

Assessing the Factors that Contribute to HIV/STD Transmission in Marriage in Urban Slum Communities in India

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Background

There has been little effort to explore the marital relationship as a focus for transmission and prevention, despite the overwhelming evidence that husband to wife transmission has been a major factor in the increasing rates of HIV/STI for women throughout the world (Lawoyin and Larsen 2002; Painter 2001; Morrison et al 1997; Gangakhedkar et al. 1997; McKenna et al. 1997; van der Straten et al. 1995). Fonck et al. (2000) have stated that:

“Most women [attenders of an STD referral clinic in Nairobi] reported low risk sexual behavior and were likely to be infected by their regular partner. HIV and STI prevention campaigns will not have a significant impact if the transmission between partners is not addressed”.

Newman et al. (2001), call for:

“HIV prevention and intervention strategies ... [for] ... married, monogamous Indian women whose self-perception of HIV risk may be low, but whose risk is inextricably linked to the behavior of their husbands (p. 250).”

Despite the acknowledgement of the importance of the marital unit and the relationship of the members of the dyad, there continues to be insufficient data collected on the knowledge, attitudes and behaviors of both husband and wife. Morrison et al. (1997) demonstrate that their study supports the view that:

“...incorporating female and male sexual behavior and male symptoms can improve diagnostic algorithms for STD among married African [Zambian] women. Efforts aimed at preventing STD in this population should target both husbands’ and wives’ behavior (p. 556).”

However, few research and/or intervention programs have been ready to take on the challenge of recognizing that marital sex is a dyadic event in which the reduction of marital sexual risk, particularly for the women, involves intervention with both individuals and the couple. This approach requires addressing the difficult issue of finding ways to reduce husbands’ (and less frequently, but significantly) wives’ extramarital risky sex, husband’s violence and coercive sex, and promotion of mutual monogamy, increased sexual communication, and HIV/STD notification.

The objectives of this paper are: (1) Describe a multi-year, multi-level research and intervention project in slum communities in Mumbai (Bombay), India that addresses sexual risk reduction within marriage; (2) Provide methodological approaches to the identification of significant husband, wife and dyadic variables that characterize the marital unit; (3) Present preliminary results about the nature of the marital relationship drawn from the interviews of men and women in the study communities; and (4) Assess trends in preliminary data collected on husband’s and wives reproductive health.

Context

The data for this paper has been collected in three “slum” communities with an approximate population of 700,000 people. The predominance (89.9%) of arranged marriages in these communities, mean that most wives and husbands come together as virtual strangers. This emotional distance can be exacerbated by the fact that many men migrate (66%) from rural areas, leaving wives in the husbands’ parental homes, and until they finally settle in Mumbai, seeing them only during periodic visits back to their native village. For women that either migrate to or are born in the slum communities, the opportunities for increased intimacy with their husbands are limited by the presence of husband’s parents (24.8%), children and other family members (25.9%) in extremely limited residential space. A significant number of women report a lifestyle that is highly restricted; women show limited exposure to mass media (62.4% have low access), 92.6% report no community access, and 51% report only limited access to friends, relatives or neighbors (Mainkar, 2002).

Men’s risky sexual behavior may begin prior to marriage with male-to-male sexuality, with female sex workers, or with “love” relationships. In a random sample of 2400 men (see methodology below) from the study communities, 38% indicated that they had pre-marital sex.. For 15.9% of those men who come to Mumbai without their wives, Singh (2002) has shown that they had higher drug risk scores and higher sex risk scores compared to single men and married men living with wives. Verma and Schensul (in press) demonstrated in a sample of 1344 men in one of the study communities, that a significant association between men with sexual health problems, STI-like symptoms and a risky lifestyle that included current involvement with sex workers and other extramarital sexuality.

For a subset of husbands and wives, these dynamics create an interrelationship among extramarital sex, marital violence, and forced sex. Mainkar (2002) in a survey of 553 women from one of the study communities, describes that a majority of women (62.4%) reported that their husbands had forced them to have sex at some point in their marriage; 20.4% reported forcible sex on the first night of the marriage; 74.9% were forced to perform unwanted sexual acts; and 36.3% reported that their last sex was only as a result of the husband’s desire. In a large survey of men in these communities, 56.6% indicate that their wives cannot refuse to have sex when they desire it. Mainkar (2002) showed that 20% of men reported beating their wives, while over 40% of women reported physical abuse by their husbands, indicating an underreporting by men. In the baseline survey of 2400 men 75.3% had violent arguments with their wives, 27.8 reported shouting and yelling, and in the last incident 16.7% reported slapping their wives.

Maitra and Schensul (2002) identified a culturally scripted set of pre-coital behaviors between husbands and wives in comparable communities and found that half of the women in their qualitative sample of 35 reported a pattern of significant “skipping” of behaviors of intimacy and a high degree of sexual coercion and violence. Verma and Collumbien (2002) establish a strong link between unwanted sexuality and marital violence. Women reporting the most severe problems of abuse were more likely to have experienced forced sexual intercourse and to have husbands who had been forceful rather than cooperative during the first wedding night and did not care about the wife’s sexual satisfaction. Mainkar (2002) reports that a majority of women in these communities had little knowledge of their husband’s potential extramarital sexuality,

limited ability to identify STD symptoms, assessed their risk of HIV/STD as low, had poor communication with husbands on sexuality, and limited ability to negotiate condom use. This picture indicates that a subset of marital relationships in the urban slums of Mumbai carry significant risk for women, as men visit commercial sex workers and conduct extramarital affairs, limit women's mobility, access to services and acquisition of knowledge, practice forcible sex, and are involved in marital violence. The sexual interaction that characterizes these couples may involve both the greater likelihood of the husband having HIV/STD as well as increasing the risk of transmission through tissue tearing as a result of forcible and/or unwanted sex. At the same time, Maitra and Schensul (2002) demonstrate that there is also a significant subset of marital relationships in which there is equity, communication, a lack of violence and a satisfying sexuality, establishing positive role models in the urban communities. Identifying both the resilient and undermining elements associated with risk in the marital relationship will be an important part of this research.

Methodology: Men's Project

In September 2001, the University of Connecticut, School of Medicine, Center for International Community Health Studies, in collaboration with the Institute for Community Research in Hartford, CT and the International Institute for Population Sciences in Mumbai received a five-year National Institute for Mental Health grant (RO1-MH64875) entitled "Male Sexual Concerns and the Prevention of HIV/STD in India. This research and intervention project seeks to address the difficult problem of engaging males in sexual risk reduction, and early treatment of HIV/STD in urban communities in India.

The approach taken in this project is to focus on men's concerns about their sexuality and sexual performance. Men throughout the world share these concerns, but South Asian and Indian culture amplifies them through the concept of *gupt rog* (secret illness in Hindi), which refers to culturally defined illnesses that belong to the secret parts of the body (Pelto, Joshi and Verma 1999; Verma, Khaitan & Singh 1998; Jain et al, 1998; Kulhara and Avasthi 1995; Bhugra and de Silva 1995). Most of the *gupt rog* problems reported by men in India are derived from cultural perceptions about excessive semen loss and impotence that have a long-standing tradition in India. Since their etiology and diagnosis is outside the allopathic tradition, they have generally been ignored, demeaned and seen as a relic of the cultural past by cosmopolitan health services. As a result, when men seek services to address *gupt rog* problems, they most often go to non-allopathic (ayurveda, unani, and homeopathic providers. The project has taken a multi-level approach to addressing *gupt rog* problems at the community, provider and patient levels.

The project's formative research included mapping the communities, interviewing key informants, doing a rapid assessment of all public and private providers in the community, conducting in-depth interviews with 52 married men between the ages of 21-40, and developing and implementing a baseline survey of 2400 married men (aged 21-40) in the three study communities. In addition, STD testing involving blood and urine collection (gonorrhea, syphilis, HSV-2 and Chlamydia) was carried out with a randomly selected sub-sample of 640 men. Utilizing a quasi-experimental design, an intervention plan was developed and implemented in which: (1) In one of the experimental communities, the project trained non-allopathic providers in what we have termed the "Narrative Intervention Model" (NIM) involving a more ecological approach to addressing *gupt rog* and the inclusion of sexual risk reduction education and syndromic management of STD; (2) In the second experimental community the project

developed a Male Health Clinic in the governmental community health center, which heretofore has been a maternal and child-focused center; the staff of the Male Health Clinic was also trained in the NIM and syndromic diagnosis and treatment. (The NIM integrates principles and strategies from narrative therapy (Eron & Lund, 1996; Howard, 1991; McNamee, 1996; McNamee & Gergen, 1992; Sarbin, 1986), cognitive therapy (Beck, 1976; Ellis, 1962), and cognitive-behavioral approaches to sexual risk prevention and risk reduction (Azjen & Fishbein, 1980; Becker, Rankin, & Rickel, 1998; Fisher & Fisher, 1993; Kelly, 1995) and social construction (Berger & Luckman, 1966; Nastasi et al., 1998-1999; Kleinman, 1986; Vygotsky, 1978; Wertsch, 1991). (3) The third community represents the control, involving a sample of patients utilizing “untrained” private allopaths and non-allopaths. All three communities receive community-level health education on *gupt-rog*, STD and prevention.

Methodology: Women’s Project

In September 2002, the Office of AIDS Research (OAR) funded a two-year supplemental project to develop a pilot research and intervention project to address the needs of the wives of the men in the larger project, entitled, “Assessing Women’s Risk for HIV/STD in Marriage in India.” The project, nested in the men’s grant, has involved the following data collection and intervention procedures:

- (1) **In-depth interviews** with 66 married women in the age range of 21-40
- (2) **Women’s support and community participation** documented women’s organizations, including *mahila mandals* (Women’s groups) and other forms of women’s participation in the community;
- (3) **A random selection of 210** wives of 640 men who responded to the baseline survey and had STD testing. These selected women are being asked to respond to a female version of the baseline survey (a combination of comparable and unique questions), to have a gynecological exam, and STD testing. (Approximately 54 interviews have been conducted and 28 entered at the time of the writing of this paper. It is anticipated that a much larger (but still not a complete sample) will be available at the time of paper presentation at PAA.
- (4) **A Women’s Health Project Clinic** has been developed at the governmental health center in the community (the same center that houses the part-time Men’s Health Clinic) in which Nair and Rajiv Gandhi Medical Colleges, and OSB Diagnostics Limited have teamed with IIPS to provide gynecological exams, STD testing, treatment and follow-up for the selected women. The clinic represents the first effort to involve women in gynecological care and reproductive health independent of pregnancy and delivery. (Approximately 30 women have been seen at the clinic at the time of this writing, with a suspension of exams for approximately five weeks; the clinic has been reinstated this week).
- (5) **Couples’ interviews** will be conducted with a random sub-sample of 50 women (from the 210) and their husbands utilizing scenarios drawn from the in-depth interviews. Husbands and wives responses to these “problem scenarios” will be documented along with their interaction styles to further understand spousal interaction and communication.
- (6) **Pilot brief intervention** using the NIM adapted to couples and other interventions developed from the data will be implemented with 25 voluntary couples and interested women who were already interviewed, with the aim to explore approaches that would reduce HIV/STD transmission risk.

The Need for Dyadic Data

Much of the analysis of the dynamics of the marital dyad have come from reports from one or another of the partners, primarily in the context of an STD clinic or other treatment facility. The methodology described above has allowed us to collect data separately from the husband and the wife creating a “couples” data set that consists of: (1) shared contextual data on macro and micro environment and family; (2) husband characteristics; (3) wife characteristics; (4) common perceptual and behavioral questions whose responses can be compared (Harvey et al., 2004); (5) Variables that characterize the dyadic quality of the relationship that emerge from the qualitative data or from the interaction of quantitative variables that characterize differences between spouses (i.e. the difference between the ages of husband v. wife); and (6) contextual, husband, wife, and dyadic variables as they are associated with sexually risky behavior, men’s *gupt rog*, women’s reproductive health problems, and the STD status of both husband and wife. These variables are a part of the men’s baseline survey (2400 men), the men’s STD survey (640 men), the women’s pilot baseline survey (210 wives of the 640 men tested for STD), which includes a gynecological exam and STD testing. Descriptions of the major variables that emerge from this methodology are listed in Table I:

Table 1: Marital Dyad Variables		
Contextual Variables		
<ul style="list-style-type: none"> • Living space/degree of privacy • Children • Love v. arranged marriage • Joint v. nuclear family • Relationship with in-laws • Availability of health services • Micro- and immediate environment (water, toilet, safety, support) 		
Husband Variables:	Wife Variables:	Dyadic Variables:
Age	Age	Concordance/Discordance
Education	Education	Concordance/Discordance
Religiosity	Religiosity	Concordance/Discordance
Media Exposure	Media Exposure	Concordance/Discordance
Organizational participation	Organizational participation	-----
Exposure to pornography	-----	-----
Friendship network	Friendship network	-----
Substance Use	Substance Use	-----
Communication with wife	Wife’s reports of Husband’s degree of communication	Concordance/Discordance
Husband’s report of wife’s communication with husband	Communication with husband	Concordance/Discordance
Reported spousal abuse	Reported spousal abuse	Concordance/Discordance
Men’s involvement in household chores	Women’s reports of men’s involvement in household chores	Concordance/Discordance

Husband Variables:	Wife Variables:	Dyadic Variables:
Decision-making	Decision-making	Concordance/Discordance
Men's <i>gupt rog</i>	Women's reports of men's <i>gupt rog</i>	Concordance/Discordance
-----	Women's reproductive health problems	-----
Consequences (sexual emotional, self-esteem, health, family life) of RH problems	Consequences (sexual emotional, self-esteem, health, family life) of RH problems	-----
Pre-marital sex	Pre-marital sex	-----
Extramarital sex	Women's knowledge of men's extramarital sex	Concordance/Discordance
Pre-coital behavior in last sex with wife	Pre-coital behavior in last sex with husband	Concordance/Discordance
Self assessment as a sexual partner	Self assessment as a sexual partner	Concordance/Discordance
STD Knowledge Scale	STD Knowledge Scale	Concordance/Discordance
Masculinity scale	Empowerment Scale	Concordance/Discordance
Self Perception Scale	Self Perception Scale	Concordance/Discordance
STD Results		
Chlamydia	Chlamydia	Concordance/Discordance
Gonorrhea	Gonorrhea	Concordance/Discordance
HSV-2	HSV-2	Concordance/Discordance
Syphilis	Syphilis	Concordance/Discordance
-----	Bacterial vaginosis	-----
-----	Leucoria (White Discharge)	-----
-----	Candidiasis	-----
-----	Trichomonas Vaginalis	-----

Preliminary Results

From the men's survey data we see the following result from 2408 systematically selected random households for age and education of spouses:

Table 2: Age and Education for Husband and Wife

Variable	Husband (mean)	Wife (Mean)	Differential (Husband-Wife)
AGE	31.7	26.9	Range = -13 to +16, mode = 5 years
EDUCATION	6.4	4.9	Range = -15 to +17, mode = 0

Significant differences in age and education levels between spouses may affect both marital dynamics and sexual risk. Other data on husbands and wives in the male survey include the following:

Table 3: Other relevant demographic variables

Variable	Husband	Wife
Mean Age at marriage	22.3	17.5
Religiosity (Percentage very religious or religious)	85.4%	90.0%
Percentage currently working for money	98.3%	4.4%
Mean income in Rupees/month (45 rupees/\$1)	3273	1354
All income given to wife for the household	47.1%	-----

In the male baseline survey, it was found that 46.9% of women marry below the legal age limit (18) and with an increasingly lower ideal family size, rarely exceed three children. As a result, many reach their ideal family size in their early twenties. With little public emphasis on health care resources for gynecological problems, many women have little opportunity to address their reproductive health problems. Women show a slightly higher level of religious activity than men, by the men's report. Only a small number of women are involved in work that generates cash income. Overall, men incomes are low and women report the need for careful management of family financial resources. Almost half of the men report that they give their full income to their wives to manage their needs and the needs of the household.

Table 4: Other relevant demographic variables for the household

Variable	Household
Mean household size	4.4
Mean number of children	2.2
Mean number of people per room	3.1
Percentage nuclear family	60.1
Percentage joint family	11.9
Percentage extended family	12.3
Percentage joint and extended	15.7

Although the number of children is relatively low, the residence is small (primarily one room and rarely over two); Close to 40% of the households are joint (parent[s] of husband) and/or extended (siblings and their wives and children), with the average number of people per room over three.

In-depth interview data

The 52 interviews with men and the 66 interviews with women (none were couples) were transcribed into WORD and entered into Atlas.ti, a computer-based, text storage and analysis program. Codes for these data were developed in part on our conceptual models for the men's and women's research and in part, inductively, based on the interview data itself. One such code was the "Nature of the Husband/Wife Relationship." The elements that emerged from the analysis of this code provide a basis for evaluating the quality of relationships. They include the following continua:

(1) Love v. no love

Despite the fact that almost nine of ten marriages are arranged, those husbands and wives that are positive about their marital relationships talk about “love,” with women more vocal about this concept than men. Several quotes from women illustrate their loving descriptions of their husbands:

“My husband is really very good. That time he was loving me and now also he is so caring and loving. He always thinks about me only. He always tries to make me happy in many ways.”

“My relationship with my husband is really very good. He is good, caring, loving, he understands me very well.”

“Both of us have a very good relationship. My husband is very affectionate. We have very good understanding with each other.”

“We both have love in our heart for each other. Sometimes nok-zonkh [arguments] are there. After that we try to say sorry to each other. In our life, tension is not there, we try to enjoy the life.

“There are no arguments/fights between us...So my neighbors feel that it is our love marriage, we live together very nicely with love and affection...I never felt that I should have someone else, so far nothing like this has come in my mind... He is a nice person...he is good in everything, what else I want.”

The men are less articulate about the concept of love. Two men did state that,

“I love my wife very much...Sometimes there are also conflicts between my wife and me. But we mutually solve this problem. We live a normal life; we remain happy and satisfied in that only.”

“She and I have good relationships with each other and better understanding for each other. She loves me very much.”

Others, while not mentioning love, emphasize mutual support, time spent together and satisfaction:

“My relation with my wife is good. She does all the household work and looks after the children also. I am involved in my business. We support each other as much as possible otherwise how would we manage our house. So we take care of each other. We both are happy and satisfied with each other.”

Another man states that:

“I have good relation with my wife. I spent maximum time with her.

Those women who are less positive about their marital relationship emphasize a lack of tenderness, affection, and love:

“I had a dream, like every girl has about marriage and marital life. Whenever I used to discuss with my friends, they used to ask me “whether he is asking you what you want to

eat, getting flowers, taking out...Usually in this way husbands show their love and affection, but my husband never showed any such things."

"As I told you, my only expectation from him is love and affection and little bit of appreciation, but I never got those".

"The reason for refusal is, sex never begins with love..."

"As husband and father his love and affection towards us is lacking. This is the main reason of my ill health."

"He is 43 years old, but that doesn't mean that he shouldn't love me. I am his wife, he should take care of my desires and me but he runs away from me".

(2) High v. low communication

Most women spend long hours caring for the household, the children, and extended and joint family members and these responsibilities and the limitations in their mobility constrict their world to the household. Women, who are positive about communication, emphasize their appreciation of their ability to share the day's events with their husband. In households with limited privacy husbands and wives need to talk late in the night. As four women described:

"My husband comes at ten we have dinner together, share about our daylong work or whatever has happened."

"At 12:00 midnight, my husband and me share with each other about family and other routine work."

"I and my husband talk to each other about various aspects of life such as family, children, money and sex openly."

"I share everything with my husband. I don't hide anything. Yes, sometimes I hide little things to avoid tension in the family, which makes him angry and unhappy".

Women in positive relationships also emphasized the importance of being able to communicate after arguments. As two women state:

"Suppose I am angry on something and won't talk to him, then only he will come and persuade me, [even] though it is my mistake. With him I am very comfortable. I am lucky to have him in my life."

"If I raise my voice, he will feel bad and if I will reply, then we will have argument. After arguments I keep quiet, because I think it's better to keep quiet. My husband does not like this silence. According to him if anything happens, after sometime one should forget that."

Husbands in positive relationships emphasize effective approaches to dealing with arguments and disagreements as in the following:

“I never fought with my wife. Sometimes if we won't listen to each other then some arguments take place. And afterwards it cools down. But nothing related to fights happened between us...”

“We both mutually understand easily. If I get angry then she becomes silent and if she gets angry then I became silent.”

“I never fight with my wife nor she fight with me. If there are any misunderstanding then we both sit together solve it.”

“There were no fighting between my wife and me... Whenever she becomes very hot on some matter then I would go away from there. And whenever I got angry she remains quiet.”

Women in more negative relationships report little discussion or communication with their husbands:

“Between me and my husband there is not much communication. He gets angry very fast for every small reason. I cannot take any longer his anger for small issues so I avoid him. He does not talk to me for two- three days still I do everything as I do everyday.”

“It took long for me to get used to married life. I never used to talk to him, always used to avoid him; our relationship was not like husband and wife except having sex. We never converse.”

“Earlier he used to at least talk to me properly. But now except my health he never talks to me. Communication between us was alright. Slowly it is deteriorating because he comes home late in the night he is drunk, eats and goes to bed. Many a times I tried to make him understand but nothing works. I do not know what he wants in life.”

“My husband's and my relation is not so good. He is very dominating and at the same time he never listens to me.”

“He is my husband just for namesake. He gives money to run the family, that's all. We both are not much bothered about each other.”

(3) Male domination v. female autonomy

The issue of control is a complicated one; while many wives indicate they have little autonomy, those with more positive relationships seem to appreciate a husband who is “strict” and sets clear guidelines. Note the following:

“I admire my husband, he is very good. He is dominating, but he dominates only for my good. He has full right on me. He doesn't allow me to go out of the door, but I don't feel bad. I want that even my daughters should get a husband like him. And my daughters should become like me.”

“He is a very strict person, but that’s fine with me because I am used to live in restrictions. I don’t have any such desire, which my husband won’t be able to fulfill, so then why should he bother. I am happy with my life.”

“Relationship with husband involves authority and the wife is supposed to obey him. When I got married I did not know what marriage involves.”

“Husband is husband, and what is there in his mind we cannot say. I have to listen what he is saying. After all he is husband, and if he says anything I have to listen to it. ...I think it's important also and I do not feel anything wrong in it. It happens in life, before, marriage, women are in custody of parents, after marriage under in-laws and if in laws are not there then husband. I think it's right also.”

“Now about my husband, all the things should be done according to his desire. I think its good/right. I am not feeling anything bad or wrong in this. Some women think it’s wrong that our husbands are restricting us. But I think it is right by my heart and mind.”

At the same time, a subset of women values their ability to make independent decisions, move in the community when they want to and act independently of their husbands.

“About my status, my husband has left me free. I can go anywhere I can.”

“My husband has given me all the power. I am totally free to do whatever I want to do. My husband doesn’t restrict me doing any thing; I mean I can do anything I want to do. I can go anywhere I like.”

“My husband is a very good person. He does not restrict me to do anything. I can do anything, which I want to do. Also, he does not have suspicious attitude, if I am talking to any male person.”

“He never restricts me for anything. But I think its better to tell him where I am going and when I will be back. He will feel good about it. Every time I tell him where I am going.”

It is important to point out that even those women who indicate they have the freedom to go wherever they desire, have mobility limitation. For example some of the women said that they can move within the community, but not outside the community or to distant areas of the city. While some women may have such mobility, their household responsibilities and community codes of conduct may also serve as restraining forces.

(4) Decision-making

Women emphasize the positive qualities of making decisions together, while the men in positive relationships give the women independent responsibility for decisions. As several women state:

“For any major decisions we discuss together, like our children’s future and if I want to give money to anybody that also we just decide together.”

“So both of us take decision on every matter together.”

“...we take all the decision jointly, like we think about the children’s future.”

“Our family's decision, we both are taking and if he is not having time, then I have to take decision.”

“Whenever he calls we discuss about children’s education and how to manage other expenses. Together we decide everything.”

The men emphasize the wife’s opportunity to make her own decisions, or a clear division between areas in which the husband is in-charge and areas in which the wife is in charge:

“She only decides what we should purchase or not. She has full freedom to buy any thing related to household... Outside work and responsibilities I use to decide, like where I have to work, how much money I have to send to my parents, whom I should barrow and gave money. But I discus every thing with my wife before reached to any decision ...”

“I discuss almost everything with my wife relating to household matters, other than my work ... My wife is responsible, I had given full freedom to purchase anything related to household requirements. I use to given amount her for the monthly expenditure...She has very big responsibility to take care of three children, cooking the food, fetching water from the public tap. Since morning to evening she has no time to take rest. ... She does not interfere in my decision and I also do not take any decision, which she does not like.”

“We both are happy. I earn money and give her to spend for the household expenditure. She alone goes and brings all the necessary things from the market. How much to bring and what to bring all depends on her. Whatever I have I give it to her. she is happy.”

“I gave complete freedom to my wife. She could purchase anything for the house because the responsibility of the house is on her and the work is going on in a proper manner. We don't see any kind of problem.”

Many men describe the “hyper-masculine” norm of not letting their wives make any decisions for fear that they might be controlled by a woman and therefore appear as a “eunuch” to their peers:

We [he and his wife] don't have any difference opinion because she never shows her opinion on any matter. What my parents and I decide that my wife as well as other family member has to follow.”

“My wife's work is limited to cooking food. She never takes part in any decision-making. From morning till evening she is busy in her work.”

(5) Positive v. negative relationships with the extended family

The extended family (primarily of the husband) can be a considerable source of argument and dissention between husband and wife. Women stated their appreciation for finding a home separate from husband’s in-laws, husbands supporting them in their arguments with extended family, and their efforts to maintain positive relationships with the extended family. As two women put it:

“He had bought a new house only for both of us. He did not want me to stay with his family.”

“I think as our relation is better with all our relatives...I mean to say that relation with others does affect husband- wife’s relationship. But it was not in my case; my husband is very good to me.”

The men particularly emphasize a smooth and peaceful relationship between their wives and the members of their natal family.

“She is providing...giving good respect to my mother.... I have a good relationship with my parent in-laws and also my wife is equally responsible for my family members.”

“My wife’s nature is good with all the family members like my father, mother, brother, sister,

“She provides proper attention to my family and I also provide proper attention to her family members properly.”

“My wife’s behavior is very good with all our relatives. They also have proper behavior towards us. There are no chances of any fights/arguments.”

“My wife has good relation with my family members. She very well looks after my mother. She never gives any trouble to anyone. .. My mother and my wife both take care of the money matter. My wife and my mother consult each other and then only decide what work should be done in the house, only after that we do that work... My wife treats my mother as her own mother and even my mother treats my wife as her own daughter.”

“My wife is good to all my relatives. She talk to them well and when they come home, she treats them nicely...My in-laws keep coming to my place and tell about themselves to my wife. If they need any help then my wife tells me and I do help them as much as I can.”

There is a great deal of discussion in our interviews about negative relationships with husband’s family, with particular concern on the part of women that their husbands do not take an active role on their side in disputes with in relation to older brother and sister-in-law or mother.

“Soon after marriage I could feel that my mother in-laws expectations were too high. Basically she was looking for someone who could work in the fields, and I was not used to for all this because of this reason our relationship was strained. My husband never interfered, he told me that I should adjust myself and we can't expect mother to change in the old age. There were arguments but I had to cope up.”

“But he married me without dowry, I was tensed to get married because of the fear of my in-laws, even now after six years they keep telling him that he should leave me and get married in the same religion with dowry. It is disturbing and hurting but so far my husband is not listening...”

“My mother-in-law plays a major role at home. She is the head of the household. My husband gives her money to run the house, when I go to the market I have to tell her what

I am buying and according to the approximate cost she gives me money. If anything is left I have to give it back to her. My husband does not tolerate if anybody says anything to his mother. He is attached to her. Every evening when he comes back from work, he should see his mother around otherwise he gets upset and anxious about her.”

“One day my sister-in-law was arguing with me and I reacted. As I told you on every small matter they used to abuse me. I don’t know how to work, how to look after household work. This happened in front of my husband. He supported his sister ... ”

Many men describe the problems with being caught in the middle of a dispute between their wives and their family:

“Since beginning, my parent's relationship was not good with my wife and me. They always taunt my wife... Now my wife also started replying to my parents ... Which absolutely I did not like and expect from my wife. Now she also started fighting with me, because I lost my job and I became unemployed.”

“She always agrees with my decision except one, if I am sending money at my native place for my elder brother and parents ... She always fights with me on this matter.

“I am staying for 10 years with my brother and her family. If I tell my wife to help (seva) them properly, then she becomes upset and tells me that, what you want to do you do with them. I will do as per my wish not according to them. She always tells me to take a separate room. But my earnings are not that much to buy or took a room on rented basis.”

These preliminary results indicate that an understanding of the broader aspects of marital relationships is essential in the identification of mechanisms of change in the marital dyad. The following factors of violence and sex in the marital relationship bear directly on the risk behaviors.

(6) Physical abuse v. no abuse

With households in close proximity, with cultural norms that support husbands’ physical dominance over their wives and with marital disputes that spill out of the household and into public view, spousal abuse is easily seen and heard in the study communities. For women who see themselves in positive relationships, the absence of physical abuse (primarily slapping) is emphasized:

“Though we have many disagreements on different issues he never took to beating.”

“Yes, many times we had disagreements, but it never lead to any kind of unpleasant events.”

“We argue on small matters but he never abused me.”

A subset of men also emphasize the importance of not using physical force with their wives:

“I never had any such quarrel with my wife so that I should beat her.

“I have no problem with wife... Usually I never fight with my wife, she is taking much care of me, when I use to drink more, than she become upset she started fighting. But I never beat her for any reason. She is very nice, she knows my habit but she manages everything.”

For women who are much more negative about their marital relationships, physical abuse plays a prominent role in their lives:

“There was no peace of mind due to too much of interference [by husband], even small things led to arguments and quarrels. He started abusing me, hitting me. Even I retaliated and abused him. It went to the extent of hitting each other.”

“The only and major problem between us is domestic violence.”

“Many a times I argued with him. Because of this reason he abused me physically. Later on I had to give up going out.”

“Due to lack of sexual desire and forced sex I refuse. One day he lost his patience and slapped on my face. I was scared and confused. After this incident it was difficult for me to communicate anything to him about sex.”

“Slowly he started physical abuse, I used to scream and cry but he was not bothered, he never listened to me, he beat me with whatever he had in his hand, with slippers. I tolerated everything at that moment. I never, reacted or questioned anything but next day I asked him, why he beat me, showed him the injuries next day morning. He told me that he does not know what he was doing, his behavior was normal... whoever came to know about it-- my neighbors and relatives they felt that I am complaining about him for no fault. I adjusted and tolerated only to continue married relationship because I am not educated, I have two daughters, and I was concerned about their future.”

“From the beginning I have seen him getting angry for everything. Whenever I couldn't cook food on time he used to beat me, abuse me and there was no conversation between us. Even I used to argue with him because of the ill treatment.”

Men reported that they would beat their wives when they were refused sex or when they were drunk or both. Seventeen percent of men reported on the men's baseline survey that they had beaten their wives in the last six months:

“I beat my wife once or twice a month when I am totally drunk.”

“Sometimes, she becomes quiet and sometimes she also abuses me. Then I get angrier and beat her more to stop the abusing.”

“I just beat her or slap her by hands because she is very thin and two slaps are more than enough.”

“I always try to not beat her, but women caste is like that, if man does not beat her, they will not walk properly (woh sahi raste pay nahi chalti). They require at least once or twice in a month to get beaten by man.”

(7) Positive v. negative sexual relationship

In the men's baseline survey, 23.0% of husbands report that they had extramarital penetrative sex (23%) and 13.3% reported that they had had extramarital sex within the previous 12 months. Of those men who had extramarital sex, 74% had sex with a women in the community or a near by community (26% of these men reported condom use in the last sexual intercourse with this woman); 30% with a sex worker (58% reported condom use in the last sexual intercourse), and 6% with a male, (6% reporting condom use).

Women are far more reluctant to talk about sex and their marital sexual relationship with interviewers, while men show little reluctance to discuss both their marital and extramarital sexual relationships. When women do talk, they emphasize as positive qualities, tenderness, preparation for love making, and a willingness on the part of their husbands to accept their refusal to have sex based on illness, menstruation, pregnancy, and lack of interest at that time. They also emphasize a trust that their husbands that they will not have an extramarital relationship. As one woman described:

“One day when I got up from the bed I could not stand, I feel that there is swelling and heaviness. Even now I limp. Because of the pain many a times I cannot have sex. I told my husband jokingly that if he wants he can get married again because I am not able to satisfy him. He also laughed. Because I cannot satisfy him neither he pressurized nor showed at any time that he is not happy with me.”

“During menstruation we avoid sex, because we feel that bleeding is infectious and unhygienic. My reluctance for sex has not affected our relationship.”

“He doesn't have any extra-marital relation because he loves me very much and he knows that if he ever gets into affair then it would ruin his family life.”

A subset of husbands also recognizes that a positive quality is not demanding sex when their wives are not ready for it.

“I do 5-6 times intercourse with my wife in a month. We sometimes discuss on the sex. Sometimes I asked for penetration she refused but I don't mind because I know there may be other factors. I never forced her for intercourse. Whenever I wanted to have sex, I asked her if she is really ready or she took initiation, then only I having sex with her. Otherwise she masturbates me other than intercourse.”

“When I ask for sex and she is not ready...[it is because] she is not well or she has some problems. At that time, I don't ask anything and remains silent. When she becomes fine then I do sex with her. After all she is also a human being.”

“We both are satisfied (santust) with our sex (sambhog) ... If she refuses then I won't do.”

“We both are interested in making love...I have always looked after her happiness for sex. I do talk to her about it. Sometimes she refuses but then I take her in my arms and hold her breast, tickles her and then have sex ... I like my wife.”

“I am always concern about her satisfaction, I always asked about her satisfaction.”

“When I ask my wife to have sex, and she refuses it. If she has some problems like she is not well or some other problems, then she tells me ... Whenever she is not ready then I won't tell her anything and sleep quietly.”

“From the first night we are enjoying our sexual life. As we have always been away from our parents, we have total privacy... So I never felt like having sex with any other woman.”

“I never fought or beat her for sex.”

“I love being with my wife and having sex with her ... The man who is very bad and who have many sexual relations and even after marriage want to have sex with other women, which is wrong way.”

Women, whose husbands are having extramarital affairs, are frequently more concerned about the financial impact of the relationship on the household:

“He does not give me enough money to run the house. Everyday he gives 50-60 rupees [a little more than \$1] and within that I have to manage food for seven of us. If not me, I have to feed my children at least twice a day. ... The reason is he is not interested in anything except having affairs with women. His mind is occupied only with sex but nothing else. I am tired of this marred life.”

“But when I came to know about their relation [extramarital affair], I felt very bad and asked my husband about the fact that I had heard. He got so angry that he beat me badly with a water pipe and a bamboo stick.”

In crowded conditions in which families' average three people to each room, privacy for sex can be a problem. Under these conditions the time for sex and the nature of sexuality is limited. In addition, women complain that the lack of love and affection that produces little concern on the part of their husbands for getting them interested in sex or in being sensitive to their needs.

“The reason for refusal is, sex never begins with love, there is no loving conversation. We do only routine, normal talk. He never appreciates, never expresses, but I always want verbal expression. All I want from him is his love.”

“In my case, all I want is his loving touch (sparsh).”

“I also feel that I am not able to satisfy him. For me, having children is O.K. I keep distance from this [sex]. On this issue only we quarrel and this is the only obstacle between us. Now the children are grown up. He always says that I am not having that feeling within me.”

“Yes, there were arguments between my husband and me after marriage. The reason for argument was I am not interested in sex from the beginning.”

“If he needs it [sex] or is in the mood, he will not leave me alone...Our female refusal does not matter to them; they do whatever they want.”

For a subset of men, sex is discussed as a form of control over their wives:

“Always I take initiative. This is the responsibility of the husband to take the initiative in sex. If wife takes initiative, then there will not be any feeling of respect for each other.”

“Sometimes I want sex but she is not ready for that, if I did sex forcefully, then she fights with me.”

“If she comes to know about my [extramarital] sexual relationship, I am not bothered about her. This is her responsibility to satisfy me; otherwise I will continue my relationship to fulfill my sexual desire.”

“I have no option, if wife is refusing for sex, then I again started visiting to C.S.W. Now she knows that I am visiting sex worker. ... In past two three month she completely refusing sex [because] she is waiting delivery...”

“Now I have no interest (maaza) in my wife. Her vagina had dried up (shukh gai hai), so I never force much her for sex....”

“I asked her for sex and she refused. She said that go have sex with your extra sexual partner (Ja dusre key sath muh kala ker). I tried to persuade her but she did not agree ... I lifted her up and knocked her down (uttakar patak diya) and had sex with her.”

“We have some arguments related to sex. I ask her to have sex but she refuses. But I force her to have sex with me.”

How can she (wife) refuse sex? I have married her for this reason. So, it is her duty to accept me, and also it is my right to force her. In front of more than hundred people, I have tied the knot with her, so she has no right to refuse anything. And until and unless the man forces his wife, he will not be called as a real man.

A small subset of women expresses their frustration and dissatisfaction with the low frequency of marital sex. As two women describe:

“I need love, but my husband doesn't make love to me.”

“All these problems started from last 3-4 years, means I don't get proper sleep due to tensions. I fight with my husband for love. You tell me, if one person is sexually unsatisfied then how will she be able to work or be happy.”

Both husbands and wives are concerned about the possibility of extramarital relationships; however in the in-depth interviews only one women of a sample of sixty-six admitted to an

extramarital affair, while many men described the detailed of their affairs. Of the respondents in the male baseline survey, 23% indicated that they had sex outside of marriage. As one women expressed it:

I don't have any idea about my husband's premarital relations. Nether have I asked him nor has he shared such instances. I don't like to ask..."

"My husband's extramarital relationship made me hate him for what he has done to me. Despite hatred, we had sex; I didn't want..but I had to..."

Men's and women's reports of men's alcohol use, forceful or coercive sex, the need for a man's control over most aspects of a wife's life, and a lack of satisfaction in marital sex defines a subset of marriages in which the risk of transmission of HIV/STD may be high and in which the mechanisms for intervention (e.g. improvement in knowledge, communication, and a reduction in alcohol, risky sex or condom use) may be low.

The marital unit is an important locus of intervention, therefore it is important to not only understand the dynamics between the couple but also examine how the physical and social conditions of the community, neighborhood and familial/household context can constrain or enhance their relationship. Most of the respondents live in one room shanties with their children and in 40% of households with other family members. The sleeping area is frequently separated from the rest of the room by cloth curtains. Many of the women feel that the curtain was not adequate to keep children and other family members from waking up and seeing the couple in a compromising position. The lack of privacy was felt acutely by their respondents and can result in sex without foreplay, diminishing their desire to have sex. The in-depth interviews revealed that women show great variation in their level of sexual desire and that men also show similar variation. While some women indicated that they that they did not enjoy sex at all, others said that they did enjoy sex but could not be responsive to all their husbands' demands due to the level of work in the household, while others considered their desires for sex unsatisfied by their husbands. Of the respondents on the men's baseline survey, 29.8% said they could always discuss sex with their wives and 22.1% said that their wives could always discuss sex with them. For a subset of couples the lack of concurrence in sexual desire, coupled with the presence of other family and the limitation of space creates significant problems.

Reproductive Health

Women and men's reproductive health must be viewed as well in the context of available health care resources, the financial resources of the family and access to health care within cultural norms, knowledge, attitudes and practices. In urban poor communities, women have less access to health care providers as a result of limitations on their mobility and low levels of knowledge of gynecological health. When women were asked about their health seeking behavior, most of them responded that because of access, cost and confidentiality issues they prefer to visit the private providers (both allopathic and non-allopathic) in the local community. Most of these private providers, the great majority of whom are male, do not even conduct a physical exam. Men also report that they take *gupt rog* problems to local private providers, who most frequently do not do a physical exam but treat on the basis of symptoms. Despite an extensive private practice system in the study communities (245 providers for the three communities), issues of

reproductive health, particularly those that can be transmitted from one partner to another, are generally poorly addressed by the local health resource system.

Of the 2400 married men, 21-40 years of age in the baseline survey, 53.2% reported that they had at least one *gupt rog* problem in the last three months prior to the administration of the structured interview. Principal components analysis identified three main clusters of *gupt rog* problems: *Kamjori* (26%) primarily related to performance problems (e.g. early ejaculation, loss of erection); *Dhat* (14%) associated with problems in semen; and *Garmi* (36%) associated STI-like symptoms (e.g. ulcers, rashes, wounds on genitals, discharge).

Four themes emerged from the men's discussion of their sexual health problems—definition and symptoms, perceived etiology, perceived impact, and emotional concomitants. For example, one man said: *"I suffered from the problem of bent penis, lack of desire for sex, erection difficulty, early ejaculation."* Another interviewee described his *kamjori* as *"loss of sexual desire, joint pain, black circles around eyes, and early ejaculation."* One man spoke of the sexual problem in the context of his marital relationship,

"My wife wants sex for a longer period, but unfortunately I get early ejaculation . . . before doing intercourse [on the first night] my semen fell on her thigh and clothes." One man described *garmi*, *"I suffered from...pus discharge, burning urination . . . also the penis became red."*

Men viewed their sexual health problems as stemming from previous sexual experiences with partners they perceived as risky (older women, CSW, eunuch, multiple partners).

"People say if we do sex with eunuchs then there is a chance of suffering from [garmi]."

"If a man has intercourse with a woman elder than his age, then he becomes impotent . . . because [older women] are very passionate, for which the man's semen becomes spoilt."

"Those who are suffering wet dream and do excessive masturbation, their semen bag becomes weak and [are not able to do] intercourse. In this case, they should not marry."

"Before marriage I used to masturbate . . . by which I wasted semen to a great extent, for which I suffered the problem of bent penis, lack of desire for sex, erection problem and early ejaculation."

"Due to anxiety and hesitation I ejaculated beforehand."

"[During first sexual experience] I was scared to do sex with her; I was not getting a proper erection."

Other men cited reasons related to perceived male and female roles (e.g., failure of man to be dominant), having sex too frequently (e.g., if sex daily, *"there is no semen in the penis, how can I get erection?"*), lack of physical strength, and external factors such as income and arranged marriages. STD testing to date for the random sub-sample of 640 men from the 2400 person male baseline survey shows the following:

- TPHA (lifetime exposure to syphilis): 6.2%
- RPR (acute infection of syphilis): 1.2%
- IgG (lifetime exposure to HSV-2): 9.8%
- IgM (acute infection with HSV-2): .9%
- PCR-Chlamydia: 0.3 (40% of the total sample tested)
- PCR-Gonorrhea: 6.5% (40% of the total sample tested)

If these results are confirmed, these rates show twice the level of gonorrhoea for males than other community based surveys in India (Hawkes et al. 2002a) and four times the rate for men in slum communities in Dhaka, Bangladesh (Hawkes and Santhya 2002b). Lifetime exposure to syphilis is twice the rate of other surveys in India. There have been no published community survey rates for HSV-2.

To date we have 28 completed surveys of our final sample of 210 wives of the men who have responded to the men's baseline survey and only 13 completed gynecological exams and STD blood testing draws. The demographics of this sub-sample are presented in Table 6.

Table 5: Socio-demographic characteristics

Sociodemographic characteristics		Men (n=28)	Women(n=28)
Age	(< 30 years)	10	19
	(>30 years)	18	9
Education	Literate	25	18
	Illiterate	3	10
Age at marriage	Above legal age	24	18
	Below legal age	4	10
Religion	Hindu	17	17
	Muslim	7	7
	Buddhist	4	4
Member of a community group		3	0
Employed for money		18	4

The reported reproductive health problems to date among the 28 respondents show the following:

- Pain in lower abdomen (35.7%)
- White discharge from vagina (25.0%)
- Irregular menses (25.0%)
- Itching in and around vagina (25.0%)
- Loss of sexual desire (14.3%)
- Pain in vagina (10.7%)
- Pain while urinating (10.7%)
- Burning Urination (10.7%)
- Swelling of lands in groin (10.7%)
- Sexual dissatisfaction (7.1%)
- Ulcers in and around vagina (7.1%)
- Blood in urine (7.1%)
- Foul smelling discharge (3.6%)

- Pain during intercourse (3.6%)

All women reported at least one problem in the last three months, with the primary categories as follows: 1-4 problems (25.0%); 5 (17.9%); 6 or more (57.1%). The in-depth interviews show a significant concern about women's gynecological problems in general, with particular emphasis on "white discharge" (*safeda*):

"During white discharge I used to feel feverish. The discharge was continuous for fifteen days, sometimes one month. My husband had discharge problem. He went to the doctor. For some days it was alright, but there was no relief. About his watery discharge and weakness he never told me.

"I am also suffering from white discharge and have consulted doctor. Every time I go to the doctor, he (the doctor) says it's because of weakness. I have also taken some medicines for this. But those are not effective".

"Actually, I don't like to do sex because it's very painful for me. After every sexual intercourse, I get pain in my vagina. So, I really don't want to do sex."

"Since last four months I am suffering from white discharge."

"I suffer from back pain and white discharge. It started during the pregnancy of second child. It was there till last two years."

"I had itching in vagina and also white discharge after two years when he came back home leaving that beer bar girl. White discharge is lightly of yellowish colour."

"Without condoms I don't allow my husband to have sex with me. Because once he was suffering from severe itching in his genital area and was taking treatment for it. When he had sex with me, then I got the same problem. When I went to the doctor, she asked me the cause like my eating habits and sanitation. Then she came to the diagnosis that I had got the problem through my husband."

"Sometimes I used to have itching in the vaginal area. White discharge is very common. Sometimes I suffer from lower abdominal pain."

"I get scared at times and my palpitation increases suddenly (dil mein ghabrahat). Sometimes if I think more or talk more then suddenly I faint (behosh hona)."

"I had excess bleeding problem when I came back from the Gulf. Twice in a month I used to get my periods for more than ten days. It was difficult for me to cope up."

Conclusion

We feel that these qualitative and quantitative data on community, family, marital dyad, reported sexual behavior, reported reproductive health symptoms and biological testing can, when brought together, provide us with an in-depth understanding of the marital unit and its role in risk and risk prevention with regard to HIV/STD. A series of hypotheses will be tested, which can assist in identifying the key characteristics of husbands, which can increase the risk of transmission of HIV/STD. These factors for men include hyper-masculinity, extramarital relationships, coercive sex, substance abuse and for women low levels of empowerment, low knowledge of reproductive health, limited mobility, lack of participation in women's organizations, and for the couple, poor communication, unsatisfactory sexuality, and limited

privacy. The coming months will generate a full data set allowing us to reveal this unfolding story, resulting in the design of innovative intervention, which can hopefully reduce the risk of disease transmission for these communities, and provide clues for the approaches to the marital dyad in other communities both within and outside India.

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