CHAPTER - III

METHODOLOGY

Statement of the problem

Promiscuity which has never been talked about in public has become a topic of study and research after the advent of AIDS. The sexual route of transmission of HIV has been recognized world-wide as the major route of HIV transmission, particularly heterosexual transmission. Promiscuity is the major contributing factor in the heterosexual transmission of HIV. A variety of factors are responsible for promiscuous behaviour. The behaviour of a person which includes sexual behaviour is found to be a product of the internal and external social environment of a person.

It is in this context, that a study of the socio-cultural factors influencing promiscuity in heterosexual males infected with HIV becomes significant.

OBJECTIVES

1. To describe the pattern of selected socio-demographic factors among promiscuous HIV infected males and to explore its influence on promiscuity.

2. To examine the influence of selected family experiences during school age (early life <13 yrs), teenage, premarital and marital period with promiscuous behaviour.
Selected Family Experiences:

Prompt arrival after school/play/work

Involvement in Family chores

Nature of Family meals

Nature of Family worship

Disciplining by parents

Time with children (for married respondents)

3. To describe the influence of factors such as smoking, drinking, seeing sex movies, outings/picnics with friends, and sexual behaviour during teenage on promiscuity.

4. To describe the influence of factors such as smoking, drinking, seeing sex movies, outings/picnics with friends, and sexual behaviour during premarital period on promiscuity.

5. To identify factors leading to sexual experience during teenage.

6. To identify factors leading to sexual experience during premarital period.

7. To identify factors leading to extramarital sexual experience.

8. To assess the impact of moral/religious teaching received by the respondents from parents/teachers on promiscuity.

9. To determine the association of knowledge of HIV with risky sexual behaviour.

10. To describe the pattern of sexual practices contributing to high risk behaviour.

11. To formulate intervention strategies to modify the behaviour of persons to reduce/prevent high risk sexual behaviour based on the study/findings.
The design selected for the study was Ex-post facto correlational research. The study attempts to find relationships among the variables identified. These variables are antecedent factors which are presumable causes for the occurrence of the outcome variables of interest.

The Latin word ‘expost facto’ means ‘from after the fact’. This indicates that the research in question is being conducted after the variations in the independent variables have occurred in natural course of events. The basic purpose of ‘expost facto’ research is essentially to determine the relationships among variables. In ‘expost facto’ researches the investigators do not have to control the independent variables and the presumed causative factors, because they have already occurred. In expost-facto investigation the manifestation of some phenomena existing in the present is linked to the other phenomena occurred in the past. That is, the investigator is interested in some outcome and attempts to shed light on the antecedent factors that have caused it.

The present study focusses on socio-cultural factors which presumably have influenced the promiscuous and high risk behavioural patterns of heterosexual males infected with HIV.

POPULATION AND SETTING

The population studied includes heterosexual males who had been referred/volunteered for HIV testing/confirmatory test and counselling at the department of Virology, Christian Medical College and Hospital, Vellore, Tamilnadu, India in 1993-95.
The respondents (study subjects) were drawn from the above mentioned population by using purposive sampling technique. The size of the sample was 208.

GENERAL INSTRUMENT / TOOL

A confidential semi-structured interview schedule was used. This interview schedule was prepared to elicit responses on 4 broad sections.

1. Socio-Demographic factors
2. Socio-Cultural factors
   a) Early life experience- school age (<13 years)
   b) Teenage & premarital
   c) Marital period
3. Knowledge of HIV/AIDS and risk factors
4. Sexual Practices & risk behaviour

Section 1

This deals with the socio-demographic data. The following variables were included in section 1.

Age
Age of spouse
Marital status
Age when married for respondent & spouse
Religion
Place of residence
Occupation
Monthly Income
Educational status
Type of family
Housing.

Section 2

Socio-cultural factors: Early life experiences: (<13yrs)

The following distinct factors were included in collection of data on early life experiences.

- Prompt arrival after school/play
- Participation in family chores
- Participation in family meals
- Participation in family worship

Interaction of parents with respondents in the family:

- Quarrel in the family
- Alcoholic parents
- Family visit to relatives
- Family outings/picnics
- Punishment/discipline by parents.

Section 3

Socio-cultural factors: Premarital experiences including teenage:

Experiences in teenage and premarital period. Data regarding the following distinct factors were collected.
- Prompt arrival after school/play
- Participation in family chores
- Participation in family meals
- Participation in family worship
- Source of learning about sex
- Reasons for sex in teenage
- Moral/Religious teaching received
- Habits developed (smoking & Drinking)
- Sex movies and peer influence
- Picnic/outings and peer influence
- Reasons for sex with CSW

Section 4
Socio cultural factors: Marital period:

The following distinct factors were included in collection of data during marital period.
- Prompt arrival after work
- Participation in family chores
- Participation in family meals
- Participation in family worship
- Time with children
- Type of marriage
- Happy/Unhappy married life
- Reason for unhappy marital life
- Reason for extra marital sex
- Reason for sex with CSWs
Section 5: Knowledge of HIV/AIDS and risk factors.

Section 6: Sexual practices and risk behaviours.

The study can be explained schematically as follows.

![Diagram 3.1]

Demographic characteristics, socio-cultural factors and both internal (family) and external environment affect the sexual life of a person leading to promiscuous high risk sexual behaviour.

Pilot Study

To begin with 10 respondents were interviewed. In the interview of every respondent the question asked and the various answers that were given were documented. Having obtained a reporting pattern in the interview, a pilot study was conducted on 20 respondents with an interview schedule. Initially
the investigator/ counsellor began to write down the data in the presence of the respondents. While collecting data about the private details (particularly sex) there was a setback in answering. When this was noticed, investigator stopped entering the data in the presence of the respondent but wrote down the data after the interview. This allowed a free flow of information. The data collected from the above 30 respondents were reviewed. The instrument was then refined for use in the study.

Validity and Reliability Testing

It is essential that the measurement instrument (interview questionnaire) is valid. Since all events under study had already taken place at the time of interview it was not possible to evaluate the validity of the instrument on a prospective basis. The content of the interview includes various queries which effectively and comprehensively cover all behavioural, socio-cultural and demographic variables of interest in the study.

Since the research involves gathering data on a very personal and sensitive nature the best way to elicit the response was on a person to person basis in a counselling setting. This was essential to explain and modulate the queries for each person thereby ensuring specific responses. This would not have been possible by administration of a questionnaire. The sequencing of questions and the manner in which they were asked were tuned to the respondents' mood and their responses.
Data collection

An interview is an invasion into the personal and private life of an individual. Interviewing promiscuous people on private and personal matters was a difficult job.

A systematic and reasonably detailed interview schedule was used at the time of interview/counselling. The counselling was reasonably flexible to allow the respondent to freely communicate with the counsellor/investigator.

Steps followed in data collection:

Step 1: The investigator is aware of the traumatic experiences the respondents normally have as they come for blood test: The respondents
- think that they have AIDS
- think that they will die soon
- want some drugs for cure
- come after sleepless nights
- come with loss of appetite
- come with fear and anxiety of the disease
- come with a lot of frustrations
- come with anxiety of their future

Step 2: Starters:

The following questions were asked as starters:
- Where did you come from?
- How did you travel?
- How was your journey?
- Did you eat?
- What is your occupation?
- What is your level of education?
- Are you married?
- Why did you come to this place?

To this last question

**Step 3**: To the last question respondents have usually answered that they have come for blood test. They either showed a letter of reference from the doctor who sent them or said that they have come for a blood test voluntarily.

The following are some of the initial responses:

- I was sick; I met a doctor in my native place; he sent me to Vellore CMCII hospital
- I observed loss of weight and so I went to a doctor in my native palace; he sent me here.
- I had fever and diarrhoea; the doctor in my village sent me to Vellore
- I wanted to go abroad I needed a certificate - At the time of medical checkup I was asked for clearance certificate from Vellore.
- I had ulceration in my penis; I had some fear; so I came to Vellore.
Progress of the interview

When a reasonable rapport was created and the respondents develop confidence in the counsellor/investigator, it was observed that many respondents began to open up themselves. They talked without any break continuously. It was an indication that they couldn’t find anyone with whom they could share their inner feelings. As the experiences and information were sensitive and private, they could not reveal to anyone other than those who could listen patiently and keep the information confidentially. They have expressed their feeling of hurt, being deceived, anger, frustration etc. It was also observed that some respondents initially withdrew while the interview was in progress, but later joined the process. Some had only one sitting but some others had two sittings on the same day or in the same week. As a sign of assuring confidentiality their addresses were not collected except for the place of residence.

Data collection about sex

Collection of data about sex was a very sensitive matter. While any interview is an invasion in the private affairs of a person, data about ‘sex’ and sex related issues are ‘highly sensitive’. However the investigator/ counsellor had to wait for the right time of entry. In most of the cases the entry was with the following questions:

Do you smoke:

Do you go for movies?

Do you go to sex movies?

Do you drink?

Do you go for movies with friends?
Depending on the response of the individuals the next series of questions followed with necessary modulation:

When did you learn about sex?
Did you have sex in teens?
Why did you go for sex in teens?
How about use of condom?
Why did you go to CSW?
Didn’t you have the fear of being infected?
Where did you have sex?
As you know about HIV then why did you go for sex:
What kind of sexual practices did you practise?

The investigator/counsellor took time to explain why such questions were asked and tried to educate them about safe sex and the mode of spread of HIV.

It is very essential to say that by being conscious of the feelings of the respondent, a facilitating climate of sharing and supporting was created. Empathizing with the respondent helped the process of counselling. Many a time in every interview the investigator used to say ‘if I have HIV’ - in other words helping the respondent to feel free - the investigator had shaken hands with most of the respondents assuring them that HIV infection was not a contagious one.

Some of the remarks made by the respondents revealed their ignorance; the situation which made them have sexual experience and their present confused state of mind.
Some of the distinctive remarks made by respondents:

- The doctor in my native said that I will die very soon; is it true?

- I no longer have interest in sex; I will never have sex again.

- My marriage has been fixed for next month; but I wanted to check my blood as I have heard and read about AIDS. I don't want her (future wife) to suffer.

- What is going to happen to my wife and children. Who will take care of them?

- My marriage invitations are printed and even distributed; how will I face my parents and relatives?

- I thought that she (sex partner) was true to me but she deceived me; it is all my fault.

- I was a cleaner in the lorry; but for the driver I would not have got into this habit.

- Because of the frequent quarrels with my wife I had to go for sex outside. I am only worried about my children's future.

- Now only I realize the importance of having good friends.

- After the test result only, I started going to temples.

- For us as lorry drivers all along the road CSWs are easily available; so what can we do.

- It's a way of releasing the heat in our body while on travel.
DATA ANALYSIS

The collected data was first edited on paper. A separate program was used to enter the data on computer with necessary coding using a data base (Foxplus Software). The computerised data were edited again.

The data were analyzed using SPSS/PC package. Epi-info was also used for analysing a part of the data. The following procedure was followed in data analysis.

1. **Scoring**: The data on family interaction and amenability to discipline during early life (<13 years), teenage (13-19 years), marital period, smoking and drinking habits developed during teenage and later and such other data which could be scored were grouped and scored as determinants and outcome factors.

2. Descriptive statistics of the socio-demographic variables were obtained and inferences made.

3. Bi-variate analysis on pairs of variables which were thought to have mutual relationship with each other a priori, for instance smoking habit and sex in teenage was undertaken by cross tabulation and the statistical significance of any relationship observed was quantified using chi-square test.

4. To further delineate the strength and direction of the relationship between any two variables and cluster of variables correlation coefficients (Pearsons) were obtained.
5. **Regression**: Simple and multiple linear regression analysis was used to explore and quantify relationships between chosen predictor and outcome variables.

**Consolidation of data and formation of summary measures (scores)**

Individual factors which were thought to bear upon sexual behaviour were grouped to create a composite determinant with consolidated score. The consolidation and scoring were created for three different periods of the respondent's life namely early life (childhood), teenage/premarital period and married period (for married respondents only). The composite determinants and the scoring criteria along with the component factors contributing to the scores are presented in the table given below.

**Family interaction factors influencing sexual behaviour**

<table>
<thead>
<tr>
<th>Component factor</th>
<th>Early life (SEFI)</th>
<th>Teenage (STFI)</th>
<th>Marital period (SMFI)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>AL</td>
<td>ST</td>
<td>NR</td>
</tr>
<tr>
<td>Prompt arrival</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Family chores</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Meals with family</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Family worship</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Discipline by parents</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Time with children</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Maximum scores</td>
<td>9</td>
<td>4</td>
<td>0</td>
</tr>
</tbody>
</table>

AL - Always  ST - Sometimes  NR - Never
The higher scores are indicative of sexual behaviour pattern with increased risk and lower scores associated with the lower risky sexual activities pattern among the respondents.

Selected factors indicative of high risk sexual behaviour were grouped to form a composite high risk sexual behaviour score for single respondents and married respondents. The component factors of these scores including the criteria for scoring are given in the table below:

<table>
<thead>
<tr>
<th>Component factors</th>
<th>High risk score single (HRSS) (n=208) score (Max)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex in Teenage</td>
<td>1</td>
</tr>
<tr>
<td>Events facilitating sex in Teenage</td>
<td>1</td>
</tr>
<tr>
<td>Type of sex partner</td>
<td>4</td>
</tr>
<tr>
<td>Type of sex practised</td>
<td>3</td>
</tr>
<tr>
<td>Contact with CSW</td>
<td>1</td>
</tr>
<tr>
<td>Use of Condom</td>
<td>2</td>
</tr>
<tr>
<td>No. of partners per month in the last year</td>
<td>6</td>
</tr>
<tr>
<td>Total</td>
<td>18</td>
</tr>
</tbody>
</table>

Type of sex partner (max 4)

The following sex partners were identified

Known to me and of good repute

Known to me and of doubtful repute

Known to friends

Prostitute
Type of sex practised (max 3)

Vaginal

Oral - fellatio

Oral - cunnilingus

Use of condoms (max 2) -

Always - 0

Sometimes - 1

Never - 2

Number of sexual partners (max 6) - Actual number per month which varied from 0 to 6 (Zero for married respondents who had sex with spouses only)

HRSS - High risk score single (while unmarried)

HRSM - High risk score married

Higher scores are indicative of sexual activities pattern with increased risk and lower scores of sexual activities pattern with decreased risk among the respondents.

Limitations of the Study

Apart from describing (a) the pattern of sexual behaviour of promiscuous males who were HIV positive and (b) the knowledge regarding HIV transmission and prevention, the study focussed on elucidating certain socio-cultural factors leading to promiscuous behaviour. These factors could theoretically be better elucidated and causal associations explored if the respondents in the study were compared with controls who were not
promiscuous. In reality obtaining such a control population is very difficult and even if such a group could be assembled there would have been differences in the validity of the information provided by the two groups namely the HIV positive versus the negatives.

Most of the questions which were posed to the respondents could only be asked due to the fact that they were HIV positive and were thus willing to explore all the socio-cultural factors and sexual behavioural patterns which has led them to this state. This kind of response from the participants was possible in a setting where the investigator was able to provide counselling to the respondents.

The above considerations led the investigator to conduct an ex-post-facto correlational research to investigate the objectives of the study.

The other limitation of the study was that the literature available on this topic is considerably limited.

The sample has been selected only from one place. Purposive sampling technique was the only possibility due to the low availability of subjects.

Ex-post-facto studies which examine the relationship among variables are generally susceptible to the possibility of faulty interpretation.