Research**

The operations research quantitative survey was undertaken with two objectives. First, the two short-listed methodologies were sought to be compared to arrive at the better option. Secondly, the study aimed at evaluating the validity of the findings from this exercise.

The parameters considered for comparing the two methodologies were the relative acceptance rates and the quality of information generated by them. The information comparison was restricted to the "softer" areas of knowledge, attitudes and not-so-unacceptable practices. This is so as the taboo areas like homosexuality, contact with sex workers, etc. had low levels of positive responses, thus making the comparison statistically difficult.

Before the information generated by the two methodologies are compared, it is necessary to analyse the demographic profiles of the respondents covered by the two methodologies to see whether they are adequately matched.

Table 3  
DEMOGRAPHICS PROFILE: COMPARISONS

Demographic Characteristics	In-Home Respondents (%)		In-Hall Respondents (%)	
	Married	Unmarried	Married	Unmarried
Age 21 - 25	6	52	3	58
26 - 30	27	37	32	40
31 - 35	27	7	26	9
36 - 40	22	4	20	—
More than 40	20	—	19	—
Education				
Below graduation	9	3	6	4
Graduate	60	63	62	65
Above graduation	31	34	32	31
Base (Nos.)	246	202	250	210
Avg. monthly household income (Rs.)	3,030		3,135	

It can be seen from the above that the two samples are relatively well matched. Therefore, the results arrived at from these two methodologies should not be influenced by the differences in the demographic characteristics of the two samples.

Table 4 presents the acceptance rate, separately, for the two methodologies adopted. The acceptance rate at around 57 per cent is not radically different from that observed in most consumer and political research in India, though this is lower than the rate experienced in the ASCF survey in France (ASCF, 1992). In absolute terms it is quite encouraging in view of the strong social taboo against open discussion on a subject like sexual habits.

Table 4  
ACCEPTANCE RATE

	In-Home Respondents			In-Hall Respondents		
	All	Male	Female	All	Male	Female
Total contacted (%)	100	100	100	100	100	100
No.	800	400	400	800	400	400
Refused after intro (%)						
Topic factor:	21	18	24	19	17	22
Inconvenience factor:	11	14	8	19	20	18
Refused after exposure						
To question:	10	5	14	2	1	3
Accepted (%)	58	63	54	60	62	57
Inconsistent ans (%)	1	1	1	1	1	1
Incomplete ans (%)	1	1	1	1	1	1
Fully accepted (%)	56	61	52	58	60	55
No.	448	242	206	460	240	220

The results also indicate that the in-hall acceptance rate was not significantly different from that for the in-home methodology. However, it must be noted that refusals in the case of in-hall methodology was more due to the inconvenience factor of coming to a central location. For in-home, refusals were more after exposure to the questionnaire. This is understandable as the quality of briefing in a central location were distinctly superior. As may be expected, the rejections after introduction resulting from the topic of research was more or less similar.

The results also indicate that the rejections due to inconsistency (for example, mismatch between attitudes and behaviour) and incompleteness (defined as those not filling up two or more behavioural questions) were quite low. In other words, once accepted, respondents seemed to fulfill their commitment.

In short, it may be concluded that survey methodologies do not seem to have the inherent problem of acceptability. Moreover, there is further scope in improving the acceptability levels by adopting better procedures of briefing, backed up by credibility-generating-communication support. It may also be concluded that the inherent potential of the in-hall methodology to achieve a higher acceptance rate is better than that for in-home because the inconvenience factor is more controllable and therefore can possibly be reduced.

As mentioned earlier, the comparison of the two methodologies was also carried out on a few softer issues. These are aided or prompted knowledge of sexually transmitted diseases (STD); belief regarding the practice of reading adult books or watching adult films amongst people of the same social class as the respondent; belief regarding the level of masturbation practice and whether respondents had ever practiced it; belief regarding premarital sex, homosexuality and multi-partner sex; experience of premarital sex and practice of extramarital sex.

Table 5 presents the level of knowledge of STD from which it is apparent that, though the knowledge levels of the in-hall respondents seem to be higher, the difference is really marginal.

Table 5  
KNOWLEDGE OF STDs

<i>Disease</i>	<i>In-Home Respondents (%)</i>			<i>In-Hall Respondents (%)</i>		
	<i>All</i>	<i>Male</i>	<i>Female</i>	<i>All</i>	<i>Male</i>	<i>Female</i>
Gonorrhoea	51	55	47	55	58	52
Syphilis	61	62	60	64	65	63
AIDS	94	96	93	98	99	97
HIV	56	58	54	57	58	56

Base: All

It may be mentioned here that awareness of the terminology 'HIV is far less than that for AIDS — a point that should be considered by the communicators.

Similarly, there is hardly any difference between the two methodologies in the results with respect to belief of the practice of watching/reading adult films/books.

Table 6  
BELIEF REGARDING ADULT BOOK/FILM READING/WATCHING PRACTICE

	<i>In-Home Respondents</i>			<i>In-Hall Respondents</i>		
	<i>(%)</i>			<i>(%)</i>		
	<i>All</i>	<i>Male</i>	<i>Female</i>	<i>All</i>	<i>Male</i>	<i>Female</i>
Common among						
Men	73	79	66	73	82	65
Women	57	49	64	55	50	60
Base: All						

However, significant differences are observed between the responses resulting from the two methodologies concerning beliefs with respect to masturbation and its practice (Table 7). The difference is really between the responses of the male groups. It is felt that this is due to the fact that the in-hall methodology was able to break the barrier of discomfort and shyness somewhat better.

Table 7  
BELIEF REGARDING AND PRACTICE OF MASTURBATION

	<i>In-Home Respondents</i>		<i>In-Hall Respondents</i>	
	<i>(%)</i>		<i>(%)</i>	
	<i>Male</i>	<i>Female</i>	<i>Male</i>	<i>Female</i>
Common among				
Men	78	61	89	65
Women	27	24	29	25
Ever Practiced	74	22	82	23
Base: All				

Table 7 also seems to indicate a degree of internal consistency in the data. The belief among most men (in-home 78 percent, in-hall 89 percent) seems to match the declared level of practices (in-home 74 per cent, in-hall 82 per cent) and the same is true for the female respondents.

As far as beliefs and experience of premarital sex are concerned (Tables 8 and 9), there is a significant difference between the responses of the male groups covered in the two methodologies. We must remember that premarital sex is one of the prime areas influenced by the 'deprivity syndrome' and, therefore, is prone to exaggeration.

However, it is possible that the difference is due to a misinterpretation of the question itself whereby the in-home respondents may have included sexual contacts other than actual intercourse in premarital sex. But the lack of difference in the results for the female respondents seem to contradict this hypothesis.

There is, however, little difference in the distribution of type of partners in premarital sex between the two study methods.

Table 8  
BELIEF REGARDING PREMARITAL SEX

	<i>In-Home Respondents</i>			<i>In-Hall Respondents</i>		
	<i>(%)</i>			<i>(%)</i>		
	<i>All</i>	<i>Male</i>	<i>Female</i>	<i>All</i>	<i>Male</i>	<i>Female</i>
Common among women						
Very true	20	25	15	17	18	16
Somewhat true	59	60	58	57	60	54
Not true	21	15	27	26	22	30
Common among men						
Very true	35	42	27	32	34	30
Somewhat true	53	48	58	52	49	56
Not true	12	10	15	16	17	14

Base: All

Table 9  
EXPERIENCE OF PREMARITAL SEX

	<i>In-Home Respondents</i>	<i>In-Hall Respondents</i>
	<i>(%)</i>	<i>(%)</i>
All		
Male	23	17
Female	10	8

Base: All

Table 10  
TYPE OF PARTNER IN PREMARITAL SEX

	<i>In-Home Respondents</i>	<i>In-Hall Respondents</i>
	<i>(%)</i>	<i>(%)</i>
Fiance/Fiancee	62	60
Other friends	34	28
Relative	10	7
Others	19	18

Base: Those experienced

(Multi Coded)

In Table 11 the extramarital sex experience has been presented which indicates a similar trend.

And similar is the situation for the beliefs concerning homosexual and multi-partner practices.

The above analyses show that though there is no significant difference between the methodologies for the softer areas, the in-hall methodology seems to produce more confidence amongst the respondents and reduces the tendency of overstatement in the taboo areas.

The data generated from the in-hall study was therefore further analysed to understand and estimate the validity of the results.

**Table 11**  
**EXPERIENCE OF EXTRAMARITAL SEX**

	<i>In-Home Respondents</i>		<i>In-Hall Respondents</i>	
	<i>(%)</i>		<i>(%)</i>	
Male	11		9	
Female	3		3	

Base: Ever married

**Table 12**  
**BELIEF REGARDING HOMOSEXUALITY**

	<i>In-Home Respondents</i>			<i>In-Hall Respondents</i>		
	<i>(%)</i>			<i>(%)</i>		
	<i>All</i>	<i>Male</i>	<i>Female</i>	<i>All</i>	<i>Male</i>	<i>Female</i>
Not a rare phenomenon among:						
Women	31	30	32	25	23	26
Men	37	38	37	28	29	27

Base: All

**Table 13**  
**BELIEF REGARDING MULTI-PARTNER SEXUAL PRACTICE**

	<i>In-Home Respondents</i>			<i>In-Hall Respondents</i>		
	<i>(%)</i>			<i>(%)</i>		
	<i>All</i>	<i>Male</i>	<i>Female</i>	<i>All</i>	<i>Male</i>	<i>Female</i>
Unusual	50	44	56	54	52	56
Not unusual	50	56	44	46	48	44

Base: All

### The In-hall Study

Contact with sex workers, personal experience of STD and experience of homosexuality are the three most socially disapproved practices. Overstatement resulting from 'deprivity syndrome' is most unlikely to influence these results. And, therefore, these areas were chosen to estimate the extent to which survey research methodology is able to extract the truth out of the normally reluctant respondents.

The above tables indicate that the extent of disclosure is not insignificant. Despite lack of relevant comparative information on the subject, a group of opinion leaders consulted by us felt that the results were not inconsistent with a prior estimate of the current situation in the social class (middle) covered by us.

The validity of the findings was further assessed by analysing the age distribution by which first premarital sex experience occurred.

Table 14  
CONTACT WITH SEX WORKER: EVER: MALE

	<i>All Respondents (%)</i>	<i>Married Respondents (%)</i>	<i>Unmarried Respondents (%)</i>
Ever Contacted Sex Workers:			
Yes	8	9	6
No	84	81	90
No response	8	10	4

Base: All male (In-hall respondents)

Table 15  
PERSONAL EXPERIENCE OF STD

	<i>All Respondents (%)</i>	<i>Male Respondents (%)</i>	<i>Female Respondents (%)</i>
Ever suffered:			
Yes	3	5	< 0.5
No	97	95	100

Base: All in-hall respondents

Table 16  
PERSONAL EXPERIENCE OF HOMOSEXUALITY

	<i>All Respondents (%)</i>	<i>Male Respondents (%)</i>	<i>Female Respondents (%)</i>
Yes	3	5	< 0.5
No	97	95	100

Base: All in-hall respondents

Table 17  
AGE AT FIRST EXPERIENCE OF PREMARITAL SEX

	<i>All Respondents (%)</i>	<i>Married Respondents (%)</i>	<i>Unmarried Respondents (%)</i>
Upto 15 years	7	4	8
16 - 20 years	31	28	33
21 - 25	38	32	42
More than 25 years	24	36	17

Base: Those who had premarital sex (In-hall respondents)

The above table demonstrates the consistency of the data. As may be expected, it also shows existence of a downward trend with respect to the age of first experience of sex.

## Study Limitations

This study was conducted with limited resources and therefore suffers from the problems associated with small sample sizes. Moreover, it was restricted to the urban middle class and therefore the results are not strictly projectable to the entire population. The interviews for the quantitative study were carried out in the English language to avoid the problems associated with translation in the vernacular. Finally, some of the questions asked suffered from lack of clarity which was the result of an attempt to avoid using embarrassing words repetitively. Therefore, there is a lot of scope to improve the methodology adopted.

As is apparent, the methodologies tested in this study are suitable only for the literate population because of the self-completion aspect. The only method to collect sensitive behavioural data from the illiterate target groups appears to be the credible source route. For example, doctors considered highly reliable may be able to collect reliable information from a community. This method merits actual field testing.

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## Conclusion

Despite the drawbacks of the study it seems to have achieved three objectives: The first is the issue of applicability of large survey research methodology to the topic of sexual habits. It seems beyond doubt that it is possible to carry out such a study albeit with suitable modifications. Secondly, the study has been able to bring out many of the resistance points and motivational factors which can be worthwhile inputs for designing a large-scale study. Lastly, and most importantly, the study proves that it is possible to achieve a reasonably high acceptance rate and that the concern for validity of the results is unfounded.

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