ed vaginal discharge is a poor indicator of the prevalence of reproductive tract infections; such reports may stem from psychosocial distress, reflecting a general state of feeling unwell rather than the presence of STDs.18

An estimated four million Indians are infected with HIV. Some states detected their first HIV infection only in the last 3–5 years, but in urban populations of West and South India, 2% of antenatal clinic users have already tested HIV-positive.19

In Orissa, 260 HIV infections had been reported by June 1997, and 1% of STD patients in Cuttack in 1995 were HIV-infected. By contrast, for all sentinel sites nationwide, HIV prevalence among STD patients averages 18% in major urban areas and 5% elsewhere.20

In Orissa, the total fertility rate is 2.5 births per woman in urban areas and 3.0 in rural areas. About one-third of women of reproductive age or their partners have been sterilized (28% and 3%, respectively), making sterilization the predominant contraceptive method; only 3% use reversible methods (fewer than 1%, condoms).21 Qualitative studies show that the lack of contraceptive choice and information on different methods are important in explaining the continued unmet need for family planning; sterilization is often the only method available or even known.22 Nationally, 2% of women of reproductive age report using condoms.23

Methods
The Survey
Our study was based on a population-based survey of 2,087 single and married men aged 18–35. Respondents were selected using multistage random sampling. In each selected cluster, all houses were mapped and numbered, and 33 were selected at random. All members aged 15 or older in the selected households were listed, and de facto resident men aged 18–35 were ranked by age. Male fieldworkers followed a strict system of selecting the youngest eligible male in the first household and the next oldest in each consecutive household. The selected respondent was asked to consent and was invited to a central location for a private interview, which was preceded by a half-hour rapport-building chat, as indicated by a questionnaire pretest.

The refusal and noncontact rate was lower than 1%. For statistical analysis, the sample was weighted to make it representative of the four districts and to correct for the fact that only one man was sampled per household.

Seven percent of men aged 18–35 were away from home as students or migrant laborers.24 Since these men may have a different pattern of sexual risk behavior than those living in households, we selected a convenience sample of eight college hostels and four migrant-worker camps, and interviewed 159 students and 150 migrant laborers (stone or brick workers, canal diggers, factory workers and construction workers). These men are not included in the tables, but their sexual behavior patterns are reported.

Marriage is virtually universal in India; therefore, we categorize sexual activity as either marital or nonmarital. “Nonmarital sex” denotes both premarital and extramarital sex. Unless otherwise noted, “sexual acts” and “intercourse” refer to penetrative vaginal sex. The wording of survey questions was informed by a qualitative study.

Estimating Use and Unmet Need
Condom use was calculated separately within and outside marriage; for married men, it also was calculated according to reason for use (i.e., spacing vs. limiting births). The recall periods used were one week and one month for marital sex,1 and one month for nonmarital sex. We calculated the annual average number of condoms used within marriage on the basis of the proportion of men reporting use and average coital frequencies, assuming one condom per act of intercourse. We estimated use outside marriage on the basis of the proportion of men who had had nonmarital sex (i.e., single men who had premarital sex and married men who had extramarital sex) during the last 12 months, the frequency of sexual intercourse and the proportion of men who said that they had used a condom at last sex.