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Male Sexual and Reproductive Illness: Some Social Science Considerations

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ABSTRACT

The growing concern with population control in India has unfortunately overshadowed some other closely related problems of human reproduction which can in their own way seriously compromise the quality of life. These are infertility and sexual health problems of males which have so far found no place in the family welfare programme. Amongst the two, problems related to sexual health of males is even less discussed. One obvious reason is that the spectrum of such problems is wide and diffuse, merging imperceptibly into those which are more imaginary than real. At one end of the spectrum there are well recognized diseases like impotence and sexually transmitted diseases and at the other end are totally harmless problems like nocturnal emissions (wet dreams) and premature ejaculation. These are not even recognized as diseases but, all the same, they can produce serious psychosomatic stress disorders in many individuals. Secondly, teenage and young adult men are typically perceived as having limited reproductive health care needs that require medical attention. Often it is not until they have grown older, entered into a marital relationship and are unsuccessful that they seek help. The exclusion of men, however, may be a serious shortcoming WHO, 2021; Sangwan & Maroof, 2022). This article is an attempt to discuss the present state of knowledge in the field of social science studies in andrology or problems related to male sexual or reproductive health, first by reviewing the present status of men in family welfare programme and second by describing the efforts that need to be made in this field.

***Keywords**: Human Reproduction, Infertility, Sexual Health, Nocturnal Emissions, Andrology.*

Introduction

Over the last many years during our travel by road, we have often observed the walls on the sides carrying advertisements of sex medicine clinics and sexologists for treatment of ' *gupt rog*' or private sexual problems. Most of these advertisements are largely related to sexual problems of men, not reproduction or infertility alone.

The practitioners associated with these problems range from specialist allopathic MBBS doctors, RMP's, Ayurvedic and Unani practitioners to 'babas' dispensing medication in roadside clinics or tents. A surprising observation is that all these advertisements are for providing services for sexual health problems, particularly for men. A majority of these sexual health providers are untrained and recognizing the problems, leading to widespread misdiagnosis (Patel and Oomman, 2020). This faulty diagnosis can lead to inappropriate care and increase psychological distress (Gopichandran and Chetlapalli, 2013; Kumar et al., 2021). Today, when reproductive health care services from awareness programmes to advanced medical care have expanded vastly, the question arises: why men seek services of these quacks or untrained practitioners and, what, if at all, health care facilities are available for them?

Family Welfare Programme and Men

India was the first country in the world to launch the Family Welfare Programme in 1952. Since its inception the focus of the programme has changed from controlling population to promoting reproductive health and reducing maternal, infant and child mortality and morbidity. Although The National Health Mission in India has made an attempt to cater to the broader needs of sexual and reproductive health and medicine but its orientation remains fixed on family planning and childbirth, male SRH concerns and their redressal hardly finds any representation in the cause. (Sanneving et al., 2013).The problems related to sexual dysfunction in males from adolescence to mid-life have totally been overlooked. Laumann et al. (1999) consider sexual dysfunction as a public health concern that not only disrupts an individual's sexual life but also compromises with his quality of life. Reproductive health in India is a culturally shaped part of a complex pluralistic health care system, the product of a specific historical and social tradition. Therefore, any attempts to incorporate reproductive health of males in the existing Family Welfare Programme would have to take care of two important socio- cultural issues: Firstly, sexual health problems carry a heavy social stigma. They can create a sense of shame, frustration, embarrassment and personal failure. Naturally, these problems would have to be tackled at individual level without violating the sense of dignity of the male; a *mela* or camp approach so popular in family planning would not be effective for men. Secondly, every woman knows that whenever she has any gynaecological problem where she has to go for help: a lady doctor, a *dai* or ANM, or some elderly, experienced woman. But where should a man go? The problem is the same in rural as well as urban areas. There is no male equivalent of a 'lady doctor'. By her very gender identification, a female health worker becomes automatically the right person to advise a woman on her reproductive health problems. She need not be a gynaecologist at all. But a male doctor is seen as a generalist who treats everyone- men, women and children. On the other hand in all government and private clinics and hospitals attention is focused on reproductive problems of women only. There may be trained gynaecologists for all types of female problems but none for the problems related with males. As a matter of fact any male with such problems just does not know what sort of a doctor he must consult- a general physician, surgeon, urologist or someone else. Therefore, men with any reproductive or sexual problem are at a loss in two ways: firstly, there are all sorts of quacks to catch and exploit them at the first opportunity and secondly, we still do not have adequate recognition for such problems in our health system. As a matter of fact, after marriage if the couple has any problem related to their marital life , the mothers generally refuse to accept that something could be wrong with their son. The males therefore, refuse even to be examined by a doctor and even amongst educated couples the matter has often gone to the stage of divorce without the husband exploring the possibility that something could be lacking in his role as a husband. All responsibility, therefore, falls on the wife alone. While these programs did encourage the use of modern contraception methods but barely upon the SRH aspects, their framing of reproductive health is narrowly biomedical and demographically driven (Visaria, 2021; Raj et al., 2022).

To acknowledge an issue related to male sexual and reproductive health is a taboo for the individual himself, hence the Indian context remains riddled with stigmas, taboos, and restricted access—particularly among men, adolescents, and marginalized populations (Jejeebhoy et al., 2014; Singh & Banerjee, 2023).

Sex Education of Boys

It appears that mothers as compared to fathers play a more active role in the sex education of their children. But they are better at educating their daughters than their sons. This seems to be related to the positive event of menstruation for which daughters must be prepared. There is no similar event in boys and therefore less pressure on parents to fulfil their educational role. There is more disagreement amongst parents about who should talk to their sons about sexual health issues and so the subject is shelved or the responsibility shifted to teachers. At school, sex education sessions are exclusively for girls centering around the event of menstruation. Friends are still a source of information, or misinformation. To overcome this problem parents must be encouraged to provide their children with the information before they get it from some other source (UNESCO, 2021).

Too often, males have been overlooked in discussions of Reproductive Health as these have been perceived as female related. Male sexual functioning is vital not for the marital relationship only as lack of it can result in intolerable cohabitation or relationship breakdown but also

for the overall personality development. Male participation in health care is predominantly influenced by social norms and feelings of vulnerability to one's masculinity.

Menopause in Men?

The reproductive life of a woman can typically be seen as consisting of three stages: puberty, childbirth and menopause. Each phase has its own symptoms, health and ill health issues and treatment regimes. These are understood and met quite differently in each culture according to its socio-cultural milieu, status of women etc. Contrarily, in males due to the absence of any distinct event like starting and stopping of menstruation the question has often been asked whether any general changes in health occur in men also particularly around the age of 50, labelled around this age called 'male climacteric', the male counterpart of menopause in women. After all, the hormonal picture in male and females is basically laid out on similar lines. The matter is still far from clear medically but from the social point there is a need to examine if any changes in behavior and social responses occur in men around this age which could possibly be related to their social and marital life (Corona et al., 2020).

Another important aspect of this problem relates to children. In girls, menarche is taken as an indication that the girl is now an adult woman and normal in all respects. The regularity and severity of the period would work like a barometer of her capacity as a woman. But unfortunately, there is no such indication for boys. The father and mother feel too shy to talk to their son. Actually, after the boy is 8-10 years old the parents would hardly see him in an undressed state.

There is therefore a great need to study the reproductive and sexual behaviour of men and its proper definition and management at all ages.

What Gender is Infertility?

Who is perceived as responsible for infertility of the couple? In our study conducted on 73 infertile men and 51 infertile women spread in rural areas of five districts of Rajasthan we tried to explore the correlation between gender and cause of infertility. The data showed that 75.3 per cent men considered the female was responsible behind their childlessness. For 17.81 per cent both were responsible and 2.74 per cent did not respond. Only 4.11 per cent of men replied that infertility could also be due to some problem in men. Interestingly, the number of men who considered that infertility was due to some physical problem was much higher (98 per cent). Almost 48 per cent women believed that their infertility was due to some supernatural causes or God‘s will. One peculiar situation with infertility is that, sometimes even when the male has absolutely no sperms, the couple conceal this at all costs, to the extent of the wife publicly bearing the brunt of the problem despite being reproductively normal. Scientifically, the cause of infertility lies almost equally in men and women individually 32-35 per cent, in 20 per cent couple both and in 10 per cent it remains unexplained (WHO, 2020).

Making society aware of this fact and men accepting and seeking treatment of reproductive health problems is still a far fetched goal.

Figure 1 is the case sheet of a male seeking treatment for the problem of infertility. The case sheet shared with us by a medical expert shows that the concerned case had approached 8 physicians, 5 urologists, 2 sexologists, 9 psychiatrists, 3 naturopaths, 2 ayurveds and 2 alternative medicine specialist in Mumbai, Hyderabad, Pune, Jaipur, Baroda and other places (Kothari, 2013). From this figure it can be concluded that in the absence of information regarding the specialists to be consulted, the infertile couples ‘try their luck’ with every possible practitioner and at different locations. Also, the couple too have no patience generally due to family and societal pressures. They keep on shifting from one gynaecologist or another, to a urologist to psychiatrists and to other alternative therapists. There is a need to popularize that infertility is a medical problem and not due to some ill luck or *tantric*mischief.

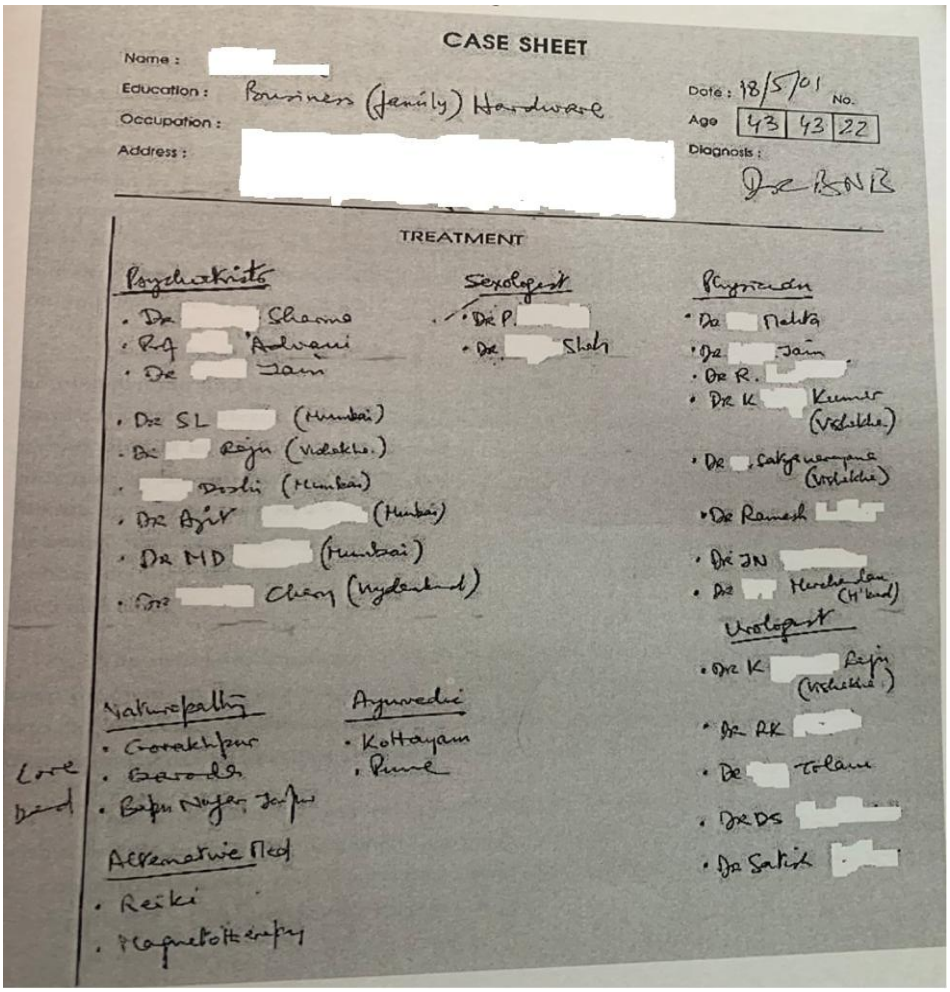

Figure 1: Case sheet of an infertile couple shared by Dr. L.K.Kothari, Andrologist, Jaipur, Rajasthan.

Based on the same study, the attitude of men regarding reproductive health problems can be summarized as follows:

Careless : "What else can I do except giving money for treatment. It is the doctor who has to treat and my wife has to be treated"

Hesitant : "I am a village man. How can I do this?"
(Provide semen for a test manually).

Aggressive : "If my wife does not bear a child, I will bring another wife."

Fatalistic : "Maybe a child was not in our destiny."

Strategy Initiatives and Social Science Research Needs

Although great strides have been made in the field of sexual and reproductive health, progress has largely been made for women; issues related with men have seen a disappointingly slow development. From the wide aspects presented in this article, it can be seen that lack of information on problems, causation and treatment of male reproductive illness is a 'silent emergency'. In the context of India where cultural traditionalism in terms of attitudes associated with sexual health still continue, this area is fraught with difficulties for research and investigation. In order for progress to be made, not only must well designed studies be conducted, but new methodologies must be developed for understanding this highly sensitive and concealed area of study. The article concludes that:

- Confidentiality in reproductive health matters is very important. Men shy away in discussing sexual problems with others. Assurance and gentle coaxing are needed for gaining the confidence and henceforth involvement of men.
- Sexual matters are referred to in very varied local idioms. The local phraseology is often indicative of the symptoms having a very specific meaning for the people but quite alien for the medical community and vice versa with the scientific terminology of modern medicine. This gap in communication should be reduced so as to make the health care system more accessible for the common people.
- Sex education of boys is also essential. Who and how should this be done requires deep contemplation at the level of family and educational institutions.
- In teenage and beyond do men also face emotional problems and menopause- like changes?
- Qualitative research on men with sexual illness could be a milestone towards developing a strategy for sexual health needs of men.

Lastly, some research on these as lived experiences may prove to be very beneficial for the well being of men from adolescence to old age.

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