

Anthropology of Andrology: Clinical Experiences of a Doctor

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ABSTRACT

Although great strides have been made in the field of Gynaecology and Obstetrics, progress in Andrology, a term coined to denote sexual health issues in men has been disappointingly slow. This paper, Anthropology of Andrology: Clinical Experiences of a Doctor, explores the experiences of people with male sexual problems in Rajasthan through the work of a pioneering doctor in the field of male sexual health, who has over six decades of experience. Drawing on a narrative interview guided by Arthur Kleinman's Explanatory Model (1980), and the later illness narrative framework, the study situates male sexual health within its sociocultural, psychological and medical contexts. Through selected clinical cases, this article highlights the complex intersections among gender norms, social expectations and biological factors, that shape men's experiences of sexual illness, behaviour and their identity. The stories reveal how social stigma, shame, masculinity and widespread misconceptions surrounding male sexual health often drive men to seek help from traditional healers; sometimes encouraged by their mothers. The doctor concludes from these narratives that awareness should be raised among both parents, not just mothers. By bringing anthropological insight to clinical experience, this article argues that understanding male sexual health requires going deeper in its sociocultural context, and calls for rethinking the biomedical models that are currently in use. To address these issues, the paper emphasises the need to improve doctor-patient relationships, through effective communication and sexual health education. Overall, the study suggests that healthcare practitioners, educators and policymakers should work together to reduce the stigma surrounding male sexual health.

Keywords: Andrology, Anthropology of Medicine, Male Sexual Illness, Male Sexual Health, Infertility, Masculinity, Narratives, Reproductive Health, Cultural Perceptions, Rajasthan, Clinical Experiences.

Introduction

Although great strides have been made in the field of Gynaecology and Obstetrics, progress in Andrology, a term coined to denote sexual health issues in men, has been disappointingly slow. Around 1880's a branch studying the process of reproduction began to be developed, a process which involves both the male and female body equally. But in practice, the sub-branch dealing with the genitive system instead of developing as a unified speciality covering male and female body, did not develop that way. Gynaecology and Obstetrics, the branch focusing on the female body gained momentum and soon established as an independent speciality. Over the last few decades Gynaecology and Obstetrics have become one of the most sought after and developed branches of medicine. But while this branch studying the female body was growing, understandings of the male body were largely ignored.

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Andrology, a counterpart medical speciality of Gynaecology, was founded as a branch by Dr. Edward Keyes to address the 'diseases of men'.

To explore the growth and development of Andrology in Rajasthan, a pioneer in this specialized field was interviewed. The doctor has clinical and research experience of more than 60 years. He was instrumental in setting up the Human Fertility Laboratory at Udaipur in 1968.

Research design

The interview was conducted at the residence of the doctor in Jaipur. A semi-structured interview schedule was constructed. Arthur Kleinman's (1980) Explanatory Model formed the foundation of constructing the interview schedule. The Explanatory Model has five components of illness:

- Etiology (cause)
- Time and onset of symptoms
- Pathophysiology (how it affects the person)
- Course of sickness (how the illness proceeds)
- Treatment (what people do for cure)

In time Kleinman found the EM too formal and moved to illness narratives for a deeper understanding of particular experiences with sickness. He stated:

Today, I am uncomfortable with the style and even the preoccupation of "models," ethnocultural or other, which imply too much formalism, specificity, and authorial certainty, but models were definitely in my mind in the 1970s, a residue of symbolic and structuralist readings... I, like many others...have become less impressed by systematic connections and more by differences, absences, gaps, contradictions, and uncertainties (1995).

Against this backdrop, an interview with the Andrologist was conducted in a free-flowing narrative style and recorded after taking the consent of the doctor.

The objectives of the research were as follows:

- To understand the development of the medical speciality of Andrology in Rajasthan.
- To explore the scope of Andrology with reference to sexual problems of men as encountered by the doctor.
- To identify the issues relevant for the understanding and maintaining the sexual well-being of men.

How it all began: Entering the field of Andrology

Narrating his entry into the field of sexual health problems of men, the doctor said, "During my days at SMS Medical College, Jaipur I observed that two men in the College with whom I had association on a regular basis did not have children. One was a very senior doctor in the Hospital and the other was the office assistant in the Department of Physiology where I worked. I found that both men, one with all medical facilities at hand and the other with meager means, seemed helpless to overcome the problem. This made me interested in the problem of infertility." As time passed by, through his clinical experience, the doctor realized that infertility was just one of the many problems associated with men's sexual health. The problems varied with age from adolescence to old age and from organic to psychological.

One of his doctor colleague's daughters did not have children even after 8-10 years of marriage. His daughter accompanied by her mother-in-law came to me for consultation. The young woman was advised by the doctor to come with her husband next time. The mother-in-law intervened and said that there was nothing wrong with her son, there could be none, and he needed no treatment. On repeated insistence she did not bring him even when she was informed that her daughter-in-law was medically fit to be pregnant. This belief that women solely are responsible for anything going wrong in conception is very deeply ingrained in the minds of people in India. This, the doctor said, had observed so, even with doctors who do not admit even in their own case.

The doctor received no training from any place. He started working on the problem of infertility around 1960 in Jaipur and then around 1968-69 he was instrumental in setting up an independent unit for Andrology research. The efforts of his team of doctors could be said to have introduced Andrology in India, but all this was by practice and experience and not by training.

Male Sexual Health Problems: Clinical Experience

Male sexual health problems could be put into two groups: firstly, problems related to the maleness of the individual including his male appearance, male physiology or functioning and his male behaviour; secondly, his behaviour as a male as it is required. The main function assigned to a male is to have sexual relations with a female and promote pregnancy and population. There is a wide spectrum of problems which can be included as sexual health problems. The doctor narrated a few cases from his clinical practice which substantiate this.

- **Case 1**

The foremost problem associated with sex is the thought that one is either a male or a female. Quite different from this, from a medical point of view some children are born who are neither male nor female, whom we call hermaphrodite (Hermes = female; Aphrodite = male) i.e., both male and female in one. Medically it has been seen over the years that these people 'hermaphrodite' or 'others' as these days many people are called, are not truly 'O'. Their voice, behaviour, body, clothes may be like the opposite sex. There are a lot of misconceptions about the "O" category. On medical analysis one would ultimately find that they are either male or female. True hermaphrodites are very rare. I have reported one such case during my medical practice.

- **Case 2**

A young police officer came to me for consultation. He did not report any physical problem and on clinical examination also no medical problem was found. On repeated insistence about any problem, he said, "Every morning I go for a 5-6 kilometer walk with my friends. At one place on our route there is a public tap where young girls and women bathe. All my friends continuously keep staring at them till they become invisible. Their eyes get fixed there. I don't understand why nothing happens to me. "What is there to see?" I found that there was some problem with the man. Later I came across a few men and women who did not marry and were living with same sex partners. Ordinarily it is considered that these are two different categories but not always so. There is a wide spectrum. There are a number of males who appear like females, have voices like them and behave like them. So is the case with women who are like men.

- **Case 3**

A strange case came to me from the Johari Bazaar area of Jaipur. A prominent jeweller's married son did not have children. The jeweller was very disturbed as he thought that unless he saw the face of his grandson his life would not be complete. I told him that God had given him a son, but he had not taken the responsibility that he would give a son to his son and then his son and so on. The jeweller did not want to listen to any arguments. I called his son for an examination and consultation. The son said, "I have told my father that you will not see the face of your grandson until you don't transfer all your property in my name". I wondered what role my medical knowledge had to play in this case. The father said that he had only one son and so all his property would naturally be transferred to him later. The jeweller further added, "If I give everything in will to my son and later he and his wife kick me out of the house, where would I go? I would be on the roads". The son then revealed that he had a sister also who lived in America and he feared his father would give half the property to her. I told the son that he was disturbing his personal life but he said that it was a punishment he was giving to his father. So sexual health problems are very complex with multiple enforcing factors and perceptions influencing them.

- **Case 4**

A couple came to me and told that they could not establish sexual relations. The man thought that he was impotent due to which he could not establish sexual relations with his wife. On clinical examination and relevant tests when no problem could be identified in the couple, I thought what could be the reason? The relationship between the two was also very cordial. Then I started talking casually to the man about his lifestyle, house, relationships within family etc. During our conversation he said that he led a happy life with his wife and widowed mother who was very caring. His mother occupied the room adjacent to his. As we continued to talk, it struck me that the man had a fixation that he was with his wife and his mother was watching him. How could he spend time with his wife when his mother was watching? The presence of the wall separating the rooms was not there in his mind. I did not ask any further questions and gave him a suggestion "You have a large house. let your mother occupy some nice room on the first floor and arrange for some lady to take care of her throughout the day." He did as

suggested and in a few days time he could establish relations with his wife. After about two months his wife became pregnant. So the practice of Andrology can extend the psychological dimension as well.

- **Case 5**

A couple, both officers working for the government of Rajasthan, came to me. The wife said that her husband had an addiction to watching pornographic material. He would miss no opportunity to watch these at home, office or on the way. When the wife came to know about this, she questioned him which led to frequent quarrels. The husband found a solution for this. After office hours he would directly go to a video café, watch porn material and then return home. His wife noticed that everyday on return when he changed his clothes, they would be wet. She told me that her husband would watch the movies until he did not have discharge, after that he would hardly be interested in having any relations with his wife. She tried to dissuade him but of no help. Finally, the wife one day decided to take it as her destiny and adopt a child.

The scope of Andrology can therefore be taken to cover all conditions from boyhood through manhood to old age.

Challenges and issues in understanding and treatment of male sexual health problems

When a doctor asks a patient "What bodily complaint do you have?" Generally one says, "I have a cold, cough, fever etc.; replying, sexual health problems can be quite embarrassing". Therefore, men hesitate and fear approaching a doctor for this problem. They would rather go to a *hakim* (unani professional), a *vaidya* (ayurvedic professional) or some local healer or a pharmacist dispensing medication.

All these years while practicing sexual health problems of men, the doctor has observed two things:

- Mothers are not ready to accept that anything could be wrong with their son. The fact is that in around 40 percent of cases infertility is due to some problem in the male and he may need treatment.
- In villages and even in cities people do not understand that this is a medical condition and a doctor should be consulted for this.

The doctor narrated an incident which took place at an electric appliance shop in Jaipur. The shop owner came and asked the doctor if he could recognize him; to which the doctor replied "No". Then the shop owner said that he had approached him for the treatment of infertility. "I asked, could you have a child?". He replied "I don't have any" and then added, "I soon realized that this treatment was not within your purview, so I stopped coming to you. It is not your fault but it is not something where a doctor could be effective. During the period when I was taking treatment from you, I met a *tantric* (ascetic) who explained to me the reason behind my childlessness. According to him, one of my business opponents had made a doll and tied a knot in its abdomen region symbolically representing the uterus. This symbolic knot on the uterus of the doll was preventing his wife from becoming pregnant. The only remedy was to get the knot opened which only a higher *tantric* could do. I came to know of a *tantric* in Haryana who could do that, so I went there but unfortunately could not locate him." The important issue in this is that the patient believed this to be true and stopped taking any medical treatment. The fact here is that who knows if such a doll ever existed? And who knows where the problem lies, husband or wife? "I thought that this awareness should be spread that half the role is of men and half of women and some strange situations", the doctor commented.

Sex education

The vocabulary related to sexual health is different in every region and this becomes a reason for problems in doctor-patient communication. The doctor cited the case when sex education was being thought to be introduced as part of school curriculum. As a member of the team on Reproductive Health issues in Rajasthan, he said in a meeting, "Let me engage a class on this subject for you all. When I teach, I would have to use the vocabulary for every male and female sexual organ. It would be an extremely embarrassing situation despite you all being adults and myself being an experienced doctor. Then how difficult it would be for school teachers we cannot imagine". The solution to this problem would not be easy, particularly in a society like India.

Menopause

In women between 40-50 years of age, menopause sets in. Two changes occur with this: one, the possibility of getting pregnant stops and two, many bodily and behavioural changes occur like weakness, weight gain, pain in limbs and irritation. All women are aware that these changes are related with cessation of menstruation and are temporary.

A question that arises is "Does something of this type occur in men as well?" In men it cannot be called menopause because men do not have menstruation. It can be called 'Andropause'. Do changes occur in men at some age? Not much work has been done on this. An important issue in this is how to decide whether the changes occurring in men are due to andropause or increasing age. Male sexual behaviour may continue until 70-80 years of age. This is the reason we hear of rape cases by elderly men.

Discussion and Conclusion

From the wide variety of issues presented in this article through the interview with an Andrologist, it can be seen that andrology is a vast and important field, yet one which is shadowed. In order for progress to be made, not only must well-designed sexual health studies on men be conducted, but new methodologies must be developed for understanding the meaning, experiences and treatment options for 'diseases of men'. All men and sexual care providers must be made aware of the potential harmful psychological and emotional effects sexual illness can have if the wall of shame attached with it is not unearthed. In conclusion, only through combined efforts of health care providers, pharmacists, psychologists, school teachers and the government can real progress in promoting the sexual well-being of men be expected and achieved.

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