CHAPTER - V

INTERPRETATION OF RESULTS

The married respondents were represented more in the study than the single (119 married versus 89 single). This is because the married respondents are on average 7 years older than (mean age 33 versus 26) the single respondents and thereby would have had longer period to indulge in risky sexual behaviour. About 91% of the respondents belong to the age group 20 to 39 and 8% are 40 or above. Only 1% of the respondents are teenagers. This distribution can be explained by the fact that the HIV was introduced in India probably around 1984 and was first detected in 1986. Hence only those who are below 40 years would have had the opportunity to be infected by the virus even though those above 40 were sexually active for a longer period.

The fact that 57% of the respondents are below 30 years of age is a cause for concern. Almost all of these respondents are likely to develop clinical AIDS and to be alive during the next 10-15 years at the peak of their productive lives. In this study the youngest respondent was aged 19 years indicating that he would probably have been infected soon after he had become sexually active. The oldest respondent was 54 years and he is likely to have been infected very recently.

The mean age at marriage among the married respondents is 26 with the mean age of their spouses being 5 years lower (21).
Only 13.4% of the respondents are married before the legal age of marriage (21) in contrast to 58% of their spouses. This indicates that traditional practices regarding marriage including the optimal age of marriage is more binding than the legal stipulations governing marriage practices. As 24% of the married respondents stated that they did not have any extra marital affair the only person whom they were likely to infect were their spouses and the early age at marriage has shortened their spouses participation in the transmission cycle.

The average age of the spouse of the married respondents is 27 with the youngest being 18 and the oldest 45 years of age. These women are likely to become bereft of their husband's socio-economic support atleast a decade earlier than their unaffected counterparts. In addition they would also be doubly burdened with the care of children who have not attained the age of economic productivity. Apart from that they have a chance of getting infected with the virus themselves and 20-50% probability of infecting their children during pregnancy and child birth.

Respondents were Hindus, Christians and Muslims, with the majority being Hindus as expected, considering the predominance of Hindus in this population.

About a quarter of the respondents were rural respondents. This fact challenges the notion that HIV infection and AIDS in India is predominantly an urban phenomenon with most of the rural areas being unaffected by the epidemic. Many rural respondents reported that they patronised commercial sex workers in the towns while they were on errands in the town. The
The occupational groups represented are predominantly daily wage earners, skilled workers and transport workers. Among transport workers 60% are single (29/48), among daily wage earners 27% (13/48) are single. There is no significant difference in proportions between single and married respondents among the other occupational categories. The large representation of transport workers in this study agrees with the finding of many other studies that this is a high risk occupational group for HIV transmission. The nature of a transport worker puts them at a higher risk of promiscuous behaviour especially with commercial sex workers in various locations on the route they traverse. Thus they are not only at a higher level of risk of getting infected but also serve as an important link in the geographic spread of the infection.

Even though the above mentioned groups were pre-dominantly represented in the study, it is noteworthy that the entire spectrum of occupational groups were also represented from professional, business men to unemployed students. This indicates that the HIV epidemic cuts across occupational groupings.

As mentioned in the results, majority (more than 50%) of the respondents earn below rupees 1000 a month. This indicates that having surplus money to spend is unlikely to be the reason for the respondents patronising commercial sex workers. On the other hand it indicates that in
spite of their meager income, the respondents seem to be placing a high priority for paid sex in their budgets.

The income as mentioned by the respondents is likely to represent the regular earnings, and the amount expended for paid sex is likely to be what they earn in excess of their regular income. This is especially true of transport workers who spend their incidental earnings during trips on commercial sex activities.

The fact that the majority of the respondents belong to the low and middle income brackets emphasizes the adverse consequences their families are likely to face when they become sick and eventually die of AIDS. Their level of income would not enable them to save for the future.

Of the 208 respondents only 10 were illiterate. About 39% of the respondents had attended only primary school. This group could be considered as essentially the same as those who had never been to school as a few years of education is unlikely to have given them the ability to obtain information from the printed media regarding HIV/AIDS.

The fact that a large proportion of the single respondents are better educated (more years of schooling) than the married respondents, indicates that health education in schools and colleges is likely to benefit the younger generations.

Even though 36% of the single respondents have attained educational level beyond schooling they are all HIV positive, indicating that the inclusion
of health and sex education in school and university syllabus would be very
effective in preventing HIV transmission.

About half the married respondents were members of joint families and
96% of the single respondents were living with their parents. As all the
respondents were promiscuous to a greater or lesser degree, the traditional
authority and control exercised by the Indian joint family system and by
parents over their unmarried children seem to have eroded at the present time.

It is evident from the respondents' answers that person to person
sharing of information among peers is the commonest source of knowledge
about sexual matters. About 93% of respondents are informed by this mode
either solely or in combination with sex movies and the print media.

'Sex movies' are the commonest source of information with 75%
acknowledging this to be their source of knowledge in addition to print media
and person to person sharing. About 25% are informed through the print
media which would also include pornographic material. Nevertheless this is not
the sole source for any respondent.

The most significant finding is the total absence of involvement of
parents and teachers in providing education about sex. In Southern India no
culturally sanctioned initiation rights for boys are practised when they reach
manhood. Sex education is not a part of either school or college curriculum.
Neither is the society open enough for it to be normative that parents should
be the source of information regarding the social and interpersonal dimension
of sexuality when their children are in the portals of adulthood.
Thus the society neither conforms to the practices and reality of primitive tradition-bound societies nor to the open Western societies and hence new practices and methods of acceptable information sharing regarding sexuality have to be evolved.

The mean age of first sex experience is 18 and there is no difference between the married and the single respondent for this parameter. As the married respondents are on an average older than the single respondents and thereby they are of an earlier generation; this indicates that the age at first sex experience has remained stable for at least a decade. This observation might be applicable for promiscuous groups.

The average age at marriage of married respondents is 26. On an average they are likely to have engaged in premarital sex for at least 8 years as the average age for first sex experience is 17. This points to the fact that most of the married men would have probably become infected in their premarital period and would have infected their wives for most of whom these men were the first marital partners.

Over 88% of the respondents had sex in teenage as was illustrated in the above paragraph regarding age at which they had first sex experience. It is found that habits like watching sex movies, going to picnics with friends and indulging in alcohol is correlated with sexual activity in teenage of 153 respondents who reported going to picnics with friends. Nearly 90% reported taking alcohol and 89.7% reported taking alcohol and indulging in sex atleast.
on one of those occasions. Similarly 96% of respondents admitted to watching sex movies and 68% of these respondents reported that they indulged in sex at least on one occasion after watching the sex movie. These facts bring home the strong association between these habits and those that are risky behaviours, for example indulging in alcohol leading to other adverse habits like patronising CSWs.

These patterns of high risk behaviour are likely to be indulged not in isolation but as a group owing to peer pressure. This is brought out already when the factors promoting sexual experience in teenage are analyzed. Peer pressure is stated as the most frequent promoter of sexual experience during teenage (63%). The desire for new experience and fun is stated as the second most frequent reason for indulging in sex during teenage. The association between sex, alcohol consumption, picnics and watching sex movies may be due to the same desire for adventure which underlies all these teenage experiences.

Irresistible urge for sex was reported as the most frequent reason for indulging in sex during teenage. This is likely to be the result of the respondents attaining puberty during this period. It is noteworthy that the cultural taboo about premarital sex did not dissuade the respondents from satisfying the urges. The awareness that they could contract HIV infection during sexual contact and develop an incurable disease called AIDS might have been a more potent factor to enable them to suppress their biological urge to have sex at this period of their age.
Respondents interaction with family and parental influence during childhood, teenage (premarital) and adulthood

Specific family interaction and parental influence are conceived to have a positive role on respondents’ habits and attitudes in the later life. The factors investigated were 1) prompt arrival at home after school/work/play 2) involvement in family chores 3) the practices of having meals with the rest of the family 4) prayer or worship as a family and 5) disciplining by parents. Slightly more than 50% of the respondents had never been inculcated with the first four factors and over 90% of the respondents were never disciplined by their parents during childhood.

During the teenage about 70 to 75% of respondents were not in the habit of promptly arriving at home after school hours, participating in family chores or worship/prayers. About 98% of respondents were never disciplined by their parents during teenage.

This pattern indicates that these respondents were during both their childhood and teenage not guided positively or were not under positive parental influence. The lack of prompt arrival at home after school/play/work exposes the youngsters to adverse influence outside the home in most instances. It they are spending time outside their home without the knowledge of the parents they are not likely to reveal the nature of the company or activities. The fact that very few of them are disciplined by their parents adds to the fact that there was hardly any joint activities in the family like family meals and family prayers, probably indicating that the there is very meagre interaction between parents and children. Growing lack of interactions between
parents and children gives no opportunity for parents to advise and admonish when the children are known to be involved in harmful habits and activities.

It is striking to note that the negative interaction and experiences of the respondents in childhood and teenage were carried forward into their marital period also. About 70% of married respondents reported never arriving home properly after work, not being involved in family chores, not having meals or prayers with their family and not spending time with their children after they became parents.

The family interaction and parental influence factors mentioned above were each scored on a scale of 0 to 2 and the individual factors score was totalled to obtain a consolidated score. The average score during childhood was 3.5. This was quite low as the maximum score obtainable was 9. The score during teenage decreased to 1.6. This indicates that the respondents had poor family interaction and parental influence on children and it worsened when they were in teenage. The average score for family interaction and their behaviour as parents for the married respondents was 1.7 for a maximum possible score 10. This shows that the negative influences present during the premarital period were carried over to the married period.

Factors influencing Pre Marital sexual involvement

Certain factors which might have influenced the respondents to get involved in premarital sexual relationships were explored. It was found that the predominant reason was staying away from home. The stay away from home was usually for business or work engagements. This reveals that factor
of identification/discovery while indulging in "forbidden" act is a potent factor against a person's acting on his urges even though the means of satisfying the urges are available. In a place which is "foreign" to the person this fear of discovery is absent and the person is free to act upon his urges.

When a person is discovered to be indulging in 'forbidden' acts or to have a 'forbidden' relationship he and his family lose face or the standing in society which is considered to be of great importance in this cultural milieu.

The next important influencing factor is the surplus income and the freedom from financial accountability to parents. Thus the respondents have set their own priorities for their expenditure and the parents have no say in this matter probably because the majority of parents of these respondents never exercise any control over them even from their childhood as described earlier.

The other significant factor which influences the respondent to have premarital sex is the proximity to the CSW centers. This group of respondents are those who lived in the same localities as the CSWs and belong to the same social strata as the CSWs.

The only other reason offered as influencing premarital sexual activity is "late marriage". We have noted earlier that the average age at marriage for the respondents was 26. A person who marries in his thirties is considered to have a late marriage in this society. It would be natural to assume that some of these men would be tempted to have premarital sexual relationships especially when most of their friends of the same age are married.
Factors influencing extra marital sexual involvement

It is very interesting to note that the major reason which induced married respondents to have extra marital sex is again visits to and stay at a place ‘away from home’ where the respondent is not familiar to anyone. The visit or the stay is also due to business or work assignments.

Unhappy married life is the second most important reason for the respondents indulging in extra-marital affairs. This includes both sexual and interpersonal incompatibility. This factor subsumes many other reasons. Incompatibility in marriage might be due to the fact that most marriages in this culture are still arranged on the basis of caste, family status and financial arrangements rather than compatibility of the personalities involved in the marital bond. The couples are expected to get to know each other and make adjustments after marriage rather than before marriage. Thus inherent incompatibilities are likely to be discovered or surfaced if the couples do not make compromises in an environment where an extramarital relationship is tempting and the same can be indulged in.

Another factor which is likely to be involved in producing unhappy married life is the lack of awareness about the sexual needs of the spouse. Specific investigation of this factor in this study revealed that respondents who were aware of the sexual needs of the wife were 8 times more likely to state that they had a happy married life than those who revealed that they were not aware of the sexual needs of their spouses (odds ratio 8:1). One could envisage that lack of awareness of the sexual needs of the wife and the associated unhappiness in the marriage would have prevented any fruitful communication
between the husband and the wife. It would not be far fetched to assume that in most of these instances the wife also would have been unaware of the sexual needs of the husband resulting in a unfulfilled sexual life. The respondents are thus very likely to choose the alternative of extra-marital sexual relationship when they have opportunities or would even have sought such relationships.

About 10% of respondents said that absence of parents at home and thereby being left alone without supervision was one of the facilitating factors for pre-marital sexual involvement.

Absence of wife at home especially due to separation during pregnancy is one of the major reasons given for extra marital sexual involvement. It is a tradition that during confinement the wife is expected to be separated from her husband and stay at her parent’s home beginning from the seventh month (normally) of gestation till 3 month on an average after the child is born. On an average the wife is away from the husband for a period of 3-6 months. This is usually practised universally for the first pregnancy irrespective of the religion, caste or socio-economic groups. Majority of the women usually conceive within a few months of marriage and thereby subsequently go to their parents home for confinement even before their first anniversary of their marriage. Most of the respondents in this study were habitually involved in sexual relations with more than one woman before marriage. It is highly likely that the considerably short period with their wives before their wives could go to their parents’ house is not enough to break their promiscuous habits. Hence it might have been quite easy for them to revert to their pre-marital pattern during their wives’ absence.
The age old custom of the wife going back to her parent’s house for confinement might have many benefits but in this era of HIV/AIDS, monogamy in the true sense is one of the best preventives. Customs which make it difficult to have monogamous relationship only needs to be redefined.

In this culture a large emphasis is placed on virginity before marriage and chastity after marriage for women. It is also assumed that most women adhere to this cultural expectation. In this setting it is surprising to note that close to 20% of the respondents said that the reason for their extramarital sexual relationship was compulsion by neighbouring women.

Premarital and extramarital sexual partners of the respondents

Excepting for 6% of the respondents, commercial sex workers are the predominant premarital sexual partners. For about 22% of the respondents, the premarital sexual partner included some one they knew personally and for 9% of the partners included women who were known to their friends. Even though every one of the 119 married respondents had premarital sexual relationships only 76% of them had extramarital sexual relationships. Of these for the majority (87%) CSWs are still their extramarital sexual partners. The proportion of respondents having sex with known partners remained the same before and after marriage. The proportion of respondents who had sex with women known to their friends decreased by 50% after marriage as compared to the premarital period. It is to be noted that the 24% of married men who were faithful to their wives would have contracted HIV from one of their premarital sexual partners and not from their wives as all of the respondents were sexually active before marriage.
Average number of sexual partners per month

During the pre-marital period there were on an average 2 sexual partners per month for the respondents. About 10% of respondents had more than 3 partners. Among the married respondents the number of extra marital sexual partner was 1 on an average. Less than 10% of these had more than 2. As mentioned in the previous section 24% of the married respondents did not have extra marital sexual relationships.

The average number of sexual partners in this group has reduced by 1 when compared to the premarital period. In other words the degree of promiscuity decreases after marriage but not by a significant amount as 76% remains promiscuous even after marriage. The risk of the wife getting infected with HIV from their promiscuous husbands and transmitting the infection to their children during pregnancy remains considerably high. The greater the number of sexual partners the higher is the risk of getting infection with HIV and transmitting the infection to a non-infected partner. During the pre-marital period the behaviour of the respondents as regards the number of partners indicates that they were participating in the transmission dynamics to a larger extent. Thus the potential for limiting the spread of the disease is high when premarital sexual behaviour is modified rather than extra marital sexual behaviour.
Reasons for the commercial sex worker as predominant partner before marriage

Analysis of the type of sexual partner during pre-marital period and the number of sexual partners of the respondents points to the fact that the commercial sex workers are the most represented category. It would be useful to analyze why this category of women are the most "attractive" partners for the respondents in this study.

Around 70% of the respondents offered compulsion by their friends as a reason for having sex with a CSW. This fits in with the pattern discussed above as the reason for sex in teenage and premarital period. It was mentioned that sexual activity was largely fostered by peer pressure and practised at the instance or encouragement of friends especially when they are out on a picnic or after sex movies. A CSW being a ‘neutral’ person bearing no relationship or emotional relationship with any of the persons in a circle of friends is considered ideal. Involvement of all the members of a group with a single CSW might be considered an act which binds them in ‘camaraderie’.

Those members of the group who are reluctant to be involved sexually might also be more willing to participate in this activity as the relationship with a CSW is a depersonalized one.

The following factors refer to the dynamics of a CSW-client interaction which favours such relationship in contrast to a non-CSW partner relationship.
Nearly 22% of the respondents said that a CSW was a preferred partner because they were easy to approach and 16% favoured a CSW because the risk of being discovered of having such a relationship by elders and family was minimum. About 10% favoured CSWs because they did not want to spoil their image in society by approaching other normal women for sexual favours. A few respondents said that sex can be indulged in without condoms when the partner is a CSW. The fear of impregnating a sexual partner who is emotionally involved encourages sex with a CSW. Certain respondents also claimed that CSWs were able to meet their sexual needs better compared to other sexual partners.

There was no significant difference, offered by single and married respondents regarding the reasons for patronising CSW for premarital sexual relationship.

Among the married respondents CSWs remained a predominant category of sexual partners after marriage. Only 76% of married respondents said that they patronised CSW to satisfy their sexual urge or to release their tension which was not adequately provided by their wives. About 45% revealed that they had sexual relationship with CSW after marriage due to compulsion by friends. It is significant to note that 10% of respondents revealed that they patronised CSWs in order to have oral sex which was not agreeable to their spouse. About 5% said that they had sex with CSWs to avoid the use of condoms as they had to use condoms while having sex with their wives for contraceptive reasons.
Type of sex

All the respondents were heterosexual and all of them practised vaginal intercourse both during premarital and marital period. In spite of this 20% of the respondents practised fellatio before marriage and 16% after marriage. The decrease in the frequency of this practice can be attributed to the fact that it is a culturally not a very acceptable practice. Most of this type of sex would have been performed with the commercial sex worker rather than with spouses. The desire to have oral sex was reported as one of the reasons for patronising CSW by the married respondents as noted earlier. Fellatio is practised less frequently in the marital sexual relationship.

Only 12% of respondents reported to have practised cunnilingus before marriage and 19% (23/119) after marriage. The significant increase in the frequency of this practice after marriage can be attributed to the cultural construct given below: This practice is to be non consonant with the image of a manly person. Thus it is likely to be practised in a very intimate setting where emotional commitment is present in addition to the physical relationship. As the situation is conducive in the marital relationship the frequency of practice has increased after marriage compared to before marriage. It is likely that the respondents who reported having practised cunnilingus before marriage would have done so not with CSWs who are the predominant sex partners but rather with women who were known to them or their friends.
Place of sex

Most (55%) of the sexual activity was reported to have taken place in the CSWs home/brothel. A good percentage of 47% of the respondents reported to have had sex in lodges/hotels and 37% of respondents reported to have had sexual activity in the partners’ homes. These relationships are likely to have with women who are known to the respondents and not with commercial sex workers. This corresponds to the response of about 31% of the respondents that their sexual partners are someone known to them or friends. While the above mentioned places could be construed as being conducive with an intimate relationship providing considerable privacy the following places where sexual activities had been reported to have taken place would not have been so private; about 44% of the respondents said that they had sex in open places with no privacy as the opportunity arose. Open agricultural fields, in the shades of trees, road sides, and thatched sheds were some such places reported. The choice of place for sexual activities and the pattern reveal that most of the sexual activity is likely to have been hurried and perfunctory and not prolonged private and intimate activity as it should have been. This is of importance because it also reveals that most of these sexual activities (especially those practised in the open) are likely to have been unplanned and are not thus conducive for any precautionary measures like use of condom or ‘wash after sex’ to have been practised.

Use of condom

It was found that 76% of the respondents never used condom during sexual intercourse in the premarital period and 73% of married respondents
also did not use condoms. The rest revealed that they had occasionally used a condom. None of the respondents used condoms regularly for every sexual intercourse.

This is a very worrisome trend as it indicates that the respondents were at high risk of contracting sexually transmitted diseases and also infecting their partners. It is expected that condoms could be used as contraceptives especially during pre and extra marital sexual relationships. The fact that majority of respondents have not used condoms can be explained from the fact that CSW are the predominant partners in these situations. Those who reported that they used condom sometimes would be those who have had pre and extra marital intercourse with non-commercial sexual partners. It is noteworthy that only 3 of the 208 respondents in the study used condoms during their first sexual intercourse. This alarming rate of non-use of condoms during first sex experience would be explained by the fact that the mean age of first sex experience is 18. Respondents were very unlikely to have knowledge about condom at that age and even if they had known they would not have been able to procure or would have been prohibited from procuring condoms. This phenomenon further gives evidence to the view that the CSWs should be motivated to take the initiative in using condoms as the age at first sex experience is unlikely to shift to an older age. It is imperative that parents and teachers get involved in sex education considering the low age at first sex experience and the non-use of condom at first sex experience.

At the time of interview all respondents reported that they knew that the use of condoms would prevent the partner becoming pregnant. But only 19% know that condoms helped to prevent HIV or other sexually transmitted
diseases. This was probably the most important factor for the non use of condoms. In addition the following reasons were also offered for the non use of condoms.

The predominant reason offered by respondents both during premarital period (57%) and in the marital period (32%) was that the use of condoms made sexual experience uncomfortable. Closely related to this is the claim made by the respondents that sex was unsatisfactory when condom was used. This was one of the reasons offered by 31% of respondents during premarital and 24% during the marital period. About 21% of the respondents in the premarital period and 14% in the marital period claimed that their partners also disliked the use of condoms and so they avoided using them. The same proportion (14%) of respondents offered "ashamed to buy" as the reason both during premarital and the marital periods.

A very small portion of 5% in premarital and 2% marital said that they avoided using condom during sexual intercourse as they did not want to make their partners suspect that they were in poor sexual health or they do not want inadvertently make their partners feel untrustworthy by using condoms. This reveals one of the most common beliefs that condoms are for immoral and for promiscuous people and not for "nice and healthy people". Thus some men might even avoid using a condom when having a sexual intercourse with a CSW just to prove that they are healthy and do not have any sexually transmitted diseases and would not think of using a condom while having sex with known partner who is usually assumed to be free of any STDs.
Knowledge of STD, HIV/AIDS

Only 19% were aware of HIV/AIDS before the interview however 36% of the respondents acknowledged that they were aware of HIV/AIDS during the interview. Even among those who were aware of HIV/AIDS before the interview (19%), only 80% knew that they could be infected if their sex partner is infected and only 70% knew that they could in turn infect their uninfected spouse/partner. The married respondents were no different in this aspect when compared to the overall.

By the end of the interview when questions regarding the mode of transmission of HIV were asked, 66% could correctly identify one of the predominant modes of transmission of HIV. All of the above could identify intimate sexual intercourse as the predominant mode of transmission. Still 34% had been ignorant of misconceptions about the mode of transmission of HIV such as that HIV was transmitted by casual contact.

Regarding the knowledge of STD, 88% of the respondents were aware that the sexually transmitted diseases are probably due to personal experience as 65% of them reported having atleast 1 episode of STD. After marriage the incidence of STD came down by about 10%. Among the marital group this proportion is 5% higher.
High risk sexual behaviour during premarital & marital period

All respondents were by definition promiscuous, depending on the type of high risk sexual behaviour that they indulged in. The following factors regarding the sexual behaviour of respondents were taken into consideration for the purpose of scoring.

1. The sexual activity in teenage
2. Events leading to sex in teenage
3. Type of sex partner
4. Type of sex practised
5. Contact with CSW
6. Use of condom
7. Number of partners per month in the last year.

The detailed method of scoring was outlined in the methodology section and the individual factors which are components of this score were discussed in detail in the preceding pages.

The high risk score was computed separately for the premarital and marital periods.

The maximum possible high risk score for the premarital period is 18 and for the marital period is 17. The high risk score for the marital period quantifies the extra marital sexual involvement. The average high risk score for the premarital period was 11 and for the marital period was 9 with a range of 5 to 15 for the premarital period. Those who scored 0 for the marital period were those who didn’t have any extra marital sexual relations. It should be
pointed out that nobody obtained the maximum possible score in either period. But nevertheless the average scores are indicative of a tendency towards significant risky behaviour rather than safe sexual behaviour among the respondents. The average high risk score decreased during the marital period indicating that the respondents were taking less risk after marriage.

**Influence of family interaction factors at various periods of life on high risk sexual behaviour in the premarital & marital periods**

The hypothesis that relationships in the family and parental behaviours at various periods of a person’s life have significant influence on the sexual behaviour is found credible to a large extent. There is a negative correlation between each of the family relationship scores and the high risk sexual behaviour scores. Hence, it can be inferred that those belonging to families with negative interaction are more likely to indulge in high risk sexual behaviour to a greater extent than those who belong to family with better interaction and parental influence.

It was found that the current or the just preceding family interaction and parental influence factors played a greater role in determining current risky sexual behaviour than factors operating in the relatively remote periods of a person’s life.

This is in a sense encouraging as it points to the fact that interventions aimed at modifying current adverse socio-cultural factors will still lead to reduction in risky sexual behaviour irrespective of factors that were operational earlier.
It can be inferred from the above results that intervention strategies should be aimed at modifying behaviour at every stage of a person's life, namely, early life, premarital and marital periods in order to facilitate safe sexual behaviour. At the same time the results suggest that intensive interventions aimed at modifying the relevant socio-cultural factors irrespective of the person's previous experience might also be beneficial in terms of reducing risky sexual behaviour.
GENERATED HYPOTHESES

The following hypotheses were generated from the study:

1. Relationship in the family and the sexual behaviour of a person are associated.

2. The parental behaviours in a family and the sexual behaviour of a person are associated.

3. There is a significant relationship between unguided source of knowledge of sex, manner of initiation leading to promiscuity.

4. There is association between smoking in the teenage and sexual promiscuity.

5. There is association between drinking in the teenage and sexual promiscuity.

6. There is association between seen sex movies in the teenage and sexual promiscuity.

7. There is association between outings/picnics with peers in the teenage and sexual promiscuity.

8. There is association between smoking in the premarital period and sexual promiscuity.

9. There is association between drinking in the premarital period and sexual promiscuity.

10. There is association between seeing sex movies in the premarital period and sexual promiscuity.

11. There is association between outing/picnic with peers in the premarital period and sexual promiscuity.
12. Unhappy marital life and extra marital sexual behaviour are related.

13. External influences such as nature of work, place of work and proximity of CSW centers affect the sex life of a person.

14. Lack of in-depth knowledge about HIV/AIDS significantly affects the sexual practices leading to high risk behaviours.