Title of Paper:

Unfolded Facts: Primitive Tribal Culture Influencing Knowledge on Sexually Transmitted Diseases

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Abstract

Sexually transmitted diseases are very much prevalent among the primitive tribal groups. Among the factors responsible for the problem, people's sexual behaviour is the most crucial one. This is crucial in the sense that it is simply not a segregated or individual behaviour. It is very much shaped by their age-old culture and tradition. For example, their early age marriage, prevalence of pre-marital and extra-marital relations, and above all their perception about the disease itself are socio-culturally moulded to a great extent. Besides these, non-scientific or traditional perceptions have been transformed along with the knowledge about sex by various means.

Majority of youth who have STD symptoms do not have knowledge about it, while some have incorrect perceptions. Multiple sexual partners remain one of the major causes of STD among the tribal youth. External factors also have definite plays a definite role.

Introduction

The knowledge base of a society about sex related aspects play an important role in the prevention and treatment of sexually transmitted diseases. However, from the review of available literatures it is clear that the overall level of knowledge in the field of sexuality is very poor among youth, who are the most vulnerable population to acquire the disease. The situation worsens when it comes to the tribal groups. Moreover the knowledge of the youth is confined only to the areas of puberty, menstruation, and reproduction.

Many authors have opined that for effective control of the spread of sexually transmitted infections/diseases, it is crucial to have data on knowledge, attitude and behavioural practices for specific population, as research has shown that socio-cultural influences, traditional lifestyles, societal norms and traditions have influence on sexually transmitted infection/diseases including HIV/AIDS. India's HIV/AIDS and other sexually transmitted disease transmission patterns are predominantly heterosexual. Studies also reflect that subcultures, especially the tribal culture, that have relaxed marital structures or are tolerant of high-risk sexual practices are particularly vulnerable to the spread of HIV/AIDS and STDs within their community.

Many times, gaps and barriers are found between knowledge about sexuality and sexual activity and the actual practice. These gaps and barriers may be related to environmental factors, such as poverty, lack of resources, and lack of appropriate reproductive health services, unemployment, and unavailability of condoms, social and cultural pressures, attitudes and beliefs towards sex etc. These factors tend to result into high risk sexual behaviour and needs to be addressed. Other factors, responsible for high risk sexual behaviour includes lack of knowledge about HIV/ AIDS, STDs and reproductive health, limited access to information, inappropriate information, education and communication, and a lack of skills particularly in condom use.

The current chapter presents the findings about knowledge of the youth on sex and sexually transmitted infections/diseases. It also highlights the knowledge of the youth on HIV/AIDS and its transmission.

1 Knowledge about Sex

This section begins by describing overall knowledge on sex among the youth of primitive tribal groups. It then explores knowledge of tribal youth on nightfall/swapna dosh. It also addresses their knowledge on masturbation and other details related to masturbation.

Table1 shows that almost all the youth reported to have knowledge about sex irrespective of their affiliation to tribal group. However, a clear difference exists in the mean age at receiving knowledge about sex for the very first time. The mean age at knowledge received for Juang youth is 13 years, where as the same for Lodha youth is 11.8 years. This indicates that Lodha youth are getting knowledge on sex at an early age than their Juang counterparts.

One and the most important aspect of accumulating knowledge regarding sex and sexual acts among the tribal children is the observation of the sexual acts performed by the domestic birds and animals like hens, ducks, goats, cows, dogs, etc. Such observation creates a curiosity among them about human sexual acts. Thus an informal hint in the form of joke or advice helps them to get a fair knowledge of basic sexual acts of human beings. During the phase of quantitative data collection, information was collected on the person who provided the informal/formal hint or detailed knowledge about sex to the youth for the first time.

As far as the mean age of the knowledge provider is concerned, there is not much difference between both the primitive tribal groups. The mean age of the knowledge provider is 15.2 years for both the tribes together. The same is 15.5 and 15 years for Juang and Lodha respectively. The age difference between the youth and the knowledge provider indicates that half of the knowledge providers among Juang are of the same age of the youth. On the other hand, half of the knowledge providers among Lodha are elder to the youth. More than three fourth of the youth of the primitive tribal groups is getting the first knowledge about sex from their friends. Another one tenth is getting the same from older men/women.

Table1 Details of knowledge received by youth on sex for the very first time by PTG

Indicator	Name of the PTG				Total	
	Juang		Lodha			
	n	%	n	%	n	%
Knowledge about sex						
Yes	205	100.0	206	98.6	411	99.3
No	0	0.0	3	1.4	3	0.7
Total (N)	**205**	**100.0**	**209**	**100.0**	**414**	**100.0**
Age at knowledge received (in years)						
Less than 10	19	9.3	56	27.2	75	18.2
10-14	140	68.3	123	59.7	263	64.0
More than 14	46	22.4	27	13.1	73	17.8
Mean Age	13.0		11.8		12.4	
Standard Deviation	2.3		2.8		2.6	
Knowledge received from						
Friends	166	81.0	155	75.2	321	78.1
Older women/men	20	9.8	29	14.1	49	11.9
Wife before marriage	0	0.0	5	2.4	5	1.2
Wife after marriage	4	2.0	4	1.9	8	1.9
Relatives	8	3.9	9	4.4	17	4.1
Others	7	3.4	4	1.9	11	2.7
Age of the knowledge provider**						
Same with youth	105	51.2	49	23.8	154	37.5
Younger to youth	22	10.7	46	22.3	68	16.5
Older to youth	78	38.0	111	53.9	189	46.0
Mean age of the knowledge provider (in years)	15.4		15.0		15.2	
Standard Deviation (Age of the knowledge provider)	6.4		7.2		6.8	
Mode of transmission of knowledge*						
Verbally communicated	193	94.1	142	68.9	335	81.5
Physical	8	3.9	58	28.2	66	16.1
Porn pictures/Movies	26	12.7	24	11.7	50	12.2
Provider belongs to own tribal community						
Yes	199	97.1	200	97.1	399	97.1
No	6	2.9	6	2.9	12	2.9
Total (N)	**205**	**100.0**	**206**	**100.0**	**411**	**100.0**

** Total percent exceeds 100 due to multiple choice answers*
*** Cases where age is not stated are not considered for the variable computation*

Analysis of qualitative data also reveals that many unmarried youth get their first knowledge on sex from the older men/women of their community. This mode of knowledge transmission is more popular among Lodha. One of the 15 year old Lodha youth said;

"In our community generally elderly men gives knowledge on sex to the young boys, whereas female gets knowledge from other females or old male persons. Of course all transmits the knowledge in form of joke."

Verbal communication of the knowledge is the major mode of transmission irrespective of the tribal group. This finding is supported by the qualitative data as well. Surprisingly, more than one fourth of the Lodha youth are getting the knowledge by physical communication. The same is only four percent among Juang. The third category of mode of transmission of the knowledge is porn pictures/movies. Popularity of electronic and print media is increasing day by day. The qualitative data reveals that now-a-days both electronic and print media acts as the main source of knowledge. This finds true in case of both youth of both the primitive tribal groups. In words of a 23 year old Juang youth;

"In our village unmarried boys sometime watches naked movies. They used to bring the TV and video CD on rent. It is available at the block headquarter. I have also seen naked movies many times. This is one of the major sources of knowledge on sex for the today's unmarried boys."

Similarly, one of the 16 year old, literate and unmarried Lodha youth has narrated the role of electronic media, which provides knowledge to him on sex. In his words,

"I used to watch naked movies with my friends and discuss about different sexual acts shown in the movie. We also discuss about girls of our village by linking their names with each other name."

A 19 year unmarried Lodha youth, who has completed his schooling up to middle school and working as a manual labourer has described his first sexual intercourse with his girl friend. He has opined that porn movies and other print media are the main source of knowledge on sex for the youth. He said,

"I learned many things about sex from blue films and story books

describing sexual acts. That is why I did not face any problem while performing intercourse with her. She also (performed oral sex) my Gupta Jaga (private area).”

Table2 presents the knowledge of the youth on night fall/*swapna dosh*. More than four fifth of the youth had experienced nightfall. This finds true for the youth of both the primitive tribal groups. During the survey, information was collected on frequency of night fall/*swapna dosh* in last three months prior to the survey period. About half of the youth reported to have nightfall ‘sometime’ or irregularly during the reference period. Another one fourth had nightfall ‘often’ or in regular interval, during the same period. Similarly about 30 percent of the tribal youth either ‘rarely’ or ‘never’ experienced nightfall during the reference period irrespective of the tribal group affiliation.

Table2 Knowledge of youth on nightfall/swapna dosh by PTG

Indicator	Name of the PTG				Total	
	Juang		Lodha			
	n	%	n	%	n	%
Ever experienced Nightfall/Swapna dosh						
Yes	167	81.5	175	83.7	342	82.6
No	38	18.5	34	16.3	72	17.4
Total (N)	**205**	**100.0**	**209**	**100.0**	**414**	**100.0**
Frequency of nightfall/Swapna dosh in last 3 months						
Often	36	21.6	49	28.0	85	24.9
Sometimes	80	47.9	77	44.0	157	45.9
Rarely	35	21.0	38	21.7	73	21.3
Never	16	9.6	11	6.3	27	7.9
Total (N)	**167**	**100.0**	**175**	**100.0**	**342**	**100.0**

The analysis of data on masturbation shows that more than four fifth of the tribal youth know about masturbation. This finds true for both the tribal groups. Like swapna dosh, information was also collected on frequency of masturbation in last three months prior to the survey period. The finding reveals that among the Lodha youth the sexual desire is more in terms of frequency of masturbation, as compared to their Juang counterparts. During the same reference period of three months prior to the survey, 18 percent of the Juang youth reported to masturbate 'often' or regularly, against 31 percent of Lodha in the same category. About half of the Juang and two fifth of the Lodha reported to masturbate 'sometime' or irregularly, during the reference period. On the other hand about one third of the Juang and more than one fourth of the Lodha youth had 'rarely' or 'never' masturbate during the reference period.

Table3 Knowledge of youth on masturbation by PTG

Indicator	Name of the PTG				Total	
	Juang		Lodha			
	n	%	n	%	n	%
Having knowledge about masturbation						
Yes	179	87.3	177	84.7	356	86.0
No	26	12.7	32	15.3	58	14.0
Total (N)	**205**	**100.0**	**209**	**100.0**	**414**	**100.0**
Frequency of masturbation in last 3 months						
Often	33	18.4	54	30.5	87	24.4
Sometimes	90	50.3	73	41.2	163	45.8
Rarely	35	19.6	21	11.9	56	15.7
Never	21	11.7	29	16.4	50	14.0
Total (N)	**179**	**100.0**	**177**	**100.0**	**356**	**100.0**

Table4 provides the background characteristics of the 356 (179 Juang and 177 Lodha youth) youth who reported to have knowledge on masturbation. The mean age of the youth who reported to have knowledge on masturbation is almost same among both the tribal groups as it is 19.3 years and 19.5 years for Juang and Lodha respectively. However, the standard deviation is 3.5 and 5.0 for Juang and Lodha respectively. Unmarried tribal youth are more likely to have knowledge on masturbation as about three fifth of the Juang and half of the Lodha are unmarried.

Table4 Background characteristics of those youth who have knowledge on masturbation by PTG

Indicator	Name of the PTG				Total	
	Juang		Lodha			
	n	%	n	%	n	%
Age (in years)						
Less than 15	15	8.4	23	13.0	38	10.7
15-19	80	44.7	72	40.7	152	42.7
More than 19	84	46.9	82	46.3	166	46.6
Mean Age	19.3		19.5		19.4	
Standard Deviation	3.5		5.0		4.3	
Marital Status						
Unmarried	107	59.8	89	50.3	196	55.1
Currently married	71	39.7	85	48.0	156	43.8
Others	1	0.6	3	1.7	4	1.1
Educational Qualification						
Illiterate	118	65.9	98	55.4	216	60.7
Literate without formal schooling	20	11.2	18	10.2	38	10.7
Below Primary	11	6.1	18	10.2	29	8.1
Primary Completed	14	7.8	17	9.6	31	8.7
Middle Completed	12	6.7	22	12.4	34	9.6
High School and above	4	2.2	4	2.3	8	2.2
Occupational Status						
Collection of Leaf	0	0.0	46	26.0	46	12.9
Cultivation	54	30.2	3	1.7	57	16.0
Daily labourer	63	35.2	70	39.5	133	37.4
Food Gathering	7	3.9	34	19.2	41	11.5
Others*	8	4.5	3	1.7	11	3.1
Not Working	47	26.3	21	11.9	68	19.1
Exposure to mass media						
Having exposure	89	49.7	62	35.0	151	42.4
Exposure to urban area						
Having exposure	111	62.0	113	63.8	224	62.9
Life-style Indicators						
Habit of drinking Country liquor (Handia)	158	88.3	147	83.1	305	85.7
Habit of Smoking	127	70.9	130	73.4	257	72.2
Standard of Living Index (SLI)						
Low SLI	46	25.7	63	35.6	109	30.6
Medium SLI	98	54.7	87	49.2	185	52.0
High SLI	35	19.6	27	15.3	62	17.4
Male Female Interaction Index (MFII)						
Less interactive	65	36.3	64	36.2	129	36.2
Interactive	64	35.8	66	37.3	130	36.5
Highly Interactive	50	27.9	47	26.6	97	27.2
Total (N)	**179**	**100.0**	**177**	**100.0**	**356**	**100.0**

**Agricultural Labourer, Forest Guard, Helper in Tractor, Study, Cow header, Welding, Industrial Labourer*

Majority of the tribal youth who have knowledge on masturbation are illiterate because, as far as literacy is concerned, it can be seen from Table4 that among those who have knowledge on masturbation only 34 percent of the Juang and 45 percent of the Lodha youth are literate. Variation by occupational status was considerable, but majority of the tribal youth who have knowledge on masturbation are daily labourers and this is true for both the tribal groups.

Among those who have the knowledge on masturbation, half of the Juang and one third of the Lodha have exposure to any mass media. Similarly more than three fifth have exposure to urban area irrespective of their affiliation to tribal group. Analysis on life style indicator depicts, country liquor (*Handia*) and smoking is popular among both Lodha and Juang youth. About half of the youth are from 'medium SLI' category. This finds true for both the tribal groups. Similarly male female interaction index indicates that one third each belongs to 'less interactive' and 'interactive' categories.

Table5 provides the detail of the knowledge received on masturbation for the very first time and knowledge provider's detail. The mean age at knowledge received on masturbation for the very first time of Lodha youth is lower than the Juang. The mean age value for the both the tribes together is 13.1 years. About one fifth of the youth gets knowledge at an age of 15 years and more. The mean age of the knowledge provider is almost same (14 years) in case of the youth of both the tribal groups. The table clearly indicates that among Lodha the mean age of the knowledge provider is more than the age of the youth. Further, the gap between the mean age of the youth and the knowledge provider is more among Lodha as compared to Juang.

About 90 percent of the knowledge providers belong to the same tribal community that of the youth. This finds true for both the tribes. As far as relationship with the knowledge provider is concerned, 93 percent are reported to be friends among Juang. The same is 80 percent among Lodha youth. More than one tenth of knowledge providers among Lodha are reported to be older men/women.

The analysis of the data by mode of transmission of the knowledge on masturbation reveals that majority of the youth get verbally communicated about masturbation, as four fifth of the Juang

and three fifth of the Lodha reported so. Another one fourth of the youth gets the knowledge from porn pictures/movies. This is true for the youth of both the primitive tribal groups. One of the most important points to be noted here is, among Lodha about one-fourth of the youth gets the knowledge on masturbation directly through actual practice. The corresponding value among Juang youth is only 10 percent. The qualitative data also reveals that many times the children at their young age get masturbated for the first time by their friends, from whom they receive the knowledge about masturbation. A 13 year old Lodha youth has narrated his knowledge and the first experience of masturbation. He got the knowledge on masturbation for the first time when he was 9 years old. In his words,

> *"That day evening we were sitting near the river discussing about sexual intercourse. As he was senior to me in age, he was telling many things, which were completely new to me. ----------. I was excited by that time. Then he said, "I will show you one new thing". After telling this, he (gave a practical demonstration) showed me how to masturbate. That was the first time, when I know about masturbation."*

Though the 'physical' mode of transmission of the knowledge on masturbation, where directly the experimentation happens is high among Lodha, it is also not very uncommon among Juang. It has been observed that younger children in tribal societies get formal knowledge on sex from their elders. The in-depth interviews and observations carried out among the youth of both the tribal groups reveals that while going for herding, collection of forest products and for other group activities, usually the groups and the activities are lead by one or more elders. Being away from the home and other social surrounding, the elders find it better place and time to provide such information to their younger group members. In many cases information and instructions are accompanied with some sort of experiments.

Table5 Details of knowledge received by youth on masturbation and provider's detail by PTG

Indicator	Name of the PTG				Total	
	Juang		Lodha			
	n	%	n	%	n	%
Age at knowledge received (in years)						
Less than 10	9	5.0	19	10.7	28	7.9
10-14	115	64.2	129	72.9	244	68.5
More than 14	39	21.8	28	15.8	67	18.8
Don't remember	16	8.9	1	0.6	17	4.8
Mean age at knowledge received	13.6		12.6		13.1	
Standard Deviation	2.4		2.1		2.3	
Knowledge received from						
Friends	166	92.7	141	79.7	307	86.2
Older men/ women	7	3.9	19	10.7	26	7.3
Relatives	2	1.1	8	4.5	10	2.8
Others	4	2.2	9	5.1	13	3.7
Age of the knowledge provider**						
Same with youth	107	68.2	46	26.6	153	46.4
Younger to youth	16	10.2	53	30.6	69	20.9
Older to youth	34	21.7	74	42.8	108	32.7
Mean age of the knowledge provider (in years)	14.3		14.1		14.2	
Standard Deviation (Age of the knowledge provider)	3.9		5.3		4.7	
Mode of transmission of knowledge*						
Verbally communicated	145	81.0	109	61.6	254	71.3
Physical	19	10.6	44	24.9	63	17.7
Porn pictures/Movies	44	24.6	42	23.7	86	24.2
Provider belongs to own tribal community						
Yes	161	89.9	161	91.0	322	90.4
No	18	10.1	16	9.0	34	9.6
Total (N)	**179**	**100.0**	**177**	**100.0**	**356**	**100.0**

** Total percent exceeds 100 due to multiple choice answers*
*** Cases where age is not stated are not considered for the variable computation*

2 Knowledge about Sexually Transmitted Infections/Diseases (STIs/STDs)

It has been delineated in the introductory part of the thesis that sexually transmitted disease is not very uncommon among tribal people and these diseases are perceived by the tribal people in their own way. This section presents the findings on knowledge about sexually transmitted infections/ diseases among the youth of primitive tribal groups.

Table6 reveals that awareness on sexually transmitted infections/diseases is very low among the youth of both the primitive tribal groups. Only 12 percent of the Juang and 15 percent of the Lodha are aware of sexually transmitted infections/diseases. Qualitative data reveals that though youth among primitive tribal groups are aware about sexually transmitted diseases, they know the disease in different names. The terminologies which are used for STD are almost similar in both the tribal groups. Among Lodha STD is known as *'Gupta Rog', 'Dhatu Rog'* and *'Meha Rog'*, whereas among Juang the same is primarily known as *'Garmi Rog'*. Few Juang also use the terminology of *'Gupta Rog'* and *'Dhatu Rog'* for referring STD.

During the survey the youth who reported to be aware of the sexually transmitted infection/disease were asked to name the diseases and symptoms of the diseases. Those who were aware, about four fifth of them could name AIDS. This finds true for the youth of both the tribal groups. Besides this, one third of Juang and little less than one fifth of Lodha named 'Gonorrhoea'. More than four fifth of the Lodha and one fourth of the Juang also reported, 'Dhat' as one of the sexually transmitted diseases.

Coming to the symptoms of sexually transmitted infections/diseases, about half of the youth from each tribal group reported 'incapable to perform sex' as one of the symptoms. Another one fourth reported 'swelling of genital organ' as one of the symptoms. Besides these two symptoms, one fifth of the Juang and one fourth of the Lodha also reported 'bleeding from penis' as one of the symptoms of sexually transmitted disease.

The overall finding suggests that awareness on sexually transmitted diseases and consequent symptoms among Lodha youth is better as compared to their Juang counterparts. The analysis of qualitative data shows that among those tribal youth who have awareness on sexually transmitted infections/diseases, about half of them know the correct symptoms of the disease but not necessarily the correct mode of transmission. One of the married Juang youth reported;

> *"I know about 'garmi rog'. It occurs both among boys and girls. Unsatisfied sex is the main cause of this. In this disease pimple comes out in and around the penis with an itching sensation. Some time pus also comes out of the private organ".*

Table6 Knowledge of youth on sexually transmitted infections/diseases (STIs/STDs) by PTG

Indicator	Name of the PTG				Total	
	Juang		Lodha			
	n	%	n	%	n	%
Awareness on Sexually Transmitted Diseases (STD)						
Yes	25	12.2	31	14.8	56	13.5
No	180	87.8	178	85.2	358	86.5
Total (N)	**205**	**100.0**	**209**	**100.0**	**414**	**100.0**
Name of the known disease/ symptom of the disease*						
Name of the disease						
AIDS	20	80.0	24	77.4	44	78.6
Dhat	6	24.0	26	83.9	32	57.1
Gonorrhoea	8	32.0	5	16.1	13	23.2
Genital Ulcer	2	8.0	1	3.2	3	5.4
Symptoms of the disease						
Small Penis	0	0.0	7	22.6	7	12.5
Swelling on Genital	7	28.0	9	29.0	16	28.6
Pus discharge	0	0.0	6	19.4	6	10.7
Itching on Genital	0	0.0	5	16.1	5	8.9
Incapable to perform sex	12	48.0	16	51.6	28	50.0
Bleeding from Penis	5	20.0	8	25.8	13	23.2
Total (N)	**25**		**31**		**56**	

** Total percent exceeds 100 due to multiple choice answers*

During the survey, 13 different causes of sexually transmitted diseases were read out to all the youth of both the tribal groups and were asked for their opinion i.e. whether the statement was true/false or if they did not know. These causes were finalised after the pre-test of the questionnaire among both the tribal groups. Hence the causes listed in Table7 are pertaining to the selected primitive tribal groups, and their culture.

The analysis of data depicts the prevalence of a wide range of conceptions prevailing among the tribal youth related to sexually transmitted disease. While compared with the structured medical causes it become evident that there are wide ranges of traditional conception having no scientific base. Knowledge on correct cause is relatively lesser among the youth of primitive tribal groups. About two third of the Juang and one third of the Lodha feels, keeping multiple sexual partner could cause sexually transmitted diseases. Similarly, five percent of the Juang and 15 percent of Lodha conceives the physical contacts with sex workers/with females having more number of partners to be one of the causes. Besides these, only two percent of Juang and nine percent of

Lodha also feels that sexual contact with persons having any type of sexually transmitted infections/ diseases could cause/transmit the disease.

As far as non-scientific conceptions are concerned, more than three fourth of the youth irrespective of the affiliation to tribal group feels that ‘irregular food habit’, ‘lack of nutritional food’ and ‘excess work load’ could cause sexually transmitted diseases.

The findings presented in Table7 clearly prove that Lodha youth have better knowledge about sexually transmitted diseases as compared to their Juang counterparts. Because, more than three fifth of the Lodha youth rejects the causes like ‘effect of bad work done in the past’ (68 percent), ‘effect of bad work done by parents’ (84 percent), ‘effect of bad spirit’ (69 percent), ‘sex during menstruation of the partner’ (74 percent), climatic change’ (61 percent), ‘in certain age every body use to get these disease’ (73 percent). The same among Juang youth is 40 percent, 47 percent, 40 percent, 33 percent, 36 percent and 38 percent respectively. Besides this about three fifth of the Juang youth also feels that black magic also could cause sexually transmitted diseases, whereas only one third of the Lodha youth feel so.

Table7 Knowledge of youth on causes of sexually transmitted diseases by PTG

Causes & Response Categories		Name of the PTG				Total	
		Juang		Lodha			
		n	%	n	%	n	%
Multiple sexual partner	TRUE	130	63.4	65	31.1	195	47.1
	FALSE	57	27.8	137	65.6	194	46.9
	DON'T KNOW	18	8.8	7	3.3	25	6.0
Keeping physical contacts with sex workers/Females with more No. of partners	TRUE	11	5.4	31	14.8	42	10.1
	FALSE	105	51.2	114	54.5	219	52.9
	DON'T KNOW	89	43.4	64	30.6	153	37.0
Sex with persons having STI/HIV	TRUE	5	2.4	19	9.1	24	5.8
	FALSE	112	54.6	120	57.4	232	56.0
	DON'T KNOW	88	42.9	70	33.5	158	38.2
Irregular food habit	TRUE	159	77.6	166	79.4	325	78.5
	FALSE	33	16.1	40	19.1	73	17.6
	DON'T KNOW	13	6.3	3	1.4	16	3.9
Lack of Nutrition food	TRUE	165	80.5	173	82.8	338	81.6
	FALSE	27	13.2	35	16.7	62	15.0
	DON'T KNOW	13	6.3	1	0.5	14	3.4
Effect of bad work done in the past	TRUE	109	53.2	59	28.2	168	40.6
	FALSE	82	40.0	143	68.4	225	54.3
	DON'T KNOW	14	6.8	7	3.3	21	5.1
Effect of bad work done by the parents	TRUE	92	44.9	27	12.9	119	28.7
	FALSE	96	46.8	175	83.7	271	65.5
	DON'T KNOW	17	8.3	7	3.3	24	5.8
Effect of bad spirit	TRUE	110	53.7	57	27.3	167	40.3
	FALSE	81	39.5	145	69.4	226	54.6
	DON'T KNOW	14	6.8	7	3.3	21	5.1
Sex during menstruation	TRUE	119	58.0	48	23.0	167	40.3
	FALSE	68	33.2	154	73.7	222	53.6
	DON'T KNOW	18	8.8	7	3.3	25	6.0
Climate change	TRUE	112	54.6	74	35.4	186	44.9
	FALSE	74	36.1	128	61.2	202	48.8
	DON'T KNOW	19	9.3	7	3.3	26	6.3
In a certain age everybody used get these diseases	TRUE	109	53.2	48	23.0	157	37.9
	FALSE	78	38.0	153	73.2	231	55.8
	DON'T KNOW	18	8.8	8	3.8	26	6.3
Excess heat	TRUE	148	72.2	113	54.1	261	63.0
	FALSE	42	20.5	88	42.1	130	31.4
	DON'T KNOW	15	7.3	8	3.8	23	5.6
Black magic	TRUE	115	56.1	67	32.1	182	44.0
	FALSE	76	37.1	136	65.1	212	51.2
	DON'T KNOW	14	6.8	6	2.9	20	4.8
Excess work load	TRUE	158	77.1	152	72.7	310	74.9
	FALSE	34	16.6	51	24.4	85	20.5
	DON'T KNOW	13	6.3	6	2.9	19	4.6

Causes & Response Categories		Name of the PTG				Total	
		Juang		Lodha			
		n	%	n	%	n	%
Total (N)		**205**	**100.0**	**209**	**100.0**	**414**	**100.0**

During the survey it was also tried to find out the knowledge on precautions for sexually transmitted diseases. In this category four different precautions were read out and the youth were asked to give their opinion in the same fashion as earlier.

Table8 shows that about half of the Juang and two third of the Lodha youth feels that herbal medicines can protect them from sexually transmitted diseases whereas one fourth of the Juang and two fifth of the Lodha youth feels that condom can also protect from sexually transmitted diseases. Similarly 14 percent of the Juang and 21 percent of the Lodha feels avoiding physical contact with the infected person can also protect from the sexually transmitted disease. Besides, about two fifth of the youth from each tribal group rejects this precaution by stating 'false'. Along with the above discussed precautions, 19 percent of the Juang and 15 percent Lodha also feels that by avoiding the use of infected person's cloths, sharing of food with the person, sexually transmitted diseases can be avoided.

Table8 Knowledge of youth on precautions against sexually transmitted diseases by PTG

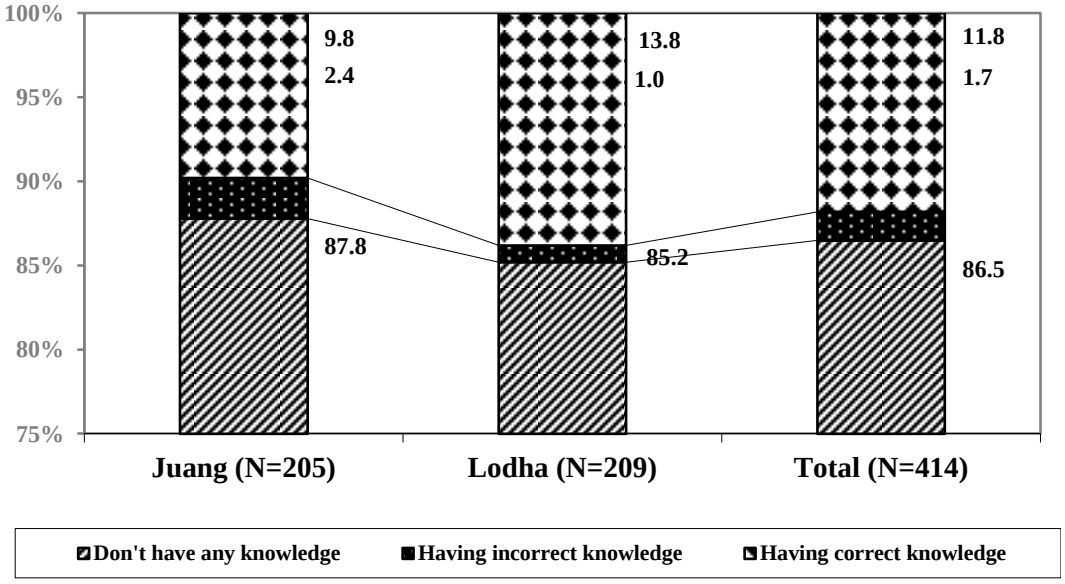
Precautions & Response Categories		Name of the PTG				Total	
		Juang		Lodha			
		n	%	n	%	n	%
Herbal medicines can protect from STD	TRUE	100	48.8	138	66.0	238	57.5
	FALSE	86	42.0	62	29.7	148	35.7
	DON'T KNOW	19	9.3	9	4.3	28	6.8
Condom can protect from STD	TRUE	57	27.8	85	40.7	142	34.3
	FALSE	95	46.3	93	44.5	188	45.4
	DON'T KNOW	53	25.9	31	14.8	84	20.3
Avoiding the use of infected persons clothes, sharing food with the person etc., can protect from STD	TRUE	39	19.0	31	14.8	70	16.9
	FALSE	71	34.6	82	39.2	153	37.0
	DON'T KNOW	95	46.3	96	45.9	191	46.1
Avoiding physical contact with the infected person can protect from STD	TRUE	29	14.1	44	21.1	73	17.6
	FALSE	75	36.6	81	38.8	156	37.7
	DON'T KNOW	101	49.3	84	40.2	185	44.7
Total (N)		**205**	**100.0**	**209**	**100.0**	**414**	**100.0**

Figure1 presents the percent distribution of youth by type of knowledge they have on sexually transmitted infection/diseases. Here all the youth are divided into three different categories. These categories are as follows;

Category	Category Name	Category Definition
1	**Correct knowledge on STI/STD**	Youth who knows about STI/STD and also have knowledge on at least one correct cause of disease/mode of transmission.
2	**Incorrect knowledge on STI/STD**	Youth who knows about STI/STD but, does not have knowledge on correct cause of disease/mode of transmission.
3	**Do not have knowledge**	Youth who do not have any knowledge on STI/STD.

It is already discussed earlier that 88 percent of Juang and 85 percent of Lodha youth do not have any knowledge about sexually transmitted diseases. Among those youth who have knowledge, 12 percent have correct knowledge in case of both the tribes together. It is evident from Figure1 that more number of Lodha youth has correct knowledge on sexually transmitted infection/diseases as compared to their Juang counterparts. Fourteen percent of Lodha youth have correct knowledge on sexually transmitted infection/diseases as compared to ten percent of Juang. It can be concluded here, though less proportion of youth from primitive tribal groups knows about sexually transmitted infection/diseases, but those who know, about 90 percent of them have the correct knowledge.

Figure1 Distribution of youth by the kind of knowledge they have on sexually transmitted infections/diseases (STIs/STDs) by PTG



As is found in the quantitative data, qualitative data also reveal that prevalence of scientifically incorrect knowledge is relatively more among the Juang youth as compared to Lodha youth. It was also found from the qualitative data that many youth of the primitive tribal groups who were literate up to primary or middle standard had developed few non-scientific conceptions regarding the mode of transmission of sexually transmitted infections/diseases over time. One of the married Juang youth, who studied up to 3rd standard narrated during the in-depth interview about one of his neighbour who had STD that,

> *"Few years back a 22 year old unmarried man of our village performed 'orkam'(sexual intercourse) forcibly with a separated women, who was about 40 years old. He was also in love with another girl. And as a result of this he got affected with 'Garmi Rog'. Because it's not correct to perform 'orkam'(sexual intercourse) forcibly with any married women."*

Besides the quantitative findings discussed in above paragraphs, the qualitative data also indicate a mixture of traditional cultural values related to sexual activity and the modern medical reasons of transmission sexually transmitted diseases among the youth. This is true in case of youth of

both the primitive tribal groups. Over the time many youth have developed new concepts on sexual aspects as a consequence of such mixture of ideas. Those who are found to have correct knowledge on STD, almost all of them have reported multiple sexual partners as one of the main reasons of sexually transmitted diseases.

Table9 presents the background characteristics of the youth, who have correct knowledge on sexually transmitted disease. The mean age of the youth who have correct knowledge is higher in case of Lodha as compared to the mean age among Juang. The mean age is 20.4 years for both the tribes together. Low standard deviation indicates less dispersion of age of the youth from the mean age. Among Juang, two third of the youth who have correct knowledge are unmarried, as compared to about half of the Lodha youth. Literacy also seems to play a determinant role among Juang to have the correct knowledge on sexually transmitted disease, whereas among Lodha no such trend could be seen, as only two fifth of the Lodha youth are literate among those who have the correct knowledge.

Table9 Youth having correct knowledge on sexually transmitted disease by background characteristics and PTG

Background Characteristics	Name of the PTG				Total	
	Juang		Lodha			
	n	%	n	%	n	%
Age (in years)						
Less than 15	1	5.0	4	13.8	5	10.2
15-19	11	55.0	9	31.0	20	40.8
More than 19	8	40.0	16	55.2	24	49.0
Mean Age	19.0		21.3		20.4	
Standard Deviation	3.1		8.7		7.0	
Marital Status						
Unmarried	13	65.0	14	48.3	27	55.1
Currently married	7	35.0	14	48.3	21	42.9
Others	0	0.0	1	3.4	1	2.0
Educational Qualification						
Illiterate	7	35.0	17	58.6	24	49.0
Literate without formal schooling	4	20.0	1	3.4	5	10.2
Below Primary	2	10.0	2	6.9	4	8.2
Primary Completed	0	0.0	2	6.9	2	4.1
Middle Completed	4	20.0	3	10.3	7	14.3
High School and above	3	15.0	4	13.8	7	14.3
Occupational Status						
Collection of Leaf	0	0.0	5	17.2	5	10.2
Cultivation	8	40.0	1	3.4	9	18.4
Daily labourer	2	10.0	16	55.2	18	36.7

Background Characteristics	Name of the PTG				Total	
	Juang		Lodha			
	n	%	n	%	n	%
Food Gathering	0	0.0	4	13.8	4	8.2
Others*	1	5.0	0	0.0	1	2.0
Not Working	9	45.0	3	10.3	12	24.5
Exposure to mass media						
Having exposure	17	85.0	14	48.3	31	63.3
Exposure to urban area						
Having exposure	17	85.0	22	75.9	39	79.6
Life-style Indicators						
Habit of drinking Country liquor (Handia)	17	85.0	23	79.3	40	81.6
Habit of Smoking	9	45.0	21	72.4	30	61.2
Standard of Living Index (SLI)						
Low SLI	5	25.0	9	31.0	14	28.6
Medium SLI	11	55.0	15	51.7	26	53.1
High SLI	4	20.0	5	17.2	9	18.4
Male Female Interaction Index (MFII)						
Less interactive	4	20.0	8	27.6	12	24.5
Interactive	3	15.0	9	31.0	12	24.5
Highly Interactive	13	65.0	12	41.4	25	51.0
Total (N)	**20**	**100.0**	**29**	**100.0**	**49**	**100.0**

**Agricultural Labourer, Forest Guard, Helper in Tractor, Study, Cow header, Welding, Industrial Labourer*

The above table indicates that exposure to mass media and exposure to urban area plays a determinant role for gaining correct knowledge on sexually transmitted diseases. The qualitative data also indicates that the factors such as age, exposure to mass media and to exposure to urban area play a definite role.

Analysis of data by standard of living index indicates that among those who have correct knowledge on sexually transmitted disease, more than half of them are from medium SLI category. This finds true for both the tribes. Similarly, male female interaction index indicates that major proportions of youth (51 percent for both the tribal groups together) are highly interactive in nature irrespective of the tribal group affiliation (65 percent of Juang and 41 percent of Lodha).

As far as lifestyle indicators of the youth are concerned, among Juang those who have the correct knowledge on sexually transmitted disease, more than four fifth of them consumes country liquor (Handia) and 45 percent smokes. Similarly about four fifth of the Lodha are in habit of consuming country liquor and about three fourth of smoking.

Source of knowledge on STI/STD

The information related to the source of knowledge on STI/STD was captured during the qualitative phase of data collection. The findings reveal that the source of knowledge on STI/STD for the youth is mostly the traditional healers within the tribal group. This is true among both Juang and Lodha youth. Further, almost all the youth who reported to have knowledge, received the knowledge at the time of visit to the traditional healer. Either the visit was made to seek treatment for the youth himself or for some of the friends/close relatives.

During the in-depth interview, a 24 year old illiterate Juang youth, working as a daily waged labourer, had described the problems which he experienced one year prior to the survey and the kind of treatment he had undergone. He was getting pain at the time of sexual intercourse. At the time of consultation with the traditional healer of their own society, the healer told him about the *'Garmi rog'* in detail. In his words,

> *"……It transmits from one infected person to other through sexual intercourse. Or else it can also occur if any body's blood gets impure and dirty. It happens to many people in certain age. But it is not dangerous. It can be cured through treatment."*

Similarly, a 19 year old Lodha youth, who had education up to primary level also informed that he got the first knowledge about sexually transmitted disease from the traditional healer at the time when he accompanied one of his friends who had some problem in his genital organ. He quoted,

> *"That day for the first time I came to know about these problems……. It is known as 'Meha rog'. If a lady is having the disease and any male performs 'Orkam' (Sexual intercourse) with her, then the male will also get the disease."*

Besides this, in few cases the modern medical doctor also provides the knowledge. One of the unmarried Lodha youth had visited the PHC to seek treatment for the infection/ disease that he had. While describing the entire fact, he said,

"He (the PHC medical doctor) examined my genital organ, and asked me whether I had physical relationship with any girl……. After that he told me that there were certain diseases which an individual may get through sexual intercourse. He also asked me not to keep physical relationship with any female before marriage."

The paragraphs discussed above in the present section clearly revealed the prevalence of scientifically incorrect knowledge among the youth irrespective of the affiliation to the primitive tribal groups. It was also found that many youth have developed few non-scientific conceptions regarding the mode of transmission of sexually transmitted diseases over the time. In the process of development of these non-scientific conceptions, traditional healers play a crucial role. No doubt the traditional healers do have the correct knowledge about the sexually transmitted diseases and the modes of its transmission, but on the same time they also have some traditional beliefs associated to this.

3 Knowledge about HIV/AIDS

This section presents the findings related knowledge of youth of the primitive tribal groups on HIV/AIDS.

Analysis of data indicates that two fifth of the Juang and about half of the Lodha youth are aware of HIV/AIDS. Those who are aware of HIV/AIDS among them more than two third of the Juang and three fourth of the Lodha are aware of its mode of transmission. During the survey, those youth who reported to be aware of the mode of transmission of HIV/AIDS were asked about different modes that they knew. Different modes of transmission were told by the youth. Most of the modes of transmission are presented in the Table. 4.10. The modes of transmission reported by the youth are broadly divided two different categories, namely correct modes of transmission and incorrect mode of transmission.

The correct modes of transmission reported are, multiple sexual partner (60 percent), unsafe sex (52 percent), sex with females having more number of partners (22 percent) and sex with an HIV infected person (12 percent). This is true for the youth of both the primitive tribal groups

together. Little more than one tenth of the Lodha youth feels 'sex with sex workers' as one of the modes of transmission as compared to only four percent of Juang. Along with the correct knowledge on mode of transmission, about two fifth of the Juang youth also feels that sexually transmitted diseases could also transmit through 'evil eye/black magic'.

The table also provides the prevalence of correct knowledge about HIV/AIDS in terms of number of correct modes of transmission known to the youth. Little more than half of the tribal youth are aware of only one correct mode of the transmission. Another one third is aware of two correct modes of transmission. Rest of the 16 percent are aware of three and more correct modes of transmission. Analysis of data by tribal group shows that about one third of the Juang and more than two third of the Lodha are aware of only one correct mode of transmission.

Table10 Knowledge of youth on HIV/AIDS by PTG

Indicator	Name of the PTG				Total	
	Juang		Lodha			
	n	%	n	%	n	%
Awareness on HIV/AIDS						
Yes	82	40.0	100	47.8	182	44.0
No	123	60.0	109	52.2	232	56.0
Total (N)	**205**	**100.0**	**209**	**100.0**	**414**	**100.0**
Awareness on HIV/AIDS transmission						
Yes	56	68.3	74	74.0	130	71.4
No	26	31.7	26	26.0	52	28.6
Total (N)	**82**	**100.0**	**100**	**100.0**	**182**	**100.0**
Mode of transmission*						
Correct knowledge on mode of transmission						
Unsafe Sex	28	50.0	40	54.1	68	52.3
Multiple sexual partner	45	80.4	33	44.6	78	60.0
Sex with sex workers	2	3.6	9	12.2	11	8.5
Infected blood transfusion	0	0.0	2	2.7	2	1.5
Sex with an HIV infected person	10	17.9	6	8.1	16	12.3
Sex with females having more No. of partners	22	39.3	7	9.5	29	22.3
Incorrect knowledge on mode of transmission						
Evil eye/black magic	20	35.7	1	1.4	21	16.2
Effect of bad work	5	8.9	4	5.4	9	6.9
Sex during menstruation	2	3.6	4	5.4	6	4.6
Excess work load	5	8.9	6	8.1	11	8.5
Mosquito bite	3	5.4	3	4.1	6	4.6

Indicator	Name of the PTG				Total	
	Juang		Lodha			
	n	%	n	%	n	%
Others	0	0.0	6	8.1	6	4.6
Total (N)	**56**		**74**		**130**	
Intensity of correct knowledge on mode of transmission						
Knowledge on only 1 correct mode	17	31.5	48	68.6	65	52.4
Knowledge on 2 correct modes	22	40.7	17	24.3	39	31.5
Knowledge on 3 and more correct modes	15	27.8	5	7.1	20	16.1
Total (N)	**54**	**100.0**	**70**	**100.0**	**124**	**100.0**

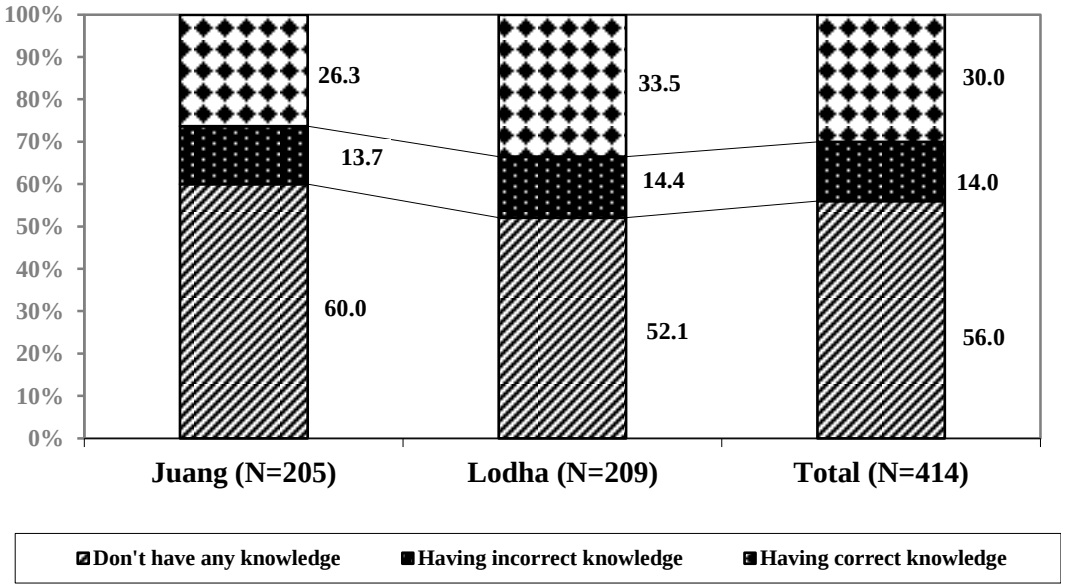
** Total percent exceeds 100 due to multiple choice answers*

Figure2 presents the percent distribution of youth by type of knowledge they have on HIV/AIDS. Here all the youth are divided into three different categories. These categories are as follows,

Category	Category Name	Category Definition
1	**Correct knowledge on HIV/AIDS**	Youth who knows about HIV/AIDS and also have knowledge on at least one correct mode of transmission.
2	**Incorrect knowledge on HIV/AIDS**	Youth who knows about HIV/AIDS but, does not have knowledge on correct mode of transmission.
3	**Do not have knowledge**	Youth who do not have any knowledge on HIV/AIDS.

It is already discussed above that two fifth of Juang and about half of the Lodha youth are aware of HIV/AIDS. It is evident from Figure2 that more than one fourth of the Juang and one third of Lodha youth have correct knowledge on HIV/AIDS. Relatively greater proportion of Lodha youth has correct knowledge on HIV/AIDS and its transmission as compared to their Juang counterparts. Fourteen percent of the youth have incorrect knowledge on HIV/AIDS irrespective of the tribal group affiliation. The analysis also indicates that the youth of the primitive tribal groups have more awareness on HIV/AIDS as compared to sexually transmitted diseases as a whole.

Figure2 Distribution of youth by the kind of knowledge they have on HIV/AIDS by PTG



From the analysis of qualitative data it is found that most of the youth of the primitive tribal groups who reported to have correct knowledge on HIV/AIDS gets the knowledge either from TV or Radio. Particularly those youth who are in the age of late teen, literate and visiting urban areas frequently are more likely to have access to TV and Radio and to get the correct knowledge. One of the 16 year old, unmarried Lodha youth, who studied up to 9th standard said;

> *"I know about HIV/AIDS. It transmits through keeping sexual relationship with more than one female. By avoiding extra-marital sexual relationship this can be avoided. There is no medicine for this disease. The information about this always comes on TV and radio."*

Similarly one of the married Juang youth, who visits urban areas often to sell the forest products collected by his family members and others said;

> *"I know about AIDS. The person having sexual relation with more number (10-15) of women usually gets this disease. The only way to avoid this disease is to avoid physical relationship with more number of women. I heard about this disease on radio."*

Table11 presents the background characteristics of those youth of the primitive tribal groups who have correct knowledge on HIV/AIDS. The mean age of the youth who have correct knowledge on HIV/AIDS is almost same for both the tribes. The combined value of both the tribes together depicts 19.4 years as the mean age. More than half of these youth are unmarried and literate. This finds true for the youth of both the primitive tribal groups. Among those Juang youth, who have correct knowledge on HIV/AIDS, more than one fourth are non-workers as compared to only one tenth of the Lodha. The occupational distribution of youth also shows that about half of the Juang are engaged in cultivation and half of the Lodha are engaged in leaf collection and food gathering.

Table11 Youth having correct knowledge on HIV/AIDS by background characteristics and PTG

Background Characteristics	Name of the PTG				Total	
	Juang		Lodha			
	n	%	n	%	n	%
Age (in years)						
Less than 15	5	9.3	8	11.4	13	10.5
15-19	21	38.9	29	41.4	50	40.3
More than 19	28	51.9	33	47.1	61	49.2
Mean Age	19.6		19.3		19.4	
Standard Deviation	3.2		3.7		3.5	
Marital Status						
Unmarried	31	57.4	37	52.9	68	54.8
Currently married	23	42.6	32	45.7	55	44.4
Others	0	0.0	1	1.4	1	0.8
Educational Qualification						
Illiterate	24	44.4	31	44.3	55	44.4
Literate without formal schooling	3	5.6	3	4.3	6	4.8
Below Primary	8	14.8	10	14.3	18	14.5
Primary Completed	7	13.0	12	17.1	19	15.3
Middle Completed	8	14.8	10	14.3	18	14.5
High School and above	4	7.4	4	5.7	8	6.5
Occupational Status						
Collection of Leaf	0	0.0	19	27.1	19	15.3
Cultivation	25	46.3	3	4.3	28	22.6
Daily labourer	10	18.5	21	30.0	31	25.0
Food Gathering	0	0.0	15	21.4	15	12.1
Others*	4	7.4	3	4.3	7	5.6
Not Working	15	27.8	9	12.9	24	19.4
Exposure to mass media						
Having exposure	38	70.4	22	31.4	60	48.4
Exposure to urban area						
Having exposure	37	68.5	50	71.4	87	70.2

Background Characteristics	Name of the PTG				Total	
	Juang		Lodha			
	n	%	n	%	n	%
Life-style Indicators						
Habit of drinking Country liquor (Handia)	45	83.3	56	80.0	101	81.5
Habit of Smoking	32	59.3	55	78.6	87	70.2
Standard of Living Index (SLI)						
Low SLI	10	18.5	38	54.3	48	38.7
Medium SLI	33	61.1	24	34.3	57	46.0
High SLI	11	20.4	8	11.4	19	15.3
Male Female Interaction Index (MFII)						
Less interactive	19	35.2	29	41.4	48	38.7
Interactive	14	25.9	22	31.4	36	29.0
Highly Interactive	21	38.9	19	27.1	40	32.3
Total (N)	**54**	**100.0**	**70**	**100.0**	**124**	**100.0**

**Agricultural Labourer, Forest Guard, Helper in Tractor, Study, Cow header, Welding, Industrial Labourer*

The youth, who have correct knowledge on HIV/AIDS, about half of them have exposure to any mass media, with a varied percent across the tribal groups. Comparatively very less percent of Lodha youth are exposed to mass media, which may be one of the reasons for their lack of awareness on different modes of transmission of HIV/AIDS. Similarly, more than two third of these youth have exposure to urban area. This finds true for both the tribal groups. Four fifth of the youth have the habit of drinking country liquor (*Handia*) irrespective of the tribal group. On the same time about three fifth of the Juang and four fifth of the Lodha youth have the habit of smoking.

Analysis by standard of living index shows that among the youth of primitive tribal groups who have correct knowledge on HIV/AIDS, four fifth of the Juang belong to low and medium SLI categories, where as about 90 percent of the Lodha belongs to the same categories. Similarly male female interaction index shows that about two third of the Juang youth and three fifth of Lodha youth belong to the ‘interactive’ and ‘highly interactive’ categories.

Conclusions

The first and the foremost hands-on idea the young people get about sexual act is by observing the mating of domestic animals and birds like goat, cows, buffaloes, hens, ducks etc. Thus a curiosity arises among them regarding human sexual act. By referring the sexual act of such animals and birds sex knowledge is imparted to new comers in the form of jokes or advices.

Statistical inferences reveal that these tribal youth acquire knowledge about sex at an early age. While Juang gets it at the mean age of 13, Lodha gets it at the mean age of 11.8 years. It is learnt that their queries for ideas of sex are fortified by knowledge input from some elders and mostly from peer group and youth of slightly older age group. It is also seen that among the Lodha the unmarried youth gets ideas about sex from elderly males and females through some kind of jokes and advices. Direct physical relation as a means of knowledge building about sex is somewhat prominent as more than a quarter of them acquired it in this way. Interestingly, a few urban exposed youth acquired knowledge on sexual act by watching pornographic movies. Thus the influence of urban exposure and media is also present among them. Masturbation as a sexual act is prevalent among them and they get the knowledge from their peer group practically for most of the cases at an early age. No socio-cultural belief about the effect of such act is found prevalent among them. It is also seen that the Lodha youth are exposed to such knowledge at an earlier age as compared to the Juang youth. But the age of knowledge providers among the Lodha is more compared to its counterpart tribal group, the Juang. It is also revealed that knowledge providers are mostly from the friend circle. More number of Lodha youth gets knowledge on masturbation directly from practice compared to the Juang youth. It is also revealed from qualitative data that the knowledge on sex is imparted by elderly or youth of higher age who accompany a group of youth in herding, in food collection, hunting etc.

Next, regarding acquiring knowledge about STD/STI the data reveals that a very smaller part of the youth from the primitive tribal groups are aware about such problems. Whoever knows it, terms it as *gupta rog, dhatu rog, meha rog, garmi rog* etc. A few of them know the names like HIV/AIDS and Gonorrhoea. 'Dhat is known as a king of STD by some of them. While incapable of performing sex remains a major symptom of perceived STD among the youth, swelling of sexual organ and bleeding from it are two other symptoms they perceive as STD/STI. Lodha are comparatively in a better position in terms of knowledge about the symptoms. But they are not well aware of correct mode of transmission of the same. Lodha youth are also in a better position regarding the perception about the causes of STD/STI. While more Juang believe it as a result of black magic, a lesser number of Lodha youth feel like this. It was also found that such non-scientific or traditional perceptions have been transformed along with the knowledge about sex by various means. Based on background characters it is seen that acquiring knowledge properly

about STD/STI is possible in a higher age. This is more so in case of Lodha youth. Again, more Juang youth acquire correct knowledge about STD/STI before marriage as compared to Lodha youth. A somewhat weaker positive relation between literacy and correct knowledge is seen among Juang youth but not among the Lodha. Exposure to urban areas and mass media shows positive relationship with acquiring knowledge. The youth having correct knowledge are also relatively interactive in nature and also indulge in drinking liquor.

Many of the concepts prevailing among the tribes regarding the causes and spread of STD/STI are not scientifically correct. Among such concepts, ‘irregular food habit’, ‘lack of good food’ ‘past bad activities’ black magic’ etc., are prominent causes of STD/STI.