

# TRANSFER POLICIES IN INDIA: A NEGLECTED VULNERABLE SOCIAL CAUSE FOR THE TRANSMISSION OF SEXUALLY TRANSMITTED DISEASES

(In special reference to the Uttar Pradesh State Government employees)

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## ABSTRACT

There are too many reasons and factors that affect the spread of Sexually transmitted diseases (STDs), classified as Social, economic, medical and behavioral. An important and vulnerable reason, which escaped of the brains of the research scholars is the social interaction of employed persons working apart their family (spouses). Sexual needs are as important as the three basic needs i.e. food, shelter, and clothes. Due to the sexual dissatisfaction one may be imposed in extra marital sexual relations for the physical satisfaction by hook or by crook. This led to the transmission of STDs. Employment conditions and transfer policies of state governments and other employers are a major cause for this illegal act, as this hidden cause is responsible for unhealthy society, sexual abuses and crime against opposite sex.

Key words: Transfer policies, Social cause, Transmission, Sexually transmitted diseases.

## INTRODUCTION

In India and many other countries of the world, there are too many people who work apart of their native places or far away from their families, to fulfill their necessities. In such cases the people used to live away from their spouse, due to their service

conditions or economic conditions. The physical satisfaction is necessary like the other three basic needs i.e. Food, clothing, and shelter. In such conditions the peoples have illegal and illogical physical relations. Sometimes these relations are mutual and some times in the form of assaults. Thus the separation of spouse is one of the main reasons that is responsible to the spread of Sexually transmitted diseases (STDs) and social distortion. State government employees, soldiers, policemen, bank employees, teachers and the people working

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for corporate sector, are the victims and convicts of such antisocial acts.

### OBJECTIVES

The objectives of the study are as follows-

1. To point out the hidden social causes, responsible for STDs.
2. To find out the hidden risk factors and risk groups related to the problem.
3. To aware the employers for making of the policies in favour of hygienic work conditions and related to social welfare.

### METHODOLOGY

According to the nature of the study, the analytical case study research design is opted for the purpose. The primary data is collected with the help of Diagnostic focused interview method. Secondary or documentary sources are also brought into play. Confidential interviews are held without any identity of the respondents with the help of questionnaire.

### Review of literature

Sexually transmitted diseases (STDs) are caused by infections that are passed from one person to another during sexual contact. These infections often do not cause any symptoms. Medically, infections are only called diseases when they cause symptoms. That is why STDs are also called "sexually transmitted infections." **But it's** very common for people to use the terms "sexually transmitted diseases" or "STDs," even when there are no signs of disease.

Significant low educational status could be reason for unawareness of mode of transmission and preventive measures for

STDs.<sup>[1],[2]</sup> Religion and lower socio-economic status were found to be non-significant risk factors. This could be due to the similar distribution of cases and controls in exposed and unexposed group as the hospital being a governmental institute where patient turnover is from lower socioeconomic classes. Earlier studies have also shown the non-significance of religion<sup>[3]</sup> and lower socio-economic class.<sup>[4]</sup> The unmarried, separated, widow and divorcees are exposed to high risk sexual behaviour to satisfy their sexual desire which increases the chance of acquiring STDs. This could explain the excess risk among unmarried and singles as compared to married subjects (OR=1.37; 95% CI: 1.1-1.87).

Busser et al<sup>[5]</sup> found that marital status was independent risk factors for HIV infection whereas Moses et al<sup>[6]</sup> in their study found that in multivariate analysis, the important predictor of STD acquisition was marital status (unmarried or married but living apart from their wives). Social disharmony in form of broken homes, quarrels in family and child abuse were found to be a significant social risk factor (OR=4.30; 95% CI: 2.99-6.15) as reported by Bartholow et al<sup>[7]</sup> Thus to conclude, the present study recognised nuclear family and those living alone, lower educational status, unmarried and those married but living apart from their partners and social disharmony as significant risk factors for acquiring STDs.

### Social, Economic, and Behavioral Factors

The spread of STDs is directly affected by social, economic, and behavioral factors. Such factors may cause serious obstacles to STD prevention due to their influence on social and sexual networks, access to and provision of care, willingness to seek care,

and social norms regarding sex and sexuality. Among certain vulnerable populations, historical experience with segregation and discrimination exacerbates the influence of these factors.

**Racial and ethnic disparities-** Certain racial and ethnic groups (mainly African American, Hispanic, and American Indian/Alaska Native populations) have high rates of STDs, compared with rates for whites. Race and ethnicity in the United States are correlated with other determinants of health status, such as poverty, limited access to health care, fewer attempts to get medical treatment, and living in communities with high rates of STDs.<sup>[8]</sup>

**Poverty and marginalization-** STDs disproportionately affect disenfranchised people and people in social networks where high-risk sexual behavior is common, and either access to care or health-seeking behavior is compromised.

**Access to health care -** Access to high-quality health care is essential for early detection, treatment, and behavior-change counseling for STDs. Groups with the highest rates of STDs are often the same groups for whom access to or use of health services is most limited.<sup>[9,10]</sup>

**Substance abuse-** Many studies document the association of substance abuse with STDs.<sup>[11]</sup> The introduction of new illicit substances into communities often can alter sexual behavior drastically in high-risk sexual networks, leading to the epidemic spread of STDs.<sup>[12]</sup>

**Sexuality and secrecy-** Perhaps the most important social factors contributing to the spread of STDs in the United States are the

stigma associated with STDs and the general discomfort of discussing intimate aspects of life, especially those related to sex.<sup>[13]</sup> These social factors separate the United States from industrialized countries with low rates of STDs.

**Sexual networks.** Sexual networks refer to groups of people who can be considered **“linked” by sequential or concurrent sexual partners.** A person may have only 1 sex partner, but if that partner is a member of a risky sexual network, then the person is at higher risk for STDs than a similar individual from a nonrisky network.

## RESULTS

120 respondents of age group 20-45 years are selected purposively, related to different religions, who are employed in different Sectors ( either government or corporate) and living without their spouses. All the respondents are in jobs, well-educated and good economic conditions.

By the analysis of the data i.e. Table 1-3, it is found that 64 (53.33%) respondents accepted that they have physical relationship other than their spouse. The main reason of such type of relations was found the lack of support and insecurity, the relation starts with supportive behaviour and it converts to physical relations. Most of the relations are accepted with their colleagues, house owners or neighbors and in some cases with their relatives. 39(32.5%) respondents found negative and 17 (14.17%) respondents were found neutral. 39 (32.5%) relations are on the basis of mutual consent, while 9 (7.5%) are found to be imposed by the heads or the seniors, 8 (6.67%) are assaulted and 8(6.67%) are found conditional or non-planned which are circumstantial. The respondents who were neutral were found

in hesitation and ashamed with the discussion as in India, the discussion about their personal life for such issues are considered immoral.

By the above analysis, it is clear that the working people who work outside their native place or far away from their spouse, are commonly involved in physical relations. Most of such relations are mutual, some of them are imposed or circumstantial. Physical relations are not the matter, but the problem are their side effects for the society, that results STDs and social distortion. Sociologists and other research scholars are always escaped of such social issues. The service policies of the employers and the state governments are fully responsible for this. Such said policies must be based on humanity and for social welfare. The employees must not be imposed to work in such conditions unnecessarily. The service conditions are much more responsible for the most of the issues related to health and medical problems due to hesitation, moral consideration and social stigmas.

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Table 1: Information about extra physical relations “if they have any”

S. No.	Respondent's Sex	Response Yes	Response No	No response Or found ashamed	Total
1	Male (60)	35	17	08	60
2	Female (60)	29	22	09	60
	Total (120)	64 (53.33%)	39 (32.5%)	17 (14.17%)	120 (100%)

Table 2: Types of extra marital physical relations

S.No.	Type of physical relation	Number of respondents and percentage
1	Mutual relationship	39 (32.5%) male 24 & female 15
2	Imposed by the head or senior person	09 (07.5%) male 03 & female 06
3	Assaulted	08 (06.67%) male 00 & female 08
4	Other (such as sudden, conditional Etc.)	08 (06.67%) male 08 & female 00
5	No relation	39 (32.5%) - -- --
6	Not responded	17 (14.17%) - -- --
	Total	120 (100%)

Table 3: With whom the respondents have physical relations except their life partner

S.No.	With whom respondents have physical relations except their spouse	Male respondents	Female respondents
1	With their colleagues	21	13
2	With house owners ( where they have rental house)	12	11
3	Any other (such as neighbours or relatives)	02	05



