

Methods and Perspectives on Sexuality among South Asian Populations

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The Study of Sexuality is Complex

- ✦ Core component of human biological and social behavior
- ✦ Carries heavy taboos, social and emotional connotations
- ✦ Communication about sex occurs through complex language mediated by social context
- ✦ Challenges researcher assumptions, biases and perspectives
- ✦ Has come to the fore as a result of the HIV epidemic but social, religious, political and personal researcher constraints limit the research contribution

Collaborators/Instructors

- ◆ Women, Work and AIDS-Related Risk Behavior in Mauritius in collaboration with the **Mauritius Family Planning Association** (1991-94)
- ◆ Youth and Sexual Risk in Sri Lanka in collaboration with the **University of Peradeniya** (1995-99)
- ◆ **Ford Foundation** Sexuality and Sexual Risk Network with special emphasis on projects in Mumbai, Delhi and Baroda (1998-2003)
- ◆ Male Sexual Concerns and the Prevention of HIV/STD in India with **IIPS** (2001-2007)
- ◆ Assessing Women's Risk of HIV/STD within marriage in India with IIPS (2002-2006)
- ◆ The prevention of HIV/STI among married women in Urban India with **ICRW, TISS, Population Council, TNMC, NIMS and CORO** (2008-2013)

Methodology:

Researcher orientation

- ✦ We must be aware of the limitations and biases of our own culture and enculturation
- ✦ We must be aware of our own sexuality and perceived sexual shortcomings
- ✦ We must move beyond "titillation"
- ✦ We must suspend personal judgment
- ✦ De-sensitize and limit discomfort
- ✦ We must be trained and receive and be responsive to continuous feedback

Methodological Perspectives

- ✦ **Contextualization** of sexuality: there is more to life than just sex and more to sex than just a physical act
- ✦ Document the “world view” of the people under study; the **emic perspective**
- ✦ Need approaches, which **build rapport** including the appropriate approach of the researcher, multiple visits, and responsiveness to respondent concerns
- ✦ The need for **mixed methods** including both qualitative and quantitative data collection methods
- ✦ Explicit content of questions, discussion, description that **operationalize** the vague and euphamistic language of sexuality

Methodology (cont.)

- ✦ Sex is **universal and local**
- ✦ Sex (especially the risky behaviors with which we are concerned) requires at least a **dyadic perspective**
- ✦ Sex is more than penetration and needs to be **de-coitalized**
- ✦ Sex is different for males and females requiring a **gender perspective**
- ✦ “**Perceived risk**” may involve priorities more important than HIV/STI
- ✦ “**Perceived protective behaviors**” may contribute or reduce risk

CONTEXT

Macro-level:

- ✦ Media
- ✦ Public events
- ✦ Societal laws and norms
- ✦ Marriage patterns
- ✦ Religious institutions

Micro-Level:

- ✦ Community norms
- ✦ Family socialization
- ✦ Educational institutions
- ✦ Work settings
- ✦ Peer relationships



TRIANGULATION: MULTIPLE METHODS

- ◆ Key informant interviewing
- ◆ Archival materials
- ◆ Secondary data
- ◆ Social and community mapping
- ◆ Observation
- ◆ Semi-structured interviews
- ◆ Consensus modeling
- ◆ Structured surveys



OPERATIONALIZATION

1. Sexuality can include:

- ✦ Self-stimulation
- ✦ Communication
- ✦ Initial intimacy
- ✦ Hand to body
- ✦ Body to body
- ✦ Penetration

2. Language

3. Explicit definitions

4. Content

5. Sequencing

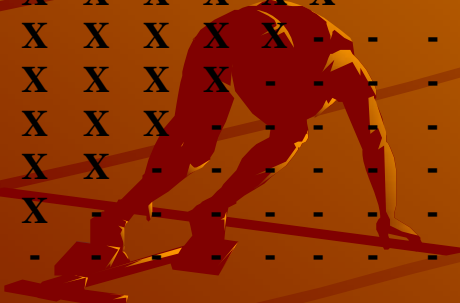
6. Defining "sex"

7. Conceptualizing behaviors



OPERATIONALIZATION:

Guttman Scale for Male to Male Sexual Experiences Among Young Men in Sri Lanka



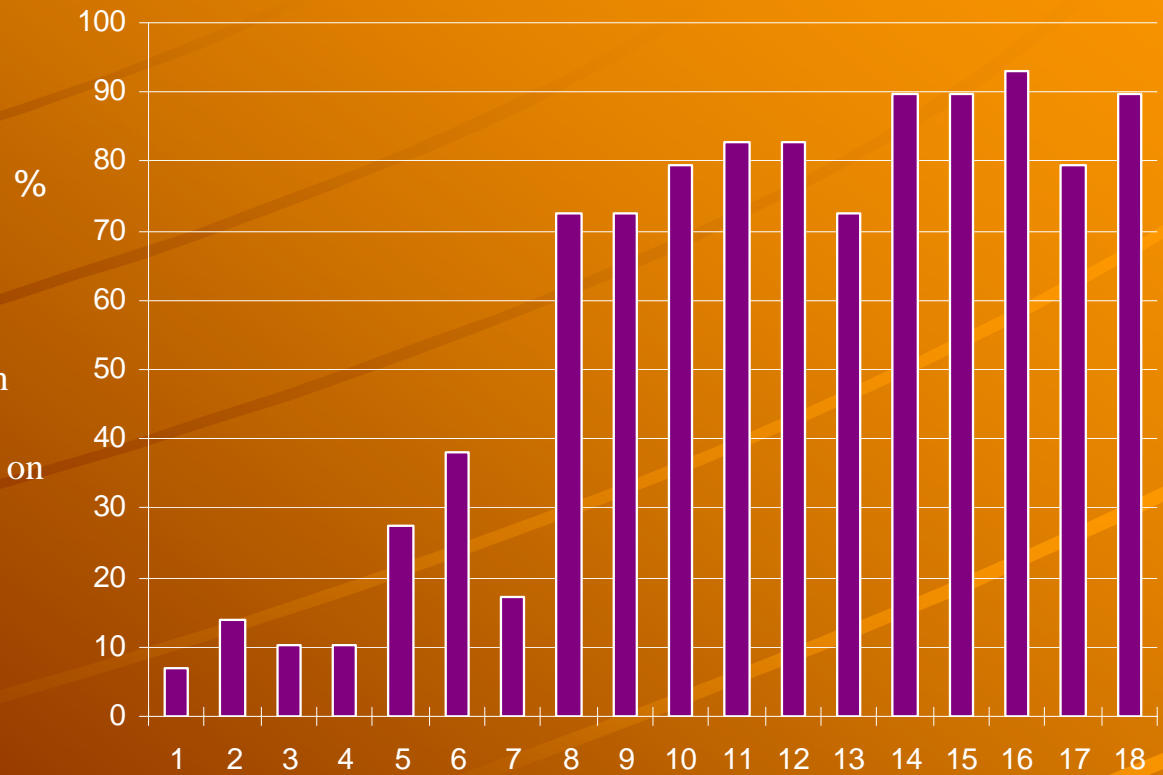
1	2	3	4	5	6	7	8	9	10	11	Scale	Type	Sequence	Behaviors
X	X	X	X	X	X	X	X	X	X	X	11	3 (1.0)	1	Hugging
X	X	X	X	X	X	X	X	X	X	-	10	2 (0.6)	2	Fondling chest
X	X	X	X	X	X	X	X	X	-	-	9	14 (4.5)	3	Kissing
X	X	X	X	X	X	X	X	-	-	-	8	12 (3.8)	4	Fondling penis
X	X	X	X	X	X	X	-	-	-	-	7	24 (3.8)	5	Interfemoral sex (giver)
X	X	X	X	X	X	-	-	-	-	-	6	14(4.5)	6	Interfemoral sex (receiver)
X	X	X	X	X	-	-	-	-	-	-	5	15 (4.8)	7	Mutual Masturbation
X	X	X	X	-	-	-	-	-	-	-	4	16 (5.1)	8	Oral Sex (Insertive)
X	X	X	-	-	-	-	-	-	-	-	3	34 (10.8)	9	Anal Sex (Insertive)
X	X	-	-	-	-	-	-	-	-	-	2	30 (9.6)	10	Oral Sex (Receptive)
X	-	-	-	-	-	-	-	-	-	-	1	43 (13.7)	11	Anal Sex (Receptive)
-	-	-	-	-	-	-	-	-	-	-	0	107 (34.7)		

Coefficient of reproducibility = .908; Alpha = .8802, N = 314 x 11 items

OPERATIONALIZATION: DEFINING “SEX”

Female to Male Sexual Behaviors:

1. Sitting close together
2. Holding hands
3. Love talk
4. Putting head on shoulder
5. Kissing
6. Hugging
7. Putting her head in his lap
8. Fondling breasts
9. Touching genital area with clothes on
10. Kissing her breasts
11. Touching her vagina with underwear on
12. Stroking his penis
13. Interfemoral sex (*Gal kapanawa*)
14. Rubbing penis until ejaculation
15. Putting the penis into her mouth
16. Putting the tongue into the vagina
17. Full vaginal penetration/withdrawal
18. Full vaginal penetration/ejaculation inside vagina



THE DYAD: status differentials

◆ Economic

◆ Age

◆ Educational

◆ Caste and class

◆ Supervisor/supervisee



THE DYAD:

The nature of the relationship

- ◆ A “casual” relationship
- ◆ A “love” relationship with boy/girlfriend
- ◆ Marital sexual relations
- ◆ An extra-marital affair
- ◆ An instrumental sexual relationship
- ◆ Brief encounter with a commercial sex worker



GENDER ANALYSIS

1. *Having penetrative sex*

Females

3.7%

Males

70%

2. *Sources of information about sex*

Females

High
Small, same
sex

Males

Low
Large, same and
opposite sex

3. *Seeking advice*

Females

Love
Sex
Same sex peers
None

Males

Opposite sex peers
Same sex peers



GENDER ANALYSIS (cont.)

4. *Use of the community*

Females

Low

Males

High

5. *Knowledge about sexuality*

Females

Low

Males

High

6. *Attitudes about sexuality*

Females

Relatively
normative

Males

Relatively
non-normative



PERCEIVED RISK

- ◆ Loss of virginity
- ◆ Unwanted pregnancy
- ◆ Complications to abortion
- ◆ Loss of social reputation
- ◆ Loss of the relationship
- ◆ Emotional and psychological problems
- ◆ Male and female culturally-defined" sexual health problems
- ◆ Sexually-transmitted diseases including HIV



PERCEIVED PROTECTIVE BEHAVIOR

- ◆ Abstinence
- ◆ Maintenance of virginity
- ◆ Non-penetrative approaches to organism
- ◆ Monogamy
- ◆ Withdrawal
- ◆ Abortion
- ◆ Condoms
- ◆ "Modern" contraception



Sex is Cultural and Local

Mauritius

- ◆ *Faire lahaut, lahaut*
- ◆ *Mette dans bord, dans bord*

Sri Lanka

- ◆ *Gal kapanawa*

India

- ◆ *Gupt rog*
- ◆ *Safed pani*



A Cultural Approach

Identification of and building on:

- ✦ a set of collectively locally-held beliefs and behavioral guidelines
- ✦ that have some continuity from one generation to the next
- ✦ that provide a relevant and salient “hook” on which a focus on sexuality and sexual risk can be hung



Gupt Rog (“secret illness”)

Men’s major concerns in terms of their sexuality focus on performance issues (*kamjori*), the nature of semen adequacy (*dhat*), and STI-like symptoms (*garmi*)

Etiology focuses on semen loss through nocturnal emission and masturbation

Consequences are described in terms of inability to satisfy wife and other women, threat to masculinity

Treatment primarily by AYUSH providers

Cultural opportunities

- ◆ A salient set of concepts about sexual health concerns and treatment seeking
- ◆ Documentation that *gupt rog* is a marker for men's risky behavior
- ◆ A public allopathic system seeking ways of engaging men into treatment for HIV/STI, but little understanding of *gupt rog*
- ◆ Traditional practitioners who address *gupt rog*, but have limited training in HIV and other sexually transmitted infections

The Current RISHTA Project: Safed pani (White Discharge)

- ◆ The most frequent symptom reported by women in India
- ◆ Supported by ayurvedic epistemology
- ◆ Culturally accepted reason for seeking treatment in the public and private sectors
- ◆ A marker for difficulties in a women's life including alcohol and extramarital sex by husband
- ◆ A means of identification of women "at sexual risk"
- ◆ A focus of recruitment and community education with an emphasis on women's health

Conclusion

Research on sexuality and sexual risk involves a commitment to:

- ◆ The scientific method (empiricism v. assumptions)
- ◆ The safety, comfort and well-being of members of the study population
- ◆ Making the research useful to the study population
- ◆ Translation of the research into “local solutions” relevant to the study population
- ◆ Collaboration with the study population in development
- ◆ Continuous self reflection in the improvement of the research and the researcher as a person.