



Street 'Doctors' and Sexual Health: A Medical Anthropological Study of Male Infertility in Telangana, South India

Venkatesh B* and Haripriya N

Department of Liberal Arts, Indian Institute of Technology Hyderabad, India

*Corresponding author: Venkatesh Boddu, Department of Liberal Arts, Indian Institute of Technology Hyderabad, Telangana, India, Email: la14resch11004@iith.ac.in

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Abstract

Popular media, street medicine sellers, and pharmacists are major sources of knowledge on sexual health and procreation in India, causing misconception and anxiety. Drawing from a larger ethnographic study on male infertility in southern India, the paper focuses on the ways in which men acquire knowledge about their health and navigate their health seeking behavior when faced with a diagnosis of infertility. Often men gather knowledge about sexual health from sources that are not necessarily well regulated. This information is usually incomplete, incorrect or exaggerated, creating confusion. We concentrate on 'street medicine sellers' who form a major segment of information for men about sexual health, in the process explicating local etiologies of sexual health and reproduction. This study contributes to the small but emerging literature on masculinities, calling for more research on male understandings of infertility and sexual health.

Keywords: Infertility; Health Seeking Behaviour; Traditional Healing; Alternate Medicine; Reproduction

Introduction: Lack of Sexual Health Knowledge

In rural Telangana where this study is located, movies, friends and popular magazines provided information on sex, very little of which was about infertility issues. Here, we look at how men understand their sexual health and address issues that arise with a diagnosis of 'male factor infertility', and related questions that arise about lifestyle and subsequent resort to local remedies. By following the street medicine sellers in the city of Hyderabad, we document one of the most common sources of information on sexual health. Unregulated and untrained, the information given by such medicine sellers can cause further confusion for men. The present research therefore advocates for the need to have an honest and open discussion on male sexual health, both in academic scholarship on South Asia and in public health.

Suman, a forty-year old businessman found that "20 grams of semen takes 40 days of (your) labor" in his research on semen retention, after a diagnosis of infertility. He quotes 'Sushruta Samhita', an ancient Sanskrit text on Indian medicine, which he saw referred to in a YouTube video, as the source. He wondered whether sexual behavior in his youth was responsible for his 'infertile' condition. For him, 'brahmacharya' (abstinence of sex) was hard to achieve as he was into narcotics. "When you have enough money, you tend to spend it. Similarly, I spent all my veerya¹", Suman said. He learnt about the medical reasons for his condition in the process of treatment, but wished he had obtained information about sexual health much earlier.

Suman did not know much about male sexual health because discussions on sex are considered sensitive topics in

1 Semen and good sperm



India. Sex education² has therefore been a cultural challenge. This article looks at the ways in which men like Suman, diagnosed with what is known as ‘male factor’ infertility, engage with its connections to male sexual health. Contrary to popular understanding that men in India know more about sex than women, we find that male informants lacked adequate knowledge and learnt only after they sought treatments for infertility³. Little or no knowledge of reproductive health from formal⁴ sources and the exaggerated information from informal⁵ sources created confusion and worry in men. “Men compare size of their sex organs, and sexual performance with other men in their peer group, watch pornography and movies and start worrying, which brings immense stress.” said one of the doctors in the study.

Though premarital sex is considered taboo in many parts of India, there is evidence of sexual activity prior to marriage. About 30 percent men and 10 percent of women were found to be engaged in premarital sexual activities [1,2]. However, lack of discussion about sexual activity means that young adults suffer from various kinds of social and emotional distress including performance anxiety, teenage pregnancy, unsafe abortion practices, urinary tract infections, erectile dysfunction, and premature ejaculation⁶. One study conducted in urban Telangana found that books, films, and friends act as major sources of information to young adults [3].

Objectives

Male perspectives on sexual health have received far less focus in studies on reproductive health in India. Therefore, the objective of the study was to understand male perspectives on infertility through ethnographic research amongst men in Telangana, a state in southern India. The study highlights men’s experience of infertility by looking at their health-seeking behavior, and how knowledge gathered from various sources influences their decision making in infertility treatments. We wanted to understand the severe stress men undergo due to diagnosis of male factor infertility. This results in dependence on unregulated medicines and healers. The study emphasizes the urgent need to provide information to men on reproductive health to educate men about health and to bring out male voices in sociological

2 Knowledge about human sexuality, human sexual anatomy, sexual activity, sexual reproduction, reproductive health, safe sex, birth control, and sexual abstinence

3 Infertility is the inability of a sexually active, non-contracepting couple to achieve pregnancy in one year

4 From school education and medical professionals

5 From Television, Internet (especially YouTube videos), pornography, and herbal/roadside medicine sellers

6 Lack of knowledge of sexual health can also affect people in many ways as Goparaju’s 1998 study on HIV in south India has shown.

studies of infertility in India.

Literature Review

Marcia Inhorn [4-7] medical anthropologist influenced the study of infertility in anthropology in a major way through a number of books and articles. She looks at etiological narratives of male and female infertility in the Middle East. Her focus was more on gender, religion and health over a period of thirty years. She started her work studying infertile women in Egypt and later extended it to study male infertility and reproductive tourism in Lebanon, Jordan and the United Arab Emirates. In her focus on men, the narratives bring out perceptions of infertility among men, which are influenced by the socio-cultural conditions of class and religion, in the region where they live. She has conducted research on the social impact of infertility and assisted reproductive technologies among Arab men and women. Procedures like donor sperm insemination, egg donation and other Assisted Reproductive Technologies are not just scientific procedures but have social and cultural implications for men and women. Inhorn’s work demonstrates how people are able to overcome the strictures placed on undergoing Assisted Reproductive Technologies because of their ‘quest’ for children.

From the pilot study undertaken in 2015 it was found that in the early years of marriage, couples hide the infertility diagnosis by telling their family that they postpone their plans for children for career reasons. In India, infertility- like fertility- is socially visible and hence an object of social control and management. Fertility not only makes conception and reproduction visual entities, but also makes human sexuality visibly public. Absence of offspring in marriage therefore becomes more visible than their presence [8]. Hence, this study also focuses on prevailing stereotypes about men and childlessness in India and how their families respond because it is believed that “there is impact and pressure from in-laws on husbands to contract a second marriage” [9]. The available studies argue that women are targeted in infertility and men’s family is blamed for doing that, but we cannot generalize this notion. Some men do face hard times with their wives’ families and their own. As Osherson says, “we know a good deal about the turmoil women experience when couples are infertile but much less about men”. Our research aims to address this lacuna.

Infertility is a biological condition and not a disease and it can occur at any stage of life. Increasing environmental pollution, altered lifestyle habits and enormous psychological stress are some of the causes of infertility in both men and women. Universally, infertility is seen only as a medical problem and many assume that conceiving, childbearing and giving birth are matters of choice and an inevitable outcome

of marriage [10]. In India, where fertility is highly valued to the extent that womanhood is defined as motherhood and manhood is associated with fatherhood, a couple who are unable to bear children within a reasonable period of time following marriage will be looked down upon.

There are other conceptions about infertility and childlessness, especially based on religious ideologies. For example in Islam, and many other religions, masturbation is haram (religiously forbidden). Pre or extra marital sex is one such haram. In many societies people do not give importance to women who fail to produce children, during life-cycle rituals and ceremonies. This social discrimination often results in stress and urge to produce biological children. The binaries associated with reproductive health- such as fatherhood vs motherhood, masculine vs feminine, potency vs impotency, man vs women- have to be taken into consideration in analyzing infertility issues. Motherhood has more value in some societies than fatherhood, because it is the women who conceive and get pregnant. But studies show that achieving the status of fatherhood is equally important for men in order to establish their masculine identity [11]. Not being able to have a child affects a man also, significantly. It is the taunts from their social group and stigma that forces men to also undergo medical diagnosis for not being able to conceive. When diagnosed with 'male factor infertility' men then scramble to get any help possible to remedy their situation. In this paper, we focus on one such process, consulting street medicine sellers.

Material and Methods

This paper is part of the first author's doctoral thesis and the result of eighteen months of field work conducted in Hyderabad, capital city of the state of Telangana and Vikarabad, a town approximately seventy-five kilometers away from Hyderabad from the year 2015 to 2018. Semi-structured interviews (open ended) were conducted to gather data from men diagnosed with infertility, and healthcare providers. A household survey was conducted in Vikarabad to identify infertile men. All the interviews were conducted in informants' homes, hospitals, and in street medicine healer's tents. Interviews conducted in Telugu and in Hindi, recorded, transcribed and translated for data analysis. The second author was involved in research design, data analysis and writing of this paper.

Male Reproductive Health Issues

According to a doctor in Vikarabad, three common issues among men are premature ejaculation, erectile dysfunction, and lack of sexual feelings⁷. Premature ejaculation could be

because of psychological, physiological or lifestyle-related factors. However, informants repeatedly mentioned only a few- their lifestyle, having sexual relations outside of marriage, and occupational hazards. We explain in detail in the following pages.

Infertility can also be caused by 'lifestyle factors' [12]. Similar views were expressed by informants like Suman: It's definitely the kind of habits I have. Because long back, my habits were not good. All kinds of drugs, alcohol, smoking, everything. Any drug you name; I was taking that. Continuously for 20-25 years, I did that... I am sure that is the reason...

'Lifestyle factors' include the kind of food eaten, clothing worn and exposure to chemicals. A study in Mumbai on Polycystic Ovarian Syndrome (PCOS) in women and the local understanding of lifestyle changes [13] gives us a brief idea of the discourse. Exposure to pesticides, wearing tight clothes like jeans, even these were mentioned as causes for infertility. 'Stress' is repeatedly mentioned by informants and doctors, as being responsible for erectile dysfunction, premature ejaculation and defective sperm. Stress has long been seen as a contributing factor for ill health and anthropologists have pointed to cultural dimensions of how stress is understood [14]. In the words of Joseph, I have lot of stress, targets to meet. No time for food, no time to rest, even now (while talking), I am thinking about my unfinished work at the office. It is the same every day. By the time I reach home, I'm tired, irritated, and exhausted, with no interest in anything. Not even in sex, I just do it for the sake of doing'... that much stress I have.

"Hundred drops of blood are equal to one drop of semen", goes the belief amongst men in Telangana. 'Semen retention' is seen as vital. Losing semen can cause 'narala balahinata'⁸- 'nervous weakness', commonly linked to sexual performance. Beliefs about semen loss are prominent in the Indian subcontinent [15]. In ancient Hindu scriptures, semen is called dhātu and described as the most concentrated, perfect and powerful bodily substance [15,16]. "It is also taught to young men that women gain from sexual activities as men ejaculate in them and this results in weakness in men", said a ritual healer.

Men talked about three types of fear in sexual encounters outside of socially sanctioned marriage- about 'performance', about being found out, and about losing semen. This in

puberty'. In such conditions, a boy may be born with testicles missing or they remain in the abdominal instead of scrotum. This interrupts puberty and production of sex hormones in them and men with this condition are infertile by birth.

8 weak blood vessels

7 This is known as 'hypogonadism condition stage one interrupted

turn affects their relationship with their spouse and larger society. 'Performance anxiety' also arises because there are no culturally sanctioned ways for men to discuss with peers about sexuality, unlike, say, the 'gotul'⁹ the concept of youth dormitory among Muria Gond tribes of central India [17]. Comparing themselves with media portrayal of sexual prowess causes stress amongst men which doubles down when diagnosed with infertility.

In order to improve sperm quality and quantity, men resort to using OTC¹⁰ products like vitamin supplements, steroids, antibiotics and antacids, along with home remedies like oils and herbs, and products sold as 'medicine' by self-proclaimed health practitioners. Premarital/extra marital sex is considered as shameful, causing anxiety and fear. This also adds to the stress. They resort to medicines like Viagra, ayurvedic remedies like shilajit and ashwagandha churna¹¹, and home remedies taken with milk, honey, ghee, or sesame oil on empty stomach and before sexual activity.

In consultation with pharmacists, men take high dosage of medicines in hope of better sexual experience, but soon become dependent on these drugs. Hence, "in addition to the problem of resistant microbial strains resulting from the inappropriate use of antibiotics, drug side-effects, allergic reactions and toxic poisoning have become a cause of alarm" [18]. The starting dosage is sometimes fifty mg, when doctors recommend only a dose of twenty-five mg at the start, to be followed by regular checkup. Eventually, men said they became so used to these medicines that they failed to have sex without them.

Medicine on the Street

One of the most common and popular points of consultation for men in India diagnosed with infertility, is the 'street healer' or 'roadside healer'. One can find such self-proclaimed healers all across the major cities of India. They stand out with their 'tents' and advertisements announcing cure for any number of ailments-haemorrhoids is one such example. But what they are known for and consulted often are for 'sexual ailments'. Most of the medicine sellers in Hyderabad, who are all male, live in or around the tent. They make announcements on loud speakers to attract clients and display their phone numbers prominently. The consultations sometimes take place outside the tent, such as inside a parked car, depending on the customer's request. "Some people do

not step out of the car, they feel shy. So, I go and check them in the car and give medicine", said a medicine seller Lakhan, whose tent is located near a train station. These medicine sellers call themselves 'vaid' which is the Sanskrit word for a doctor/healer.

The tents are usually six square-feet or less in area and can accommodate three to four people. The place can be rented for a sum if needed, but usually the tents are put up at the places beside roads which are not owned by individuals. Usually the medicines are readily available in wholesale form from 'vendors'¹² in towns of northern India. "We go to Nagpur forest in search of medicinal plants sometimes", said Mohan, another vaid. They maintain an 'order book' to track the sales. The vairs do not possess any formal training or qualification in medicine. They say they learnt 'daktari' (a corrupted form of the 'doctor') from elders of the family. In turn, they teach younger men in the family. Their success is evaluated on the number of clients they treat. In other words, the more medicine they sell, the more successful they are. Therefore, the order book becomes important for both evaluating the capabilities of the vaid in the 'biradari' (community) and the amount of medicine sold over a period of time.

The vairs aim to convince their clients by giving them reasons to choose their treatment over other forms of treatment. "For attracting and retaining their patients, Indian medical practitioners, from their side, seriously engage every day in the patient-oriented effective cultural translation, persuasive reasoning, and psychologically supportive expressions" [19]. The vairs are successful in selling their medicine because most men lack information about sexual health and feel the need to talk to someone about it. "In addition to sexually transmitted infections, men are equally or more concerned about the quality and quantity of semen and impotence, which includes erectile deficiencies and premature ejaculation" [20]. Both clients and practitioners believed that excessive masturbation, wet-dreams¹³, and sexual desires result in sexual health problems including infertility. Nocturnal emissions and masturbation constitute the main sources of 'sexual release' in the years before marriage among the majority of males [21]. This also contributes to the stress factor [22].

The Consultation Process

Men come alone to meet vairs as there is a stigma attached to sexual health related matters [23]. Sexual health issues are referred to as 'gupt-rog' which literally

9 A facility among Muria Gonds, where boys presumably spent time talking about sex with other boys and girls

10 Over-the-counter drugs which are sold to customers without a prescription

11 Shilajith is a sticky substance obtained from rocks of Himalaya and ashwagandha is a medicinal plant used in ayurveda healing system.

12 *tekedars* or medicine suppliers to these healers

13 dreams that cause sexual discharge or semen loss in particular

means a secret disease [20]. On request, one vaid, Neeraj at Bowenpally granted permission to VB to observe a consultation but strictly warned not to interfere or take notes while the client was present in the tent. The 'vaid-client' interaction in these instances is led by the client, and not the healer. Physical examination is limited to checking the client's pulse, called nadi, to find out problems in blood flow. In case of childlessness, the vaid asks for information about the client's wife's menstrual cycle. "We all know that there could be only one problem from their side, 'irregularity in menstrual cycle'. If that is good, everything is good" said one vaid.

The vairs give various reasons for infertility such as excessive masturbation (hasthmaithun), weakness (kamjori), heat (garmi), penis size (ling ka size), body weight, premature ejaculation (shigrapatan), erectile dysfunction (napunsakta) and sexual performance (namardi ka bimaari). Masturbation causes weakness in nerves, results in weaker sperm failing to 'touch the uterus'¹⁴ therefore not resulting in conception. "The mistakes of youth are the reason for losing good semen" is the general view of the vairs. Vairs engage in long discussions about semen. In their cognitive schema, it has to be white in color and thick. Watery semen equals weaker sperm and the strength of the sperm implies the strength of the nerves. Yellow semen means a weak nervous system. The vairs do accept that with medication necessary quality of sperm can be generated for impregnation.

Another reason for poor quality sperm is 'body heat'. Garmi is a generic term used to imply 'body heat', which manifests itself in the form of boils, sores, small fistulas and so on around genital areas. The concept of garmi is assumed to be the main cause of women's reproductive health problems in South Asia [20,22] but in our study, we found that it was associated with male sexual health as well. Body heat could result from longer hours of driving, excessive use of a laptop, sitting for long duration or eating food that causes heat. It manifests in the color of urine, or as constipation, pimples on the face, and or itching. Sexual contacts with women, especially 'illicit sex' can cause body heat, affecting sperm quality. One vaid said "the vaginal heat transfers to penis and those results in making a man into 'non-man', i.e, a male who is no longer one." Such a man cannot impregnate a woman even if he tries. Menstrual blood is another source of heat that men should avoid, as per these healers. Sex during menses causes infections and sexually transmitted diseases including HIV-AIDS. Menstruation is a mechanism for women to release their 'body heat'. Indulging in sex when a woman is menstruating can transmit that heat to a man.

Natural Medication

The most controversial and problematic part of this treatment process is the prescribing of oral 'medication' by the vairs to help men overcome infertility. These medicines are supposed to address the issue of infertility through the following ways- make stronger sperm, thicken the semen, increase the size of the penis, and improve sexual performance. Sexual pleasure is directly linked to pregnancy according to these healers. Medicines are given as powders, tablets, or oil. The vairs claim that the medicines are so effective that upon taking them for the prescribed period, a man will regain 'power' (erection) that he had as a teenager.

If a client hesitates to take medicine, the healers offer a sample for two days in order to convince him. The efficacy of the medicine is tested by observing the color of urine of the client on the third day. If urine is 'colorless and odorless', medicine is assumed to be effective and the client is asked to go for another fifteen days of medication. Otherwise the client will be asked to change the dosage. In some instances, the vairs suggest capsules and medicines that can be bought OTC (Shilajeet, vita ex gold, badampak etc). However, they claim their own medicines are natural and more effective.

The duration of one course of medication, ranging from fifteen days to two months, also indicates the cost and the 'power' of the medicine. The shorter the duration, the more effective and therefore costlier the medicine is. Medicine prescribed for fifteen days is costlier and more 'powerful' at Rs. 10,000,¹⁵ one for twenty days costs Rs.7, 500 and forty days will cost Rs.5, 500 and for two months will be Rs.3, 500. Some of these medicines are not always available with the vairs. They are 'made to order' based on the severity of the issue. In such cases, the client has to pay in advance. Faith in the healer will also improve efficacy, a notion common in India [24]. Without faith in the healer, the efficacy of the medicine gets reduced or nullified.

Unnatural Biomedicine

Some of the medicines prescribed by the vairs can be obtained from 'Ayurvedic medical shops'¹⁶ To stress on the efficacy of their medicine, the vairs draw clients' attention to the side effects, longevity, and lack of 'guarantee' of the 'angrezi', the English medicine (as biomedicine is referred to). Biju, a vaid said that English medicine will take a long time but will not yield results. He even claimed that clients can check the efficacy of his medicine through 'tests' for any

14 *bachedani ko lagna chahiye* is the Hindi expression for the same.

15 In 2018 1 US \$ was approximately seventy four Indian rupees.

16 this is how the herbal medicine sellers call themselves in India- this is not clear

increase in sperm count.

English medicine can never 'pluck' out the disease completely but 'ayurvedic' (the vaid) can guarantee that he can cure it with a delay of one or two days compared to allopathic medicine. Whatever the number (sperm) is less than required that can be met with 'ayurvedic' and pregnancy will happen. In two months, it will work and the third month will not be a waste.

He further went on to suggest that biomedicine does not focus on 'nerves' (in case of infertility), and therefore they fail to treat it correctly. With its focus on 'eggs, this and that', he felt biomedicine is just a waste of time. Moreover, "it also causes body heat which prevents conception", said vaid Biju. In addition, it can cause harm in the form of 'side effects' [25]. In India there is a general feeling that 'English' medicine is harmful because of its use of chemicals and synthetic production, while ayurvedic medicine which uses naturally available herbs, roots and flowers is harmless even if not always efficacious. 'Side-effects' of allopathic medicine can vary from benign acidity to something serious. Herbal medicine on the other hand will "remove the illness from its roots". The vairs capitalize on this broad cultural distinction between natural, locally occurring herbs and chemical-infused medicine brought through a 'foreign' medical system.

In the vairs' system of sexual health, men contribute 90% to the couple's infertility. Neeraj, a vaid, felt allopathy ignored the real cause of infertility by apportioning blame on 'female factor'. Women in his view are less likely to have extra marital or premarital sex and therefore unlikely to have any problems with their sexual health. As long as a woman gets her periods regularly, there should be no issue. Whereas men, the vairs said, are likely to affect their sexual health through their own lifestyle. Thus the vairs convince their clients to switch to herbal medicine that they offer.

The concept of fertile period is not clear to many of these vairs. If a man has healthy organs, he could impregnate a woman anytime of the month. According to Neeraj a man should have at least 75% good quality sperm to achieve conception. Without that condition being met, the fertile period doesn't make any sense to him. According to him, the sperm also contributes to making the egg in women. A man contributes not only to the making of progeny, but also to the making of the 'egg' in a woman. One healer asked whether unmarried women (expected to be sexually inactive) also carry eggs. Women collect and give shape to male contribution (i.e., sperm) but after pregnancy they fill the fetus with the soul and protect it. "They just keep our things safe in them that are all" asserted one vaid. Thus the vairs tell their male clients the importance of semen and the brief part played by women in nurturing a fetus.

Discussion

When diagnosed with infertility, men try every medical option available to them. This includes consulting self-proclaimed healers on the 'roadside'. Male perspectives on sexual health have received far less focus in studies on reproductive health in India. Based on ethnographic research amongst men diagnosed with infertility in Telangana, a state in southern India, this paper attempts to highlight men's experience of infertility by looking at their health-seeking behavior. Due to misleading information in the media and lack of knowledge about reproductive health and sexuality, men undergo severe stress which results in dependence on unregulated medicines and healers. There is an urgent need to provide information to men on reproductive and sexual health and to bring out male voices in sociological studies of infertility in India.

Conclusion

Research on reproduction in India is largely centered on women. How men deal with fertility and infertility is absent in sociological literature even while there is increased interest in understanding masculinity [26,27]. Our study aims to cover this gap through empirical evidence. We show that often not all men have access to information about sex and reproductive health. They depend on what they read, see and hear from television programs, online portals, newspapers, magazines, movies and peer groups. The acquiring of knowledge is intersected with class, caste and education levels, amongst other things. The kind of information acquired is usually incomplete, incorrect or exaggerated, creating confusion. Men seek information from trained professionals such as biomedical practitioners only when diagnosed with 'male factor infertility'. They may seek information about sex before marriage from their friends and male kin. But that is not very helpful when they encounter the biomedical world and its definitions and causes of infertility, which leaves them unprepared, shocked or surprised.

The main themes emerging from this study are men's lack of knowledge about reproductive health, resort to OTC medication and home remedies, and consultation with untrained healers. Due to pervasive ideas about sexual performance which are largely imaginary, men go through tremendous mental agony. They harm themselves by using various kinds of medications, mostly unregulated. They are in fear of failing in the sexual act with their partner and consult herbal healers who set up movable 'tents' on the street and offer consultation. It's from conversations with these healers that a local nosology of infertility develops. In this categorization, it is men who are responsible for pregnancy and infertility. Men learn in their conversations with vairs about semen, the supposed length that a penis

should be, and food stuff and herbal medicine that can help them overcome the 'problem'. Chastising men for indulging in sexual activities outside of the normative, such as an extra or pre-marital relationship, the vaidas also inform men about how herbal medicine bought OTC or made to order by them can improve sexual performance and result in conception. In addition, the healers also warn against harmful effects of biomedicine. Use of OTC medicines brings further problems in the form of performance anxiety and stress, which are also linked to infertility and defective sperm production. This situation is exacerbated by notions such as semen loss.

The research findings suggest that vaidas play an important role in shaping male perception on infertility and sexual health. The influence of vaidas on men suffering from sexual health problems is huge. Culturally, male sexual problems in general and infertility in particular are not discussed openly. Therefore, these herbal healers target men. The location is such that 'only men can visit them' as they set up a tent on the roadside, which is a more male space, and advertise a cure for a variety of sexual health issues with suggestive pictures and hoardings. Women would not want to be seen in such places which could cast aspersions on their reputation. They are also able to get the men to talk to them about their sexual health in ways that would not be possible in hospitals. The procreation theories they establish, ideas about body heat, menstrual blood, fertile period, and importance of sexual discharges are important findings of this study. Therefore, looking at roadside medicine sellers and their role in creating an 'alternate' version of reproduction and male sexual health is necessary to understand the health care landscape in the region [28].

This paper suggests that lack of access to formal sex education, and exaggerated information that men gain from various sources including vaidas shapes their perceptions, attitudes and beliefs about sexual relationship and problems. These perceptions determine the kinds of treatment they undertake to deal with infertility. In articulating men's fears and concerns, this article suggests that there is an urgent need to provide men in India, reliable information on their reproductive health [29].

This study has been constrained by its focus on men, and in some cases, married couples. In order to understand men's perspective of sexual health and infertility, it has to be expanded to include unmarried men, and men who have chosen to be single. The location of the field site near Hyderabad city also did not afford the authors to branch out further into more remote areas of the state where biomedical facilities as well as exposure to media are limited. Further research is required in order to capture the whole gamut of institutions, organisations, and individuals that men, and couples who are unable to have children biologically,

resort to, such as orphanages, adoption centres etc. While childbirth is frequently connected to motherhood and maternal emotions in the Indian public discourse, we know from Weston and Inhorn's huge work in the area of infertility those male perspectives about fatherhood and paternity as an 'affect' is equally significant. It is in order to become fathers that men seek out all kinds of 'remedies' including street medicine healers that this paper profiled.

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