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Menarche to Marriage: Sexual Health Behaviors of Young Women in Rural Gujarat, India

Suzanne Fall

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MENARCHE TO MARRIAGE:
SEXUAL HEALTH BEHAVIORS OF YOUNG WOMEN
IN RURAL GUJARAT, INDIA

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B.S., University of Connecticut, 1989

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MENARCHE TO MARRIAGE:
SEXUAL HEALTH BEHAVIORS OF
YOUNG WOMEN IN RURAL
GUJARAT, INDIA

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2001
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Chapter 1: Youth in the Changing World

This thesis focuses on the social and sexual lives of unmarried women in a rural, industrialized setting in Gujarat, India. Because the period between menarche to marriage is one of particular vulnerability for young women, social traditions are often established to protect young women during the transition. As industrialization occurs in the developing world, the cultural safeguards are weakened through the changes in family structure, migration of people to urban areas, and influence of the media. The slow adaptation of cultural norms to the changing environment results in an increase in risks for this group of young people. Among these risks are those resulting from sexual behaviors.

More than one in three people are between the ages of 10 years and 24 years and 80% live within the developing world (Rivers, 1999). This figure continues to increase because the continuing fertility rate is beyond replacement levels within developing countries.

Researchers interested in this stage of development have had disagreement about defining the definition of this period. There are many terms that describe the phase between menarche and marriage for women. Terms include: youth, young people, adolescents, teens, and young adults. The variable of age is often used to specify this period; it includes ranges from 10 years to 19 years, 13 years to 19 years, and 10 years to 24 years. Still for others the benchmark of puberty has been used to indicate this period of time.
The term *puberty* is often used to define the beginning of this period. Puberty generally refers to the onset of a body’s hormonal changes leading to the physical and sexual maturation into an adult. These physical changes, for both men and women, are visual cues of the process often known as adolescence. Puberty usually occurs within the age range of 9 years to 16 years. The completion of physical maturity does not mark the end of development. Rather, there is also an expectation that individuals will acquire the skills necessary to behave like an adult and to accept the social responsibilities of being an adult.

For the purposes of this study, the term *young women* will refer to females who are within the timeframe beginning with menarche and ending at marriage. Generally, the period is about three to five years long. Variability exists at both the onset and end of this period, based on cultural and national practices. The variance of menarche is associated with socio-economic and nutritional improvements while the variability of marriage arises more from the social, cultural norms and traditions of each society. Other factors that contribute to the social and sexual behaviors of women include social status, education, urbanization, the specifics of female sexuality, and access to services.

*Menarche*

Onset of menarche has been shifting towards earlier ages. Studies show the age of menarche has been inversely correlated with socio-economic status (Marshall, 1986). It is theorized that the trend is dependent primarily on improved nutritional status (Bongaarts, 1980). The shift in age of onset carries a potential for increased risks for women in developing nations. These risks include earlier parity that reflects higher maternal mortality rates for these young women especially in developing countries (Singh, 1998)
An additional risk is the increased timeframe for an unintended pregnancy, especially among pre-marital sexually active women. Not only does menarche bring physical changes and risks but it also carries social implications dependent on cultural norms.

Most cultures view the onset of menstruation as a time of celebration. Attaining womanhood represents fertility; in many cultures a woman’s most valuable duty is bearing children. Celebrations vary from community-wide rituals to very private family acknowledgement. Other cultures exhibit little public or family notice of this milestone. Social beliefs impact the rituals surrounding menstruation.

Young women are believed vulnerable during menarche. This belief promotes societal restrictions and domination of the affected young women in order to affirm their social reputations and marriageability. Two conditions are believed to arise at menarche. Young women will naturally seek to express their sexuality. Within societies that value virginity at marriage, the tendency to express sexuality threatens young women’s marriageability. The second condition is that men often view young women as sexual objects, thereby increasing sexual vulnerability for the women.

Societies often impose restrictive social norms on the behavior and freedoms of women in order to protect them and their social reputations. Not only must newly menstruating women make overall social adjustments, but they also must adhere to their culture’s rituals surrounding menstruation.

In many societies, a menstruating woman is considered unclean. Each society has proscribed rituals that often include isolation from the community during the monthly
cycle. Restrictions may prohibit a woman’s involvement in community events and celebrations as well as worship.

The duration of time between menarche and marriage can vary depending on the onset of menarche and the cultural norms for the appropriate age of marriage.

**Marriage**

In patrilocal societies, the institution of marriage often represents a union of two families based on economic resources. The system of dowry, along with inheritance patterns through male lines and arranged marriages within castes, serves to ensure the maintenance of socio-economic status of a family lineage (Caldwell, 1998).

Throughout the developing world, the age of persons entering marriage ranges from less than 16 years to as much as 27 years (Singh, 1996). Though unusual, some societies may arrange marriages for pre-pubescent women. The other end is reflected in Sri Lanka, where many young women live over a decade and a half as single, post menarche. The average age of marriage for women in Sri Lanka is 27 years. Societal norms restrict young women’s activities in order to preserve their virginity or social reputations until marriage (Silva, Schensul, et al, 1997). The process of increasing industrialization is leading a trend towards delayed marriage. An inclination towards greater levels of education for women and governmental legislation mandating older age before marriage may also be responsible for the delay in marriage.

The current trend toward a delay in marriage for both men and women extends the psychological and financial burdens for the families of young women. To ensure acquisition of a suitable partner, families often take great care to preserve the social purity
of young women until their marriage. Often, this translates into restrictions for young women.

Young women who marry early have little social development support as they transition towards adulthood. Early marriages often mean that young women are removed from their familiar natal homes and placed into new roles as wives and daughters-in-law. New responsibilities—domestic, social, and physical—also emerge.

In societies that support delayed marriages, young women also suffer increased risks. An extended post-menarche/premarital period increases isolation of the young women among their peers and community. Often, the isolation is an attempt to maintain young women’s virginity. In developing countries, the timeframe between menarche and marriage is increasing. However, culturally related expectations and opportunities for young women are slower to change.

**Social Status**

In patrilocal societies, women in general have lower status and girls and young women hold a precarious social position. From birth, a female child is considered an expense to the family. The expense is perceived as monetary as well as emotional because young women maintain a temporary status within the family.

The preference for male children is apparent in many ways. Recently, the use of sonograms and their increasing accessibility has promoted female feticide in many developing countries. Female infanticide in developing countries may emerge in various forms: fewer months of maternal breastfeeding, decreased frequency of medical attention, and less time spent by parents with female children for nurturing, attention, and play (www.un.org.in/ Women in India: How Free? How Equal?).
In India, objective data establishes a higher incidence of child mortality rates for girls; thus, indicating male preference. Female children die at a rate of 37 per 1,000 compared to male children who die at a rate of 25 per 1,000 (International Institute for Population Sciences IIPS). Not only do males receive preferential physical development opportunities, but they are also provided greater opportunities for education and skill building. Education and skill building increase the chance for economic independence. Mobility, peer interaction, and fewer domestic responsibilities for males further support a family's desire for male offspring.

**Education**

Many factors determine the extent of formal education for young women within the developing world. Some circumstances may improve the chances of continued education while many others may serve to discourage further formal education.

In environments where cultural beliefs equate sexual maturity with sexual promiscuity, menarche can interrupt the process of formal education. As young women are removed from schools, their opportunities for public interaction with men decrease thereby reducing their opportunities for sexual relations.

Early marriage also contributes to early removal from school. Marriage requires that young women learn the skills necessary to perform the duties of wife and daughter in law within the new home. Many societies believe that domestic duties, including childcare, require little formal education. In these societies, men continue their formal education and very often improve their employment potential.

The majority of developing countries offer few skilled occupations for women in lower socio-economic positions. Because those women have access to limited
employment opportunities and possess decreased potential for financial gain, the need, or value, of education is generally limited to women in higher socio-economic positions. In addition to domestic responsibilities, women often assist in subsistence agricultural labor. Women who engage in outside employment receive very limited financial compensation. The United Nations estimates that women who perform the same labor as men earn less than 50% of the wage that men earn (www.un.org.in/).

Economic hardship is one of the most profound reasons for limited formal education for females. Worldwide statistics show a direct correlation between the level of poverty and the attendance of young women in school (Esim, S, 1999). Women at a greater poverty level show disproportionately lower attendance at school than men at the same poverty level. Female children are often given extensive domestic responsibilities, including childcare, allowing their mothers to engage in compensated employment. The lack of household finances and the need for increased domestic responsibilities restrict young women’s opportunities for continued education.

Cultural traditions as well as economic status generally limit young women’s chances of continued education. The process of urbanization that is currently effecting most developing countries may provide an opportunity for young women to achieve higher levels of education. As employment opportunities require greater skill and education, men are delaying the time of marriage. For women, the delay creates a greater period of time between menarche and marriage. Potentially, the extended period increases the likelihood of the current trend (albeit a slow trend) of increased formal education for women in the developing world, most notably within the urban areas (Bongaarts, J 1998).
According to the World Bank (1995), over the last three decades a greater number of adolescents are attending school for longer periods of time. However, there is still a significant difference between the number and level of males versus females that are receiving formal education.

Within the state of Gujarat, India during 1998-1999, school attendance percentages for males versus females between the ages of 6 years and 17 years was 82.8% versus 69.6% within the urban areas and 73.4% versus 56.7% within rural regions (IIPS). The data suggest that women continue to have less access to formal education, most notably within rural settings.

**Urbanization**

Economic changes that occur as a result of urbanization in the developing world have a great impact on the population. In particular, there is an impact on fertility rates. Employment opportunities that arise from development often result in increased levels of household income. When income rises so too does the cost of living. The shift in cost of living affects fertility rates; families that once included six children are only able to support two children. In addition to the economic changes, social and cultural norms are impacted.

In any society, the variation in cultural values can be extreme between urban and rural settings. Though both settings are affected, urban settings are exposed to and adapt more quickly to the influences of industrialization.

Industrialization introduces the influence of media in all forms, including television, music, radio, and personal interactions with foreigners. These stimuli expose individuals to behaviors and beliefs that often challenge the traditional cultural
proscriptions. Influences manifest in clothing selection, hairstyle, and music that differs from the traditional. Additionally, dramatic opportunities materialize for women.

Urban dwellers generally have greater levels of formal education than their rural counterparts. Higher levels of education often allow greater acceptance towards women seeking employment outside of the home. For women, employment may allow for greater mobility within their communities as well as a greater ability to contribute to the household finances. Young women continuing in formal education also experience greater peer interaction. Generally these opportunities for women occur in the upper socio-economic levels. Young women in lower socio-economic classes often experience increased risk for negative health outcomes.

When a family migrates from a rural area to an urban area for employment a shift occurs from a traditional patrilocal family structure to a neolocal family structure. The correlated lack of extended family reduces domestic help and childcare. Because of their family’s economic needs, poor, young, urban women are not the afforded the same opportunities as women of a higher socio-economic class. Movement into a community of migrants also presents greater variance in cultural behaviors and introduces belief systems that reduce community life cohesion. These circumstances create increasing risks for young women, especially in terms of sexual health.

Rural regions adhere much more strictly to traditional, cultural practices and norms. They tend to be resistant to the changes occurring within the urban settings. So, as young women are exposed to the changes in their society through television and other media, they often are given limited opportunities to express the ideas within their own lives.
The demand for improved employment creates an initial migration pattern of predominately men from the rural regions towards urban areas. The migration is often disruptive to the traditional expectations of a family. The wives and families left behind by men who migrate experience an increased burden. Decision making for the household, traditionally the husband’s duty, becomes the wife’s responsibility. The non-traditional family arrangement may mandate that the wife acquires outside employment to assist her family’s economic needs. The mother’s absence from the home often shifts the domestic burden, including younger sibling childcare, to the young women of the household. This newly imposed burden for the young women can further restrict their activities, including their attendance at school and interaction with peers.

The social expectations are not changing as quickly as the physical opportunities; thus, traditional norms permit greater risks especially to sexual health for young women in rural settings and urban centers. Great benefits often accompany urbanization. However, the benefits may be limited to those who are more privileged economically. It is important to realize that young women are often at greater risk because the traditional norms are weakened by the new demands placed on families.

Urbanization also presents the potential for civil unrest from individuals with financial expectations that are unmet. As levels of education increase, expectations for successful financial futures appear. The expectations motivate individuals to pursue superior employment. In addition, western influences also promise a successful life.

If the environment does not supply individuals with adequate employment opportunities, they may organize to demonstrate their collective influence and power. Throughout the developing world young, educated individuals have held demonstrations
and uprisings to protest the government’s inability to meet their needs. Governments must address the needs of this ever-growing, educated population.

**Female Adolescent Sexuality**

The cultural norm for most developing countries indicates that marriageability depends on virginity and that sexuality is expressed only in marriage. In fact, premarital conception has no place within most of these societies. Because the avoidance of premarital conception is essential, it results in severe restrictions on young women’s activities. However, despite the cultural expectations and restrictions, young women do engage in premarital, sexual relations.

The repercussions of early sexual relations pose serious social and physical dangers for young women (Weiss & Gupta, n.d.). Unmarried women risk social disapproval and threaten their marriageability. In many cases, repercussions include severe beatings.

Young, unmarried women who become pregnant outside of marriage often have no options other than the sometimes-risky terminations of their pregnancies. In an article reviewing 34 studies of adolescents within the developing world, between 10% and 40% of the women in the studies experienced unwanted pregnancies. The article cited that in those countries where abortion is legal 85% of women with unintended pregnancies selected to terminate (Brown, 2000).

Abortion in the developing world presents increased risk because of unsafe conditions. Shah et al estimate that 50 million abortions are induced yearly with 40% performed by unskilled practitioners in unsafe environments (Shah, 1999). The WHO estimates that between one and four million abortions per year are performed on women
under the age of 18 years (Who Fact Sheet 186). Because of the socially associated negative outcomes, abortion statistics are almost certainly underreported.

Unwanted pregnancies among all women occur for many reasons: lack of knowledge concerning conception and contraceptive use, lack of access to contraceptives, inability to self-determine use of contraceptives, peer influence on decisions to engage in sexual relations, and lack of adult support in education regarding sexual health. Studies suggest that adolescent who are older at their first sexual relations, are more likely to utilize contraceptives at first sex (Blanc, 1998).

Contracting a sexually transmitted disease (STD) is an additional physical health risk associated with sexual relations. STDs, including HIV, are most common among people between 15 years and 24 years of age (WHO, 1995). It is estimated that in developing countries between 8% and 12% of male youth experience STDs and between 1% and 6% of female youth experience STDs (Brown, 2000). According to the WHO, each year one in twenty adolescents contracts a curable STD, not including viral infections (WHO Fact Sheet 186). In 1995, the WHO estimated that people under the age of 25 years represented 50% of those carrying HIV infection. Young people are particularly vulnerable to the transmission of STDs.

Women are four times more vulnerable than men to contracting an STD (WHO Fact Sheet 242) because they lack the social power to control sexual relations, the knowledge to prevent infection, and the ability to access methods to protect from infection. Additionally, primary schools in developing countries offer little to no health education and many adolescents complete their education before they receive information on sexual health. In societies where premarital sex is discouraged, adolescents fear
approaching healthcare providers. STDs often go untreated or mistreated. When sexual partners use no condom, an untreated or mistreated individual is at greater risk for contracting HIV through further unprotected sexual relations.

For women, untreated STDs can lead to serious outcomes such as cervical cancer, ectopic pregnancies, and sepsis (WHO Fact Sheet 249). If their large mucosal area is exposed to infection, women have an increased risk of contracting STDs. Cervical cells are more susceptible to chlamydia, gonorrhea, and HIV (Van Dam, 1995). Many STDs in women are asymptomatic—60% to 70% of gonococcal and chlamydial infections—or symptomatic for only a short period of time (WHO Fact Sheet 249). Untreated infections lead to greater risk of contracting HIV.

Though menstruating, young women do not achieve full maturation until several years following the onset of menarche. Women who are not yet mature have not fully developed their mucosal defense systems and often experience less than optimal lubrication of the vaginal lining (Van Dam, 1995). Lack of lubrication makes these women more susceptible to vaginal tearing upon penetration and increases the risk of contracting STDs upon exposure. This is especially evident in coerced sexual relations (WHO Fact Sheet 242).

Additionally, the natural lubrication of adult females flushes the vagina of foreign substances. Immature bodies are not as efficient at cleansing their vaginas of semen. Sperm holds greater amounts of HIV than female secretions; consequently, young women experience increased exposure to infection (WHO F. S. 242).

The rate of new HIV infections among young people continues to rise. UNAIDS estimates that in 2001, 14,000 new infections will occur per day. Of that number more
than 95% will occur in developing countries. UNAIDS further estimate that 6,000 new infections among young people between 15 years and 24 years of age will occur each day. (www.unaids.org/epidemic_update/report_dec01/index.html).

Fewer than 10% of unmarried adolescents in developing countries report using condoms (Blanc, 1998). Further, because of inexperience and lack of knowledge, adolescents are less likely to use a contraceptive at the time of first sexual relations (Blanc, 1998).

Because of increased risk, young women face demonstrated vulnerability to negative sexual health outcomes. Clearly young women need access to friendly reproductive health services.

**Access to Reproductive Health Services**

Regardless of their marital status, adolescent women face significant reproductive health risks. The negative outcomes of sexuality are often the result of insufficient knowledge of contraceptives and safe sexual practices. Blanc and Way (1998) studied contraceptive knowledge and use in women. The study compiled data from DHS surveys in 36 developing countries. It found that most women knew of at least one method of contraception but that adolescent women demonstrated at least 10% less knowledge than adult women.

Contraceptive use in adolescent women is especially low because of several barriers. In cultures that encourage early marital pregnancy, women have virtually no social reason for using contraceptives (Singh, 1998). Young, married women lack knowledge of the risks of early pregnancy and feel that the cultural norms prevent them from seeking support from local healthcare providers.
Unmarried, sexually active young women are two times more likely to know of a contraceptive method than married adolescents (Blanc and Way, 1998). Severe social and physical repercussions for premarital conception encourage unmarried women to learn of contraceptive methods. Barriers to proper reproductive health services continue to exist for all women, especially unmarried, sexually active women. In many countries, social disapproval of premarital sex limits women’s abilities to seek information and to access contraceptives. These restrictions and belief structures lead to erratic use of contraceptives by youth who have a superficial knowledge of safe sexual practices (Brown, 1998).

Men often determine women’s reproductive health opportunities (Gage, 1998). Even though women have knowledge of and access to contraceptives, they are often unable to negotiate safe sexual relations with their partners because of their limited social power. Women also exhibit limited use of contraceptives because they fear losing their partner or provoking his anger, and fear disclosure of their sexual activity. Furthermore, many young women have limited physical mobility within their communities and are unable to seek support from healthcare providers.

Adolescents lack adequate healthcare. The transition from childhood to adulthood often leaves young people without needed services. In cultures that encourage early marital pregnancy and forbid premarital sexual relations, friendly healthcare services are non-existent. Young people face significant social consequences when they are forced to seek services from unsympathetic healthcare providers. The lack of understanding and support by healthcare providers increases the negative outcomes to these individuals. A delay in seeking assistance leads to the perpetuation of the problems with their sexual
partners. Accessibility to healthcare is a moot point when social support of reproductive healthcare is not present. As the developing world continues to extend, and the influence of urbanization increases the risk of negative sexual outcomes, it is vital that education and healthcare services for adolescents are available and accessible.

Currently, healthcare programs in developing countries target mothers and children. Worldwide attempts to lower mother and infant mortality rates through maternal/child healthcare programs have neglected to meet the needs of young, unmarried women. As the population of young, unmarried women increases in developing countries because of delays in marriage, the need for healthcare services escalates. Providing services to this group remains an obstacle.

In traditional societies, elder community members are often responsible for allowing access to young women. Justifying the need for sexual health education and services is difficult, at best, when the elders expect young women to abstain from sex.

It is clear that as industrialization occurs, the rate of premarital sexual relations increases and young women continue to face serious social and physical risks from unprotected sexual relations.
Objectives of Study

The majority of young women live within the developing world. Urbanization impacts the daily lives and opportunities of young women while the cultural expectations and norms within newly urbanized communities are slow to adapt to change. The once protective, traditional norms fail to safeguard young women from the increasing risks of sexual relations.

The region of Nandnagar is a typical setting for many of the world’s young women who inhabit industrializing, rural regions. The circumstances in Nandnagar—education, social status, female sexuality, and access to healthcare services—may provide assistance in the development of intervention strategies within other developing countries.

The purpose of this study is to:

- describe the current cultural circumstances of the young women within the region of Nandnagar
- identify the sexual attitudes, knowledge, and behaviors of these young women
- enumerate the potential risk factors for these sexual behaviors
- consider improvements for programs aimed towards the development of these young women
Chapter 2: The Study Population and Methods of Data Collection

India’s population is one of the fastest growing among developing countries, currently, exceeding 1.04 billion. This population represents more than one-sixth of the world’s total population. Nearly three-quarters of the Indian population live in rural areas. The density of India’s population has shown a steady increase from 177 persons per square kilometer in 1971 to 274 /km2 in (www.gujaratindia.com/ss/ss1.html). With increased pressure on the land there is a greater need for more successful and strategic management of crops and land use to meet the continual increasing population demands.

Both the population growth rate and the resulting impacts on the environment raise concerns internationally about how the country will manage its own needs, and how its population will impact on the rest of the world’s economy and resources.

Political History

There are several items to consider when attempting to understand and assist in the development of India. These include the history of the country including the current governmental system, the economic state of the country and its people, the social customs and norms that guide the daily behaviors and beliefs of the people, and the current direction of the country in relation to its recent past.

The Indus Valley, currently known as India including what is presently known as Pakistan, Bangladesh, and Nepal is one of the oldest civilizations on earth. It dates back approximately 5,000 years. In BC 1,500, the area was invaded from the Northwest by Aryan descendents and, merged with the previous inhabitants. These groups combined to develop the basis for ancient Indian culture. Over the course of history, invasions from
first the Arabs and then the Turks influenced the culture. In the late 1400’s, Europeans made their way to the region and by the 1800’s Britain assumed control of most of the territory. Although there was resistance to this colonization, it remained until the passive resistance movement of Mohandas Gandhi in 1947. Gandhi’s movement lead to the independence of India on midnight of 15 August 1947. Independence did not take place with a smooth transition; partly due to religious differences, agreement on leadership could not be resolved. In 1948, the resolution partitioned the country into a predominately Muslim Pakistan to the northwest and into a secular India. In 1950, present day India became the democratic Republic of India. Still later in 1971, a conflict between India and Pakistan resulted in the formation of Bangladesh as a separate nation. The current government is a federal republic system.

**Economics**

Under the newly established government, India’s economic state of affairs was quite poor. The country relied heavily on foreign aid to meet the food needs of its population. The government established five-year economic plans to organize and direct the country’s economic growth. The country has made great strides towards the goals of increasing the economy’s growth rate, establishing crop development, and growing industry and military defense. Currently, India is in its ninth five-year economic plan. In the year 2000, the breakdown of the workforce sectors was 51% in service positions, 25% in agriculture and 24% in the industries.

India is considered a major Asian economic power despite approximately 35% of the population living in poverty. In 1998, the Indian market was opened to multinationals
and garnered gains in export of information technology which boosted India’s economy. Between April and September of 1999, exports of software grew by over 50%.

**Social History and Progress**

In 1975, under the leadership of Indira Gandhi, an attempt was made to control the population growth. The general policy, though controversial, was to encourage family planning primarily through sterilization in families that had two or more children. India has made steady progress over the past 50 years to lower the total fertility rate to its current level of 2.9. In addition, the crude birth rate has decreased from 40.8 births per 1,000 population in 1951 to 26.4 per thousand in 1998. Other significant improvements include a 50% reduction in the infant mortality rate from 146 per 1,000 to 72 per 1,000 live births in 1998. Another gain made since independence, is the increase of life expectancy from 37 years to 62 years.

Though India continues to progress in most aspects of life, the country lags behind other similarly developing countries such as China, Vietnam, and Sri Lanka in many social and health related areas. This is evident in basic living conditions: 60% of Indian homes have electricity, 39% have piped drinking water, and only 36% have toilet facilities. Nearly 75% of males and 51% of females currently older than age 5 are literate (IIPS). Females continue to have significantly less education compared to males, though overall the percentage of children attending school has increased.
**Cultural Diversity**

India is enormously diverse. There are 15 official languages in addition to English and Hindi and 24 other languages are spoken by populations of one million or more. A variety of religious beliefs also adds to the diversity. The majority of households (82%) are Hindus. 12% are Muslim, 3% Christian, and 2% Sikh. Muslims primarily inhabit urban areas, where they comprise 15% of the households. (IIPS).

The caste system is another significant influence on cultural diversity; there are four major castes. The scheduled castes are lowest on the social ladder. They are expected to follow strictly proscribed rituals and practices and are subject to prejudice. Scheduled classification represents 19% of households (IIPS).

**HIV/AIDS**

In 1986, the first case of AIDS was reported in India in the state of Madras (NACO-HIV/AIDS). The UNAIDS report in December of 2000 estimated the adult rate of HIV positive individuals at 0.7%, which translated to 3.7 million people. This number is higher than any other country in the world. Though the prevalence rate is low, the absolute numbers command great attention for the management of the disease within the population. According to the WHO (F. S. 242, 2000) nearly all transmission in south east Asia occur through heterosexual contact and 30% of the total adult cases are among women.
The land mass that is now known as the State of Gujarat, India is located in western India. Evidence has been found linking this region to the earliest settlement of Indus Valley civilization (BC 1500). The region was mainly of Jain religion, under the rule of Rajput dynasty during the eleventh and twelfth centuries. Later by nearly AD 1400, Gujarat became an independent sultanate with enormous wealth. By the early 1500’s, Portuguese conquests acquired a portion of Gujarat and later the remainder came under the control of the Mughal empire of India. This Muslim influence was challenged by the Marathas, a powerful group of Hindu warriors instrumental in the fall of the Mughal empire. The Marathas controlled Gujarat until the mid-1700’s.

Gujarat was later controlled by the British East India Company until India’s independence in 1947 ("Gujarat." The Columbia Electronic Encyclopedia). Nearly 90%
of the population of Gujarat are Hindus. This state prohibits the sale or consumption of alcohol.

The population of Gujarat after the 2001 census was nearly 50,600,00. This number represents nearly 5% of India’s total population (www.gujaratindustry.gov.in/glimpses.html). Gujarat has a strategic location with a long coastline that allows for excellent trades routes to the Middle East and Africa. Gujarat has history of a highly skilled work force with great entrepreneurial capacities. It boasts extensive transportation infrastructure including roadways, railways, and the greatest number of airport fields in any state of India, in addition to its waterway access.

Gujarat’s largest crops are groundnut, tobacco, cotton, and bajara (millet). Industries within the state include mineral mining, pharmaceuticals, textiles, chemicals and petrochemicals. The Gujarat workforce is also developing skills in engineering, iron, and fertilizers (www.gide.gov.in/). The state of Gujarat recognizes that the fastest growing industry is information technology and has created incentives to encourage further expansion of opportunities.

Health and social indicators show that the total fertility rate is at 2.72, above the ideal rate of 2.08. The infant mortality rate is 62.2, below the country’s average. The percentages of illiteracy (male/female) are 23.3/46.4, just below the country’s average. The mean number years of schooling is above the country’s average (male/female in years) 6.3/3.2 years.

Data collected by the State AIDS cell in Gujarat during 1994-96, tracked the number of HIV cases among individuals attending the sexually transmitted disease clinics. The region of Surat reported 17.35% HIV prevalence. During the same period, the
area of Vadodara (near to our study area of Nandnagar) reported a rate of 10.6%. The districts of Surat, Ahmedabad, and Vadodara have been identified as high prevalence regions for HIV. Because of these statistics, programs have been initiated to prevent the spread of STDs, including HIV (situational assessment).

**Nandnagar Region (pseudonym)**

The study area of Nandnagar is located some 20 or more kilometers outside the city of Vadodara in Gujarat, India. The landscape outside of Vadodara is somewhat barren with ravines and scattered scrub brush. Small villages line the highway out of the city towards the study area of Nandnagar. The horizon is easily visible at all points along the ride from Vadodara.

The roadway entering Nandnagar is considered a major highway and is a crossroads as it connects the nearby states of Rajasthan and Maharastra to Gujarat. The roadway is heavily traveled by truckers carrying goods to and from these states. The region of Nandnagar is particularly busy as it provides refueling and offers a convenient rest area for truckers moving to either northern or southern destinations. In addition to being near a major highway, Nandnagar is situated along a railway which provides another means of transportation of goods through the country.

In the 1970’s, chemical industries received governmental incentives to locate in the region of Nandnagar and over 200 chemical companies moved into the region as a result. This transition greatly influenced the daily lives of the Nandnagar inhabitants. Historically, the majority of the rural area inhabitants were subsistence farmers of millet (*bajara*) for consumption and tobacco. As a result of the transition towards industrialization, many employment opportunities arose for the local population.
Currently the population of the Nandnagar region is between 50,000 and 55,000 within 26 villages. Eighty to eighty-five percent of the population are immigrants from more than 400 years ago. This group is predominately from a caste named the Rajputs. The Rajputs have a reputation for great dominance of, and restrictions on, the women of their community.

In more recent times, Nandnagar has received transients who are predominately single male immigrants from the states of Maharastra, Rajasthan, Kerala, Uttar Pradesh, and Bihar. These young men generally seek employment opportunities in the chemical industries.

Currently more than 50% of the local families have at least one member employed within the chemical companies. With the shift in employment opportunities, farming is no longer the only source of livelihood.

In addition to the industrial shift is the greater opportunity for self-employment. Tea stalls, small grocery stores, and skilled trades such as tailoring have benefited by the increase in wages of employees within the local industries.

In 1997, the socio-economic status of the area communities was 9.5% upper class, 74.5% middle-lower class, and 16% lower class. The classes were distinguished by the following: upper class had a pucca (stone or tile) house, and assets including television, fan, gas stove, and two- or three-wheelers; the middle-lower class had a semi-pucca house, fan, radio, or cycle or gas stove; and the lower class had a kuccha (mud/thatching) house, no fans, radio or cycle and only chullah (dried mixture of cow dung and straw) used for cooking.
Despite the significant increase in wages brought by the employment within industries, the infrastructure of the region has shown little significant change over the last 20 years. Currently, most homes have electricity and piped drinking water is at least within a short distance. The roads connecting the villages are made of dirt and poorly maintained asphalt. Transportation within the villages is predominately by foot, bicycle, motor scooter, or auto rickshaw. Very few city buses pass through the villages; rather, transportation out of the area can be obtained at the major crossroads.

With the great presence of truckers through the area and an increased number of migrant, industrial workers (married without the company of their spouses and unmarried men) the demand for the brewing and selling of illegal alcohol (daaru) and the demand for sexual services has increased. These two activities introduce risks to the overall health of the community.

**Methodology**

**Organizational Base**

In the early 1990’s, the Ford Foundation (New Delhi office) funded John Hopkins University for the development of capacity building for reproductive health research and specifically sexuality studies among universities, research institutes, and non-governmental organizations in India. Through the 1990’s, the project provided consultants on research methods and qualitative data collection to various sites throughout India. In 1998, Dr. Stephen Schensul from the University of Connecticut Health Center and Center for International Community Health Studies (CICHS) joined the consultant team based on his work on youth and sexual risk in Mauritius and Sri Lanka. He consulted with sites in Mumbai, Vadodara, Pune, and Delhi.
One site engaged Dr. Schensul in collaborative work with the Deepak Charitable Trust (DCT) with emphasis on a project that examined mechanisms of sexual risk reduction among men and women involved in pre-marital or extra marital relations in rural Gujarat. This was titled the multi-partner relation program (MPP). The DCT made a specific request to identify student help. Because of this initiative, I became involved in the initial stages of data analysis and participated onsite in India over a three month period. Analysis and primary data collection forms the basis of this thesis. The DCT is the non-governmental intervention organization that sponsored this research.

In 1981, Deepak Medical Foundation (DMF) was established by the Deepak Nitrite Ltd. and Deepak Fertilisers and Petrochemical Corporation Ltd. The DMF was organized to provide medical care to the community members in the region of Nandnagar. During the 1990’s, DMF evolved into an organization emphasizing preventive care versus curative care. The DMF consists of one central medical facility staffed by a resident physician and support staff. It also supports weekly OB/GYN and sexual health care clinics.

In 1982, the DCT was founded to provide welfare services to victims of natural disasters. Slowly, the priorities of the DCT shifted to providing integrated community based programs.

The DCT currently has a well-established network within the communities. They employ and train community members to assist in disseminating information and to meet the health and welfare needs of the community through capacity building intervention programs. The DCT home office in Baroda has primary responsibilities for administration, training, and data analysis. The DCT also has an office associated with
the DMF hospital for organization of its fieldwork staff members. The DCT employs program managers who work closely within the villages as well as field supervisors who visit the villages on a daily/weekly basis to implement the DCT’s programs. The field supervisors live within the local villages or at a dormitory adjacent to the DMF hospital. The proximity, especially in the case of those living within the villages, encourages a rapport with the community members. Field supervisors are responsible for identifying community members to be employed by DCT as village health workers (VHWs) and Anganwadi Workers (ANWs).

VHWs are community members trained by DCT to assist the field supervisors in implementing DCT’s programs. They also become spokespersons for many community members and voice concerns to DCT. The Anganwadi workers are responsible for managing a preschool for local children that includes a meal supplementation program.

“Deepak’s goal throughout intervention programmes is capacity building of the community and sustainability of programmes with emphasis on information, education and communication (IEC) and supportive in prevention and treatment of health problems” (Situational Assessment). The DCT has many programs that aim is to empower women through healthcare, education, economic independence, and legal aid. The DCT recognizes the importance of education of, and communication with, men and thus encourages male involvement in many of its programs whose primary targets are women. The programs include:

- Capacity Building and Women’s Empowerment
- Women’s Dairy Co-operative
- Cattle Care
- Savings and Credit Society
- Skill Development
- *Yuvati Vikas* - adolescent girls’ development through reproductive and sexual health education
- *Mahila Jagruti Shibirs* - general and reproductive health, education, legal rights, social issues of widow remarriage
- Legal Aid Centre - weekly meetings held by lawyer educating women of their legal rights
- Anganwadi: aimed at child healthcare including pregnant and lactating mothers
- Village Health Workers (VHW)
- Support to Gender Issues: Adolescent Boys and Girls
- Capacity Building of Rural Women in Reproductive Health
- Sexual Health: addresses male sexual concerns about HIV/AIDS prevention

In 1997, the DCT received funding from the British Department for International Development (DfID) for a four-month situational assessment within the region of Nandnagar. This funding was motivated by the increasing HIV epidemic and its relationship with other sexually transmitted diseases. This study served as the beginning of an ongoing initiative by the DCT, the Multi-Partner Relationship Program (MPP)
**Multi-Partner Relationship Program (MPP)**

The three main objectives of Multi-Partner Relationship Program study were to identify the sexual behavior patterns within the villages of Nandnagar especially targeting high-risk groups, to learn the sexual vernacular of the different groups, including the perceptions of sexual health problems, and, to understand the methods sought to deal with sexual health problems. The methodology for the present study originates in the situational assessment conducted in 1997 by the DCT utilizing the MPP.

The methodology used by DCT to collect data and subsequently implement intervention strategies is based on the key principle of building rapport within the communities. This rapport incorporates the necessary element of respect for the elders within the communities. Respect is key to the success of any research or intervention within India. Endorsement from the elders commands greater participation from others within the community. The success of the DCT’s intervention programs is largely due to this philosophy.

**Step 1: Situation Assessment**

The DCT specially trained its staff to conduct the qualitative interviews and other data collecting methods for the situational assessment. The methods included social mapping with small groups to discuss topics of high sexual health risks as well as open-ended interviews with key informants, including health workers, community leaders, and community workers. Other methods were observation, visits to locations that distribute or sell condoms, and in-depth interviews with sex workers, men having multiple sexual relationships, and healthcare providers.
Assessments indicated a high prevalence of sexually transmitted diseases (STD), high frequency of individuals involved in multi-partner relationships with negligible condom use, early initiation of sexual activities, and that economic need encouraged women to engage in multi-partner relationships.

The DCT conducted 89 village meetings among the leaders and members of the communities. The discussions produced positive feedback from the community. The community requested discussions with children to reduce early sex, greater condom availability within the communities provided by sources within the community, income generation activities for women, especially widows in multi-partner relationships, and the development of education programs within the communities. Because of favorable response from the community members, the DCT continued with its investigation of the current sexual health circumstances and began intervention targeted at the high-risk groups.

**Step 2: Identification of Men and Women Involved in Multi-partner Relationships**

DCT began identifying men and women in high-risk sexual relationships. Married men and women who were participating in any sexual relationship that did not include their spouses were included in the study. Unmarried individuals who were having sexual relationships were also included in the study. Each group was separated into single partner relationships and multi-partner relationships. Among the group of married individuals, single partner relationships were identified as men or women having one sexual partner outside of their spouse. Individuals having two or more partners outside of their spouse were identified as participants in multi-partner relationships. Unmarried
individuals with one partner were categorized as single partner and those in more than one current relationship were considered in multi-partner relationships.

The study relied on many approaches, including self-identification, to identify individuals. The DCT’s regular presence within the communities and the various health talks and *mela’s* (community education fairs) raised awareness of the risks of multi-partner relationships. The forums encouraged men and women to voice their concerns and to question DCT staff members in private.

Village health workers (VHWs) also served as a source of identification/recruitment. VHWs all live within the villages and work with the DCT’s field supervisors. Community members provided a third source of identification by naming those in attendance at the DCT sexual health education meetings. The final means of identification came from individuals seeking treatment for STD’s at DCT clinics. These strategies are ongoing. One of DCT’s primary goals within the sexual health program is intervention to reduce high-risk behaviors.

The richness of the data collected by the DCT field supervisors comes from establishing rapport prior to gathering the sensitive sexual behavior information. One DCT worker engaged in several in-depth interviews with each person, collecting information surrounding the circumstances that initiated the high-risk behavior. The DCT staff informed the individual regarding confidentiality and explaining that the general circumstances would be analyzed to better assist the community in future programs.

**Step 3: Baseline Survey**

Once the relationship was established, the DCT field supervisors asked a survey of quantitatively oriented questions developed by the DCT. Because the respondents were
uncomfortable when the DCT staff wrote notes in their presence, the interviewers recorded individual responses immediately following the interview. This method was considered quite reliable as the interviews were conducted after the DCT worker knew the individual and rapport had been established. The survey instrument contained questions regarding socio-demographic background, circumstances regarding the first sexual experience, partner history, current partners, use of birth control and condom use, and sexual health problems. Again the individuals were assured of absolute confidentiality. As of December 2000, 235 women and 180 men had been identified and interviewed.

**Step 4: Education and Counseling**

After they completed the surveys, men and women were educated and counseled regarding their high-risk behaviors. The DCT workers expressed their gratitude to the individuals for openly discussing the circumstances of their personal lives and explained how the individual’s participation assists the DCT in providing services that meet the needs of the community. The DCT staff empathized with the individuals and counseled about the risks that exist by continuing such behaviors. They educated individuals on the consequences (STIs, HIV and unwanted pregnancies) of risk behaviors. The DCT not only educated about risks, but they attempted to provide strategies for partaking in safe sex, such as the correct use of condoms. The DCT also gave suggestions for handling partners who refuse to use condoms. The DCT encouraged limiting the number of sexual partners and educated individuals about how to access health care when needed.

The DCT field supervisors continued to follow-up with all the men and women who were interviewed at the baseline. As of September 2000, analysis of follow-up data
indicates, 151 women had at least one follow-up after the baseline. The follow-up data included questions concerning the nature of the current relationships, condom use, sexual health problems, and treatment. Education and counseling are ongoing, in conjunction with the follow-up interviews.

**Unmarried Young Women - My Study**

**Time Line**

The DCT’s Multi-Partner Program (MPP) was initiated in response to the findings of the three-month situational assessment in 1997. The MPP established the database that, as of December 2000, included 235 women, married and unmarried, involved in high risk sexual behaviors. The reviewed database contained quantitative and qualitative data at baseline and on follow-up visits that had been completed by September, 2000. The database contained descriptive statistics and bi-variate analysis that provided the means to structure my study. The following describes my study design and methods with attention directed at the lives of young unmarried, non-school going women in the villages of Nandnagar.

My work with the DCT began in April, 2000 with review and analysis of the database of men and women involved in high risk sexual behaviors. Over a five-month period from April, 2000 until September, 2000, I analyzed the database for increased sexual health risks. The group of young, unmarried women engaging in high-risk sexual behaviors was of particular interest. The intent and design of my study originated from my interest in the group of unmarried women.

Originally, the study design included follow-up interviews with the already identified unmarried women from the MPP group. The interviews were to collect further
data on topics including the level of family communication and reasons for discontinuing school. I would compare this information to data collected from a group of sexually inactive, non-school going, young women. Early in the study, time became a factor as it often does in field research. Consequently, I decided to identify a group of approximately 25 sexually uninitiated women for in-depth interviews. By understanding the life circumstances prior to engaging in sexual relations, it may enable a continuum or a comparison between those women choosing to engage in pre-marital sexual relations and those choosing abstinence. I initiated my study using the following series of steps:

- Interview Key Informants
- Introduce Myself in the Communities
- Attend Village Focus Group Meetings
- Conduct In-depth Interviews
- Identify Sample Selection
- Establish Study Limitations

**Interview Key Informants**

Initial fieldwork focusing on the unmarried women began in September, 2000 with observation of the physical structures, landscapes, and the visual rituals and practices within village settings. The intent of my observation was to fill in gaps about the area of Nandnagar that I did not garner through study of the database. I began interviewing individuals considered knowledgeable of the cultural practices within the region of Nandnagar. Initially, these experts included the program managers of the various DCT intervention programs. They provided insight into the daily practices and responsibilities of women, especially young women, within the villages. During various
interviews, I was given the opportunity to interact with young women in DCT’s skill building classes. Beyond the DCT administrative staff, I was introduced to several of the field supervisors with whom I established close relationships. Two of these field supervisors provided great insight and recommendations about acceptable terminology for discussions within the communities. My interactions in the villages were dependent on the use of a translator.

**Introduce Myself in the Communities**

The field supervisors conducted frequent education group meetings among women in the villages. My introduction into the community came via two field supervisors who continued to provide support throughout the fieldwork experience. The first week I traveled with each of these women on their normal activities within the villages. The village health workers (VHW) in each village were introduced and the purpose of my presence was discussed. The field supervisors encouraged each VHW to accept me into the villages as a part of the DCT and to assist me in meeting requests for data collection over the next several months. On several occasions I attended the group education meetings and was included in the discussions. These formal introductions to the elder women of the village later proved advantageous to further fieldwork among the younger women. It is tradition that elders approve of the community events prior to their successful occurrence. My interest in the lives of young women was explained to the elder village women and they openly accepted the intentions. This time-consuming process laid the groundwork for acceptance into the communities. It must be understood that the behaviors and activities of these young women are carefully guarded by
community members. Further, it is generally difficult to discuss topics regarding the opposite sex, including sexual behaviors.

Attend Village Focus Group Meetings

The next process in the fieldwork was the initiation of conversations with young unmarried women. Criteria for inclusion in these groups was limited by gender only; that is, only women were invited to attend. The field supervisors again proved to be the key to success as they organized the first several meetings and maintained their presence during the discussions to ensure that the young women would feel comfortable speaking openly. Group discussions included from five to fifteen young women per session. Early on, we realized that the smaller group discussions proved more fruitful; soon thereafter, we limited the number of participants. Group discussions focused on topics relative to young women’s lives. They covered expectations such as their typical daily activities, marriage expectations and the cultural traditions associated with pre-marriage adolescence, and finally, the perceived differences between men and women socially and physically, including the associated rituals surrounding menstruation.

The focus group sessions served to develop rapport with the young women. These sessions also provided an opportunity to identify potential candidates for the in-depth interviews with young, unmarried and non-school going women. I relied on the field supervisors and the VHWs to determine the category of sexual activity of these women. Field supervisors and VHWs felt confident that they would know the status of nearly all of the girls. On occasion, supervisors acknowledged they were unsure of a young woman’s status and found other girls to include in the study. Because of the close monitoring of the girls in the villages and because the VHWs lived in the villages and
interacted with the girls, I felt confident that most of the activity of the girls would be known. As time progressed, the prerequisite of sexual activity status was lifted when we achieved the target number of 25 interviews of non-sexually active unmarried women.

**Conduct In-depth Interviews**

The expectation of the research was to conduct 25 in-depth interviews with unmarried, non-school going, sexually inactive women. As the fieldwork progressed and the goal was achieved, we conducted several interviews of unmarried women with sexual experience. The interviews were conducted in the home of the VHW. The VHW, or in some cases the DCT field supervisor, identified the appropriate young women and arranged for the meeting. In many cases, the presence of the VHW supported the interview, because the young women trusted the VHW. The VHW encouraged the young women to speak freely; the women were assured that their words would be confidential. Each interview lasted approximately 30 minutes. Interviewers follow an interview guide, asking questions about family structure, economics, education of parents and self, relations within the family, friends, daily responsibilities, marriage, boyfriends, meeting places, frequency of meetings, HIV awareness, aspirations for future, etc. Young women who were known to be sexually active (as identified by the VHWs), were careful not to speak personally. Rather, they spoke in generalities of typical situations that might occur regarding boyfriends. During these few interviews, we were careful not to intimidate the women, because they were unaware that we knew their sexual activity history. Very few of the interviews of the unmarried, non-sexually active women received follow-up interviews because of time constraints and availability of the young women. Time constraints on the young women often limited the depth of the responses. Leisure time for
these young women is limited. Obtaining their attention for more than 30 minutes was challenging, at best.

**Identify Sample Selection**

The total sample consisted of 82 unmarried women from the villages surrounding Nandesari; 56 had been sexually active, and 26 reported complete abstinence from sexual activity. The women were recruited into the sample by two means. Sexually active women were identified by DCT workers through the ongoing MPP. These women were referred to DCT by either the VHWs or other people in the community. They were identified as needing the support of DCT for education, health service access, or counseling because of their sexual health behaviors. All sexually active women have had a minimum of one contact with DCT workers for interviewing and counseling. The 26 abstinent women were also identified by the VHWs or the DCT field supervisors. Inclusion in the study was voluntary. The one requirement for inclusion in the study was that the women were unmarried. The only exception to this was one young woman who was married at an early age (*kanya daan*) but who had not yet been intimate with her husband. She returned home with her family immediately following the marriage ceremony and plans to stay until her family feels she is mature enough to carry out the duties of a wife and daughter-in-law. She was included in the sample and considered an unmarried woman.

The second, less strict, criteria was that the young women who remained abstinent must be non-school going at the time of the study. One or two of the women interviewed reported that they were currently awaiting admission into secondary school. They were
included in the study because they volunteered to participate and they were not currently attending school.

**Establish Study Limitations**

During my fieldwork in the villages (September, 2000 through November, 2000), not only did I participate in formal interviews but I also shared meals and casual conversation. I encountered several obstacles arranging individual interviews. The first, and most common, was the inaccessibility of the young women. Non-school-going women generally had daily responsibilities and little free time, especially in the morning hours. Often, the young women were reluctant to speak to me. Some feared that they would be asked questions on subjects that they were discouraged from talking about, such as boyfriends. Others feared that their parents would disapprove of them conversing with an outsider on an individual basis (though generally their parents were advised of the discussions by the VHWs). Often, the young women were just shy about speaking freely to an outsider. We (my translator and I) attempted to locate these young women in the afternoons. By that time, most of them had completed their chores and felt less pressure about time.

Many of the young women in the sample were apprehensive about discussing the topic of boyfriends. Because of this reluctance, we took care to conduct our interviews in places that the young women felt “safe” and private. In several instances, the VHW (who was present) encouraged the young women to speak freely. Many of the women trusted the VHWs; this proved beneficial to the interviews. Among the women from the abstinent group, the questions about boyfriends were deliberately non-direct and focused on generalities surrounding the circumstances of those who did have boyfriends. In
several cases, as suggested by the DCT field supervisors, we rephrased the interview guide so it contained more appropriate local terminology that was less threatening to the young women. It was extremely important to assure the women that the information given would remain confidential.

During my research time in Gujarat, the villagers celebrated several holidays. Occasionally, the holidays made them less accessible to meet. The holiday with the greatest impact was Diwali. Diwali required a great deal of household cleaning, including washing of the complete contents of the house and painting both the inside and the outside of the home. These extra tasks generally fell on the women in the household. As a result, for nearly two weeks, the young women were much less available to interview. During this research slowdown, focus shifted to observation of the daily tasks. As the holiday approached, the school-going children had time away from school. The male children had more free time than their female counterparts. The boys spent much time playing cricket or visiting with friends. The young men were observed loitering on the streets and seemed quite curious about my presence. While awaiting transportation, several males approached me, quite freely asking questions. Towards the end of the research time, several non-school going young men were interviewed. We asked them similar questions to those we asked the young women. The young men were much less hesitant than the women to answer questions. Additionally, the young men elaborated on their answers with less prompting or probing.

The success of this three months of fieldwork was heavily dependent on initial acceptance within the communities. Certainly, this was facilitated by association with DCT. As in most research projects, time was the limiting factor. This was the case in my
research efforts. If there had been more time, we would have followed up with the previously interviewed unmarried, sexually active women (those identified and interviewed by DCT field supervisors originating in the MPP) and collected data concerning their relations within family, education of their parents, future aspirations, etc. This would have offered us a better understanding of the young women’s circumstances within their home life and perhaps offered indications to support their decisions to engage in premarital sexual relations. Because of this shortcoming, the quantitative comparisons between the sexually active and non-active groups of unmarried women are limited to family income, education, condom awareness, and father’s occupation.

The qualitative data collected through the MPP as well the ongoing intervention of DCT, and my fieldwork offers clarity about the lives of these young women and their entry into sexual relationships or their maintenance of virginity until marriage.

The following chart summarizes the data collected for this study from the DCT through the MPP, and my own research. The data collected by the MPP is analyzed in Chapter 3 with sub-populations based on either marital category or number of current sexual partners. The analysis of the unmarried women (Chapter 4) was drawn from the sub-population of unmarried women from the MPP and the unmarried non-sexually active women recruited from my own field work. The following table serves as a guide for the membership of each group performed throughout the analysis process. Note that the USA includes a greater number of individuals than the 51 reported in the unmarried, sexually active group of the MPP. This difference comes from the 5 interviews that I conducted with sexually active women that had not been recruited by the DCT through
the MPP program. The sexually active women that I interviewed are included in the analysis of unmarried women but not included in the analysis of the MPP database.

*Table 1: Study Sample Categories*

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Group Membership</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>MPP</td>
<td>Women recruited from DCT’s sexual health program</td>
<td>235</td>
</tr>
<tr>
<td>Unmarried</td>
<td>Sub-population of MPP</td>
<td>51</td>
</tr>
<tr>
<td>Married 25 and &lt;</td>
<td>Sub-population of MPP, referred to as young married</td>
<td>53</td>
</tr>
<tr>
<td>Married 26 and &gt;</td>
<td>Sub-population of MPP, referred to as older married</td>
<td>81</td>
</tr>
<tr>
<td>Widows, divorced, separated</td>
<td>Sub-population of MPP</td>
<td>50</td>
</tr>
<tr>
<td>TUM</td>
<td>Total unmarried group comprising the unmarried sub-population from the MPP and the in-depth interviews from the sexually inactive, unmarried group</td>
<td>82</td>
</tr>
<tr>
<td>USI</td>
<td>Subset of TUM including the unmarried, sexually inactive women</td>
<td>26</td>
</tr>
<tr>
<td>USA</td>
<td>Subset of TUM including sexually active women</td>
<td>56</td>
</tr>
</tbody>
</table>
Chapter 3: Results of Multi-Partner Sexual Health Program (MPP)

This chapter describes the basic life stages of young women in Nandnagar. It briefly outlines the social expectations of women between the stages of menarche through just prior to marriage. The second portion of this chapter reports the results of the analysis of the MPP database with breakdown of the four sub-populations based on marital status and on the number of current partners.

Within Nandnagar, women’s life includes three basic stages: childhood, menarche, and marriage. Widowhood, an unfortunate fourth stage can also occur. The following discussion of these stages will clarify the family dynamics and social expectations of young women within the region of Nandnagar.

**Childhood**

The first stage of development for females within Nandnagar is *childhood*, defined here as between the ages of 0 and 11 years. Gender differentiation is one of the greatest influences on the development of young women. The society is patrilocal; and, therefore relies on the male lineage to transfer wealth from one generation to the next. As a result, women are often considered *Saappno bhaaro* (a burden). The term refers to the economic and cultural burdens that women create for their families. Economic burdens arise from the dowry and other marriage expenses, including assorted festival expenses throughout the young women’s lives.

In addition to economic burdens, cultural burdens exist. Parental success at maintaining a young woman’s social reputation until her marriage determines the ease with which the parents are able to arrange a suitable marriage. Because of the dependence
on social purity, the post-menarche timeframe becomes increasingly stressful for the families of young women.

As discussed in previous chapters, the preference for male offspring is significant in many developing countries. That preference exists within Nandnagar. The resulting cultural practices allow and encourage partiality towards male offspring in all aspects of physical, emotional, and social development. Key informant interviews suggest that female children fully recognize the preference for their male siblings; however, many maintain hope that the situation will improve. Female children also recognize that their future happiness depends on the marriage arrangement that their parents will make for them.

**Menarche**

The second stage of a woman's development is *menarche*, defined as the span of time between about 12 years of age to 16 or 17 years of age. Menarche marks the entry into this phase. Mothers often celebrate the onset of their daughter's menstruation quietly; they may prepare edible g. For daughters, the physiological change is often upsetting. Many have little, if any, prior knowledge of it. Aunts, elder sisters, and mothers educate the newly menstruating women on the cultural proscriptions. Young women are taught about the need for separation from their family and the necessity to avoid preparing food and water for others.

The menarche stage includes the last two years of formal education within the village-based school system. For many families, traveling outside the village for continued education is costly financially as well as socially. Continued education is relatively expensive and is considered of little value to women who will perform the
traditional duties of a wife and mother. Further, in preparation for marriage, young women are expected to assume increasing domestic responsibilities from the mother.

Social costs are also high. The community disapproves of young women traveling outside the village, because decreased supervision and more opportunity to interact with men increase the likelihood of sexual relations.

When women exit formal education, their peer networks diminish. Reduced peer networks improve alliances with close neighbors and other women restricted to similar domestic responsibilities.

Additionally, increased social mobility restrictions within the community emerge because of the women’s new social status. Women are granted mobility to perform domestic responsibilities that require travel from the home. These include: washing laundry, collecting fodder in the fields, or making use of latrine facilities in the fields.

Women spend the small amount of leisure time they have with friends. They often watch television programs that depict ‘love’ relationships. Peer and media influences regularly encourage women to accept the advances of young men within their communities. With the support of friends, acceptable domestic responsibilities such as collecting fodder or washing laundry at the river provide opportunities for young women to rendezvous with and engage in sexual relations with young men.

External influences of media and peers conflict with the traditional social restrictions that women in menarche typically encounter. Tradition mandates that women’s mobility be restricted and that they preserve their reputation as well as their family’s social reputation. Despite societal pressures, many women engage in
relationships. One interviewee assessed the attitude of women who engage in sexual relations. She stated:

“Whatever fun you want to have, have it now.” (Jeth mazaa karvi hoy etli kari lo, pacchhi kyan karvaa ni chhe.)

Within the region of Nandnagar the importance of virginity is not as vital as the maintenance of an honorable social reputation. A young woman’s marriageability is diminished if the public knows that she engaged in sexual relations. Simple interaction with men is as damaging as the actual sexual relations. For this reason, a woman’s social reputation is at risk if she travels to school outside the village.

Unintended pregnancies can also deal a damaging blow to a woman’s marriageability. Indian society does not approve of child bearing outside of marriage. Public knowledge of the unintended pregnancy poses the greatest risk; however, if the public never learns of the event, the woman’s social reputation is barely affected. Women with unintended pregnancies are removed from the villages and undergo a medically terminated pregnancy (MTP).

Because their family has suffered humiliation, the father or elder brother of the unwed, pregnant woman may severely beat the young woman. If the public learns of the pregnancy, the young woman is relocated to an extended family member’s home outside the village. Additionally, in order to minimize public knowledge of the pregnancy, families try to arrange marriages quickly.

Data suggests that most unmarried women maintain monogamous relationships. Perhaps companionship motivates the decision to enter a relationship. Women often
speak of small gifts and monetary rewards offered by their partners. In some cases, the decision to enter into several concurrent relationships may be financially motivated.

Marriage

The final stage of a woman's development is marriage. For women in Nandnagar, the age range for marriage is between 17 years and 25 years. The women of Nandnagar anticipate marriage with mixed feelings. While they do accept the process, they also express concerns about how their husbands and mothers-in-law will treat them. Because young women hold the lowest social status in their new homes, their daily lives will be under the direction of their mothers-in-law.

The young women of Nandnagar recognize that they are expected to conceive within the first year of marriage. Further, these women realize that their duty is to be obedient to their husbands and in-laws. Young, married women seek opportunities to visit their natal homes, though they always require permission of the mother-in-law.

Relationships between the natal parents and the daughter improve considerably after marriage, because the parents are no longer concerned with protecting the woman’s social reputation. In many cases, parents allow their daughter to continue with a premarital relationship because the fear of unwanted pregnancy no longer exists. Paternity is not challenged within the society.

The later phase of marriage, from about 26 years of age and beyond, occurs after the tone of the marriage has been established. If emotional and sexual bonding has not occurred and the husband has not established financial security or has entered into extramarital relationships, the woman may refer to her husband as nakamoo (useless).
These women may engage in extramarital, sexual relations to gain emotional or financial support for themselves or their children.

Divorce generally carries extreme social repercussions, despite the circumstances of the relationship. Women may be banished from home with little or no support from their natal family. Few viable options exist for women of Nandnagar who are involved in unsatisfying and abusive relationships. It is difficult for them to meet their needs and the needs of their children.

**Widowhood**

For some women, the last stage is *widowhood*. Widows in Nandnagar have very low social status. Cultural rituals and customs restrict the activities and dress of women in widowhood.

Widowed women are not guaranteed inheritance of their husband’s assets and remarriage is restricted. Widows are often unskilled with few means of supporting themselves or their children. Very often, these women begin work brewing and selling *daaru* (illegal alcohol). They frequently accept sexual relations as a form of compensation. These widows are at high risk for adverse sexual health outcomes because their low level of social and economic power offers them limited ability to negotiate the circumstances of their sexual relations.

**MPP Data**

The qualitative data collected by the DCT Multi-partner Sexual Health Program (MPP) identifies married women involved in extra-marital relationships and unmarried women engaging in sexual relations whether premarital, as widows, divorced, or separated. Then the MPP provides intervention services.
There are several reasons for examining all groups of women assembled by the MPP. First, a comparison and contrast of characteristics can be made between the group of unmarried women and those women early or later in married life, or between those women within the divorced, separated, or widowed group. Alternatively, women can be analyzed based on the number of current sexual partners.

The second reason for examining all groups of women collected from the MPP is that the data collected on the ever-married groups contain information that pertains to the women who engaged sexual experiences prior to marriage. This information provides some historical perspective as the women of the other sub-groups are older than the current unmarried women. This data may provide insight to the circumstances of the current group of unmarried women.

Thirdly, reviewing the data that has been collected allows this author to consider what information is currently available and to evaluate the need for collection of further types of data.

Finally, data concerning the sexual health behaviors of women within such a society is extremely difficult to obtain because of the social taboos against such behavior. Access to this data is valuable because it is difficult to obtain significant material on such a culturally sensitive topic.

The sample of 235 women was identified by the DCT field workers as having multi-partner relationships if they had one or more relationship outside of marriage or if they were unmarried and involved in a relationship. These women were separated into four basic sub-populations based on marital status and years of marriage.
Unmarried Women

These women have an average age of 16.92 years, live in their parents' home, have the highest education of the sub-populations, have the least personal income of the other sub-populations but the highest household income. They may be involved in a single, premarital affair or multiple pre-marital affairs.

Married Women Below 25 Years

These women are still in the relatively early stages of family formation; they have a mean of one child with an average in an area that has a mean of nearly three children. They have relatively high education, but their household income is lower than the other groups who have a man (father or husband) in the house. It is likely that the husband is still young and not fully employed or established. Of the married groups, they show the least personal income. This is likely due to their work, pregnancies, and child rearing responsibilities.

Married Women 26 Years and Older

For the most part, these women have completed childbearing after three children, their husbands are likely settled into a long-term occupational and behavioral pattern, and their economic situation has not dramatically improved from the earlier stage of their marriage. Almost half of the women have income generating activities, either in or outside the home, to supplement the husband’s income.

Widowed, Divorced and Separated Women

Overall, these are women whose husband’s have died. Their average age is 30 indicating that for the most part they have been married at any early age. To generate income in the absence of their husbands, almost half of the women in this category are
*daaru* brewers and sellers, bringing them into contact with men who drink. These relatively older women have the lowest level of education and almost all of the women in this group generate at least some income.

Table 2: Demographic Characteristics and Their Distribution Among the Women’s Sub-Population

<table>
<thead>
<tr>
<th>Sub-Population</th>
<th>Freq.</th>
<th>% of Sample</th>
<th>Mean Age</th>
<th>Mean # of Children</th>
<th>Education 5 Std. and Higher</th>
<th>Father’s/ Husband’s Income ($2000 +)</th>
<th>Women’s Income (Any)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unmarried</td>
<td>51</td>
<td>21.7</td>
<td>16.92</td>
<td>0.0</td>
<td>.76</td>
<td>37.2</td>
<td>18.8</td>
</tr>
<tr>
<td>Younger married</td>
<td>53</td>
<td>22.6</td>
<td>22.38</td>
<td>1.2</td>
<td>.396</td>
<td>17.8</td>
<td>28.9</td>
</tr>
<tr>
<td>Older married</td>
<td>81</td>
<td>34.5</td>
<td>29.4</td>
<td>2.7</td>
<td>.296</td>
<td>23.2</td>
<td>49.4</td>
</tr>
<tr>
<td>Widowed, divorced, separated</td>
<td>50</td>
<td>21.3</td>
<td>30.36</td>
<td>2.4</td>
<td>.20</td>
<td>N/A</td>
<td>83.0</td>
</tr>
<tr>
<td>One-way ANOVA (F) Chi-square = p &lt;</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>177.4</td>
<td>19.3</td>
<td></td>
<td>15.34</td>
<td>4.7</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>.001</td>
<td>.001</td>
<td></td>
<td>.001</td>
<td>NS</td>
</tr>
</tbody>
</table>

Consider that the mean age between the groups is a span of nearly 13.5 years; the unmarried women at the youngest and the widowed, divorced group at the higher end. Given the data collected from the MPP, we can expect to obtain a glimpse of the patterns and circumstances of women in this region over the last 13.5 years. Another point to consider is the mean level of education for each of these groups. The unmarried, youngest group has the greatest level of education compared with the widowed, divorced group which has the least.
First Sexual Experience

Unmarried Women

Our group of unmarried women initiated their first sexual experience at a mean age of 14.23 years. Their partners were a mean of 3.58 years older.

Comparing the unmarried group of women to the other sub-populations reveals a difference in the mean age of first sex among the four groups. The unmarried women of the sample engaged in their first sex earlier than all other groups. The eldest group of widows, etc. was the latest to initiate first sex. See Table 3.

Table 3: Mean Age According to Sub-populations

<table>
<thead>
<tr>
<th>Group</th>
<th>Mean Age Total MPP Group</th>
<th>Age Discord 1st Sex (Only Premarital Sexual Activity)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unmarried</td>
<td>16.92 years (51)</td>
<td>3.58 years (40)</td>
</tr>
<tr>
<td>Married 25 or &lt;</td>
<td>22.38 years (53)</td>
<td>2.33 years (24)</td>
</tr>
<tr>
<td>Married 26 or &gt;</td>
<td>29.40 years (81)</td>
<td>2.38 years (21)</td>
</tr>
<tr>
<td>Widowed, divorced</td>
<td>30.36 years (50)</td>
<td>3.29 years (7)</td>
</tr>
<tr>
<td>Difference = 13.5 years (235)</td>
<td>Mean = 2.96 years (92) N.S.</td>
<td></td>
</tr>
</tbody>
</table>

Consider the current age range that shows nearly a 13.5 year difference between the eldest (widow) and the youngest (unmarried). Table 3 reports a mean of 2.96 years age discordance between the woman and her first sexual partner for the group of women who engaged in premarital sexual relations. The differences between the four sub-populations were not statistically significant.

Consider the relationship between the woman and her first sexual partner. Exclude the unmarried women as their inclusion in the study was dependent on their status of premarital sexual relations. For these other categories, refer to Table 4.
Table 4: First Sexual Partner Relationship vs. Women’s Sub-population

<table>
<thead>
<tr>
<th>Status</th>
<th>First Sex Partner</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Husband</td>
<td>Other</td>
<td>Total</td>
<td></td>
</tr>
<tr>
<td>Married and 25 or &lt;</td>
<td>21</td>
<td>30</td>
<td>51</td>
<td></td>
</tr>
<tr>
<td>%</td>
<td>41.2%</td>
<td>58.8%</td>
<td>100.0%</td>
<td></td>
</tr>
<tr>
<td>Married and 26 or &gt;</td>
<td>56</td>
<td>22</td>
<td>78</td>
<td></td>
</tr>
<tr>
<td>%</td>
<td>71.8%</td>
<td>28.2%</td>
<td>100.0%</td>
<td></td>
</tr>
<tr>
<td>Widowed, divorced, separated</td>
<td>42</td>
<td>8</td>
<td>50</td>
<td></td>
</tr>
<tr>
<td>%</td>
<td>84%</td>
<td>16%</td>
<td>100.0%</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>119</td>
<td>60</td>
<td>179</td>
<td></td>
</tr>
<tr>
<td>Total %</td>
<td>66.5%</td>
<td>33.5%</td>
<td>100.0%</td>
<td></td>
</tr>
</tbody>
</table>

Chi-square = 22.5 p < .001, df = 2

Table 4 suggests a significantly greater number of younger women have had first sex prior to marriage, 58.8% of young married women versus 16.0% of the widowed, divorced group. This may indicate an increasing amount of pre-marital sexual activity in Nandnagar over the last two decades.

Table 5 indicates how the ever-married women and the unmarried women who engaged in premarital sexual relations reported their first sexual partners.

Table 5: Sexual Partner Relationship (Pre-marital Sex Experiences Only)

<table>
<thead>
<tr>
<th>First Sex Partner</th>
<th>Ever-married/Premarital Experience Frequency (%)</th>
<th>Unmarried Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not from village</td>
<td>26 (43.3)</td>
<td>30 (58.8)</td>
</tr>
<tr>
<td>From village</td>
<td>13 (21.7)</td>
<td>10 (19.6)</td>
</tr>
<tr>
<td>Classmate</td>
<td>10 (16.7)</td>
<td>5 (9.8)</td>
</tr>
<tr>
<td>Relative</td>
<td>9 (15)</td>
<td>1 (2.0)</td>
</tr>
<tr>
<td>Other</td>
<td>2 (3.4)</td>
<td>5 (9.8)</td>
</tr>
<tr>
<td>Total</td>
<td>60 (100)</td>
<td>51 (100)</td>
</tr>
</tbody>
</table>
Most women engaging in premarital relationships report their first partner as either a lover from the village or outside of the village. In relation to the reported relationship of the first sex partner is the partner’s marital status at the time of first sex. The predominate pattern suggested in Table 6 is that among those women who engaged in premarital sexual relations the majority in every sub-population selected an unmarried partner.

Table 6: First Sex Partner’s Marital Status (Premarital Experience)

<table>
<thead>
<tr>
<th>Sub-Population</th>
<th>Marital Status of Partner at First Sex</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Unmarried</td>
<td>Married</td>
</tr>
<tr>
<td>Unmarried</td>
<td>31 (64.6%)</td>
<td>17 (35.4%)</td>
</tr>
<tr>
<td>Married 25 or &lt;</td>
<td>19 (65.5%)</td>
<td>10 (34.5%)</td>
</tr>
<tr>
<td>Married 26 or &gt;</td>
<td>19 (86.4%)</td>
<td>3 (13.6%)</td>
</tr>
<tr>
<td>Widowed, separated</td>
<td>6 (85.7%)</td>
<td>1 (14.3%)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>75</strong></td>
<td><strong>35</strong></td>
</tr>
</tbody>
</table>

Current Sexual Partners

The women in the MPP provided the number of current sexual partners during their interviews. For the married women, the number of partners in addition to their spouses determined the category of multiple partners. For instance one partner in addition to the spouse was categorized as 0-1 partner. For the unmarried sample, one partner was categorized as one partner. The frequency of current partners for the MPP group is displayed in Table 7.

Table 7: Number of Current Partners

<table>
<thead>
<tr>
<th>Number of Partners</th>
<th>Frequency (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-1</td>
<td>142 (61.0)</td>
</tr>
<tr>
<td>2</td>
<td>54 (23.2)</td>
</tr>
<tr>
<td>3-5</td>
<td>26 (11.2)</td>
</tr>
<tr>
<td>6 and over</td>
<td>11 (4.7)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>233 (100.0%)</strong></td>
</tr>
</tbody>
</table>
The majority (61.0%) of the women in the sample maintain a single partner relationship outside of marriage or in addition to their husbands. The ethnographic data indicate that these relationships are to fulfill a need for sexual pleasure or "love." For the unmarried women these may be the first relationships. For the young, married women, the data may represent the continuity of a relationship initiated prior to arranged marriages. Table 8 details the number of current partners relative to the sub-populations.

**Table 8: Number of Current Partners vs. Sub-Populations**

<table>
<thead>
<tr>
<th>Sub-Populations</th>
<th>Number of Sexual Partners</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0-1 Partner</td>
<td>2 Partners or More</td>
<td>Total</td>
<td></td>
</tr>
<tr>
<td>Unmarried</td>
<td>33</td>
<td>18</td>
<td>51</td>
<td></td>
</tr>
<tr>
<td>%</td>
<td>64.7%</td>
<td>35.3%</td>
<td>100.0%</td>
<td></td>
</tr>
<tr>
<td>Married and 25 or &lt;</td>
<td>45</td>
<td>7</td>
<td>52</td>
<td></td>
</tr>
<tr>
<td>%</td>
<td>86.5%</td>
<td>13.5%</td>
<td>100.0%</td>
<td></td>
</tr>
<tr>
<td>Married and 26 or &gt;</td>
<td>46</td>
<td>34</td>
<td>80</td>
<td></td>
</tr>
<tr>
<td>%</td>
<td>55.3%</td>
<td>44.7%</td>
<td>100.0%</td>
<td></td>
</tr>
<tr>
<td>Widowed, separated, divorced</td>
<td>18</td>
<td>32</td>
<td>50</td>
<td></td>
</tr>
<tr>
<td>%</td>
<td>34.8%</td>
<td>65.2%</td>
<td>100.0%</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>142</td>
<td>91</td>
<td>233</td>
<td></td>
</tr>
<tr>
<td>Column Percentage</td>
<td>60.9%</td>
<td>39.1%</td>
<td>100.0%</td>
<td></td>
</tr>
</tbody>
</table>

*Chi-square = 28.1 p < .001 df = 3*

The results indicate significant differences among the four sub-populations in terms of the number of partners. The lowest percentage of respondents with two partners or more is the younger married women. We proposed this group may be more interested in continuing their relationship with a pre-marital lover. The next group is unmarried women who report a surprising two or more current relationships (35%). While most of
the unmarried women may be involved in a single relationship, a significant portion may see the economic and gifting benefits of two or more relationships. The next group is the relatively older, married women of which close to 45% are having two or more current relationships, in addition to their husbands. This group may be least satisfied with the outcome of their arranged marriages. Finally, the widowed, divorced, and separated group without a consistent relationship has the highest percentage of two or more relationships.

When women have two or more concurrent relationships, either pre-martially or in addition to their husbands, the motivation may be one of economic support. To explore this hypothesis, we examined the dichotomous variable of 0 or 1 partner versus 2 or more partners in relation to the available income variables.

The first income-related variable is that of the husband or father’s monthly income. The sub-population of widows has been removed from this sample as these women’s households do not provide a source of male income. Table 9 demonstrates the association between husband/father’s monthly income and current number of partners.

**Table 9: Current # of Partners in Relation to Male Household Income**

<table>
<thead>
<tr>
<th>Partners</th>
<th>Income</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0 - Rs.1000</td>
<td>1001+ Rs</td>
<td>Total</td>
</tr>
<tr>
<td>0-1 Sex Partners</td>
<td>29</td>
<td>78</td>
<td>107</td>
</tr>
<tr>
<td>%</td>
<td>27.1%</td>
<td>72.9%</td>
<td>100.0%</td>
</tr>
<tr>
<td>2 or More Sex Partners</td>
<td>23</td>
<td>25</td>
<td>48</td>
</tr>
<tr>
<td>%</td>
<td>47.9%</td>
<td>52.1%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Total</td>
<td>52</td>
<td>103</td>
<td>155</td>
</tr>
<tr>
<td>Total %</td>
<td>33.8%</td>
<td>66.2%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

*Chi-square = 6.4  p<0.011 df = 1*
Because of the relatively high percentage (35%) of multi-partner relationships among the unmarried group, the relationships were considered separately from the larger sample. The relationships are found consistent among the sample of unmarried women in relation to their father’s monthly income. See Table 10.

*Table 10: Current # Partners in Relation to Father’s Income (Unmarried Sexually Active, USA)*

<table>
<thead>
<tr>
<th>Partners</th>
<th>Income</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0-Rs1000</td>
<td>1001+ Rs</td>
<td>Total</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 sex partner</td>
<td>3</td>
<td>25</td>
<td>28</td>
<td></td>
<td></td>
</tr>
<tr>
<td>%</td>
<td>10.7%</td>
<td>89.3%</td>
<td>100.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 or more partners</td>
<td>6</td>
<td>9</td>
<td>15</td>
<td></td>
<td></td>
</tr>
<tr>
<td>%</td>
<td>40.0%</td>
<td>60.0%</td>
<td>100.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>9</td>
<td>34</td>
<td>43</td>
<td></td>
<td></td>
</tr>
<tr>
<td>%</td>
<td>20.9%</td>
<td>79.1%</td>
<td>100.0%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Chi-square = 5.06, df = 1, p<0.024*

The second variable relating to monthly income reflects women’s income. This data was collected on a ‘yes’ or ‘no’ basis. The following cross-tabulation supports the previous findings, suggesting an economic dependence on the multi-partner relationships.

*Table 11: Current # Partners vs. Women’s Income (MMP)*

<table>
<thead>
<tr>
<th>Partners</th>
<th>Income</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No Income</td>
<td>Any Income</td>
<td>Total</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0 or 1 partner</td>
<td>91</td>
<td>46</td>
<td>137</td>
<td></td>
<td></td>
</tr>
<tr>
<td>%</td>
<td>66.4%</td>
<td>33.6%</td>
<td>100.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 or more partners</td>
<td>33</td>
<td>56</td>
<td>89</td>
<td></td>
<td></td>
</tr>
<tr>
<td>%</td>
<td>37.1%</td>
<td>62.9%</td>
<td>100.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>118</td>
<td>96</td>
<td>226</td>
<td></td>
<td></td>
</tr>
<tr>
<td>%</td>
<td>54.9%</td>
<td>45.1%</td>
<td>100.0%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Chi-square = 18.8, p<0.001, df = 1*
Table 11 suggests that if a woman has an income she is more likely to be involved in a multi-partner relationship. Nearly 63% of the women involved in multi-partner relationships reported that they had a monthly income. This further suggests that multi-partner relationships fulfill economic needs for these women.

This economic hypothesis was further investigated with the unmarried group of women only. The same relationship as in the total sample exists. See Table 12.

*Table 12: Current # Partners vs. Women's Income (USA)*

<table>
<thead>
<tr>
<th>Partners</th>
<th>Women's Income</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No Income</td>
<td>Any Income</td>
<td>Total</td>
<td></td>
</tr>
<tr>
<td>1 partner</td>
<td>28</td>
<td>2</td>
<td>30</td>
<td></td>
</tr>
<tr>
<td>%</td>
<td>93.3%</td>
<td>6.7%</td>
<td>100.0%</td>
<td></td>
</tr>
<tr>
<td>2 or more partners</td>
<td>11</td>
<td>7</td>
<td>18</td>
<td></td>
</tr>
<tr>
<td>%</td>
<td>61.1%</td>
<td>38.9%</td>
<td>100.0%</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>39</td>
<td>9</td>
<td>48</td>
<td></td>
</tr>
<tr>
<td>%</td>
<td>81.3%</td>
<td>18.8%</td>
<td>100.0%</td>
<td></td>
</tr>
</tbody>
</table>

Chi-square = 7.667, df = 1, p < 0.006

One issue worth investigating is whether the age of first sex impacts the women’s decision to engage in multi-partner relationships. Table 13 shows an association between the age of sexual initiation and the current number of partners.

*Table 13: Current # Partners in Relation to the Age of First Sex*

<table>
<thead>
<tr>
<th>Partners</th>
<th>Age of First Sex</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>15 or &lt;</td>
<td>16 or &gt;</td>
<td>Total</td>
</tr>
<tr>
<td>0 or 1 partner</td>
<td>96</td>
<td>37</td>
<td>133</td>
</tr>
<tr>
<td>%</td>
<td>72.2%</td>
<td>27.8%</td>
<td>100.0%</td>
</tr>
<tr>
<td>2 or more partners</td>
<td>45</td>
<td>32</td>
<td>77</td>
</tr>
<tr>
<td>%</td>
<td>58.4%</td>
<td>41.6%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Total</td>
<td>141</td>
<td>69</td>
<td>210</td>
</tr>
<tr>
<td>%</td>
<td>67.1%</td>
<td>32.9%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>
Chi-square = 4.17, p < 0.041, df = 1

This finding suggests that women who engage in multi-partner relationships (for married women, two or more partners aside from husband; for unmarried or widowed women, two or more sexual partners) initiated first sex at a later age than those in single partner relationships. Based on marital status, the unmarried group demonstrated a statistically significant difference between the age of sexual initiation and the number of current partners. See Table 14.

These women showed greater likelihood (37.5%) of being in multi-partner relationships if they initiated first sex at 16 years or later. The relationship between age of first sex and current number of partners did not prove significant when the analysis was performed on only the women who engaged in premarital sex from the entire MPP population.

Table 14: Current # Partners vs. Age of First Sex (USA)

<table>
<thead>
<tr>
<th>Partners</th>
<th>Age of First Sex</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>15 or &lt;</td>
<td>16 or &gt;</td>
<td>Total</td>
<td></td>
</tr>
<tr>
<td>1 partner</td>
<td>30</td>
<td>2</td>
<td>32</td>
<td></td>
</tr>
<tr>
<td>%</td>
<td>93.8%</td>
<td>6.3%</td>
<td>100.0%</td>
<td></td>
</tr>
<tr>
<td>2 or more partners</td>
<td>10</td>
<td>6</td>
<td>16</td>
<td></td>
</tr>
<tr>
<td>%</td>
<td>62.5%</td>
<td>37.5%</td>
<td>100.0%</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>40</td>
<td>8</td>
<td>48</td>
<td></td>
</tr>
<tr>
<td>%</td>
<td>83.3%</td>
<td>16.7%</td>
<td>100.0%</td>
<td></td>
</tr>
</tbody>
</table>

Chi-square = 7.5, p < 0.006, df = 1.

Another issue to consider about women’s decisions to enter multi-partner relationships may relate to their first sexual experience. Woman’s self-determination, or control, in entering their first relationship may impact their future habits regarding sexual
behavior choices. In relationships of greater age discordance, women in this society may be at a disadvantage in terms of life skills. Age discordance between the women and their first partners (their husbands) are considered in Table 15. The table shows that if an age discordance of five or more years existed between the women and their husbands, they had a greater likelihood of engaging in multi-partner relationships later in life.
Table 15: Current # Partners vs. First Sex Discordance (First Sex Partner was Husband)

<table>
<thead>
<tr>
<th>Partners</th>
<th>Age Discordance at First Sex</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Lowest Through 4 Years</td>
<td>5 Years or More</td>
<td>Total</td>
</tr>
<tr>
<td>1 current partner</td>
<td>39</td>
<td>9</td>
<td>48</td>
</tr>
<tr>
<td>%</td>
<td>81.3%</td>
<td>18.7%</td>
<td>100.0%</td>
</tr>
<tr>
<td>2 or more partners</td>
<td>20</td>
<td>18</td>
<td>38</td>
</tr>
<tr>
<td>%</td>
<td>52.6%</td>
<td>47.4%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Total</td>
<td>59</td>
<td>27</td>
<td>86</td>
</tr>
<tr>
<td>%</td>
<td>68.6%</td>
<td>31.4%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Chi-square = 10.62, p < 0.001, df = 1

The following two tables offer insight into the probable expectations that unmarried women have from their current partners. Table 16 compares the sub-populations to the current partner’s marital status. The comparison demonstrates that 46.8% of unmarried women engaged in relationships with other unmarried partners. This is significantly greater than the other sub-populations. Table 17 suggests that unmarried women (18.6%) may expect that their partners were not engaging in relations outside of the present one or aside from their wives, if they are married. The next closest sub-population to this is the young, married women. 9.8% of these young women thought their partners did not have other sexual partners beside their wives. These two pieces of data suggest that perhaps a greater percentage of unmarried women are seeking relatively monogamous relationships.
Table 16: Sub-population vs. Current Partner’s Marital Status

<table>
<thead>
<tr>
<th>Status</th>
<th>Unmarried/Widowed</th>
<th>Married/Separated</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unmarried</td>
<td>22</td>
<td>25</td>
<td>47</td>
</tr>
<tr>
<td>%</td>
<td>46.8%</td>
<td>53.2%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Married 25 or &lt;</td>
<td>9</td>
<td>38</td>
<td>47</td>
</tr>
<tr>
<td>%</td>
<td>19.1%</td>
<td>80.9%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Married 26 or &gt;</td>
<td>14</td>
<td>51</td>
<td>65</td>
</tr>
<tr>
<td>%</td>
<td>21.5%</td>
<td>78.5%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Widowed</td>
<td>6</td>
<td>39</td>
<td>45</td>
</tr>
<tr>
<td>%</td>
<td>13.3%</td>
<td>86.7%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Total</td>
<td>51</td>
<td>153</td>
<td>204</td>
</tr>
<tr>
<td>%</td>
<td>25.0%</td>
<td>75.0%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Chi-square = 16.462, df = 3, p < 0.001

Table 17: Sub-population vs. Current Partner Has Outside Relations

<table>
<thead>
<tr>
<th>Status</th>
<th>Yes</th>
<th>No</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unmarried</td>
<td>35</td>
<td>8</td>
<td>43</td>
</tr>
<tr>
<td>%</td>
<td>81.4%</td>
<td>18.6%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Married 25 or &lt;</td>
<td>46</td>
<td>5</td>
<td>51</td>
</tr>
<tr>
<td>%</td>
<td>90.2%</td>
<td>9.8%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Married 26 or &gt;</td>
<td>68</td>
<td>5</td>
<td>73</td>
</tr>
<tr>
<td>%</td>
<td>93.2%</td>
<td>6.8%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Widowed</td>
<td>48</td>
<td>1</td>
<td>49</td>
</tr>
<tr>
<td>%</td>
<td>98.0%</td>
<td>2.0%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Total</td>
<td>197</td>
<td>19</td>
<td>216</td>
</tr>
<tr>
<td>%</td>
<td>91.2%</td>
<td>8.8%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Chi-square = 8.353, df = 3, p < 0.039
Note that Table 17 reflects that 91.2% of the women reported that their sexual partners had other sexual partners aside from themselves or their wives. Of the total group of women from the MPP, few expected that their sexual partners were in limited sexual relations.

**Sexual Relationship Outcomes/Behaviors**

The women in the MPP answered a series of questions about sexual behavior of sexual partners, their awareness of and use of condoms, and the potential negative outcomes of risky sex, including unintended pregnancies and sexual health problems.

**Condom use**

The majority of women, 195/235, or 83%, are aware of condoms; however, 174 (74.0%) reported that they had never used them. Of those who had used condoms (61), 14 reported rare use, 29 occasional use, 12 frequent use. Only 6 women reported that they always used condoms with their premarital or extramarital sex partners. Among the subpopulation, the usage remains consistent. See Table 18.
Table 18: Frequency of Condom Usage vs. Sub-population

<table>
<thead>
<tr>
<th>Status</th>
<th>Condom Usage</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Never</td>
<td>Rare</td>
<td>Occasional</td>
<td>Frequent</td>
<td>Always</td>
<td></td>
</tr>
<tr>
<td>Unmarried</td>
<td>42</td>
<td>1</td>
<td>5</td>
<td>3</td>
<td>-</td>
<td>51</td>
</tr>
<tr>
<td></td>
<td>82.4%</td>
<td>2.0%</td>
<td>9.8%</td>
<td>5.9%</td>
<td></td>
<td>100.0%</td>
</tr>
<tr>
<td>Married 25 or &lt;</td>
<td>38</td>
<td>3</td>
<td>6</td>
<td>3</td>
<td>3</td>
<td>53</td>
</tr>
<tr>
<td></td>
<td>71.7%</td>
<td>5.7%</td>
<td>11.3%</td>
<td>5.7%</td>
<td>5.7%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Married 26 or &gt;</td>
<td>57</td>
<td>8</td>
<td>13</td>
<td>2</td>
<td>1</td>
<td>81</td>
</tr>
<tr>
<td></td>
<td>70.4%</td>
<td>9.9%</td>
<td>16.0%</td>
<td>2.5%</td>
<td>1.2%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Widowed</td>
<td>37</td>
<td>2</td>
<td>5</td>
<td>4</td>
<td>2</td>
<td>50</td>
</tr>
<tr>
<td></td>
<td>74.0%</td>
<td>4.0%</td>
<td>10.0%</td>
<td>8.0%</td>
<td>4.0%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Total</td>
<td>174</td>
<td>14</td>
<td>29</td>
<td>12</td>
<td>6</td>
<td>235</td>
</tr>
<tr>
<td></td>
<td>74.0%</td>
<td>6.0%</td>
<td>12.3%</td>
<td>5.1%</td>
<td>2.6%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Chi-square = 12.1, p< 0.432

Medically-Terminated Pregnancy (MTP)

There were a total of 31 women in the sample who had MTPs. Of this number, 17 (54.8%) were from the unmarried sub-group. See Table 19. Note that considerable data is missing from the unmarried group for this question; only 18 of the 52 total unmarried women answered.
Table 19: Medically Terminated Pregnancies By Sub-population

<table>
<thead>
<tr>
<th>Status</th>
<th># of Medically Terminated Pregnancies</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Unmarried</td>
<td>1</td>
<td>13</td>
</tr>
<tr>
<td>%</td>
<td>5.6%</td>
<td>72.2%</td>
</tr>
<tr>
<td>Married 25 or &lt;</td>
<td>50</td>
<td>3</td>
</tr>
<tr>
<td>%</td>
<td>94.3%</td>
<td>5.7%</td>
</tr>
<tr>
<td>Married 26 or &gt;</td>
<td>76</td>
<td>3</td>
</tr>
<tr>
<td>%</td>
<td>93.8%</td>
<td>3.7%</td>
</tr>
<tr>
<td>Widowed</td>
<td>44</td>
<td>5</td>
</tr>
<tr>
<td>%</td>
<td>88.0%</td>
<td>24.0%</td>
</tr>
<tr>
<td>Total</td>
<td>171</td>
<td>24</td>
</tr>
<tr>
<td>%</td>
<td>84.7%</td>
<td>11.9%</td>
</tr>
</tbody>
</table>

Chi-square = 97.011, df = 6 p<0.001

Sexual Health Problems

The women in the MPP sample were asked whether they had any sexual health problems or problems of the “nether region.” The results of the total group and the unmarried group are as follows:

Table 20: Sexual Health Problems

<table>
<thead>
<tr>
<th>Sexual Health Problem</th>
<th>Frequency (%) Total MPP</th>
<th>Unmarried Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>White Discharge</td>
<td>99 (49.5%)</td>
<td>10 (45.5%)</td>
</tr>
<tr>
<td>Problems in Menses</td>
<td>24 (12.0%)</td>
<td>6 (27.3%)</td>
</tr>
<tr>
<td>Itching</td>
<td>21 (10.5%)</td>
<td></td>
</tr>
<tr>
<td>Burning during urination</td>
<td>24 (12.0%)</td>
<td>4 (18.2%)</td>
</tr>
<tr>
<td>Lower abdominal pain</td>
<td>10 (5.0%)</td>
<td>2 (9.0%)</td>
</tr>
<tr>
<td>Infertility</td>
<td>7 (3.5%)</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>15 (7.5%)</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>200</td>
<td>22</td>
</tr>
</tbody>
</table>

White discharge has been linked to sexually transmitted disease, but WHO protocol calls for assessing amount, smell, color, and other factors not assessed to date in
this research. Similarly, reports of itching, burning during urination, and lower abdominal pain may also be linked to STIs as well as to common gynecological problems. In its current state, these problems are best looked at as a general assessment of “gynecological problems.” Of the total sample of which 200 answered, 56.2% (132) of the women reported that they had at least one problem and 30% (60) reported two or more problems.

The distribution among the sub-groups of women can be seen in the following table:

Table 21: Sub-population vs. Sexual Health Problem

<table>
<thead>
<tr>
<th>Status</th>
<th>Sexual Health Problem?</th>
<th>Yes</th>
<th>No</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unmarried</td>
<td></td>
<td>16</td>
<td>35</td>
<td>51</td>
</tr>
<tr>
<td>%</td>
<td></td>
<td>31.4%</td>
<td>68.6%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Married 25 or &lt;</td>
<td></td>
<td>30</td>
<td>23</td>
<td>53</td>
</tr>
<tr>
<td>%</td>
<td></td>
<td>56.6%</td>
<td>43.4%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Married 26 or &gt;</td>
<td></td>
<td>55</td>
<td>26</td>
<td>81</td>
</tr>
<tr>
<td>%</td>
<td></td>
<td>67.9%</td>
<td>32.1%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Widowed</td>
<td></td>
<td>31</td>
<td>19</td>
<td>50</td>
</tr>
<tr>
<td>%</td>
<td></td>
<td>62.0%</td>
<td>38.0%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Total | 132 | 103 | 235 |
%     | 56.2% | 43.8% | 100.0% |

Chi-square = 17.96, p<0.001, df = 3

This data demonstrates an association between the group membership in Nandnagar and the number of sexual health problems. Table 21 shows that the unmarried women had the fewest reported sexual health problems (31.4%) versus the older married women with the most reported problems (67.9%). The widows have the next greatest percent of reported problems at 62% while the younger, married women reported 56.6%.
The youngest, and presumably the least sexually experienced, of the groups reported lower frequency of sexual health problems and a lower number of sexual health problems. To further analyze this data, the number of current partners is investigated relative to the presence of sexual health problems as reported by the women.

Table 22: Current # Partners vs. Sexual Health Problem

<table>
<thead>
<tr>
<th># of Partners</th>
<th>Yes</th>
<th>No</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 or 1 partners</td>
<td>65</td>
<td>77</td>
<td>142</td>
</tr>
<tr>
<td>%</td>
<td>45.8%</td>
<td>54.2%</td>
<td>100.0%</td>
</tr>
<tr>
<td>2 partners</td>
<td>35</td>
<td>18</td>
<td>54</td>
</tr>
<tr>
<td>%</td>
<td>66.7%</td>
<td>33.3%</td>
<td>100.0%</td>
</tr>
<tr>
<td>3 or more partners</td>
<td>30</td>
<td>7</td>
<td>37</td>
</tr>
<tr>
<td>%</td>
<td>81.1%</td>
<td>18.9%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Total</td>
<td>131</td>
<td>102</td>
<td>233</td>
</tr>
<tr>
<td>%</td>
<td>56.2%</td>
<td>43.8%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Chi-square = 17.98, df = 2, p < 0.001

Table 22 demonstrates the trend towards a greater likelihood of reporting a sexual health problem as the number of partners increases. The fewest problems (45.8%) were reported by women in the one-partner group while the greatest percentage (81.1%) was reported from the 3 or more partner group.

Table 23 seeks the association between the number of problems reported by women in relation to the number of current sexual partners reported. (See table 23)
Table 23: Current # Partners vs. # of Sexual Health Problems

<table>
<thead>
<tr>
<th># of Partners</th>
<th># of Sexual Health Problems</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>0 or 1 Partner</td>
<td>77</td>
<td>37</td>
</tr>
<tr>
<td>%</td>
<td>54.2%</td>
<td>26.1%</td>
</tr>
<tr>
<td>2 Partners</td>
<td>18</td>
<td>24</td>
</tr>
<tr>
<td>%</td>
<td>33.3%</td>
<td>44.4%</td>
</tr>
<tr>
<td>3 Partners</td>
<td>7</td>
<td>11</td>
</tr>
<tr>
<td>%</td>
<td>18.9%</td>
<td>29.7%</td>
</tr>
<tr>
<td>Total</td>
<td>102</td>
<td>72</td>
</tr>
<tr>
<td>%</td>
<td>43.8%</td>
<td>30.9%</td>
</tr>
</tbody>
</table>

Chi-square = 26.28, p < 0.001

This comparison shows that the fewest reported sexual health problems (54.2%) came from the group that had one partner or one partner other than the husband. Women who had two partners in the unmarried group or two partners outside of the husband had the second most reported sexual health problems (44.4%). Finally, women with three or more partners had the highest number of reported sexual health problems (51.4%).

These findings were further investigated among the unmarried group of women only, the least sexually experienced group. The following table suggests a trend toward increased frequency of sexual health problems associated with greater number of sexual partners. See Table 24.
Table 24: Current # of Partners (USA) vs. Sexual Health Problems

<table>
<thead>
<tr>
<th># of Partners</th>
<th>Sexual Health Problem?</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>1 Partner</td>
<td>8</td>
<td>25</td>
</tr>
<tr>
<td>%</td>
<td>24.2%</td>
<td>75.8%</td>
</tr>
<tr>
<td>2 or More Partners</td>
<td>8</td>
<td>10</td>
</tr>
<tr>
<td>%</td>
<td>44.4%</td>
<td>55.6%</td>
</tr>
<tr>
<td>Total</td>
<td>16</td>
<td>35</td>
</tr>
<tr>
<td>%</td>
<td>31.4%</td>
<td>68.6%</td>
</tr>
</tbody>
</table>

Chi-square = 2.208, p < 0.137, df = 1

Perhaps the association does not hold significance because the factor of time through experience with sexual relationships contributes to the increased risk or likelihood of reported sexual health problems.

One further consideration in determining the level of risk for reporting a sexual health problem is the risky behavior of the partner. If the partner is having sexual relations outside of the current relation as well as with the partner’s spouse, an increased risk for sexual health problem transmission exists. See Table 25.

Table 25: # Sexual Health Problems vs. Current Partner’s Outside Relations

<table>
<thead>
<tr>
<th>Partner Relations</th>
<th>Sexual Health Problem?</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Yes</td>
<td>117</td>
<td>80</td>
</tr>
<tr>
<td>%</td>
<td>59.4%</td>
<td>40.6%</td>
</tr>
<tr>
<td>No</td>
<td>6</td>
<td>13</td>
</tr>
<tr>
<td>%</td>
<td>31.6%</td>
<td>68.4%</td>
</tr>
<tr>
<td>Total</td>
<td>123</td>
<td>93</td>
</tr>
<tr>
<td>%</td>
<td>56.9%</td>
<td>43.1%</td>
</tr>
</tbody>
</table>

Chi-square = 5.46, df = 1, p < 0.019
Women who reported that their partners were having outside relationships reported more sexual health problems (59.4%) than women who reported that their partners were not in such relationships at (31.6%).

The relationship was reviewed for unmarried women only and statistical significance was not achieved. However, a slight trend in the same direction existed with a chi-square value of only 1.8 and p<0.18.

Summary

Several associations can be made among the group of unmarried women. Studying the four sub-populations shows possible trends over the last decade. Data review shows that trends exist towards a delay in age of marriage and an increasing frequency of female premarital sexual relations.

It is clear that household income has an association with the likelihood of entering multi-partner relationships. If male household income is low, a greater likelihood exists for engaging in multi-partner relationships. Females who reported income exhibited a greater chance of being involved in multi-partner relationships.

Though the reports of sexual health problems, as described, are not definitive evidence of STDs, there is indication that women who are more sexually active and who have more current partners report their sexual health problems more frequently. Investigation of the diagnosis of these issues is warranted to further determine the risk to women associated with them.

The following chapter presents the qualitative findings from my research on the unmarried, sexually inactive, young women. The data will set the context and
environment from which these young women make their decisions to enter premarital sexual relations.
Chapter 4: Young Women’s Lives in Nandnagar

The interviews with unmarried, non-school going, young women offered great insight to the current family and social influences characteristic of young women in the setting of Nandnagar. The following data was collected predominantly from my interviews with unmarried, sexually inactive women (USI). In several cases, data from the total group of unmarried women (TUM) has been used. Additionally, data collected from just the unmarried, sexually active women (USA) was collected in the DCT’s sexual health intervention program.

**USI: unmarried sexually inactive women - frequency of 26**

**USA: unmarried sexually active women - frequency of 56**

**TUM : total unmarried women - frequency of 82**

*Family Structure*

The characteristics of family life of these young women varied as they would have in any community in the world. The predominant family unit in this sample was representative of the community on the whole. Two-parent households existed with the presence of paternal elders in a large portion of the homes (50% according to the DCT MPP). Generally, the eldest son is expected to remain within his parent’s household after marriage and to provide for his parents as well as any younger, dependent siblings. In many cases, this arrangement created tension between the wife and mother-in-law.

The number of siblings in each family ranged from two to six (USI). The average family size for married women in Gujarat is currently just below three children.
Father's Employment/Income

As discussed previously in this paper, the roles of men and women are clearly defined within Indian culture. Men are expected to provide most, if not all, of the family’s income.

Greater employment opportunities came to the region in the early 1970’s when the Indian government offered incentives for companies to relocation their facilities to Nandnagar. Because of this development, many men left their livelihood of farming to earn greater salaries through employment in the chemical industries. This shift accounts for more than 50% of the families in Nandnagar region having at least one member employed in these companies. A range of occupations among the villagers still exists and includes cattle rearing, farming, self-employment, service work, and factory work. There is also a group that remains unemployed. Of our group of 82 women (TUM), 36% of the fathers were employed in service, 16.5% in factory work, and 12.7% farming. This represents the overall community when comparing fathers’ occupations.

If the group of women is split according to those who were sexually active and those who abstained, fathers of 35% of the sexually inactive (USI) group performed factory work while 17% were absent. Among the sexually active group (USA), 14.5% were involved in farming and 56% in service positions. All fathers in the USA group were present.

This represents a significant difference between the two groups, when comparing fathers’ occupation. Service work offers a greater sense of security than factory work. Because service employees have permanent positions, it may imply a greater sense of
security within the family life. This finding suggests that perhaps the unmarried, sexually active women (USA) have slightly more stable financial home lives.

*Table 26: Father’s Occupation vs. Women’s Sexual History*

<table>
<thead>
<tr>
<th>Group</th>
<th>Service</th>
<th>Factory</th>
<th>Farming</th>
<th>Absent</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>TUM(79)</td>
<td>36.7% (29)</td>
<td>16.5% (13)</td>
<td>12.7% (10)</td>
<td>2.5% (2)</td>
<td>31.6% (25)</td>
</tr>
<tr>
<td>USA(53)</td>
<td>52.8% (28)</td>
<td>7.5% (4)</td>
<td>15.1% (8)</td>
<td>0%</td>
<td>24.5% (13)</td>
</tr>
<tr>
<td>USI (26)</td>
<td>3.8% (1)</td>
<td>35% (9)</td>
<td>7.7% (2)</td>
<td>19.2% (5)</td>
<td>34.6% (9)</td>
</tr>
</tbody>
</table>

The monthly earnings of fathers in this group range from nil to greater than Rs4000. A closer look shows that the USI and USA both had between 67%-68% of the families earning less than Rs2000 monthly, versus 32%-33% earning more than Rs2000 per month. Though the occupations differ between the two groups, the income percentages remain nearly equal when using a dichotomous grouping on income revealing no statistically significant difference between the sexually active versus inactive unmarried groups.

Fathers’ education levels in the USI group are determined in this sample and even within the region of Nandnagar. In the sample of 26 USI, the range of education among the fathers was none through college. More than 65% (17) of this group was educated up to or less than Standard 4. According to the NFHS-2 report, the total percentage of males with education from none to Standard 4 within the state of Gujarat is 41.6%. This figure includes both urban and rural populations. The NFHS-2 suggests that the rural population has more than twice the illiteracy rate of the urban population. This statewide average was reflected in our sample. See Table 27.
Table 27: Parental Education Level (USI)

<table>
<thead>
<tr>
<th>USI Group</th>
<th>Standard 0-4</th>
<th>Standard 5 and &gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Father's education</td>
<td>65.3% (17)</td>
<td>34.7% (9)</td>
</tr>
<tr>
<td>Mother's education</td>
<td>92.8% (26)</td>
<td>7.2% (2)</td>
</tr>
</tbody>
</table>

Consider the level of the mother’s education among the USI sample. The level of education from none to Standard 4 is nearly 93%. This number exceeds the NFHS-2 report indicating that the state average is 60.1%. See Table 27.

**Communication**

Certain customs exist which restrict direct communication between men and women of certain relation. The wife should not face or speak directly to her father-in-law or to any of her husband’s elder brothers. Wives are careful to veil their faces in the presence of these men and either turn their backs or leave the room when the men enter. Often, the daughter-in-law veils herself in the presence of either parent-in-law. A wife’s communication with her husband is often restricted in the presence of her in-laws.

Until they begin to mature, small children generally interact with elders on impulse. As the children mature, they learn to speak only when spoken to by their elders. Even communication among children is limited in the presence of elders.

In our sample of USI women, communication between fathers and the young women varied. Some were able to speak freely with their fathers and even expressed that they were able to laugh and joke with him. However, the majority of the sample said that they could not readily speak to their fathers. A typical response included:

“I cannot talk with my father. If something needs to be said, my mother relays it to him. If I want something from the market I tell my mother and she tells my father.” (P5)
Another young woman cited the issue of substance relative to her communication with her father. She said:

“I cannot talk freely with my father because there is the fear that when he gets drunk he will start a fight.” (P19)

Young women who said they were able to speak with their fathers directly, indicated that the relationship allowed them to speak only of their daily needs.

Young women whose fathers were absent expressed similar interactions with their uncles. Several young women in the sample reported no adult male in the household. The number in the sample was too few to analyze further. From the USI, 15 (75%) of the 20 respondents reported they did not have good relations with their fathers.

If, as they were growing up, females experienced a level of communication with male adults, it may have produced an impact with the level of communication with potential sexual partners. These women often have very little experience communicating freely with men. Further, they generally take a submissive role in any communication that may exist.

The communication between mothers and daughters may have a more immediate influence on the quality of young women’s lives in the village setting. Usually, young women must communicate their daily needs through their mothers. From the USI, 16 (approximately 55%) of 26 respondents reported good relations with their mothers. Of those that felt they could not communicate well with their mothers, several indicated that they had other females who they felt more comfortable communicating with. These included sisters, sisters-in-law, aunts, VHWs, and peers.
The following comments represent the range of responses:

“I have good relations with my mother. I can laugh and joke with her. I can also talk with Ramilaben.” (DCT VHW) (P23)

“I don’t feel I can talk to my mother but I tell my friends everything.” (P16).

“I talk to my mother daily, but if I have something specific I share it with my sister.”

The relationships ranged from those young women who appeared to be quite isolated from female communication and support (“I don’t tell anyone my concerns.”) P32) to those who had good relations with their mothers, as well as with other adult women in the community, including grandmothers.

Most women in the USI sample expressed that they had at least one other female to communicate with freely. In many cases, a sister, sister-in-law, aunt, or peer was named as a confidant. Interestingly, many women suggested that peers and other females (sisters-in law, aunts) were supportive in the decision to enter a sexual relationship.

Future research might explore whether the quality of young women’s communication with their mothers influences their sexual activity. This sample was too small to examine.

Education

According to the NFHS-2, the trend has been for young women throughout India to receive more education, perhaps due in part to the increase of the legal age of marriage to 18 years. Currently, 49% of Indian females ages 6 and above are illiterate compared with 26% of males (IIPS). Table 28 compares the first and second generation of women in the USI sample (with the addition of two mothers of sexually active women for whom
the mother's education level was collected). These figures demonstrate the trend towards higher levels of education between the mothers and their daughters. The TUM group is consistent with the USI group. See Table 28.

Of those young women interviewed the range of education was nil through college level. No statistical difference was found among the groups.

*Table 28: First and Second Generation Female Education Levels*

<table>
<thead>
<tr>
<th>Group</th>
<th>Education nil through Standard 4</th>
<th>Education 5 or &gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mothers of USI (28)</td>
<td>93% (26)</td>
<td>7% (2)</td>
</tr>
<tr>
<td>USI (26)</td>
<td>19.2% (5)</td>
<td>80.7% (21)</td>
</tr>
<tr>
<td>TUM (81)</td>
<td>21% (17)</td>
<td>79% (64)</td>
</tr>
</tbody>
</table>

During interviews, young women gave various reasons for their discontinuance of school. Young women often cited that continuing their education garnered disapproval from their grandfather, father, or mother. One woman said:

*"My father wanted me to continue beyond standard 10 but my grandfather said 'no more school'." (P13)*

A woman whose two brothers studied to Standard 8 was told by her mother after completing Standard 6:

*"You have studied enough." (P15)*

A 15-year old illiterate woman said her father did not allow education for girls. This same woman stated that her brothers had studied to Standard 9. (P3)

Partly due to financial hardship, many families place minimal importance on formal education for workmen. A young woman who completed Standard 3, reported that her father had died from heart problems and excessive drinking. She said:

*"My family bought a buffalo when my brother was very young and my mother asked me to stop going to school so I*
could tend the buffalo and care for my younger brother.”
(P4)

Another young woman completed Standard 7 and had two illiterate parents. Her reason for leaving school was:

“My mother told me to leave school because she was always sick. My mother had a uterus problem and had surgery three times so I left school to help. None of the girls from our village have gone past Standard 7 because we have a lot of work to do. Small girls in this village can cook full meals.” (P29)

Though in many cases their elders direct women to discontinue schooling, in several cases, young women expressed that they did not receive admission into the next level of school or they discontinued by their own decision. One said:

“My father wanted me to continue to study but my friends left school and the village and I decided to discontinue.” (P14)

In the vast majority of cases, women discontinued schooling for reasons other than their own. The level of parents’ education did not show an association with the level of education of the young women. In fact, more often, the economic needs of families played a role in decisions about young women’s education. Women were removed from school due to family hardships while the boys are spared the educational disruption.

One young woman said:

“I stopped because my brother needed to go to school and my mother works outside the home.” (P22)

The emphasis within this society is on education for the men, because it is more likely they will benefit from higher education in terms of employment and income generation. The eldest male child, and even younger male siblings, are responsible for the
financial care of their parents. It is of significant priority that the boys attain a more extensive education.

Several women indicated that discontinuance from school was often used as a threat by the parents to deter young women from becoming involved in relations with men. If women discontinue school their mobility within the community is limited their opportunities for engaging in relationships with men are reduced. Several other issues impact the decision to withdraw young women from formal schooling. The proximity of the school building, along with the age of onset of menstruation, and the overall level of communication and trust in the family, all impact the decision to discontinue formal education.

Removal from education often coincides with menarche; thus, menarche often has social implications for these young women.

**Menstruation**

The onset of menstruation marks a rite of passage for women throughout the world. Often, young women assume a new social status and frequently, rituals are observed. In the Indian culture, the mother generally prepares sweets to celebrate the onset of menstruation. Mothers are relieved when their daughters begin menstruating, because the society places a great emphasis on fertility. The DCT staff are often approached by mothers concerned that their child has not started menstruating. The threat that a young woman may be infertile will greatly affect her marriageability.

In the rural setting, rituals are strictly followed. Menstruation is considered an unclean time and restrictions are placed on social gatherings, worship, the preparation of food, or entrance into the kitchen. In addition, young women must sleep separate from the
family; often this entails sleeping outdoors. The rituals also proscribe that on the third or fourth day of menstruation, young women must wash their hair to signal to others that they are clean. When young women’s’ normal daily responsibilities are restricted, they are encouraged to do work such as laundry, carrying mud, and collecting firewood. These tasks tend to be labor intensive and don’t involve entry into the home.

Many of the women interviewed expressed that they were unhappy about the onset of menstruation. They cited reasons such as not having prior knowledge of the event, and fear that something was physically wrong. Young women were also unhappy because of the physical pain associated with menstruating, because their friends had not begun menstruation, and because their lives became more restricted.

Young women expressed mixed feelings about the onset of menstruation. They stated:

“I told my mother when I had my period and she prepared sweets. I wasn’t happy about it because we have to sit aside for 4 days and we are not supposed to touch anything. We are also given everything outside including that we have to sleep outside because we worship God in the house.” (P4)

“...I shared it with my mother. I was fasting and so my mother was not pleased about it. She did prepare sweets.” (P29)

The majority of women interviewed said that they were unaware of menstruation prior to its occurrence. Many women in the villages had little accurate knowledge of the menstrual cycle and its purpose. One 18-year old girl stated:

“I was happy when I started my period because if you don’t have it your insides will rot and that is why it is good to have your period...” (P12)

Other women expressed anxiety about the occurrence because of a lack of knowledge:
"I told my aunt. I cried for two days because I never knew about these things. My aunt explained." (P28)

Within this context, menstruation marks a significant change in the expected behavior of young women. Girls who were once able to act freely among young boys now must avoid contact with the opposite sex. Further interaction between the sexes, other than between family members, is strictly scrutinized and, in many cases, forbidden. Occasionally, some young women are allowed to interact with the boys on their lane, as they may be viewed as brothers.

"We don't have boy friends in the village, but we can talk freely with our cousins." (P31)

The majority of villagers forbid any interaction between young men and women, except on supervised occasions such as weddings, Navrati, and other social gatherings. At menarche, women's roles shift from an emphasis on school and light chores to restricted peer interaction (especially with boys) increased household responsibilities aimed at preparation for marriage, and often an exit from formal education.

In several group sessions in which engagement and marriage arrangements were discussed, several young women expressed the view that once menstruating, the parents will entertain proposals for marriage. These women suggested that their parents believed that the longer the timeframe after the onset of menstruation, the greater the chances that the girls would engage in relations that reduced their marriageability.

In summary, mothers are relieved when their daughters start menstruation. Often, young women are unprepared for the onset of menstruation and experience anxiety. They have to adjust to the physical discomforts that occur as well as confront the fear of the unknown. Menstruating women hold a new status within society and must learn to adhere
to the ritual restrictions regarding the monthly occurrence. Their roles shift and menstruation may mark the end of their formal education. Additionally, women may experience a loss of school peers.

Young women take on greater household responsibilities in preparation for their arranged marriage. Interactions with boys their age are restricted completely. Community elders carefully monitor the behavior of young women.

Often, women are limited to interaction with other women their age, to their siblings, to in-laws, or to village girls living in close proximity. Women may continue to have several hours of leisure time following their daily chores. During this time, they may watch television, rest, or talk with friends, if their parents permit the freedom.

**Peers**

The young women were asked about their friends. Their responses ranged from statements about having no friends, to naming relatives within the household as friends, and to having one or more friends within the village. Still other young women reported that they missed their school friends. Several of the responses follow.

A 13-year-old who discontinued school at completion of Standard 6 said:

"I have three friends but I am not allowed to speak with them." (P33)

A 15-year-old said:

"I have one best friend. I had a lot of school friends but not close friends. Now I have this one and I see her daily. She is still studying. When she is at home I go to her house." (P31)

Another said:

"I have three friends and we talk about girls in other lanes – if they are having affairs, or pregnant and if the boy has left the girl." (P8)
Leisure time is important with regard to peers. Leisure time among young women is limited in the rural regions, especially when compared to young men. Women have approximately five minutes of leisure time per day compared to men’s two hours. (www.un.org.in) In small focus group discussions, the young women expressed that some of the differences between boys and girls included that the boys were free to move around the village whereas the girls were restricted to their homes or required supervision from adults.

The young women were asked if they had any leisure time and how they spent it. Their answers included resting, watching television, reading the newspaper, talking with friends, and doing extra chores. One young woman said she liked to make doorway hangings which she could sell.

A highly educated young woman from a higher income-earning household stated:

“If my parents go out and we finish the work before they go out, then the rest of the time is ours. If there is a lot of time then I will spend an hour with my friends, then I read books or watch television. Sometimes we meet in my house, sometimes in other’s and some days we go to Vasad or Baroda by ourselves!” (P13)

Another extreme is reflected in this quote, from an illiterate young women whose parents work in the fields:

“We stay in our houses. We have so much work to do.” (P3)

Diwali is a special holiday during October that requires much preparation. Generally, the homes are cleaned thoroughly and fresh coats of paint are applied on the inside and outside walls. For a fresh appearance, the floors are frequently recoated with a
mixture of cow dung and mud. The preparations begin several weeks prior to the holiday. Schools often close for a week prior to the celebrations.

During this time, what is a holiday for the school boys is simply a change in or an addition to work responsibilities for the school-going and non-school-going girls. Most preparations for the holiday fall on the women of the villages. The boys spend time wandering the village and playing games such as cricket. During holidays such as Diwali, the responsibilities of young women change from school work to domestic work.

When asked about the situation, one woman stated the following. Her reply was similar to the replies of other women.

“I spend my free time resting. Sometimes I watch television or listen to the tape recorder. I like to cook and since Diwali is coming we have to do all the cleaning.” (P1)

Young Women’s Views of Marriage

Traditionally, the age of marriage for women is generally less than 15 or 16 years of age. Since 1978, the Indian government has proscribed the legal age of marriage to be 18 years. Even though the trend is towards later marriages, many marry prior to 18 years of age. Though a slow shift is occurring, many young women in the villages continue to express the expectation of early marriages.

A 16-year old from our sample stated:

“I would like to be married. It is understood that when a girl is 15 or 16 she has to be married.” (P15)

Another issue regarding early marriages is the tradition of kanya daan. In this practice, to bestow the highest merit to the parents in fulfillment of a Hindu religious obligation, young women are married before menarche (Waszak, 2000). This tradition
continues to be practiced, though is becoming less frequent. A 13-year old expressed the following:

> "I am to be married in one month with my sister to a family of two brothers. I will be sent back to my parents home for one more year and then I will be returned to my husband." (P33)

In many cases, arrangements of dual sibling marriages are made to spare the family financial expense. The bride’s family is generally responsible for the majority of the cost of the ceremony.

The lives of young women within the villages of Nandnagar show a range of demographic and social characteristics. Many factors influence young women’s decisions to engage in premarital sexual relations. As reported in Chapter 3, economics had an impact on the number of partners women have, but the decision to engage in any relations was not associated with any specific demographic characteristics. A variety of socio-demographic factors probably impact this decision.

**Two Typical Women of Nandnagar**

The following introduces two typical, unmarried, non-school going, young women in the villages of Nandnagar. Their names are fictional and do not represent actual respondents.

**Sangeeta, a 14-Year Old Girl**

Sangeeta is from a traditional, nuclear two-parent home. The family migrated to the area more than ten years ago. Sangeeta is 14 years old and is the second daughter of five children. An older married brother currently lives with his wife in Sangeeta’s father’s house. Two younger brothers currently live in the home. And, Sangeeta’s elder, married
sister lives nearby. Both parents are illiterate. Sangeeta is also illiterate. Her elder brother completed Standard 9 and her two younger brothers continue in their studies. Sangeeta reported that her daily activities include assisting her two parents in working the fields of tobacco, millet, and wheat. She reported that she performs the normal daily chores of laundry, washing vessels, and other housework, in addition to tending the cattle. When asked if she had free time Sangeeta responded:

"We stay in our houses. We have so much work to do."

When asked about her friends, Sangeeta said:

"There are four of us who talk and I tell one girl everything. We sometimes meet after dinner. We talk of lots of things like marriage, other girls in the neighborhood, our periods and sometimes boys and diseases."

Sangeeta began menstruation nearly six months ago and stated the following about her experience:

"My sister came to know about it and told my mother. I had no knowledge about it but then I had to sit aside."

Sangeeta stated the following about her relationship with her mother:

"I feel shy to talk to my mother, only when I am having my periods do I tell her."

When asked ‘What about relations with your father?’ Sangeeta responded:

"We don’t talk to my father, if something is to be told my mother will tell my father."

Sangeeta discussed her thoughts on marriage:

"My parents are not looking to marry me off yet. I do want to get married. Girls want to be married."

When asked ‘What about boyfriends?’ Sangeeta shyly replied:
“Yes, they do have boyfriends. It is difficult when girls have boyfriends because a love marriage is not considered a good thing in this society.”

When asked ‘How does one select a boyfriend?’ Sangeeta said:

“...he must have a good build and be good in all ways. Her friend will tell her if he is good. The friend will introduce her to the boy and then she will come to know.”

Sangeeta offered additional explanation about boyfriends. She stated:

“Generally it is not a good thing because people start talking about it and they blame the parents that the girl is like this. It is bad if they see a boy and girl talking. The boy is not talked about, people only talk about the girl. Boys are free to do what they want. They meet in a place where no one is around. It is not necessary that they have relations but people still talk.”

**Urmila, a 16-Year Old Girl**

Urmila is a 16-year old non-school going, young woman who lives in a two parent home with her father’s mother and her father. Urmila is the second child; she has three brothers. Her father has a position in the factory and earns nearly Rs2500 per month (current exchange rate Rs46 = US$1). Urmila performs many of the domestic household chores while her mother spends part of the day working in the fields. When time allows Urmila also assists in the fields. Urmila has completed Standard 6.

When asked why she did not continue Urmila replied:

“I stopped because my grandfather did not want me to continue.”

Urmila reported that her two younger brothers continue with school and her eldest completed Standard 10. Urmila described her relations with her parents and told us the following:

“I can speak to my mother about everything but not to my father. I can laugh with my mother but not my father.”
When asked ‘What about when you began menstruating, can you tell us about that?’ Urmila replied:

“I started when I was 14 years. I did not feel good about it because my friends had not started and I thought ‘why should I start so soon?’ I told my mother about it and she told me the precautions I should take so as not to stain my dress. She prepared sweets for me that day.”

When asked ‘What about friends can you tell us?’ Urmila replied:

“I have friends from school and we used to meet in school but now we meet when we fill water or we go to each other’s houses in the evenings. We discuss why we don’t go to school anymore. I miss school. And we talk about having boyfriends.”

When asked further about boyfriends Urmila replied,

“Girls have them because they feel like making a friendship with them and it isn’t easy to have one because if the parents come to know they will kill them. Once a girl decides to have a relationship with a boy she doesn’t worry about the results cause the boy is strong enough to support her. She feels confident when the boy is with her.”

When asked about the problems of having a boyfriend Urmila replied,

“If the family comes to know the girl is beaten and then sent away from the family with other relations. She may become pregnant. Many times if she becomes pregnant the parents of the girl are ready to marry the girl to the boy but the boy’s parents refuse and she goes for a curatin (MTP) and she is married to some other boy quickly because people will talk. I have a friend who goes with a boy and they have not had intercourse but they hold hands. She also has to hide even though they don’t have intercourse otherwise she will be beaten for this. The boys won’t leave until the girls have intercourse. Some girls are afraid of intercourse so they won’t have any relationship. It is an understanding with my friend and her boyfriend that they won’t go for intercourse. The girls wish is always taken so that those girls that have these relations it is always a mutual understanding. The boy cannot force himself.”
Sangeeta and Urmila presented a fair representation of the circumstances of many of the young women within the region of Nandnagar. Their level of social status within their communities provided insight to the choices that they made regarding one of the few aspects of their lives for which they have some degree of control. Women’s choice to engage in pre-marital sexual relations may be one of the only relative freedoms in their lives.

The topic of boyfriends required great delicacy within the villages. Most of the elders refused to discuss such topics. With our sample of young women, the topic of boyfriends also required careful handling. Mere discussion of it may have lead others to believe that the young women were partaking in such behaviors.

A woman’s social reputation must be protected. Even suspicions that girls are involved in relationships can result in severe repercussions for the girls. The parents or brothers may inflict serious beatings, may cause death, or may displace girls from their natal homes and send them to live with relatives in other villages. These women report that public interaction with boys caused the suspicion. One young woman stated:

“It is generally understood in the village that if a girl is speaking freely with a boy she is having relations with them. If we come to know about any girl having a relation we are not allowed to talk with them.” (D1)

Women chose to have relationships despite the severe physical and social repercussions. The strength of young women’s desires for relationships, along with the available opportunities, determined which group they belonged to: those who engaged in pre-marital sex and those who did not. Many of the girls who were interviewed suggested that fear of ruining their parents’ name or suffering physical punishments were the
reasons for not entering premarital relationships. When asked if girls have boyfriends one respondent said the following:

"They do. It is difficult to have boyfriends in this society. They cannot talk to any boys without being beaten but the girls do anyway. The girls who have boyfriends don’t worry about their parents’ name. They want to laugh and joke with boys that’s why they keep the friendships. The girls that don’t keep relations are worried about their parents if they are found out they are beaten and married off immediately. Often if the marriage is fixed and the in-laws find out about the girl they will refuse the girl. Those girls that don’t have boyfriends may feel like she is committing a sin. Nowadays girls think first of their parents and then they go ahead with the friendship." (P10)

Another young woman expressed the satisfaction that she felt from the relationship. She stated:

"It is a good remembrance and he is always in her heart and they aren’t happy until they see him. They can be happy with him until they each get married. Many girls continue in the relationship after marriage." (P9)

Along with why these young women became involved is also how they became involved. Because of restrictions on interaction between unmarried men and women, participants carefully planned the meetings. Sometimes, they involved others to help arrange the meeting. Women discussed the support for these arrangements and the determinants for selecting a partner. They cited that his appearance should be “good.” The term “good” indicated that his height should be average, not too tall or short. His appearance could include a mustache but not a beard and his skin tone could not be too dark. “Good” also referred to the man’s actions. He could take her places and he should be educated. The following quotes exemplify the statements.

One young woman replied:
“...he must have a good build and be good in all ways. Her friend will tell her if the boy is good. The friend will introduce her to the boy and then she will come to know.” (P10)

A 13-year old expressed the following:

“She likes him when he is good looking and she likes him from her heart....” (P17)

A 15-year old said:

“The girl cannot live without seeing the boy and the boy cannot live without seeing the girl. Some people get attracted by looking at each other and some write letters that are delivered by a ‘middleman’....The girl’s best friend will help her in this otherwise if she has an aunt, the boy’s friend will also help....” (P31)

As the last quote suggests, the process of establishing a relationship depends on support from others. Several scenarios offer credence to this thought. Throughout the interviews, women mentioned letters as the first form of communication. These letters were delivered by friends of the potential couple. Reactions from the friends either encouraged or discouraged the relationship. If the young women received encouragement, there was a greater likelihood that the relationship would remain private.

In other cases, an aunt or sister facilitated the relationship. Also at issue is how boys entice young women to enter relationships.

The following quotes describe the enticement that often occurs when young men attempt to attract young women. An 18-year old sexually active woman describes her first sexual relationship:

“I was studying in class 5 at the time there was a boy who also was in my class. He would write notes to me. Everyday he would sit in the doorway of his home and keep looking at me and gesturing at me. Then when I go to the fields he would follow me. Which ever colored clothes I wear he
would wear the same colored shirt. This way I fell in love with this boy...." (P53)

Another young woman stated:

"...then he wrote a letter to me. Then also I did not agree for a relationship. Then one day he told my aunty ‘I love her very much and anyhow you join me with her. So my aunty told me that he is a very nice boy. And he loves you very much. All girls make love. You also have a relationship with him and I will support you!’" (P54)

Another woman stated:

"...then he wrote a letter in his own blood. Everyday he would wait for me in the morning at 9:00 a.m. and again at 5:30 p.m. Then, I couldn’t take it anymore and I gave in.” (P38)

The following case describes how a young woman initiated her relationship.

Another young woman said that if a girl wants a relationship she will talk with the boy’s friend. (P7)

"At that time in the summer vacations, I fell in love with a boy named Rattan. My girlfriend was in love and so I also had a desire, I also thought of falling in love with someone. I used to like Rattan a lot so I fell behind him and asked him and I asked him to love me...." (P41)

Once their attraction is apparent, the two young people establish a relationship.

The locale and frequency of their meetings vary according to the opportunity. Often, the young women use the excuse of accepted daily chores as opportunities for encounters with their boyfriends. An 18-year old woman described the scenario:

"I go to the fields under pretense of going to the toilet and we meet there. We don’t meet for long. And we don’t get the time to talk. After meeting we immediately have sex within 5-10 minutes and come back.” (P36)

Another sexually active woman stated:

"...we have to go fetch fodder and fuel wood in the far off fields and no one comes to know about it. This way one can
meet and my girlfriends are also like that! They support me, I have one friend, she needed to have sex everyday. So she supports me and I support her.” (P55)

Finally, even the sexually, inactive women are aware of the process. An 18-year old virgin stated:

“They meet these boys when they go to wash clothes or go for the latrine.” (P12)

The encounters occur in riverside, fields, empty houses within the villages, empty school buildings after hours, and temples. The frequency varies considerably; the most frequent were reported as daily while the least frequent were reported as every couple of months. Many women reported that meetings depended on the ability to meet safely. For instance, if the parents were going to be away in the afternoon, the young couple arranged to see each other. A 13-year old sexually inactive woman stated:

“...the girls will meet the boys weekly. They go to places where no one is around like the fields. They meet through communication of their friends. The girls always fear their parents will find out.” (P23)

The time of meetings varied. Couples met mid-day, after school, during daily prayer (7:00 p.m.), and at night while their family members were asleep. The duration of the meetings lasted from five or ten minutes to one hour or more depending on the circumstances. A 19-year old explained her arrangement with her boyfriend:

“He comes to my house in the afternoon when all my people go to the fields....” (P40)

A 14-year old told us the following:

“They often meet in an empty house in the village or anywhere there are no people. They may spend 30 minutes when they meet- often they meet daily during ‘aarti’ (daily prayer, 7:00pm) It is a good time and no one will suspect.” (P25)
A young, sexually active woman said:

“They meet during the night when people are sleeping. They meet one time in 15 days for 30 minutes to one hour. When they see each other on the street they can talk if no one is around.” (P9)

In the villages surrounding Nandnagar, the majority of young women who had a boyfriend engaged in sexual relations. In our sample, the women who admitted having a boyfriend also admitted that they were having sexual relations. Only one woman from the abstinent group admitted that she was involved in a relationship but stated that she and her partner had agreed not to have sexual intercourse.

The interviews with key informants and among the young women suggested that very few, if any, of the women in relationships abstained from sexual intercourse. Young women jeopardize their reputations if interact with men publicly. The level of intimacy ascertained in the interviews varied from caressing to full intercourse by force from the man. The following progression demonstrates the least physically intimate to the most severe. The first quote may suggest that the woman views her relationship as an opportunity to share and to be cared for by another. The 17-year old woman states:

“There are many boys that may keep the girl just as a friend and caress and kiss but there are boys who go for this relation if the girls want to. He is concerned about her feelings about it. The majority of the girls want to be touch by the boy and go out to eat and walk in the gardens.” (P19)

A 13-year old sexually inactive girl offered the following description of her friend’s activity:

“I have a friend who goes with a boy and they have not had intercourse but they hold hands. She also has to hide even though they don’t have intercourse otherwise she will be beaten for this. The boys won’t leave until the girls have
intercourse. Some girls are afraid of intercourse so they won’t have any relationship. It is an understanding that my girlfriend and her boyfriend won’t go for intercourse. The girl’s wish is always taken so that those girls that have these relations it is always a mutual understanding. The boy can’t force himself.” (P25)

Another young woman stated:

"...she likes to talk to him, she likes to be loved by him with sexual relations, it is not necessary to have sex, some like it and some don’t. They meet in the afternoon, after school-they usually meet in the school buildings after hours. They meet everyday. They sit and talk..." (P11)

A 16-year old offered her opinions regarding sexual relations between a couple:

"Usually they have full intercourse. The girl can tell the boy that ‘until I get married I will have relations with you.’ Initially the girl doesn’t want to get into sex but the boy persuades her to become active. He often tells her that she will be scared of sex but eventually she will like it." (P9)

This young woman expressed her doubts that the relations are always within the control of the young women. She stated:

"Some boys listen to the girl when it comes to physical relations but some boys even force the girls to have relations. The girl can end the relation if she wants.” (P10)

A key informant said that the majority of the young women in the villages have boyfriends. She elaborated by saying “those girls that do not get proper attention in the home will go outside the home for love and attention.”

Many young women seek the care and attention of their partner. Some women are motivated by money or gifts that come as a result of the relationship. The majority of the women interviewed mentioned gifts that are exchanged between the two in a relationship.

One young woman said the following:
"What are the good things of having a boyfriend? The girl likes it. She likes the bangles, flowers etc that he gives her. It makes her feel special. The girl will always feel that she should marry him but knows it won't happen. She has the relationship because she loves him so much she can't live without him. She talks to her girlfriends about him, she shows her gifts and they are happy for her." (P8)

Women often discussed the small trinkets that they received and how they explained them to their families. One woman stated:

"He will give finger rings, full sets (necklace, earrings and ring) She will show her parents saying that a girlfriend gave it to her. She will give a finger ring and he will also show his friends and parents with the same excuse." P17

A young woman described her friends behavior and the rewards, including money. She suggested that her aunt was helping her maintaining the relationship. The young woman stated:

"At present she has relations with both boys. They both bring her presents, give her money. Her family is also aware of it but her aunty if of the opinion that all girls do so...Since the boys gives her things, money etc, she meets him and has relations with him." (P43)

A sexually active woman expressed the following feelings about the financial rewards:

"Madam, I don't take money. But if I want anything then I ask for the money or he gets me that thing. But she (her friend) takes money from everyone!" (P41)

A young woman described her situation by stating the following:

"I fell in love with a boy. He helped me a lot. He would give me Rs10-15 and I used to tell my mother that I found it in the river. Then we would get the flour and make rotlas (staple bread) and eat. Since then we have become very fast friends." (P52)

A woman described how financially reliant she became on the relationships. She stated:
“If I get less money my mother beats me a lot. So I have to “talk” (have sex) with other boys also. Only then I get the money. I am good looking so all the boys readily “talk” with me....I only talk to two boys....My mother also knows about it. One day my mother really beat me a lot. So I told her that I am what I am. When you do all this it is nothing because no one is there to say anything to you. Why do you beat me? If you give me money and get everything for me then why would I have to “talk” to anyone? It would be better if you married me off then at least I would be rid of you.” (P52)

It was evident through the interviews of unmarried women, that the gifts that received were not of great monetary value. (The current exchange rate for Indian rupees is Rs 46 per US $1.00). Interviews showed that 79% (55) of the unmarried, sexually active women (USA) who reported that their partners were their lovers claimed that they entered the relationship for financial gain. Among our sample of interviews, young women valued the attention that they receive from their partners. The relationships, it appears were initiated out of physical attraction and “love.” These relations have begun to occur more often and their popularity among the young, unmarried women suggests that the relationships are fulfilling a need.

The influence of media, especially television, may play a part in the trend towards increasing premarital relationships. According to the NFHS-2 Survey, 46% of women watch television at least weekly and one in five rural households owns a television. Many of the women reported that they spend their leisure time watching television with friends. Many western programs involve “love” marriages and relationships. The young women’s exposure to this lifestyle may spark their interest and support their desire for a relationship.

One young woman described a “love” scenario occurring within her village:
“One boy has brought a girl over here, he is 18 and she is 15. They stay in this village. They have run away without informing parents. They are from a different village. They are staying on rent so no one is bothered.”

Because arranged marriages remain prevalent, women may feel that their only opportunity for a “love” relationship is prior to marriage. Women have a desire to experience love and so, many engage in the relationship despite the risk of punishment. They frequently receive verbal support from their boyfriends. The boyfriends insist that they will protect the women from their parents if they are discovered. The boys encourage the women not to worry. The following quotes expressed the desire for this “love” relationship:

One 17-year old woman stated:

“....they hold hands, kiss, and he takes her to ‘mandir’ (temple) and he even puts sindoor on her head (this practice is traditional by a groom to his bride on the day of their marriage and she will then apply this in her part everyday of her married life). His parents won’t allow them to marry that is why they do this....” (P27)

Another interviewee suggested the influence of media:

“By keeping special boyfriends, he is never going to be ours. You get a bad name from it by keeping such a relationship. Certain things happen that shouldn’t happen so why keep such a friend? Whatever we see in the movies girls think ‘why shouldn’t I have it?’ It is not the reality of it here. So why do it? They must be keeping it on their own because they like it. If the people in the family come to know it there is a riot in the house and our name is blemished.” (P6)

Engaging in these relationships often promotes severe physical and social repercussions.

One sexually active woman stated:
“Both our parents came to know about our relationship. My father beat me up a lot and left me here in Nandnagar. (maternal uncle’s house)” (P46)

These relationships often result in unintended pregnancies that, if made public, often bring about physical beatings and restrictions. One interviewee stated:

“Then I started speaking with that boy again. There after 6 months again I became pregnant. Everyone started talking in the village. My brothers also came to know about it. Then my brother beat me up severely and stopped me from going out of the house. I was not allowed to go anywhere..... And his wife also fought with me in front of the whole village, and so I left him.” (P53)

Because it is apparent that women do engage in these relationships, it is important to understand the precautions, if any, that they take to reduce the risk of negative outcomes.

**Condom Awareness and Usage**

Several issues exist that prevent the use of condoms within this group of unmarried, sexually active women (USA). The data gathered within our sample of sexually active women suggested that most sexually active women from all the sub-populations were aware of condoms. Sexually inactive (USI) women showed only a 20% awareness of condoms. However, note that the sample size is only ten. See Table 29.

**Table 29: Condom Awareness Among all Groups**

<table>
<thead>
<tr>
<th>Group</th>
<th>Condom Awareness Yes</th>
<th>Condom Awareness No</th>
<th>Total Sample Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>USI</td>
<td>20% (2)</td>
<td>80% (8)</td>
<td>10</td>
</tr>
<tr>
<td>USA</td>
<td>81.8% (45)</td>
<td>18.2% (10)</td>
<td>55</td>
</tr>
<tr>
<td>Married 25 or &lt;</td>
<td>89% (47)</td>
<td>11% (6)</td>
<td>53</td>
</tr>
<tr>
<td>Married 26 or &gt;</td>
<td>85% (69)</td>
<td>15% (12)</td>
<td>81</td>
</tr>
<tr>
<td>Widowed</td>
<td>76% (38)</td>
<td>24% (12)</td>
<td>50</td>
</tr>
</tbody>
</table>
A small percentage of women throughout all the sub-populations reported use of condoms. The women cited several large obstacles, especially the unmarried or widowed sub-populations. One such obstacle may have been the lack of social approval for sexual relations among these groups. Most young women do not access the healthcare system regularly. They have few existing means to obtain knowledge in this area of their lives. Currently, the main resource for these women is the DCT field supervisors and VHWs. Both face difficulty within the communities when they attempt to educate women on topics such as menstruation and the sensitive topic of sexual relations.

Because unmarried women are expected to remain sexually inactive, there is no acceptable reason for them to be concerned with the access to or knowledge about condom use. Following marriage, there is also little concern for condom awareness; within Indian society the newly married couple is expected to conceive a child within the first year. Condoms are generally considered a family planning tool. Access to condoms for unmarried women is nearly non-existent aside from the efforts of DCT. Some women’s responses cited reasons for not using condoms:

One young sexually active woman said:

"...he told me himself that the bens from Deepak come to your house so why don’t you get Nirodhs (condoms) from them? He told me but I did not understand anything. I did not even ask him what he meant by that. Now today I have come to know about Nirodhs from you so now I will use it." (P51)

The following statement was a typical response:

"I feel shy. From whom to ask and where to keep? From whom and how to ask for it?" (P48)
Additional obstacles to condom use included fear of disapproval from elders, lack of knowledge in use, and inability to plan for the encounter. The following responses are from unmarried, young women (USA):

"I know about Nirodhs (condoms). I also know that by using it we do not get diseases and infections. But Campaben the (VHW) is my Kaki(aunt). How can I ask her for Nirodh?" (P50)

"I don’t like to use Nirodh. I am scared of these things." (P37)

"We meet all of a sudden. It is never decided when we will meet, so we never get a chance to use it." (P38)

"I am aware of Nirodh but I hesitate to ask for them. The men say if I am pregnant they will give me the money to get rid of it." (P59)

The following response came as a result of the DCT intervention program:

"I had come to a meeting held by you wherein we learned of Nirodh. So we use Nirodh. I take it from Meenaben (VHW) or my partner brings it. We use it every time." (P36)

The widowed group shows low use of condoms. These women are economically dependent on their relations. They have very little power to insist upon or negotiate the use of condoms with their partners, for fear of losing the relationship.

The incidence of unintended pregnancies for unmarried, young women is rising in within the area of Nandnagar. There seems to be little concern regarding unintended pregnancies in the unmarried category, because the boy generally assures the girl that he will pay for the curatin (medically terminated pregnancy). Throughout the interviews, the unmarried women (USA) expressed that their concerns about unwanted pregnancies were based on their ability to access a facility and to secure the financial means for the procedure. The actual termination procedure caused little concern. This reaction may
arise from the threat of punishment that may accompany public discovery of their pregnancies.

The following examples spell out the concerns surrounding unwanted pregnancies—restrictions, motivations for continuing in unsafe behaviors, the mother’s support in obtaining an MTP, and additional daily restrictions.

One 18-year old shared her experience with her unintended pregnancy. She stated:

“After six months again I became pregnant (machina rahi gaya) Everyone started talking in the village (gaamma bodha vaato karva laagya) My brothers also came to know about it. Then my brother beat me up very severely (maara bhai mane khubj mori) and stopped me from going out of the house. I was not allowed to go anywhere. Then I stopped speaking with that boy.

Another young woman spoke of the logistics of termination. She said:

“The girl also said that when she meets the other boy, her lover is not aware of it. Since the boy gives her things money etc, she meets him and has relations with him. when she is pregnant she gets money from him to get rid of it and so she cannot stop meeting him.”

This above citation suggests that an unintended pregnancy was not necessarily cause to end a relationship.

Another young woman stated:

“Once I became pregnant) when I was about 5 months that my mother came to know about it and then I told her everything and then my mother took me to Anand (nearby city) hospital and I got curatin done. Then after that again the boy wrote a letter to me. I dropped that letter in the bathroom when I had gone to take my bath. My mother found it. My mother beat me up and stopped me from going out of the house But now they allow me to go out a little. But if I have gone to someone's house and I take long, then she comes behind me.”
The frequency with which unmarried women enter premarital relationships appears to merit attention from community health organizations. The DCT’s key informants suggest that the social restrictions prohibiting these relationships are not highly effective. Unmarried women are at particular risk for negative health outcomes, including unintended pregnancies requiring MTPs. The lack of access to medical services further increases the mortality and morbidity of such cases.

The interviews with unmarried women provided insight into the decision making process for selecting and negotiating a relationship in an environment unfriendly to such relations. Many women offered reasons predominantly of an interest in “love” and economic benefits as the motivation for entering these relationships.

The women suggested that normal domestic duties provided opportunities for meeting their partners. They further stated their dependence on peers, siblings, and aunts for support of the relations.

Unintended pregnancy was the only negative health concerns for women involved in these relationships. Reliance on, and assurance from, partners often eased the women’s concern. In fact, rather than seeking preventative measures, several women viewed termination as a method for addressing the issue.

The use of condoms in this population was limited for several logistical reasons. The circumstances of meeting the partner were often unpredictable and did not allow opportunity for planning. Storage of condoms also presented problems for the young women. Limited follow-up visits to this unmarried group showed early promising response to condom use education. After two follow-up visits on a small sample of the unmarried (USA) group 100.0% reported use of condoms. This may suggest that the USA
group had access to condoms and that their ‘lack of knowledge’ issues were being addressed successfully by the DCT.

Thirty-one percent of the women in the USA sample reported concerns about sexual health problems. Their concerns were addressed through the intervention programs offered by the DCT.

The study offered insight into the behaviors of these young women in a changing environment. Those women who interviewed were receptive to the information offered by the DCT staff and indicated great potential for behavior changes.
Chapter 5: Discussion

For young women of Nandnagar, the timeframe between menarche and marriage is a relatively short four or five years. (In recent cases, the tradition of *kanyadaan* promotes arranged marriages for pre-pubescent women, as a high measure of respect to a girls’ parents.) In most cases, the four to five post-menarche years represent a period of increased vulnerability for women’s social reputations and marriageability. In response to this vulnerability, the community of Nandnagar attempts to limit women’s public exposure and opportunities for interaction with men. In an attempt to attain this goal, families often discontinue the girls’ formal education, sexual health education (Bhende, 1995) and restrict their mobility within the community.

The community of Nandnagar continues to change in response to the industrialization process that has been occurring over the last several decades. The movement of goods through the community and the increase in services in response to the movement increases the opportunities for exposure to views outside of the traditional. Employment opportunities have attracted many migrants, leading to a reduction in the influence of extended families and various cultural influences. An increasing number of single men have moved into the communities looking for opportunities to meet their basic needs. Additionally, the exposure to national and global media has an enormous influence. Televisions are no longer unusual within homes, and women readily view Western films depicting non-traditional “love” marriages and relationships.
These changes influence the lives of young women in several ways. In some cases, there is greater opportunity for women to work outside the home and to earn income. Additionally, the average level of education is increasing. The age of marriage is also delayed because of the demand for greater levels of education placed on men. For women, this delay precipitates greater opportunity between menarche and marriage. It also increases the challenges made towards the traditional belief of abstinence prior to marriage.

Even as these changes occur, the traditional ‘low’ expectation of young women continues. Women hold low social status and the patrilocal community shows a preference for males. Women hold little, if any, economic power within their families. The cultural institutions about marriage have not changed.

In response to the onset of menarche, families often seek marriage relatively quickly. The young women continue to have little voice in the decision. Not only do marriages reflect upon the honor and reputation of young women, but they also reflect upon the young women’s family. Families remain obliged to provide a dowry and to manage the expenses of the ceremony. Women may see their marriages as a move towards a lower social status, as they become subservient to the new husband and mother-in-law.

In response to this domination, some women, as seen in the MPP sample, pursue an outside relationship as a means to garner love, affection, material rewards, and control. Having a boyfriend and engaging in sexual relations offers a degree of control and self-determination. Women have not experienced this measure of control before, either in their natal homes or with their husband’s family.
This expression of intimacy and sexuality has strict parameters within the society of Nandnagar. The desire to preserve women’s marriageability and family honor mandates a level of discretion within the relationship. For fear of damage to their reputations, women must avoid public activities with males. The requirements of privacy and secretiveness force these relations away from community sight. Discrete relations are more acceptable.

Secretive behavior promotes sexual behavior for which many women are unprepared. Relations are often rushed and do not allow for appropriate protection. The situational assessment identified the lack of condom use and prevalence of sexual health problems as issues within the community of Nandnagar. It further identified the increasing frequency of medically terminated pregnancies (MTP) as a solution to unwelcome contraception. If women are able to keep MTP procedures private, there is no threat to their reputation. The quest for privacy often drives women to seek medical attention away from the community, usually in a nearby city. The presence of STDs, the occurrence of MTPs, and the lack of condom use all indicate that these young women are engaging in risky sexual practices.

Further exacerbating the situation, young women often enter these relations with little to no sexual knowledge. Lack of knowledge leads to lack of protection.

The increase in HIV infection rates, the co-morbidities of STDs, and the dangers associated with MTPs present highly risky situations. The increases in opportunity and flexibility that women have gained as a result of industrialization are not exhibited in cultural practices and expectations. Rather, the cultural norms that were established as protection for women have become limitations that contribute to their rate of risk. The
belief that women should not be educated about the natural processes of their bodies serves to contribute to the risk of unwanted pregnancies and leads to the only alternative for women outside of marriage, MTPs.

The DCT seeks to address this situation through several means. Through education and in conjunction with sexual health services, the DCT hopes to increase general health knowledge, and raise the awareness of the negative outcomes that occur from pursuing risky sexual behaviors. The DCT is also participating in follow-up visits with these sexually active women. They hope to increase the use of condoms and promote awareness of the signs of STDs. The DCT is also delivering intervention programs that are designed to build general skills.

Increasing a woman’s ability to become economically productive can yield an increased degree of self-determination. Some levels of success, in terms of condom usage, have been seen, especially among the unmarried women in the MPP intervention. Within two follow-up visits, unmarried women who were interviewed showed incredible compliance with condom usage. In fact, they showed more compliance than any other sub-population; though, all groups showed dramatic increases in usage. These results, however, are early and based on only a very small sample size from the unmarried group. Another issue successfully addressed by the DCT is the identification and treatment of STDs within the community. The MPP intervention has been accepted by many within the community and earlier detection and treatment is being offered through the weekly STD clinics.

Several other considerations may increase the effectiveness of the DCT’s current programs. Specialized reproductive health services for young, unmarried women may be
designed to include general gynecological health and education for women who are sexually active as well as those who are not. Community-based education programs to improve young women’s knowledge of issues such as menstruation and the normal reproductive health cycle would allow these women to reduce the risks of engaging in sexual activity and to make informed decisions regarding their own sexuality.

In a global outlook, the situation for young women is not improving. Although urbanization offers greater flexibility in many aspects of life, cultural traditions are slower to adapt and women are not provided the protection that once was offered by their community. It is important to recognize that these women are at greater risk especially in a patrilocal society. Within these settings, as women gain more freedoms, they are increasingly accused of changing their behavior. The increased levels of scrutiny add pressure and stress to the lives of young women. Reproductive health services need to become more attentive to the greater level of flexibility afforded these women. The services must be accessible and appropriate for these young women, if they are to benefit from the increasing opportunities presented by urbanization.
References


NACO-HIV/AIL Scenario, www.naco.nic.in/


