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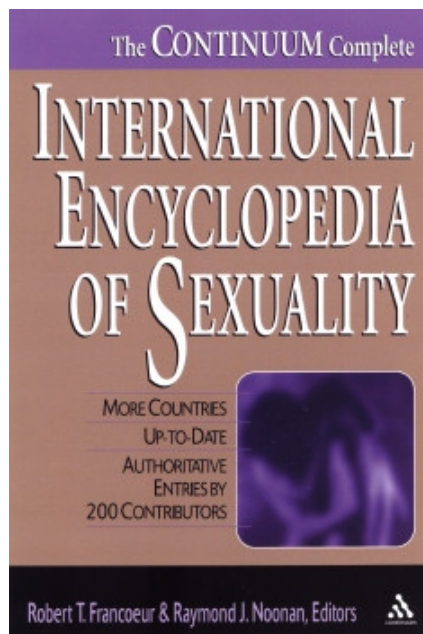
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India

(*Bharat*)

Jayaji Krishna Nath, M.D.,* and Vishwarath R. Nayar
Updates by Karen Pechilis-Prentiss, Ph.D.,
Aparna Kadari, B.A., M.B.A., and Robert T. Francoeur, Ph.D.

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Demographics and a Brief Historical Perspective

ROBERT T. FRANCOEUR

A. Demographics

India, with an area of 1.27 million square miles (3.29 million km²), is the largest democratic country in the world. India is one-third the size of the United States and occupies most of the Indian subcontinent in south Asia. In southern Asia, India's southern neighbor is the island nation of Sri Lanka. India borders on the Arabian Sea and Pakistan in the west and the Bay of Bengal, Bangladesh, and Myanmar in the east. China, Bhutan, and Nepal are on India's northern border.

The terrain is upland plains, the Deccan Plateau, in the south, flat to rolling plains along the Ganges River, deserts in the west, and the Himalayan Mountains in the north. Below the Indo-Ganges plain, which extends from the Bay of Bengal on the east to the Afghan frontier and Arabian Sea on the west, the land is fertile and one of the most densely populated regions of the world. The three great rivers, the Ganges, Indus, and Brahmaputra, have their origins in the Himalayas. With one quarter of the land forested, the climate varies from tropical monsoon in the south to near-Arctic in the north. The Rajasthan Desert is in the northwest; in the northeast, the Assam Hills receive 400 inches (1,000+ cm) of rain a year.

In July 2002, India had an estimated population of 1.045 billion people, giving it about 16% of the world's total population living on 2.4% of the earth's land area. Next to China, India is the most populous country in the world. (All data are from *The World Factbook 2002* (CIA 2002) unless otherwise stated.)

Age Distribution and Sex Ratios: *0-14 years*: 32.7% with 1.06 male(s) per female (sex ratio); *15-64 years*: 62.6%

Communications: Jayaji Krishna Nath, M.D., National Institute for Research in Sex Education Counseling and Therapy (NIRSECT), 'SAIPRASAD' C5/11/0.2 Sector–4 (C.B.D.) Vivekanand Nagar, New Bombay 400615 India. Karen Pechilis-Prentiss, Ph.D., Drew University, Department of Religion, Madison, NJ 07940 USA; kpechili@drew.edu.

(CIA 2002)

with 1.07 male(s) per female; *65 years and over*: 4.7% with 1.03 male(s) per female; *Total population sex ratio*: 1.07 male(s) to 1 female

Life Expectancy at Birth: *Total Population*: 63.23 years; *male*: 62.55 years; *female*: 63.93 years

Urban/Rural Distribution: 28% to 72%. In 1991, one third of the 12.6 million inhabitants of Bombay were homeless, living on the streets or in squatters' camps built on putrid landfills. Bombay, India's most populous city, has 100,000 people per square kilometer (0.39 mi²).

Ethnic Distribution: Indo-Aryan: 72%; Dravidian: 25%; Mongoloid and other: 3% (2000 est.)

Religious Distribution: Hindu: 81.3%; Muslim: 12%; Christian: 2.3%; Sikh: 1.9%; other groups, including Buddhist, Jain, and Parsi: 2.5%

Birth Rate: 23.79 births per 1,000 population

Death Rate: 8.62 per 1,000 population

Infant Mortality Rate: 63.19 deaths per 1,000 live births

Net Migration Rate: –0.07 migrant(s) per 1,000 population

Total Fertility Rate: 2.98 children born per woman

Population Growth Rate: 1.51%

HIV/AIDS (1999 est.): *Adult prevalence*: 0.7%; *Persons living with HIV/AIDS*: 3.7 million; *Deaths*: 310,000. (For additional details from www.UNAIDS.org, see end of Section 10B.)

Literacy Rate (*defined as those age 15 and over who can read and write*): 52% (1995 est.) with schooling compulsory to age 14. The literacy rate is significantly lower for females than for males, 37.7% versus 65.5%.

Per Capita Gross Domestic Product (*purchasing power parity*): $2,500 (2000 est.); *Inflation*: 3.5% (2000 est.); *Unemployment*: 4.4% (1999 est.); *Living below the poverty line*: 25%; more than a third of the population cannot afford an adequate diet.

B. A Brief Historical Perspective

Modern India is one of the oldest civilizations in the world. Excavations in the Indus valley trace civilization there back for at least 5,000 years. India's cultural history includes prehistoric mountain cave paintings in Ajanta, the exquisite beauty of the Taj Mahal in Agra, the rare sensitivity and warm emotions of the erotic Hindu temple sculp-

tures of the 9th-century Chandella rulers, and the Kutab Minar in Delhi.

Around 1500 B.C.E., Sanskrit-speaking Aryan tribes invaded the Indus valley from the northwest and blended with the earlier inhabitants to create the classical Indian civilization. Asoka ruled most of the Indian subcontinent in the 3rd century B.C.E. and established Buddhism; but, Hinduism experienced a revival and became the dominant religious tradition. The Gupta kingdom, in the 4th to 6th centuries of the Common Era, enjoyed a golden age of science, literature, and the arts. In the 8th century, Arab invaders brought the Muslim faith to the west, and Turkish Muslims gained control of north India by 1200. Vasco da Gama established Portuguese trading posts in 1503, and the Dutch followed soon after. Between 1526 and 1857, India was ruled by the Mongul emperors. In 1609, the British East India Company sought concessions for spices and textiles from the Mongul emperor, and subsequently gained control of most of India. The British curbed the rule of the *rajahs* around 1830 and supported the native rulers in the mutiny of the Sepoy troops in 1857-1858.

After World War II, the Indian National Congress joined with the Muslim League. Mohandas K. Gandhi, who had launched opposition to the British in 1930, emerged as the leader of the independence movement. In 1935, the British partitioned British India, giving India its own constitution and bicameral federal congress and establishing India as a self-governing member of the British Commonwealth. The partition created an independent Pakistan, triggering a mass migration of more than 12 million Hindu and Muslim refugees that was often violent and set the stage for a war in 1971-1973. This time, the massive migration involved some ten million refugees. Kashmir, a predominately Muslim region in the northwest, which has been in dispute with Pakistan and India since 1947, was divided in 1949, with Pakistan incorporating one third of Kashmir and India two thirds. India's new territory became the states of Jammu and Kashmir with internal autonomy. In 1952-1954, France peacefully yielded to India the five colonies of former French India, Pondicherry, Karikal, Mahe, Yanaon, and Chandernagor.

Ethnic violence accompanied several Sikh uprisings in the 1980s—the former British protectorate of Sikkim had become a protectorate of India in 1950 and was absorbed into India in 1974. Violence also broke out in the Pungab in 1988 and Assam in 1993. Also in 1993, the largest wave of criminal violence in Indian history jolted Bombay and Calcutta with devastating bombings.

1. Basic Sexological Premises

A. Gender Roles

The family in Indian society provides for the satisfaction of the fundamental biopsychic drives of hunger and sex, and makes it possible to perpetuate the species through reproduction and the social heritage through the handing down of traditions from generation to generation. The function of preserving language, customs, and traditions is normally performed in collaboration with other social groups. Husband and wife, though, contribute to the maintenance of the family. There is a clear division of labor based on sex. The sex roles of a person consist of the behavior that is socially defined and expected of that person because of his or her role as a male or female. Rigid, mutually exclusive, conceptualizations of appropriate abilities or activities, tasks, characteristics, and attitudes are assigned differently to men and women in all Indian cultures. Because of rapid social and technological changes, it is observed that in the recent period, traditional gender-role differentiation is breaking down, espe-

cially in the fields of education and work. The historical analysis of the status of women shows that in Vedic India, as revealed by its literature, women were treated with grace and consideration. However, in the post-Vedic age, there was a slow but steady decline of their importance in the home and society. A decline, indeed a distinct degeneration in their status, is visible in medieval India. The *purdah* system of female seclusion, the *sati* tradition of immolating the widow on the husband's pyre (Weinberger-Thomas 1999), the dowry, and child marriages were obvious in the preindependence period. Following independence from England, however, there was a distinct, if uneven, and gradual liberal change in the attitude toward and status of women.

> [In India's] male-dominated tradition, and everywhere in Vedic, classical, medieval, and modern Hinduism, the paradigms in myths, rituals, doctrines, and symbols are masculine. But just as goddess traditions encroached successfully on the territory of masculine deities, so too has the impact of women's religious activity, the ritual life in particular, been of increasing significance in the overall scale of Hindu tradition. To put this another way, in traditional life the unlettered folk have always shaped Hinduism, and half of them have been women. It is not feminine roles in Hinduism that have been lacking but rather the acknowledgment of such in literature, the arts, and institutions such as the priesthood and temple and monastic administrations. Only now, in a world rapidly changing because of education opportunities, are such institutions and media beginning to reflect accurately the total picture of Hindu class, caste, gender, and regional life. (Knipe 1991, 10-11)

The urban/suburban environment has given birth to a fascinating mix of traditional and new male/female roles and role models among the affluent middle class. Bombay films are much more influential in creating new role models than the Hollywood films were in their early days in the United States. While the United States had one example of a film star succeeding in presidential politics, India has seen many famous film stars, both male and female, achieve political prominence. In 1966, Indira Gandi became prime minister of India, at a time when few Western nations would have accepted a woman head of state. And yet, India remains a very male-dominated society.

Despite new currents, very often in Indian culture a woman's body is not seen as an object of pride or pleasure, but as something that is made impure every day, an abode of sinfulness. Thus, a muted yet extremely powerful theme can be found in Hindu marriages: "the cultural unease, indeed, the fear of woman as woman." Women, as reflected in popular novels and clinical practice, frequently view their sexuality as a capacity to redress a lopsided distribution of power between the sexes (Kakar 1989, 13). The age-old, yet still persisting, cultural splitting of the wife into a mother and a whore, which underlies the husband-wife relationship and which explains the often-contradictory Hindu views of the woman, is hardly unique to Indian culture, though it may be more pervasive here than in other cultures (Kakar 1989, 17).

The social context determines whether the woman is viewed as divine, good, or bad—as partner in ritual, as mother, or as whore. In the context of ritual, women are honored and respected. In her maternal aspect, actual or potential, woman is again a person deserving all reverence. "It is only just as a woman, as a female sexual being, that the patriarchal culture's horror and scorn are heaped upon the hapless wife" (Kakar 1989, 17).

[*Update 2001*: In the complex of conservative and patriarchal Indian society, contemporary roles for and attitudes

toward women are informed by traditional images of women from each of India's many religions. Across all of these traditions, women are expected to marry, to bear children, especially sons, and to be devoted to their husbands. This image of women's role and duty remains a tenacious traditional ideal in Indian society. What many people may not be aware of, especially in the West where journalistic reports detail the problems of Indian women seemingly without ever presenting the efforts to find solutions, is that contemporaneous with this traditional ideal are ongoing public discussions and activist mobilizations in contemporary Indian society on the issue of women's rights. Women's rights, especially women's equality, is an ideal espoused among educated middle-class Indians and the politicians they elect, but it is also growing in influence, especially at the grassroots level. In this discourse, the sexual oppression of women is openly discussed and opposed. What remains largely implicit in this discourse is the pleasurable side of women's sexuality: that women not only have the right not to be abused sexually, but that they have the right to enjoy themselves sexually. This reticence is certainly related to the slowly changing traditional attitude that sexual fulfillment is not a proper subject for public discussion or experience (for women). This aspect of sexuality may yet find a place in the ongoing organized attempts to change ingrained patterns of defining and relating to women. Many of these attempts cut across boundaries of religion and regional tradition. (*End of update by K. Pechilis-Prentiss*)]

[*Contemporary Use of Traditional Female Images*

[*Update 2002*: From the cries of "Mother India" during Independence to the comparisons of Prime Minister Indira Gandhi and the contemporary policewoman, Kiran Bedi, to the Hindu Goddess Durga, classical feminine images have had a prominent place in contemporary expressions of national aspirations and role models (Robinson 1999). In a recent article, scholar Lina Gupta has deconstructed the patriarchal image of the Hindu Goddess Kali, in order to assert that Kali is actually an emblem of women's intellectual, emotional, and sexual power: "The dark goddess is perpetually present in the inner and outer struggles faced by women at all times. Her darkness represents those rejected and suppressed parts of female creativity, energy and power that have not been given a chance to be actualized" (Gupta 1991, 37). With respect to its long and distinguished cultural history, as well as its contemporary multiculturalism, Indian society today actively engages tradition with modernity. (*End of update by K. Pechilis-Prentiss*)]

B. Sociolegal Status of Males and Females

While it is mostly the husbands who are breadwinners, the women generally take care of the household activities, besides bearing and rearing children. However, because of widespread educational programs and improvement of educational facilities for girls, women nowadays are accepting jobs outside the home, and thus contributing financially to the family budget. Also, because of constant efforts in making women aware of their rights and the importance of their involvement in day-to-day family matters, the status of women has increased significantly. Because of all these measures, women nowadays actively participate not only in their family affairs, but also in social and political activities in the communities.

The occupations that were earlier monopolized by men are gradually being shared by women. Similarly, various professional courses, like engineering, architecture, and allied disciplines, are also studied by women. In spite of these changes initiated for the benefit of women in India, the people's attitude to equal status for women has not changed significantly in actual practice, and in this regard, various educational programs for men are still in great need of changing their outlook. For instance, although the legal age of marriage for girls is set by the government at 18 years, people, especially in rural and tribal India, encourage early marriage for girls, mostly within a short time of their attaining puberty. Similarly, in the educational development, the dropout rate among females is very high.

C. General Concepts of Sexuality and Love

Adult marriage is generally the rule in India. Usually, it is expected that a husband must be in a position to earn a living and his wife must be able to run the home, which they set up after marriage. The influence of the Hindu religion has resulted in some prepuberty marriages. The vast majority of regular marriages are still parent-made, arranged marriages. Irregular marriages do occur with the increasing influence of Western concepts of romantic love in the mass media of magazines and movies. In one form of irregular marriage, the two lovers run away and stay away until they are accepted by their families, which is done as a matter of course. In a second form, known as "intrusion," a girl confronts her chosen husband and his parents and presses their acceptance of her by living in the house. A third form involves "forcible application of vermilion," when a young man takes the opportunity at some fair or festival to place a vermilion scarf on his chosen girl's head. Sometimes, a betrothal ceremony takes place before the marriage proper is solemnized. Legally, marriage takes place only between those who have passed the puberty stage. At the marriage ceremony, the local priest is required to officiate and prayers and offerings are made to the gods.

Because of modernization and the influence of Western culture, arranged marriages are becoming less popular and common, especially in metropolitan cities. In its place, marriages based on the couple's choice, often crossing caste and/or religious boundaries, are becoming more common.

While sexual urges had to be subordinated to social norms in the joint-family system, except for rare rebellious behavior or outbursts, the present newly found freedom has instigated more openness and casualness in matters of sexual behavior. Expressions and feelings that would have been termed scandalous and in need of being tamed to adhere to socially accepted rules, values, and practices, are now accepted as natural.

Individualism, in its Western Euroamerican consciousness, is foreign to the traditional Indian social consciousness and experience. However, this is changing. Sudhir Kakar, a distinguished psychoanalyst who has taught at the Universities of Harvard, Chicago, and Vienna, and has written extensively on Indian sexuality, notes that "individualism even now stirs but faintly" in India (Kakar 1989, 4).

Traditional Indian folklore and stories, as well as modern novels, provide an important theme—the perennial, cosmic-based conflict between man and woman—that flows through much of male-female relationships in Indian culture and domestic life. Margaret Egnor sums this theme up in her study of *The Ideology of Love in a Tamil Family*. Based on her research in Tamil Nadu, Egnor observed that:

> Within the household, as well as in the domain of paid labor, there was a strong spirit of rivalry between many women and their husbands. Wives would not automatically accept submission. Neither would their husbands. Consequently, their relationship was often, from what I was able to observe, disputatious. . . . The eternal conflict between spouses is abundantly reflected in Indian mythology, especially Tamil which debates the issues of male vs female superiority back and forth endlessly on a cosmic

level in the form of battles and contests between deities or demons and their real or would-be mates. (Egnor 1986).

In Indian folklore, Shiva and Parvati argue interminably about who is the better dancer, while Vishnu and Lakshmi are constantly debating which is the greater divinity.

In most regions of the country, male folk wisdom traces the reasons for man's perennial war with woman to the belief that the female sex lacks both sexual morality and intelligence. The Punjabis and Gujaratis agree that "The intelligence of a woman is in her heels." Tamils maintain that "No matter how educated a woman is, her intelligence is always of the lowest order." The Malayalis warn that "One who heeds the advice of a woman will be reduced to beggary."

Men in southern India seem more resigned and willing to acknowledge their helplessness in the face of "general female cussedness and constant provocation." Kannada and Telugu men admit that "Wind can be held in a bag, but not the tongue of a shrew," while Telugu males confess that "Neither the husband nor the brother-in-law can control a pugnacious woman." By contrast, in the northern regions of India, folk sayings place "singularly greater emphasis on the employment of force and physical chastisement to correct perceived female shortcomings." "The place of a horse and a woman is under the thighs." Two proverbs from Gujarati echo this view: "Barley and millet improve by addition of salt; women through a beating by a pestle," and "Better to keep the race of women under the heel of a shoe" (Kakar 1989, 6).

Faced with this perennial conflict between husband and wife, the object of the wife's affectional and sensual currents traditionally has been the husband's younger brother in the joint or extended Indian family.

For a time in Indian social history, the custom of *nigora* officially recognized the erotic importance of the brother-in-law—in the sense that he would or could have sexual relations with his elder's brother's widow. The *nigora* custom has been traced back to the times of the Rig-veda, where a man, identified by the commentators as the brother-in-law, is described as extending his hand in promised marriage to a widow inclined to share her husband's funeral pyre.

Although the custom gradually fell into disuse, especially with the prohibition of widow remarriage, the psychological core of *niyoga*, namely the mutual awareness of a married woman and her younger brother-in-law as potential or actual sexual partners, remains very much an actuality even today (Kakar 1989, 13).

Kakar has added a perspective from clinical practice, noting that women who are on terms of sexual intimacy with a brother-in-law rarely express any feelings of guilt. Their anxiety is occasioned more by his leaving home or his impending marriage, which the woman perceives as an end to her sensual and emotional life (Kakar 1989, 13-14).

The fate of sexuality within marriage is likely to come under an evil constellation of stars. Physical love will tend to be a shame-ridden affair, a sharp stabbing of lust with little love and even less passion. Indeed, the code of sexual conduct for the householder-husband fully endorses this expectation. Stated concisely in the *smritis* (the Law codes), elaborated in the *puranas*, which are not only collections of myths, but also contain chapters on the correct conduct of daily life), modified for local usage by the various kinds of religiosi, the thrust of the message seems to be "No sex in marriage, we're Indian" (Kakar 1989, 19).

According to Hindu tradition, a husband should only approach his wife sexually during her *ritu* (season), a period of 16 days within the menstrual cycle. But intercourse is forbidden on six of these 16 days, the first four days, and the

11th and 13th. This leaves only ten days for conjugal relations, but since the all-important sons are conceived only on even nights and daughters on uneven nights, the days for conjugal relations shrink to five. Then there are the *parvas*, the moonless nights and those of the full moon when sexual relations lead either to the birth of atheist sons (*Brahma Purana*) or the "hell of feces and urine" (*Vishnu Purana*). Add to these taboos the many festival days for gods and ancestors, when erotic pleasures are forbidden. Sex is also beyond the pale during the day.

There is a general disapproval of the erotic aspect of married life, a disapproval that cannot be disregarded as a mere medieval relic; this general disapproval of the erotic, even in marriage, continues to inform contemporary attitudes. This is quite understandable, since changes in sexuality occur at a more gradual pace than transformations in the political and social sphere; sexual time, as Kakar suggests, beats at a considerably slower pace than its chronological counterpart. Sexual taboos are still so strong in some Hindu communities that many women, especially those in the higher castes, do not have a name for their genitals (Kakar 1989, 20).

Cultural taboos may not, despite their pervasive presence in Indian society, affect the sexual expressions of men and women across the economic and caste spectra of India. But they can, and apparently do, increase the conflicts around sexuality, sour it for many, and generally contribute to its impoverishment. This can effectively block many men and women from a deep, fulfilling experience of sexual love. Accordingly, the considerable sexual misery one can deduce as being reflected in the Indian marriage and family, from cultural ideals, prohibitions, and modern fiction, are the sexual woes expressed by middle- and upper-class women who seek relief in psychotherapy, and is also evidenced in the interviews Sudhir Kakar and others have conducted with low-caste, "untouchable" women in the poorest areas of Delhi.

Most of these women portrayed their experiences with sexual intercourse as a furtive act in a cramped and crowded room, lasting barely a few minutes and with a marked absence of physical or emotional caressing. It was a duty, an experience to be submitted to, often from a fear of beating. None of the women removed their clothes during intercourse, since it is considered shameful to do so (Kakar 1989, 21).

Despite these pervasive negative images of the conflict between the sexes in marriage, and the negative view of women and sexuality, it must be pointed out that Indian sexual relations are not devoid of regular pauses in the conflict between man and woman. Tenderness, whether this be an affair with the soul of a Mukesh song, that is much quieter than a plunge into the depths of erotic passion known in Western culture, or sexual ecstasy of a husband and wife who have found their way through the forest of sexual taboos, does exist in India (Kakar 1989, 22-23).

2. Religious, Ethnic, and Gender Factors Affecting Sexuality

A. Source and Character of Religious Values

India is a multiethnic and multilingual society with wide variations in demographic situations and socioeconomic conditions. People in India practice different religions, and there are numerous cultural identities. The religious composition of India shows that a majority, 82%, are Hindu. The other religious groups are Muslim, 11.7%; Christians, 2.4%; Sihks, 1.9%; and other religious groups, 2%.

In a nation as religiously and ethnically diverse as India—the nation is commonly described as "a jumble of

possibilities"—the people follow a wide variety of customs and have varied beliefs that ultimately mold their lifestyles. In the life of a Hindu male, for instance, marriage is regarded as necessary, because without a wife he cannot enter the *Grihasthasrama* (the life stage of a householder). In addition, without marriage there can be no offspring, and without a son no release from the chain of reincarnation in birth-death-rebirth. According to Hindu custom, which still prevails in most families, marriage must take place within one's caste or *Varna*, although marriages between members of different castes and communities are gaining acceptance. Hindu marriage, being a religious sacrament, is indissoluble.

The *purdah* system still prevails in the Muslim northern region of the country, where a female has to cover her face in front of other males and elders, but this custom is also slowly fading out. The Muslim male, who is allowed to have four wives, subject to specified conditions, is also realizing the wisdom in small families and monogamy (more so the educated, urban Muslim male). Marriage is solemnized by signing a legal document and can be dissolved. Divorce is almost exclusively the husband's privilege, although a divorcing husband has to pay the "Dower," a settlement made to the wife out of her husband's property to compensate her in the event of death and divorce.

Indian Christians are also influenced by the social practices of the region, but they tend to follow the pattern of a family as an independent unit, in which their lifestyles and interactions revolve around the community and the local church. They have more freedom in their general outlook and easily adapt to local conditions and trends.

The tribal people of India have varied religious and social practices, often with a more natural approach to sexuality and age-old practices of premarital sex and premarital experimental cohabitation.

Although there is a decreasing acceptance of orthodox beliefs and religious practices among India's younger generation, each of India's religious traditions maintains its own forms of observations of various practices, starting with birth and regulating life through marriage to the death ceremonies. The lifestyles of the people, including their sexual behavior, are generally governed by these prescribed practices.

B. Source and Character of Ethnic Values

India's dominant ethnic element is the Indo-Aryan peoples with 72% of the population. The Aryans invaded India from the northwest between 2400 and 1500 B.C.E. and intermingled with already well-civilized native people. The Australoid Dravidans, including the Tamils, constitute 25% of the total population and dominate in southern India. Arab invaders established a Muslim foothold in the western part of the country in the 8th century, and Turkish Muslims gained control of northern India by 1200. These Muslims were in part responsible for the decline of the Chandella culture that dominated in northern India from c. 200 B.C.E. to C.E. 1200. The great "love temples" of northern India, including Khajuraho, were built in the 11th century and were in part destroyed by the invading Muslims (Deva 1986). In 1526, Muslim invaders founded the great Mongul empire centered in Delhi. This empire lasted, at least in name, until 1857. Today, 3% of Indians are of Mongoloid ancestry.

The Portuguese influence in Bombay and the Indian subcontinent dominated trade with Europe in the 1500s. In 1612, the English influence began to spread with the founding of the East India Trade Company. In 1687, the English took over Bombay, setting the stage for their defeat of the French and Islamic armies, and laying the foundation for the incorporation of India into the British Empire in 1858. English Victorian views of sexuality remain a strong influence in urban India.

In 1947, the Indian Independence Act was passed, and a new constitution establishing India as an independent democratic country was adopted in 1949. In the 1970s, a war in the north between East and West Pakistan ended with Indian intervention and establishment of East Pakistan as the new nation of Bangladesh.

3. Knowledge and Education about Sexuality

A. Government Policies and Programs for Sex Education

Present-day children in India are more exposed to new areas of knowledge than their parents were. As a matter of fact, young people are simply deluged these days with movies, magazines, and books—all prime sources of sexual information and stimulation. Young people nowadays want to know more about the pros and cons of marriage, premarital and extramarital sexual relationships, venereal diseases, and so on. In a survey of college students conducted by the All India Educational and Vocational Guidance Association, it was reported that 54% of male students and 42% of female students stated that they did not have adequate knowledge regarding matters of sex. Though parents have the primary responsibility of imparting sex education to their children, it has been found that a majority of young people in India derive their information about sex and sex behavior largely from companions, street-corner conversation, movies, and magazines. The government is seriously contemplating introducing sex education as a part of the curriculum from the secondary school level onwards. One important reason for giving the school responsibility for sex education is that many parents feel unable to handle this task themselves. Many have inhibitions about discussing sex with their children; others admit that they do not have the technical knowledge to answer all the questions their children ask. In this situation, the teacher is a major factor in determining the success of any sex-education program. Serious efforts are under way in specifying the contents and components of sex education and the level at which this has to be taught. No information is available on the provision of sex education in special schools, such as those for mentally handicapped persons.

B. Informal Sources of Sexual Knowledge

Parents give their young children sex education many years before they can begin to convey sex information verbally. The mother's behavior, attitudes, and roles are a clear model for the growing girl. Similarly, the father provides a role model for a son. The relationship, warmth, and responsiveness between parents provides for all children a model for their later marriage. By observing their parents, children see the basic qualities that make men and women different. Similarly, when the child is in the company of his friends, he or she learns through them the various facets of their life. The other important informal sources of sexual information for the child are peer-group influence, teachers, books, movies, magazines, and siblings.

Fifteen million Indians attend the cinema every day. Hindi cinema, perhaps more than the cinema of many other countries, provides fantasy, the stuff that dreams are made of. The cinema is the major shaper of an emerging, pan-Indian popular culture. As such, the mix of fantasy and reality, dreams and hopes, that permeates Hindi cinema is already a major factor in the remolding of Indian sexual values, ex-

pectations, and attitudes, as well as gender relations, marriage, and the family (Kakar 1989, 25-41).

4. Autoerotic Behaviors and Patterns

Masturbation is generally unacceptable among girls. For boys, however, it is considered a preparation for mature sex life. Though boys at the younger ages may masturbate together without shame, at little more-mature ages, they all give it up. This seems to be particularly so in the case of married men. In recent years, the availability of sexually explicit books, magazines, and videos has also acted as a major contributory factor for male autoerotic activities.

5. Interpersonal Heterosexual Behaviors

A. Children

Indian children are pampered as much as possible, often until age 6 or 7. Before puberty, a natural approach to sexuality and nudity prevails, especially in rural areas. Daughters and sons are carefully prepared for their future domestic roles as mothers and fathers. Women are considered to be much more skilled than males in love and sexual pleasures. At puberty, most boys and girls are segregated. In some regions of India, pubescent girls are not even allowed to enter a house where a single young man is present.

Sexual views and behavior are somewhat more natural and less inhibited in India's rural villages, according to Dr. Promilla Kapur, a research psychologist and sociologist at New Delhi's India International Center. Some tribal groups practice totally free sex among adolescents.

Nowadays, with the advent of various satellite television programs, children are exposed at their early ages to various programs, including considerable sexually related material. This exposure often results in conflicting responses for girls raised in a society that represses or ignores female sexuality. In rural areas, adults sometimes talk loudly about their sexual experiences in the presence of children, and this provides opportunities for the young men to think more about sex. In urban areas, especially cities where housing shortage is very acute, adults in public places, like parks and cinema theaters, generally satisfy their sexual feelings through hugging or other noncoital sexual practices. These acts also provide learning opportunities for the younger ones. Sexual play, such as looking at another child's buttocks or genitals, genital touching games, sharing a bed with a child of the opposite sex, and so on, likewise provides children with opportunities for sexual exploration; the parents would not necessarily be aware of these acts of their children.

B. Adolescents

Adolescents in India today face a number of problems related to changing value systems and social expectations. The sexual world of adolescents is becoming increasingly complex. In traditional Indian society, adolescents were initiated into their sexual roles, more or less, in a clearly defined period and by a series of ceremonies and rites. As in some other cultures, these included instruction on their sex roles, marriage customs, sexual morality, and acceptable sexual behavior. But with the influence of Western culture, the present generation of youth is facing a number of problems that are ultimately forcing them to violate the traditional norms as laid down by the society.

When Kakar and Chowdhary (1970) examined some aspects of sexual behavior among young men prior to marriage, they found that a lack of adequate information and opportunities prompted these young people to turn to literature (often pornographic), to experimentation with prostitutes, friends, or relatives of the opposite or same sex, to co-

vert observation of the sexual activities of others, and to masturbation. Reddy and his colleagues, in a 1983 study of young people, found that the sample youth had their first sexual experience between the ages of 15 and 24 years. Homosexual activities were also reported in this study: 38% of women in the sample reported that their first sexual activity had been with a partner of the same sex. The Family Planning Foundation of India undertook a study in 1990 among teenagers (between 14 and 17 years) and found that about one fourth of them expressed their acceptance of premarital sexual contact, "if the boy and the girl were actually in love." While a good number of respondents were aware of at least one contraceptive method, they had very little precise knowledge. Men were found to be more liberal in their views than women.

Mane and Maitra (1992) have rightly inferred that "relatively little is known about the sexual behavior and attitudes towards different aspects and forms of sexual activity in India." With changing conditions in India, the opportunities for risk-taking behavior among adolescents seem to be increasing. Coping with sex is a growing problem for young people. Today's teenagers are faced with an ever-widening gap between the age at which they are physically ready to have sexual intercourse and the age at which it is culturally acceptable for them to do so. Youngsters are, in fact, often sandwiched between a near-obsessive preoccupation with sex in the media and a veritable wall of silence from other sources of information on the subject. Sex education, including family planning and reproductive health management, has to be the cornerstone of any youth program that is attempted. The social, psychological, and emotional consequences to early sexual involvement also need to be carefully explained.

C. Adults

Premarital Courtship, Dating, and Relationships

The marital bond involves a social sanction generally in the form of a civil or/and religious ceremony authorizing two persons of the opposite sex to engage in sexual relations and assume the consequent and correlated socioeconomic relationships and responsibilities society maintains for a married couple. Under the kind of social structure that caste has given rise to in India, there are certain restrictions in the limits beyond which the parents, in the case of an arranged marriage, and a man and a woman, in the case of a love marriage, cannot go in choosing a spouse; he or she must invariably marry outside his or her own *gotra*. (*Gotra* is the name of the ancestral head or father of the family.) A decision to marry is usually marked by an "engagement," where the elders of both the parties announce their intention to conduct the marriage to their family and friends.

Traditionally, premarital sex activity was controlled in India. As the marriages were mostly arranged by elders, premarital sex was not the accepted practice. Although premarital sex among the tribal societies of India has been widely reported, there is very little, if any, reliable data on this topic in either the rural or urban areas.

A recent study by Savara and Sridhar in 1992 showed that 30% of the respondents had experienced premarital sex, while 41% of unmarried men and 33% of married men had their first intercourse before attaining 20 years. In another study, they found that about one quarter of married women had sex with their husbands before marriage. Other premarital sexual partners for women were mostly friends, relatives, and work acquaintances. A majority of the respondents—43%—agreed that casual sex is all right, and it is acceptable to sleep with someone you have no plan to marry. It is clear that, although premarital sexual relationships are considered

generally as immoral in contemporary India, the majority of the young generation do not find it objectionable. A gradual increasing openness about sex in films, video music, television, magazines, and so on, is clearly influencing the young in India to be more adventurous about premarital sex than their parents and elders were.

Single Adults

Since marriage is strongly endorsed for all adults in India, the number of men and women remaining unmarried is very negligible. With the rapid increase in urbanization and industrialization, more and more young people are moving out of the rural areas into the urban areas, mainly in search of a livelihood. Mostly they move to urban areas by leaving their families, sometimes including a spouse, in their place of origin, because of the lack of proper housing facilities and the high cost of living in their new home. In the absence of their spouses, many married men turn to the brothel houses for satisfying their sexual urges. In so doing, they face many health problems, like STD and HIV.

The Dowry Conflict

The centuries-old marital tradition of the dowry has recently become troublesome among some young married couples. Since females historically could not inherit property, parents would give their daughters money and property—a dowry—when they married. Young men came to depend on a good-sized dowry to start them off in a comfortable middle-class life. Although dowries were outlawed in the 1947 Constitution and in subsequent laws passed by the Indian Parliament in the 1970s, the new law has created serious problems for brides whose parents refuse to give a sizable gift—the equivalent of the traditional dowry—to the groom. In such cases, some new husbands and their families conspire to drive the young bride to suicide, or if this fails, even murder her (see Section 8A, Significant Unconventional Sexual Behaviors, Coercive Sex, on domestic violence and dowry deaths). In this way, a young man might marry several times and eventually accumulate enough in illegal dowries to live comfortably. But dowries remain important for Indian women today. Even though they can inherit and no longer depend on the dowry for financial security, Indian women still consider the dowry their right. In the mobile social strata of the cities, the size of a woman's dowry definitely affects her social status. In West Bengal, the groom and his family may demand dowry payments of as much as 60,000 rupees, or nearly $2,000, more than ten times the annual income of many rural families.

Effective enforcement of the antidowry law and protection of brides from abuse is difficult, despite the efforts of women's rights groups and special courts set up by the government. Many believe the only hope for permanent improvement lies in changing social attitudes, including the promotion of marriages based on love instead of arranged marriages.

[*Update 2003*: In May 2003, 2,000 guests gathered to celebrate the wedding of Nisha Sharma, a 21-year old computer student, and Munish Dalai, 25, in Noida, an eastern suburb of Dehli. According to later reports in major newspapers around the world, the father of the bride had already provided two Sony television sets, two home theaters, two air conditioners, and two sets of electrical appliances for the kitchen—one of each for the couple and the other for the groom's older brother, who had headed the household after the death of their father. A car for the older brother was also included in the unofficial dowry. All went smoothly at the wedding until, at the very last minute, the groom's older brother demanded 25,000 rupees in cash for their mother.

[As the media was quick to report, the free-for-all that erupted between the two families ended when "the bartered bride put her hennaed foot down, reached for her royal blue cellphone and dialed 100." When the police arrived, they spent an hour calming down the families and guests, which allowed the groom and his family plenty of time to escape. Three hours later, Ms. Sharma accompanied the police to the station and filed an official complaint against the groom and his family for demanding an illegal dowry. By chance, a television crew from *Aaj Tak* news channel happened to be in the station. As the bride's father later described what happened, "With the pressure of the media people, the police went to the boy's house and arrested him." The groom would be in jail until he could be arraigned and officially charged with violating the antidowry law.

[India's new 24-hour news stations then propelled Nisha to "Hindi stardom" and a media blitz was on. The *Times of India* headline admitted, "It Takes Guts to Send Your Groom Packing." *Rashtriya Sahara*, a major Hindi daily, wrote, "Bravo, Nisha, We're Proud of You." *Asian Age* hailed her "as a New Age woman and . . . a role model to many." Major newspapers and television news programs around the world picked up the story of the bride who refused to be bartered. In the next few days, Ms. Sharma was unfazed by the loss of her fiancé, as 1,500 supportive emails poured into a special number set up by the 24-hour news stations. She also received two-dozen marriage proposals by cellphone, email, and letter (Brooke 2003). (*End of update by A. Kadari*)]

Marriage and Divorce

Despite an increasing modernization and shift to love-based marriages, most marriages in India are still arranged by parents. Family concerns take precedence over the interests of young couples, because Indian parents strongly believe that a marriage will be good only if the bride and groom come from similar backgrounds. The impetus for arranged marriages is respect for the wisdom of one's elders. To assure that their offspring marry within their own community or caste, many Indian parents use the classified advertisement sections of newspapers to make contact and arrange marriages for their children. In the villages and rural areas, distinctions in the caste system are much stronger and sharper than they are in the cities.

Although the tradition of arranged marriages has a practical value in preserving family traditions and values, it encounters some opposition as young Indian men and women learn of the Western tradition of romance and love. Urban middle-class Indians are most affected. Most Indian men and women attending college outside India are careful not to compromise their prospects back home by letting their family or parents know they have dated a foreigner.

While marriage is a sacred arrangement made in the presence of elders, divorce is legally possible. The incidence of divorce was very negligible in the past, mainly because of the low status of women in the society and the very low level of educational background of females, which left divorced women incapable of supporting themselves. Current trends show that the divorce rate is increasing in the recent past, especially in urban areas. This clearly indicates that women are becoming more aware of their rights, and more assertive in maintaining their individual identity in their employment and personal earnings without being submissive to men.

The joint or extended Hindu family, which dominated in the past, is gradually disintegrating. In the traditional Hindu extended family, the eldest male governed the entire family; the daily life of its members revolved around this huge family. The family head, in consultation with other elder males,

arranged marriages in which the youngsters had little say. The females lived behind closed doors—"within the four walls" environs. Festive occasions were the only times when they had the opportunity to interact with others in the neighborhood or relatives. With the disintegration of this family unit into individual families, the problems of insecurity and social influences of the neighborhood have become common. This is indeed leading to the assertion of individual freedom in the choice of marital partners and lifestyles.

[*Update 2003*: Srinath Krishnan (2003) echoes the opinion of most South Asian Indians that arranged marriages "have been around in India as long as probably the institution of marriage itself." Indian marriages were and still are a family matter, with romantic love and the input of the young woman and man traditionally of minor concern. Older, and wiser, women in the family, known as "Aunt Bijis" in the Muslim community and "Aunties" among the Hindi, still bear the responsibility of investigating the family background and history of the potential bride and groom, his education, caste, religious persuasion, economic status, and career potential to find the most compatible young man for their daughter/niece. Once the Aunties select the groom, the daughter's mother usually shows her a picture of the young man, and then arranges for a brief formal meeting with the prospect and his family, followed by a brief engagement and the marriage, with the bride and groom having little opportunity to become acquainted along the way. Today, in some families, after the engagement the couple might have a few formal meetings or dates chaperoned by a family member. But the engagement is binding and seldom broken. A more formal meeting might also be arranged, in which the young man, his mother, and several other relatives visit the young woman and her family. "These formal meetings could be awkward, drawn-out affairs for which the young woman wore her best Indian outfit, a sari or elegant Indian pants and top. She sat quietly, which is almost impossible to fathom, considering her chattiness. When called upon, she poured tea, and then talked briefly to her potential mate in a side room" (Alvarez 2003).

[Over the centuries, the customs of arranged marriages have gradually evolved as social circumstances changed. This adaptation and change is accelerating in the diverse urban and rural communities of the Indian subcontinent, but they are more obvious in the tight-knit Indian communities in Britain, where second- and third-generation children of Indian expatriates are exposed to a very different culture. In the 1960s, after Aunties arranged for a young couple and their extended families to meet, the couple might meet alone several times, either with family members in another room or at a restaurant, before the couple decided to marry. Even then, the decision was heavily influenced by family responsibilities. Today, these pre-engagement meetings take place in public venues with the family encounter coming later. In recent years, the traditional role of the family and Aunties has been reduced, as young Indians take advantage of a boom in Asian marriage Web sites, Internet chat rooms, and personal advertisements. "Speed dating" for Muslims on one night at a local restaurant or bar, and Hindi on another night, are also becoming a popular way for young Indians to meet each other for just three minutes before moving on to the next potential mate. If a woman meets a suitable, interesting candidate, she can inform the matriarchs in her family, her mother and Auntie, and let them make further arrangements. An "assisted arranged marriage" is the new term for this changing pattern of courtship and marriage (Alvarez 2003).

[The advantages of an arranged marriage are still evident, since the matriarchs base their advice and recommendation not on passionate, romantic, lusty love, which can "fizzle out," but on longer-lasting considerations of family and mutual compatibility. Not all Indian parents are comfortable or accepting of these changes, but parents and elders, eager to avoid alienating their children, making them miserable or seeing them go unmarried, are showing considerable flexibility, especially in middle-class and urban Indian communities. South Asian expatriate parents and elders in Britain and Europe have had to adapt, in large part because the number of potential partners is much smaller there than in their home countries. Rather than see an educated daughter go unwed, parents and elders have accepted these more modern approaches. But there is also a cultural exchange with changes in the courtship and marriage customs outside India gaining root in the urban middle class on the Asian subcontinent. (*End of update by A. Kadari and R. T. Francoeur*)]

Family Size

In India, the demographic transition is at the middle stage where both birth and death rates are showing a declining trend, but the death rate is declining at a faster rate, while the fertility rate is not declining as fast as expected. As marriage is almost universal, in almost all religious groups the age at marriage—especially of females—is very low. For instance, the average age for females at marriage is 18.3 years; for males, it is 23.3 years. Because women have a long reproductive span, Indian couples tend to have large families. The total fertility rate in India is 4.5 and the total marital fertility rate is 5.4. Various factors, such as a strong preference for a son, the low status of women, a high infant mortality, a high illiteracy level, inadequate healthcare facilities, and irregular follow-up services provided by the health staff play a major role in keeping couples from accepting contraception.

More than 80% of deliveries in India, especially in rural and tribal areas, are conducted by the traditional birth attendants, locally called "*Dais*." In the absence of a formal healthcare system within their reach in times of need, people in general depend on these indigenous people for their deliveries. These older women generally have very high credibility and act as good change agents in the community. Though in traditional societies, a joint family system is more commonly observed, nuclear families have become more common in the recent decades, mainly because of changes in the occupational structure and dispersal of family members in search of livelihood, and their movements into urban areas.

[*Sexual Abstinence*

[*Update 2002*: Abstinence from sex is a strategy within marriage adopted by some wives in order to assert their own control over domestic space and family life. Women's rights author and activist Madhu Kishwar (1997) profiles contemporary women from several different walks of life who self-consciously pursue this strategy. For some Hindu women, this abstinence is related to their role as a medium for the Goddess: They are both vehicles for the Goddess and thus subject to Her command, yet they enjoy status, influence, and control with respect to their families and to the devotees who solicit the Goddess' favor through them (Hancock 1999, 141-173).

[Abstinence can also indicate that a woman has chosen a life path distinct from marriage and childbearing; religion is one of the few established institutional avenues in India through which a woman may make such a choice. Jains in India possess a very well established and living tradition of nuns, who renounce all ties to their families in order to practice intense spiritual discipline. In Hinduism, there are

many contemporary female gurus who are celibate; some are married, but are understood not to have consummated their marriages. The internationally famous female guru Anandamayi Ma (1896-1982) established an ashram exclusively for women to practice spiritual discipline, as well as a Sanskrit school for young girls, which "provide protection for girls who [do] not desire marriage and education for those who do" (Hallstrom 2000, 206). (*End of update by K. Pechilis-Prentiss*)]

Sexuality and the Physically Disabled and Elderly

There are no organized attempts made so far to assess Indian attitudes about the sexuality of physically and mentally handicapped persons and elderly. Very little attention has been paid so far in sexuality training for the teachers and health personnel who work with these disadvantaged groups. Furthermore, there is no effort made by the institutions that serve these people to deal with the sexual needs of their residents.

Incidence of Oral and Anal Sex

Vaginal intercourse is the norm for marital sexual activity. The incidence of fellatio and cunnilingus is not known in the Indian context. However, oral sex appears to be relatively uncommon.

6. Homoerotic, Homosexual, and Bisexual Behaviors

Heterosexual acts, the only socially acceptable sexual expression, is based primarily on the much wider contact and more common relationships between males and females in society. The family is promoted as the early valid social unit. Although homosexuals existed even in ancient India, they never attained social approval in any section of the Indian population. There was a reference to such practices in the *Kamasutra*, written by Vatsyayana more than 1,500 years ago and long admired as an extraordinary analytic treatise on sex and love.

Very little is known about the current practice of male or female homosexuality in India. Homosexuality is slowly gaining acceptance, in part because of the efforts of one or two organized groups in metro cities that are affiliated with a couple of activist homosexual groups connected to international bodies of gays. A regular voice of one organization, and of its homosexual members, is published in Bombay, titled *Bombay Dost*, or "Bombay Friend."

Savara and Shridhar (1992) reported that 12% of unmarried men and 8% of married men reported that their first sexual experience was with another man, and most of them had it before they were 20 years of age. About two fifths of them had a homosexual experience with one or two persons, while over a fifth had such experiences with more than ten persons. In their homosexual acts, only 21% of them had used condoms. Ahmed (1992), in his study of truck drivers, found that 15% of them admitted previous homosexual experience. Parasuraman et al. (1992), from a study in Madras, found that 3% of the homosexuals earned their livings as dancers and/or sex workers. It is further reported in this study that most of the men were between the ages of 21 and 30, and took both active and passive roles in unprotected anal and oral intercourse.

[*Lesbianism*

[*Update 2001*: The issue of women's sexual fulfillment was dramatized in Deepa Mehta's controversial film of 1996, *Fire*, in which a young urban middle-class woman marries, is neglected by her husband, and begins a lesbian relationship with an older married woman in the family whose husband

also neglects her. While many felt the film was rather crude in its presentation of Hindu Indian tradition as a foil for the "modern" approach of lesbianism, in the process relegating lesbianism to a response to selfish men (Kishwar 1998), the film takes a very public stand that women have the need and the right to be fulfilled sexually. Currently, lesbian groups in India are campaigning to decriminalize homosexuality. In 1999, the Campaign for Lesbian Rights in Delhi issued a report describing the intimidation and difficulties of lesbians in India. (http://www.umiacs.umd.edu/users/sawweb/sawnet/news/news337.txt) (*End of update by K. Pechilis-Prentiss*)]

[*Update 1999*: As in other parts of the world, India has seen a growing lesbian and gay movement, one which has also received its share of media attention. In early 1998, when two policewomen in Madhya Pradesh decided to get married, the news was picked up by the press. This was perhaps the first occasion when lesbianism became a matter of widespread public debate. The furor created by this debate made it difficult to dismiss the issue as yet another Western aberration. As a political event, however, it also raised troubling questions for the women's movement and for the fledgling gay and lesbian politics, whose relationship to each other was far from clear. An important article highlighted the "elaborate apparatus of explication" evident in most reports of the marriage, which explained away the decision of the two women in terms of their suffering and victimhood at the hands of a patriarchal society, never allowing for the possibility of an affirmative, let alone sexual relationship.

[Over the last decade, the gay and lesbian movement has grown in visibility, with a mushrooming of groups and publications in India, and among South Asians in the West. Legal activism has extended from ongoing efforts to change the discriminatory legislation embodied in the antisodomy laws, to proposals to amend the Special Marriages Act to permit same-sex marriages. In a recent overview, Sherry Joseph has tried to plot the emergence of the identity politics of the gay and lesbian movement in its relations with similar movements in the West, as well as the specific dilemmas faced by lesbians within a movement that is male-dominated (John & Nair 1999). (*End of update by K. Pechilis-Prentiss*)]

7. Gender Diversity and Transgender Issues

Gender-conflicted persons are generally regarded as homosexuals. Traditional Indian society did not provide for special gender roles. In the case of transsexuals, it is not possible to alter one's birth certificate to change the sex designated at birth.

The *hijra*—an Urdu word for eunuchs—are the most notable example of gender variance in India (Jaffrey 1996; Nanda 1990, 1994, 1999, 2000). *Hijra*, who live predominantly in the larger cities, belong to a Hindu caste of males who dress as females. Their religious role is to perform as mediums for female goddesses, hence their role at weddings. Usually, they leave their families in their teen years to join adult *hijra* in a large city. Some may finalize their gender status by castration. Their societal role, and means of making a livelihood, involves providing entertainment at weddings and other festivals, sometimes uninvited but always expecting to be paid. They may also engage in sexual activity with men for money or to satisfy their own sexual desires. The most commonly used technique of the *hijra* is the anal-intercourse passive role without the use of condoms. Characteristically, according Walter Williams (1986, 258-259), *hijra* are bitchy like American gay drag-

queens—heterosexual transvestites are rarely or never bitchy. Insistent and bad-tempered, they wear no underwear and lift their skirts to expose themselves to the embarrassed guests if not paid. They tend to complain and frequently make demands on others in public, such as demanding (rather than politely asking) rich women for their clothes on the street (Weinrich 1987, 96).

[*Update 2002-2003*: India's third-sex caste, the *hijra*, who are neither male nor female, include males born with deformed genitals, hermaphrodites, self-castrated eunuchs, and gay cross-dressers. Early Hindu texts, like the *Kamasutra*, tell of these third-sexed persons who danced at weddings, cast spells, guarded harems, and entertained guests in the royal courts. In more recent times, India's estimated half a million to two million *hijra* have existed on the fringes of Indian society. That may be changing, in part because a Constitutional amendment in 1993 reserved a quota of seats in city and village councils for women and oppressed castes. In 2000, a dozen *hijra* were elected to city and provincial offices, including Asha Devi, mayor of Gorakhpur in northern India, Kamla Jaan, mayor of Katni, and Heera Bai, city councilwoman in Jabalpur, a city of 1.4 million. Formation of a national political party of eunuchs was announced early in 2001 as a voters' alternative to the major political parties (Bearak 2001).

[In February 2003, the High Court of Madhya Pradesh state upheld a lower court ruling that eunuchs are still male and cannot seek election to offices reserved for women. At issue was the election of Kamla Jaan, a *hijra*, as mayor of Katnia. The court noted that this mayoral office was set aside for women to encourage their participation in politics. Kamla Jaan announced plans to appeal to India's Supreme Court (Associated Press). (*End of update by R. T. Francoeur*)]

8. Significant Unconventional Sexual Behaviors

A. Coercive Sex

Sexual abuse

Because of the pressures of social change and the loss of the holding power of traditional taboos, child sexual abuse seems to be increasing in India. However, there is a growing awareness about child sexual abuse in the society. Girls who are near to attaining their puberty, or have just attained it, are often objects of older men's attention.

Although it is socially disapproved, some instances have been reported where parents, because of their poverty, accept a brideprice for the marriage of a very young daughter to an older man seeking a young girl as a second wife. In spite of rigorous efforts by the government in educating the people, it is still an accepted practice, especially in rural areas, to arrange marriages of young girls.

Incest

Repressed sexuality has also been a factor in what in the West might be considered widespread incest. In India's extended family system, sex between brothers-in-law and sisters-in-law, for example, or between cousins, or uncles and nieces, or aunts and nephews is common, although hard statistics are not available. See Section 1C, Basic Sexological Premises, General Concepts of Sexuality and Love, for the tradition of *niyoga*, describing the relationship between a wife and the younger brother of her husband.

Sexual Harassment

Poverty forces many rural girls around 10 years of age to be employed as housemaids in rich and middle-class homes. In addition to the economic exploitation, some of these girls also face sexual harassment by males in these households. Since these girls are in no position to resist sexual advances, most sexual harassment acts are not reported or complained about to the police. College girls and young working girls face the problems of harassment. The problem of "Eve-teasing"—old-fashioned pinching, fondling, and other sexual harassment of women on the street—has become so serious in recent years that the government has had to promulgate a law prohibiting this behavior.

One small but significant incident that may signal a change in the pervasive acceptance of sexual harassment in Indian culture occurred in mid-1996, when a 61-year-old Punjab state official was convicted of "outraging the modesty" of a woman in public by slapping the backside of another senior Punjab official at a public event in 1988. After eight years of delays and alleged government coverups for the defendant, the court unexpectedly convicted the defendant, the former general of police for the Punjab district and a national hero for his suppression of the Sikh rebellion. While the sentence appeared insignificant, a mere three months in jail and a $20 fine, the court did stipulate that the defendant be subjected to what is known in India as "rigorous imprisonment," a harsh regimen generally reserved for serious criminals and hardly befitting a national hero. While recognizing this verdict as a small measure of justice, women's groups in India hailed it as a landmark because of the prominence of those involved, and the fact that appeals will keep this harassment case in the public view for some years to come.

Rape

Sexual exploitation of girls is another problem faced by females in India. Data on the crime of rape shows that a total of 4,919 rape cases were registered in the country in 1981, with an increase of 12.8% from 1980.

Few cases of rape are actually reported to the police because of the negative consequences to the future life of rape victims. Young Indian women who are known to be victims of rape are viewed as outcasts, and their families disgraced, even though they were not in any way responsible for the attack. The spread of Western culture, the disruption of urbanization, exposure to films with lots of sex scenes, and pornographic materials are all blamed for the increasing number of rape cases in India.

[*Update 2001*: Indian dimensions on rape include the serious reluctance of women to rely on the law for recourse, not only because of the publicity it would engender, thus ruining a woman's chances for marriage, but also because some of the most infamous cases have been perpetrated by police officials. In addition, rape is a frequent aspect of conflict between castes and between caste groups and tribals. In part because of these factors, women's groups have sought to address incidents of rape at the local level. For example, the Rural Women's Liberation Movement in Tamilnadu, south India, has brought cases before village councils, and received monetary compensation for victims of rape from their attackers (Kumar 1997, 136). (*End of update by K. Pechilis-Prentiss*)]

Dowry Deaths

[*Update 2002*: Some claim that the "dowry deaths" in India widely reported in the international news media maim or kill some 25,000 women a year, but most incidents of dowry-related bride-burning are concentrated in the city of Delhi and in the north Indian states (Menski 1998, xiv). Government statistics are much more conservative, claiming that husbands and in-laws angry over small dowry payments killed nearly 7,000 women in 2001 (Brooke 2003). Although the absence of accurate figures do not allow a

comparison of dowry deaths in India with domestic violence in Western developed nations, feminist scholar Uma Narayan suggests that dowry murder rates in India are "roughly similar" to rates for domestic violence murders in the U.S. (Narayan 1997, 99). This means that the shocking and horrific incidents of murder over dowry, which attract the news media, must be seen in the context of patterns of domestic abuse of women in patriarchal societies. The dowry is very much a canvas on which male power and status are portrayed. The dowry enables the bride's father to publicly demonstrate his wealth and the groom publicly to confirm his own worth. These factors are the cultural context that drives the practice of dowry, even among wealthy Indian families who live outside of "traditional" India (Menski 1998, 163-174).

[Dowry murders are but one example of domestic violence; the more commonly occurring example would be wife beating: "Indeed, the term dowry has become a euphemism for wife-battering, a practice so familiar that such violence has become a key issue in practically all movements in which women have been active" (Kumar 1997, 116). The widespread occurrence of wife beating suggests that its dynamics of intimidation and submission are accepted as emblematic of husband-and-wife relations across much of the populace. Emergency measures, such as Western-style battered women's shelters, have been proposed, but their usefulness has been questioned, because of the pervasive attitude in Indian society that an unmarried woman is an object of shame. However, there are counseling and service centers for abused women in the major cities of India, including Delhi, Mumbai (Bombay), Chennai (Madras), Bangalore, and Calcutta. Since the mid-1970s, women's groups have held demonstrations, rallies, public denunciations of suspect families, and street plays to combat accepting attitudes toward domestic violence. One of the most active has been the Stri Sangharsh in Delhi, "whose campaign made dowry murder a household term" (Kumar 1997, 118). (*End of update by K. Pechilis-Prentiss*)]

[*Update 2000*: R. B. Ahuja, a surgeon and secretary of the National Academy of Burn Doctors in India, estimates that three-quarters of the injuries he sees are the result of deliberate wife-burning associated with dowry and the pervasive acceptance of wife-beating. Perhaps a quarter of the injuries he sees are the result of true accidents caused by the cheap pump-action kerosene stoves used mainly by the urban poor. Although all admit that the official statistics on burn "accidents" are hardly reliable, the fact that 1,280 men died of kitchen accidents, out of an official total of 7,165 kitchen deaths in 1988, would seem to lend credence to a role for the common, explosively dangerous but affordable pump-action kerosene stoves. While recognizing the problems of domestic violence and dowry-burnings, some activists are also calling for immediate government action to improve the safety standards for manufacture of these stoves (Diwan 2002; Dugger 2000; Grover 1990; Mukherjee 1999; Oldenburg 2002; Sen 2002; Weinberger-Thomas 1999). (*End of update by R. T. Francoeur*)] (See also Sections 1C, Basic Sexological Premises, General Concepts of Sexuality and Love, and 2A, Religious, Ethnic, and Gender Factors Affecting Sexuality, Source and Character of Religious Values.)

B. Prostitution

Prostitution, the indulgence in promiscuous sexual relations for money or other favors, is an age-old institution in India. Purchasing young girls and dedicating them to temples, the Devadasi system, was an established custom in India by 300 C.E. These girls often served as objects of sexual pleasure for temple priests and pilgrims. The current knowledge about female sex workers is mostly gained from studies done in the red-light districts of metropolitan cities. Generally, prostitutes tend to come from the less-educated class of women, including single abandoned girls, and economically distressed women. Some of the studies on prostitutes in India revealed that a majority of them had STDs, tuberculosis, chronic infections, anemia, scabies, and parasite infestation. Most of them were treated by the local medical practitioners, who are quacks in their profession. Most of these women were either forced by gang members and others to take up this profession or were betrayed with false promises of a job. Both the central government and the state governments have enacted statutes to repress and abolish prostitution. The central act, the Suppression of Immoral Traffic in Women and Girls Act (SITA), 1956, has been amended as the Immoral Traffic (Prevention) Act (ITPA), 1956. However, these statutes have made little impact on the increasing traffic in persons and sexual exploitation and abuse (Pawar 1991).

[*Update 1997*: According to investigative reporter Robert I. Friedman (1996), there are more than 100,000 female commercial sex workers in Bombay, which he describes as "Asia's largest sex bazaar." In all of India, there are as many as 10 million commercial sex workers. According to human rights groups, about 90% of the Bombay prostitutes are indentured servants, with close to half trafficked from Nepal. One in five of Bombay's sex workers are under age 18—the government is aware of child prostitution, but generally ignores the problem. Child sex workers as young as 9 are sold at auctions, where wealthy Arabs from the Persian Gulf compete with wealthy Indian males who believe that having sexual intercourse with a virgin cures syphilis and gonorrhea. A major motivation in the bidding for and slavery of child virgins is the fear of AIDS. In this context, child virgins often bring up to 60,000 rupees, the equivalent of US$2,000. (See also HIV/AIDS discussion in Section 10).

[The commercial sex district of Bombay is actually two interconnected neighborhoods in the south-central part of the city, approximately three square kilometers (about 1+ mi^2) sandwiched between immense Muslim and Hindu slums. It is also the home of the largest organized crime family in Asia. This red-light district is well served by two major railway stations just a half-kilometer away, and 25 bus routes. The district is laid out with 24 lanes of wooden-frame brothels with gilded balconies interspersed with car repair shops, small restaurants, liquor stories, 200 bars, numerous flophouses, massive tenements, three police stations, and a municipal school from which only 5% of the students graduate.

[Two thousand *hijra* work on Eunuch Lane. Dressed in short black leather skirts or saris, they are virtually indistinguishable from the female prostitutes, except many are extremely beautiful. Shilpa, a 30-year-old social worker with five years experience working in the red-light district, provides a fair description of this aspect of Bombay's sex workers:

[The eunuchs, or hijras, have deep roots in Hinduism. As young boys they were abandoned or sold by their families to a sex cult; the boys are taken into the jungle, where a priest cuts off their genitals in a ceremony called *nirvana*. The priest then folds back a strip of flesh to create an artificial vagina. Eunuchs are generally more ready to perform high-risk sex than female prostitutes, and some Indian men believe they can't contract HIV from them (quoted by Friedman 1996, 14).

[Female sex workers are often harassed by the police, although their madams pay the police weekly bribes to look the other way. To protect themselves, each girl services several police for free.

[Though on average the girls see six customers a day, who pay between $1.10 and $2 per sex act, the madam gets the money up front. By the time the madam deducts for food, electricity, and rent, as well as payment—with interest—on her purchase price, there is almost nothing left. So to pay for movies, clothes, makeup, and extra food to supplement a bland diet of rice and dal, the girls have to borrow from moneylenders at an interest rate of up to 500%. They are perpetually in hock (Friedman 1996, 16).

[Bombay's flesh trade is an efficient business, controlled by four separate, harmonious crime groups. One group controls police payoffs, a second controls money-lending, and the third maintains the district's internal law and order. The fourth group, the most powerful, manages the procurement of women in a vast network that stretches from South India to the Himalayas (Friedman 1996, 18). (*End of update by R. T. Francoeur*)]

C. Pornography

All forms of sexually oriented publications are illegal in India. The government-appointed Central Board has the power to make cuts or ban the indecent or obscene scenes in films. Although pornographic books, magazines, and videos are illegal, their display and sales are casually noticed in urban areas, especially in the major cities.

9. Contraception, Abortion, and Population Planning

A. Contraception

Contraception and Population Control

As wide differences exist among different regions of the country, the population distribution is also not uniform among these regions. Despite the wide variations of existing customs, beliefs, and socioeconomic development among India's 866 million, the people generally favor a large family size and therefore are not in favor of adopting modern methods of contraception. India is the first country in the world to realize the importance of controlling the population growth and therefore initiated the Family Planning Program as far back as 1952.

There are nearly 145 million married couples with wives in the reproductive age group of 15 to 44 years. Assessment of the Family Planning Program performance reveals that nearly 40% of the eligible couples were effectively protected by one of the contraceptive methods. The Family Planning Program in India is being promoted on a voluntary basis as a people's movement in keeping with the democratic tradition of the country. The services of the program are offered through Health Care Delivery System. The program makes extensive use of various mass-media sources including television, radio, newspapers, posters, and pamphlets, besides interpersonal communication, in its strategies for explaining the various methods of contraception and removing the sociocultural barriers that work against the program.

Since the majority of the population lives in rural areas, which lack a good infrastructure of healthcare facilities and an adequate Social Security System, these people almost universally perceive children and large families as an asset. Added to this is a strong preference for a son that acts as a barrier in limiting the family size. In spite of the availability of various contraceptive methods like sterilization, IUD, condoms, hormonal pills, and other temporary methods, the adopters of the program mostly opt for sterilization, more often tubal ligation or tubectomy.

Because of widely varying customs, beliefs, and the very low level of involvement of the wife in the decision-making process, it is the women who ultimately are adopting the method of contraception. It is not surprising to know in a male-dominated society, especially in rural areas, that people generally perceive that the program is mostly meant for the womenfolk, as they are bearers of the children. Some common beliefs, like "using a contraception reduces a man's masculinity" and "contraception impairs the health of working men," also acts as a barrier for the adoption of the program by men. Methodwise data of adopters generally reveals that the temporary methods are mostly utilized by people with relatively high educational backgrounds and those living in urban areas. The condom, a simple reversible and nonchemical method of contraception, is widely accepted by couples in the younger age group, mostly for spacing pregnancies.

The government has adopted a primary healthcare approach that uses various indigenous and local medical practitioners, traditional birth attendants, and religious and community leaders as change-agents in convincing the eligible couples to adopt family planning. The medical termination of pregnancy, which is legalized in the country, is also considered as one of the methods of family planning. In spite of vast investments in a supportive infrastructure and manpower, the achievements of the Family Planning Program have fallen short of its targets. Rigorous efforts are needed to implement the program more effectively.

Selective Female Abortion and Infanticide; Unbalanced Sex Ratios

Census counts in India have shown a disturbing pattern, moving from 972 females for every 1,000 males in 1901, to 934 in 1981 and 927 in 1991. In Haryana, a populous northern state surrounding Delhi, there were only 874 females for every 1,000 men, an unprecedented disproportion.

A law passed in 1994 by the Indian Parliament provides penalties of three years in prison and a fine of about $320 for those found guilty of administering or taking prenatal tests—mainly ultrasound scans and amniocentesis, solely to ascertain the sex of the fetus. The new law focuses on hospitals and clinics, but leaves the operators of mobile van clinics outside the law's purview. Charges for fetal screening tests can run as low as 150 rupees, about $5, in poor rural areas to ten times as much or more in more-affluent urban areas. Under Indian law, ending a pregnancy only because the fetus is female was illegal even before the 1994 law was enacted, even though the practice remains common. No reliable figures are available on the number of abortions performed every year solely to prevent the birth of girls. But, with some clinics in major cities like Delhi and Bombay admitting to conducting as many as 60,000 sex-determination tests a year, child welfare organizations estimate the nationwide figure at tens of thousands every year, possibly higher (Burns 1994).

Another concern among women's groups has been the fear that curbing sex-determination tests will drive many families back to the centuries-old practice of killing baby girls soon after birth, or so favoring boys with scarce supplies of food that girls die young. In a 1993 survey conducted by the National Foundation of India, a private group working on child welfare issues, it was estimated that 300,000 newborn girls die annually from what it called "gender discrimination" (Burns 1994).

[*Update 2000*: A United Nations survey of six nations bordering India, namely Pakistan, Bangladesh, Nepal, Sri Lanka, Bhutan, and the Maldives, published in 2000, revealed some 79 million women were "missing" in South Asia, because parents practiced female infanticide or used ultrasound scans and amniocentesis to selectively abort female fetuses. Most likely, India has a shortage of females

similar to that reported in its six neighbors and the 40 million shortfall recently acknowledged in China. (*End of update by R. T. Francoeur*)]

B. Teenage Pregnancies

Sexual activity at an early age but within marriage is common in India. The most obvious health risk of teenage sex among the young is pregnancy for girls who are not yet physically matured. Further, if the pregnancy is unwanted or illegitimate, the health hazards are likely to be compounded by the social, psychological, and economic consequences. In their study of infant and childhood mortality, K. Mahadevan et al. (1985) found that the mean age of women at first conception was only 16 years; further, they found that infant mortality was very high for the first, followed by the second birth order, and then tapered down subsequently. The findings reveal that the high incidence of infant mortality among the first two birth orders may be mainly because of teenage pregnancy and childbirth. In traditional societies where mothers marry young, there is family support for the young parents, although medical risks remain high. But in today's transitional society, the family support is gone, and many times, the teenage pregnancies lead to abortion and thus have dangerous consequences.

C. Abortion

Abortion is not considered a method of contraception in the strict sense, although it is treated as one of the methods of family planning because of its dramatic impact on birthrates. The Medical Termination of Pregnancy Act (1971) has great importance. Attempts are continuously made to induce all women seeking abortion to accept a suitable method of family planning, although abortion is mostly advocated on health grounds. The main health reasons for recommending an abortion are: (1) when continuance of the pregnancy would involve a risk to the life of the pregnant woman or of grave injury to her physical or mental health; and (2) when there is a substantial risk that the child, if born, would suffer from such physical or mental abnormalities as to be seriously handicapped. Since the inception of the 1971 Act, the annual number of abortions is around 7.6 million. Despite the legalization of abortion, the lack of trained health personnel and termination by local *Dais* who abort by using unscientific instruments, the death rates for women who have undergone termination of their pregnancies are also high, especially in the remote rural and tribal areas. It is also observed that young unmarried girls who experience a premarital pregnancy and approach unqualified charlatans seeking an abortion also experience similar high risks of mortality and morbidity. Though official statistics on these situations are not available, these situations are common, and their incidence may well be in an upward trend because of modernization and Westernization.

D. Population Control Efforts

See the discussion above in Section 9A, Contraception.

10. Sexually Transmitted Diseases and HIV/AIDS

A. Sexually Transmitted Diseases

The spread of sexually transmitted diseases is affected by sexual promiscuity resulting from marital maladjustment, and in some distinct inadequacies in the social and economic life of India and its healthcare system. Gonorrhea, syphilis, and other sexually transmitted infections are major problems for young people, especially in urban India, where social change is rapid, marriage tends to be delayed, and traditional restraints on premarital intercourse are reduced. Many cases of STD infections remain untreated, especially in the large urban areas, mainly because the sufferers do not know that they are affected, and also because they fear revealing their problem. The lack of scientific knowledge about the diseases among the infected also adds to the misery of the victims. In some communities, parents act as a major source of information on sex for their sons and daughters, but for most of the communities in India, sex is a taboo topic, and parents generally avoid communicating it to their offspring. Among most of the young people in India, even in urban areas, ignorance of the most basic facts about sexuality, conception, and contraception still continues to be the norm. The combination of the rapid social change in India and the ignorance on the basic information about sexuality are creating major and widespread health problems for the young generation.

B. HIV/AIDS

The first confirmed evidence of AIDS infection in India came in April 1986, when six prostitutes from Tamil Nadu tested positive for HIV antibodies. Subsequent findings indicate that between October 1, 1985, and September 30, 1993, a total of 459 AIDS cases have been detected in India, of which 444 are Indians and 15 are foreigners. Data available in early 1995 indicate that, thus far, 1,898,670 persons have been screened for the HIV virus, and 13,254 were found positive to HIV by the Western-Blot test. The seropositive rate is 6.98 per 1,000.

An indication of the population at risk for HIV infection can be found in the millions of STD cases occurring in the country. In addition to being a marker for behavioral vulnerability to HIV infection, untreated STD cases facilitate HIV transmission. In Pune, the HIV infection rate among people seeking treatment for STD has increased from about 9% in 1991 to 17% in 1992. An infection rate of up to 25% was reported in 1992 from surveys among prostitutes in Bombay. Meanwhile, there is little public support for or interest in promoting safer sex practices and condom use among the prostitutes, who are generally viewed as outcasts in India's caste-bound society and deserving of any ills that befall them. Among Bombay's estimated 100,000 prostitutes, the HIV rates shot up to 52% in 1994, from 2% in 1988. The sale of young girls into sexual slavery in the Persian Gulf complicates the situation (Burns 1996).

The prevalence of HIV infection among the 5 million long-route truck drivers is also very high. Health officials believe that the drivers are at the center of an imminent explosion of AIDS among India's 970 million people. The problem is evident at Petrapole, 75 miles (120 km) from Calcutta, on the main road between India and Bangladesh. While grimy trucks line up fender to fender for miles, often waiting a week or more to cross the Broken Boat River, thousands of drivers, helpers, and hawkers mix with local women and teenage girls willing to engage in sex for as little as 10 rupees, about 28 cents. It is common for these men to buy sex every day, and sometimes several times a day, while they wait. Researchers estimate that the truck drivers average 150 to 200 sexual encounters with sex workers a year. A single sex encounter can earn a woman enough to feed her family for a day. They seldom use condoms. In late 1996, experts estimated 30% of India's long-distance truck drivers were HIV-positive. The impact on the family is already evident. In a 1994 study by the National AIDS Research Institute in Pune, 100 miles (160 km) southeast of Bombay, 14% of the married women who reported no sexual contact with anyone other than their husband tested HIV-positive (Burns 1996).

The United Nations estimated that by the end of the 20th century, over a million Indians will be sick with full-blown

AIDS, and 10 million will be HIV infected. A quarter of the world's projected infected will be in India. Some Indian experts paint a still grimmer picture, estimating that between 20 and 50 million Indians will be infected by HIV by the year 2000. In this event, there will be more AIDS patients in India than there are hospital beds (Burns 1996).

While the principle mode for transmission of HIV infection in India is by heterosexual promiscuity, the prevalence of the disease is also high in intravenous drug users, who share syringes and needles, in Manipur state, in India's far northeast, bordering with Burma (Myanmar), Laos, and Thailand, where studies have been conducted by the field-practice unit at the surveillance center for HIV infection in Imphal. The results show that the situation in this area is different from the rest of the country, primarily because injectable heroin is easily available here. After the first seropositive case in Manipur appeared in 1989, HIV infections soared among drug users to 54% within six months, By the beginning of 1992, 1,600 HIV-positive cases had been detected, most of them being intravenous drug users.

Apart from unprotected sexual intercourse and intravenous drug injections, contaminated blood transfusion is one of the main sources of infection. In India, the sale of blood for transfusion and for preparation of blood products is a big business and subject to very little control. Estimates of the incidence of HIV-infected mothers transmitting the virus to their children during pregnancy and delivery show that every year, 20,000 out of 24 million deliveries in India are likely to occur in HIV-positive women (Ramachandran 1992).

More than half of Bombay's sex workers are HIV-positive, according to Dr. Subhash Hira, an Indian-American, who runs as AIDS clinic in Bombay. Currently an estimated 5 million people in India are HIV-positive. Hira predicts that by the year 2000, as many as 20 million Indians will be HIV-positive. However, with the incidence of the virus currently doubling every year, it is more likely that the figure for HIV-infected people in India will be about 15%, or 160 million. This, according to Dr. I. S. Gilada, a leading Indian expert on AIDS, could bring a collapse in India's economy, set the country back at least 50 years, and pull it "into a black hole of despair unlike anything seen in this century" (quoted by Friedman 1996, 12). India's national politicians and public health officials refuse to recognize or discuss this crisis, often considering sex workers as an expendable commodity.

The government has proposed to set up a resort for AIDS Rehabilitation and Control as a preparatory measure to cope with the AIDS threat looming large over the Indian horizon. However, the nation's annual AIDS budget is only about $20 million, or slightly more than two cents a person. Despite an $85 million World Bank loan to set up a national AIDS control organization, India's expenders for the control of AIDS is woefully inadequate. In late 1996, with only a year of the program left to run, only $35 million of the $85 had be spent (Burns 1996).

Opponents of spending money on AIDS prevention, including many politicians and other opinion makers, argue that the government should give top priority to controlling diseases like malaria and tuberculosis, which kill tens of thousands of Indians every year. In a nation which spends six tenths of 1% of its $50 billion annual budget on all healthcare, there is little money for educational publicity and free condoms. Some programs have been able to distribute packets of four condoms at two rupees (three cents), about half the usual cost. There is no money for AZT and other drugs (Burns 1996).

Although the HIV virus apparently did not begin to circulate in the Indian subcontinent until about a decade after it arrived in the United States, where the disease was first recognized in 1981, the virus has spread much more rapidly in India than elsewhere. According to a July 1996 report at the 11th international meeting on AIDS, well over three million Indians were HIV-positive. This number easily surpassed South Africa with 1.8 million cases, Uganda with 1.4 million, Nigeria with 1.2 million, and Kenya with 1.1 million.

[*Update 2001-2003*: According to an October 2000 report from the United Nations, India had 3.7 million persons with AIDS and 34 million HIV-infected persons. Fourteen million had already died of AIDS. Assuming that treating an AIDS patient will cost 18,000 rupees or US$386 per month, Prakash Kothari, a prominent Indian doctor, has argued that even the most innovative budget planning could soon be useless unless India's government begins to take the AIDS crisis as serious as it takes its arch-enemy Pakistan: "There will simply be no resources available to finance anything else in this country of ours." Part of the solution, Kothari argues, could be to create a "Ministry of Sex" that would put dealing with the AIDS crisis on a par with national defense. Meanwhile, officials in the Indian state of Patna, on the border of Nepal, are so concerned about the rise of HIV/AIDS that they distribute free condoms at all transit points to Nepal and at truck stops along the National Highways and Grand Trunk Road. Health officials adopted the plan because truck drivers coming from the northeastern states are reported to indulge in multipartner sex without using condoms.

[Also, in late 2002, a special National Intelligence Council meeting convened by the independent Center for Strategic and International Studies identified India, Nigeria, Ethiopia, China, and Russia as countries facing devastation by a second wave of HIV/AIDS infections in the next decade (see Table 1). Analysts at the meeting predicted famines, civil war, economic reversals, and a collapse of social and political institutions in these countries by 2010 (Garrett 2002).

[The head of India's national AIDS program, Meenakshi Datta Ghosh, denounced the intelligence report as "alarmist," but admitted that at least four densely populated states already had infection rates above 1% of all pregnant women. India has set ambitious goals for its AIDS programs, but the country lacks a coherent infrastructure for implementing prevention and treatment efforts. At least two AIDS epidemics are raging in the world's second most populous nation. The first, centered in the south and west, is heterosexual, fueled by India's large prostitution industry, while the second, focused in the far eastern provinces, is an intravenous drug use-driven epidemic. If India's programs can be solidified, Ghosh projected that by 2006, the country will have 9 million people living with HIV. If those programs remain fragmented, the number could reach 14 million, with 1.9 million deaths annually by 2002 and 20 million to 25 million

Table 1

Leaders in an Expanding Pandemic: Current and Projected HIV/AIDS-Infected Adults

	Current Number Infected		2010
	Government Data (millions)	Expert Estimates (millions)	Expert Estimates (millions)
India	4.0	5 to 8	20 to 25
Nigeria	3.5	4 to 6	10 to 15
Ethiopia	2.7	3 to 5	7 to 10
China	0.80	1 to 2	10 to 15
Russia	0.18	1 to 2	5 to 8

HIV-positive Indians by 2010, or 4% of the nation's adults (Garrett 2002). (*End of update by R. T. Francoeur*)]

[*Update 2003*: When the first case of HIV was discovered in Chennai in 1986, the Indian Government responded to it immediately. Under the Ministry of Health and Welfare, the Indian government constituted a committee in 1987. The land of *Kamasutra* was suddenly under the surveillance. HIV levels were high amongst sex workers and STD clinic attendees. The spread of HIV within India is as diverse as the societal patterns between its different regions, states, and metropolitan areas. India's socioeconomic status, traditional social ills, cultural myths on sex and sexuality, and a huge population of marginalized people make it extremely vulnerable to the HIV/AIDS epidemic. In fact, it has become the most serious public health problem faced by the country since the Independence.

[HIV infection in India is currently concentrated among poor, marginalized groups, including commercial sex workers, truck drivers and migrant laborers, men who have sex with men, and injecting drug users. Transmission of HIV within and from these groups drives the epidemic, but the infection is spreading rapidly to the general community. The epidemic continues to shift towards women and young people, with about 25% of all HIV infections occurring in women. This also increases mother-to-child HIV transmission and pediatric HIV.

[In India, as elsewhere, AIDS is perceived as a disease of "others"—of people living on the margins of society, whose lifestyles are considered "perverted" and "sinful." Discrimination, stigmatization, and denial are the expected outcomes of such values, affecting life in families, communities, workplaces, schools, and healthcare settings. Because of HIV/AIDS, appropriate policies and models of effective prevention remain underdeveloped. People living with HIV and AIDS continue to be burdened by poor care and inadequate services, while those with the power to help do little to make the situation better.

[India is in some respects a *gendered phenomenon*. Women are often blamed by their parents and in-laws for infecting their husbands, or for not controlling their partner's urges to have sex with other women. Children of HIV-positive parents, whether positive or negative themselves, are often denied the right to go to school or are separated from other children. People in marginalized groups (female sex workers, *hijra* [transgenders], and gay men) are often stigmatized in India on the grounds of not only HIV status, but also for being members of socially excluded groups. (*End of update by A. Kadari*)]

[*Update 2002*: UNAIDS Epidemiological Assessment: The first case of AIDS in India was detected in 1986. Since then, HIV infections have been reported in all States and Union Territories. With a population of one billion—about half in the 15- to 49-year-old population—HIV epidemics in India will have a major impact on the overall spread of HIV in Asia and the Pacific, as well as globally.

[The spread of HIV within India is as diverse as the societal patterns between its different regions, states, and metropolitan areas. The epidemics are focused very sharply in a few southern States, with most of India having extremely low rates of infection. An overwhelming majority of the total reported national AIDS cases-96%—were reported by only 10 of the 31 states. The major impact is being felt in Maharashtra in the west, Tamil Nadu in the south with adjacent Pondicherry, and Manipur in the northeast. The epidemics vary between states with heterosexually transmitted infections predominating in Maharashtra and Tamil Nadu, while infections concentrated among injecting drug users and their partners predominate in Manipur. With a high

prevalence of tuberculosis infection in India, the problem of tuberculosis related to HIV infection also poses a major public health challenge.

[Between 1994 and 1997, HIV prevalence among STD clinic attendees in Maharashtra state increased from 6% to 36%, and prevalence among injecting drug users in Manipur increased from 25% to 61%. However, there were insufficient numbers of sentinel surveillance sites to get an adequate picture of the overall HIV situation. In 1998, the number of HIV Sentinel Surveillance sites increased from 55 to 180: 83 for STD, 89 for antenatal clinics, and 8 for injecting drug users. HIV prevalence data were collected twice in 1998, February to March and August to October. The 1998 HIV sentinel surveillance data from antenatal clinics in seven metropolitan cities showed HIV prevalence to be over 2% in Mumbai, more than 1% in Hyderabad and Bangalore, and below 1% in Calcutta, Ahmedabad, and Delhi. HIV-prevalence levels outside these major urban agglomerations were in general lower, and no infection was found in a number of rural HIV Sentinel Surveillance sites.

[In late 1998, NACO convened a group of national and international experts to review the results of the first round of the expanded HIV Sentinel Surveillance to produce state-specific and national estimates on HIV/AIDS. The new calculations provide greater consistency in making a national estimate of HIV prevalence in India. The national prevalence estimate was increased for 2001 to 3.97 million.

[The estimated number of adults and children living with HIV/AIDS on January 1, 2002, were:

Adults ages 15-49:	3,970,000 (rate: 0.8%)
Women ages 15-49:	1,500,000
Children ages 0-15:	170,000

[No estimate is available for the number of adults and children who died of AIDS during 2001.

[No estimate is available for the number of Indian children who had lost one or both parents to AIDS and were under age 15 at the end of 2001. (*End of update by the Editors*)]

11. Sexual Dysfunctions, Counseling, and Therapies

A. Concepts of Sexual Dysfunction

The concept of sexual dysfunction in the Indian context is defined differently with reference to the person's socioeconomic and demographic background. Generally, it is differentiated for men and women, young and old, rich and poor, and able-bodied and disabled persons.

B. Availability of Counseling, Diagnosis, and Treatment

There are no legal or other restrictions on who may practice as a psychosocial or sexual therapist in India. Most of the persons with sexual problems who feel that they need some treatment, seek help related to their symptoms. What sexual therapy there is available deals with symptom relief and is generally regarded as successful if this is the outcome. Though there is no clear-cut, government-funded, psychosexual therapy services available in India, most of the health and family planning clinics provide one or more of these services to their clients. Counseling by some of the marriage counseling services, especially in cities, are also widely reported in the society. Quacks who pose as very knowledgeable in sexual therapy, and widely advertise about the effectiveness of their treatment, are commonly seen, especially in rural areas and small towns. Because many people do not understand the need for qualified training of sexual therapists, these fraudulent therapists and their

clinics attract many of those who need proper counseling, and cash in on their weaknesses.

A prevailing Victorian sexual repression, left over from colonial times, still makes it impossible for many married couples to function well sexually, or even to function at all. Sex clinics around New Delhi and other large cities typically cater mostly to men, and offer advice, hormone injections, and herbal remedies at a cost of up to about $500 for a full course of treatment.

There is no organized data available on such incidences, nor on the effectiveness of their treatments. Moreover, with the topic of sex being a taboo in Indian society, people generally do not discuss their problems openly with others. In the process, they easily become victims of such quacks in their communities.

12. Sex Research and Advanced Professional Education

There is very little sexological research being carried out in India thus far. Very few institutions have concentrated any effort in this area of research or undertaken any formal program on this important topic. Although there is no graduate or postgraduate program on sexuality in any of the educational institutions, because of the recent widespread discussions of HIV/AIDS, sexually transmitted diseases, and a host of other problems like bride-burning and marital violence, there is a growing inclination to undertake research in the area of sexuality, and to impart proper sex education for the people in the society.

The National Institute for Research in Sex Education, Counseling and Therapy (NIRSECT) is the only official professional organization devoted to sexual research in India. Its address is: Saiprasad-C5/11/02, Sector-4, C.B.D. New Bombay, 4990615, India. The director is Dr. J. K. Nath, first author of this chapter.

Other important sexological organizations are:

Sex Education, Counseling, Research Training Centre (SECRT). Family Planning Association of India (FPAI). Fifth Floor, Cecil Court, Mahakavi Bhushan Marg, Bombay 400 039, India (Phone: 91-22/287-4689).

Indian Association of Sex Educators, Counselors, and Therapists (IASECT) 203 Sukhsagar, N.S. Patkar Marg., Bombay 400 007, India (Phone: 91-22/361-2027; Fax: 91-22/204-8488).

Parivar Seva Sanstha. 28 Defence Colony Market, New Delhi 110-024. (Phone: 91-11/461-7712; Fax: 91-11/462-0785).

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References and Suggested Readings

Ahmed, S. I. 1992. Truck drivers are vulnerable group in northeast India. An abstract published in the *Second International Congress on AIDS in Asia and the Pacific*. Randwick, Australia: AIDS Society of Asia and the Pacific.

Alvarez, L. 2003 (June 22). Arranged marriages get a little rearranging. *The New York Times*, p. A3.

Bearak, B. 2001 (January 19). Katni Journal: A pox on politicians. A eunuch you can trust. *The New York Times*.

Bhende, A. A. 1994. A study of sexuality of adolescent girls and boys in underprivileged groups in Bombay. *Indian Journal of Social Work*, 55(4). Bombay: Tata Institute of Social Sciences.

Bhende, A. A., & L. Kanitkar. 1978. *Principles of population studies*. Bombay: Himalaya Publishing House.

Burns, J. F. 1996 (September 22). Denial and taboo blinding India to the horror of its AIDS scourge. *The New York Times*, pp. 1, 16.

Burns, J. F. 1994 (August 27). India fights abortion of female fetuses. *The New York Times*.

Brooke, J. 2003 (May 17). Dowry too high. Lose bride and go to jail. *The New York Times*, pp. A1, A7.

Chowdhry, D. P. 1992. *Women's welfare and development*. New Delhi: Inter India Publications.

CIA. 2002 (January). *The world factbook 2002*. Washington, DC: Central Intelligence Agency. Available: http://www.cia.gov/cia/publications/factbook/index.html.

Department of Family Welfare. 1992. *Family welfare programme in India*. New Delhi: Government of India, Ministry of Health and Family Welfare, Department of Family Welfare.

Deva, K. 1986. *Khajuraho*. New Delhi: Brijbasi Printers Private, Ltd.

Diwan, P. 2002. *Law relating to dowry, dowry deaths, bride burning, rape and related offences*. Universal Law Publishing Company.

D'Souza, A. A. 1979. *Sex education and personality development*. New Delhi: Usha Publications.

Dugger, C. 2000 (December 26). "Kerosene, weapon of choice for attacks on wives in India." *The New York Times*, pp. A1, A8.

Egnor, M. T. 1986. *The ideology of love in a Tamil family*. Hobart and Smith College, unpublished. Cited by Sudhir Kakar, *Intimate Relations*, (1989:11).

Family Planning Association of India (F.P.A.I.). 1990. *Attitude and perceptions of educated, urban youth to marriage and sex*. Bombay: S.E.C.R.T. (Sex Education Counseling Research Therapy Training) F.P.A.I.

Friedman, R. I. 1996 (April 8). India's shame: Sexual slavery and political corruption are leading to an AIDS catastrophe. *The Nation*, pp. 11-20.

Garrett, L. 2002 (October 15). AIDS seen as threat to world: Experts say five big nations face devastation by 2010. *Newsday* [New York].

Grover, K. 1990. *Burning Flesh*. South Asia Books.

Gupta, L. 1991. Kali, the savior. In: P. M. Cooey, W. R. Eakin, & J. B. McDaniel, eds., *After patriarchy: Feminist transformations of the world's religions* (pp. 15-38). New York: Orbis Books.

Hallstrom, L. L. 2000. *Mother of bliss: Anandamayi Ma (1896-1982)*. New York: Oxford University Press.

Hancock, M. 1999. *Womanhood in the making: Domestic ritual and public culture in urban South India*. Boulder, CO: Westview Press.

Jaffrey, Z. 1996. *The invisibles: A tale of the eunuchs of India*. New York: Pantheon Books.

John, M. E., & J. Nair. 1999 (April). Sexuality in modern India: Critical concerns. *Voices for Change. A Journal on Communication for Development*, 3(1):4-8, Location: SNDT Churchgate.

Kakar, S. 1989. *Intimate relations: Exploring Indian sexuality*. Chicago: University of Chicago Press. New Delhi: Penguin Books India (P) Ltd.

Kakar, S., & K. Chowdhary. 1970. *Conflict and choice: Indian youth in a changing society*. Bombay: Somaiya Publications.

Kapur, P. 1973. *Love, marriage, and sex*. Delhi: Vikas Publishing House.

Kishwar, M. 1997 (March-April). Women, sex and marriage: Restraint as a female strategy. *Manushi* No. 98. Available at SAWNET under "Articles": http://www.umiacs.umd.edu/users/sawweb/sawnet/index.html.

Kishwar, M. 1998 (November-December). Native outpourings of a self-hating Indian: Deepa Mehta's Fire. *Manushi*, *109*:3-14.

Knipe, D. M. 1991. *Hinduism*. New York/San Francisco/London: Harper/Collins.

Krishnan, S. 2003 (June). Arranged marriages in India. Available from: Krishnan@tcad.ee.utl.edu.

Kumar, R. 1997, 1993. *The history of doing: An illustrated account of movements for women's rights and feminism in India, 1800-1990*. New Delhi: Kali for Women.

Mahadevan, K., N. S. Murthy, P. R. Reddy, P. J. Reddy, V. Gowri, & S. Sivaraju. 1985. *Infant and childhood mortality in India*. Delhi: Mittal Publications.

Majumdar, N., & T. N. Madan. 1956. *Social anthropology*. Bombay: Himalaya Publishing House.

Mane, P., & S. A. Maitra. 1992. *AIDS prevention: The sociocultural context in India*. Bombay: Tata Institute of Social Sciences.

Menski, W., ed. 1998. *South Asians and the dowry problem*. London: Trentham Books and School of Oriental and African Studies.

Mukherjee, G. 1999. *Dowry death in India*. South Asia Books.

Nair, P. S., M. Vemuri, & F. Ram. 1989. *Indian youth*. New Delhi: Mittal Publications.

Nanda, S. 1990. *Neither man nor woman: The hijras of India*. Belmont, CA: Wadsworth Publishing Company.

Nanda, S. 1994. Hijras: An alternative sex and gender role in India. In: G. Herdt, ed., *Third sex, third gender: Beyond sexual dimorphism in culture and history* (pp. 373-417). New York: Zone Books.

Nanda, S. 1999. *Neither man nor woman: The hijras of India*. Belmont, CA: Wadsworth.

Nanda, S. 2000. *Gender diversity: Crosscultural variations*. Prospect Heights IL: Waveland Press, Inc.

Narayan, S. 1988. *Social anthropology*. Delhi: Gian Publishing House.

Narayan, U. 1997. *Dislocating cultures: Identities, traditions, and Third World feminism*. New York: Routledge.

Oldenburg, V. T. 2002. *Dowry murder: The imperial origins of a cultural crime*. New York: Oxford University Press.

Parasuraman, R., et al. 1992. STD and AIDS in homosexuals. *Abstracts of the Second International Congress on AIDS in Asia and the Pacific*. Rand Wick, Australia: AIDS Society of Asia and the Pacific, p. 200.

Pawar, M. S. 1991. Prostitution and the girl child. *Indian Journal of Social Work*, *52*(1).

Ramachandran, P. 1992. Women's vulnerability. *Seminar, 396*: 21-25.

Reddy, G., D. Narayana, P. Eswar, & A. K. Sreedharan. 1983 (September). A report on urban (Madras) college students' attitudes towards sex. *Antiseptic*, pp. 1-5.

Robinson, C. A. 1999. *Tradition and liberation: The Hindu tradition in the Indian women's movement*. New York: St. Martin's Press.

Savara, M., & C. R. Shridhar. 1992. Sexual behaviour of urban educated Indian women. Results of a survey. *Journal of Family Welfare*, *38*(1):30-43.

SAWNET: South Asian Women's Network: http://www.umiacs.umd.edu/users/sawweb/sawnet/index.html.

Sen, M. 2002. *Death by fire: Sati, dowry death, and female infanticide in modern India*. New Brunswick, NJ: Rutgers University Press.

Tata Institute of Social Sciences. 1994 (October). *Indian Journal of Social Work* (Bombay), *55*(4).

Registrar General and Census Commissioner India. 1991. *Provisional population totals (Rural-urban distribution)* (New Delhi), paper no. 2 of 1991.

UNAIDS. 2002. *Epidemiological fact sheets by country*. Geneva, Switzerland: Joint United Nations Programme on HIV/AIDS (UNAIDS/WHO). Available: http://www.unaids.org/hivaidsinfo/statistics/fact_sheets/index_en.htm.

Watts, A. 1974. *Erotic spirituality: The vision of Konarak*. New York: Collier Books.

Weinberger-Thomas, C. 1999. *Ashes of immortality: Widow-burning in India*. Chicago: University of Chicago Press.

Weinrich, J. D. 1987. *Sexual landscapes: Why we are what we are, Why we love whom we love*. New York: Scribners.

Williams, W. 1986. *The spirit and the flesh: Sexual diversity in American Indian culture*. Boston: Beacon Press.