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PERCEIVED SEXUAL HEALTH PROBLEMS AMONG UNMARRIED YOUNG MEN IN RURAL INDIA

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Introduction

Research on the conceptions of male sexuality and men's sexual practices, particularly in rural contexts, has been limited until recently in India (but see Char 2011, Collumbien & Hawkes 2000, Lakhani et al 2001, Santhya et al 2011). This relative scarcity of knowledge is partly due to the need to use specialized, ethnographic research methods (Pelto & Verma 2004) in studying such a sensitive topic, and partly, it reflects the traditional emphasis on women's reproductive health having governed the field (Collumbien & Hawkes 2000). This paper studies how young unmarried men in rural central India conceptualize and understand their sexuality and sexual health, and examines the relevance of this knowledge to the attempts to address their sexual and reproductive health needs in health services and sex education campaigns.

The main interest in men's sexuality in South Asia has been on the practice of and attitude towards pre-marital and extra-marital sexual contacts (e.g. Alexander et al 2006, Ghule et al 2007, Kulkarni et al 2004, Kumar et al 2011; Santhya et al 2011, Potdar & Mmari 2011), and on commercial sex workers and MSM (e.g. Bhattacharya 2004, Ramakrishna et al 2004) – reflecting the need to control STIs and HIV/Aids. However, the conceptions of sexual health and of growing to maturity should be better understood as they form the basis for individual sexual behavior and interactions with partners. Among the less studied issues are 'non-contact' (term adopted from Verma & Schensul 2004) male sexual health and particularly that of rural and unmarried males. Two thirds of India is still rural, and the importance of the period of unmarried, young age is evident for sexual health.

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A few empirical studies on male sexual health that address the 'non-contact' situations and concerns have been carried out in India, most notably by Lakhani et al (2001), Collumbien & Hawkes (2000), Verma et al (2001, 2003), and Verma & Schensul (2004). These studies point to the high anxieties among men concerning their sexual organs and their functioning. All of these studies point out that most concerns are related to 'non-contact' sexual health, instead of problems that would come about due to sexual contacts, such as symptoms of STIs or impotence. Ravi K. Verma et al (2003; see also Verma & Schensul 2004) list the issues that men in Mumbai experience as sexual health problems into two broad categories: those related to semen and its production (wet dreams, white discharge, early ejaculation, masturbation, quality and quantity of semen) and those related to virility and strength (erection problems, weakness, burning sensation while urinating). The data in Verma et al (ibid.) derives from male respondents of all ages, in an urban setting, and thus the picture does not necessarily correspond to the situation among unmarried young males in rural areas.

In studies carried out in the state of Orissa and Bangladesh, in both rural and urban settings, Martine Collumbien & Sarah Hawkes (2000) pointed to the prevalence of similar problems as in the Mumbai study. They have labeled these problems as psychosexual disorders or anxieties, the main issues of which are semen loss, weakness and problems with erection. Given the research results of the existing studies, what remains to be further examined in this article is

1) how **unmarried men** relate to these problems in a socio-cultural context where those having no legitimate sexual experience with partners are allegedly not expected to share issues of sexuality with others (Lambert & Wood 2005), and

2) what kind of **unmet need for care** in the field of 'non-contact' male sexual health exists in rural India.

According to WHO (2002) working definition, "Sexual health is a state of physical, mental and social well-being in relation to sexuality. It requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. This means that "sexual health encompasses reproductive health, but goes beyond medical conditions, and remains relevant throughout the life-course" (Collumbien et al 2012, 5). We reckon that sexual health and wellbeing is interconnected with the conceptualizations and ideas of sexuality.

Data and methods

This paper uses part of the data that was collected in a cross sectional, multi-method study of male involvement in reproductive health in rural central India (see Char 2011). The study consisted of two different surveys (married men N=793 and unmarried men N=316), interviews (52 service providers, 60 married women, their husbands and mothers-in-law, totaling to 180 persons) and focus group discussions (11 groups, of which 4 among non-married young men). This paper derives from the 4 focus group discussions among young, unmarried men in the age group of 17 to 22 years. The discussions were arranged in rural villages in the central Indian state of Madhya Pradesh which is a relatively less-developed area in India. The study trained as the facilitators such men who had earlier experience of working in reproductive health projects in local organizations, which had provided them with the ability to address issues related to sexuality with ease and to create confidence in the group. The discussions were carried out in Hindi, transcribed verbatim, and later translated into English for content analysis.

Growing to be a man

Young unmarried men experienced growing up and adolescence as a troublesome and even frightening transformation. They described the process by such words as 'harm', 'tension', and 'ruin'. When asked in a discussion group what happens to a boy when he grows up, the young men first pointed to the emerging growth of bodily hair and moustache, and then the discussion turned into a description of negatively interpreted characteristics and processes:

Respondent 1: Now, as the person becomes an adolescent, then his carnal desires are awakened, he will start masturbating (ling to hilana, literally meaning, playing with ones penis or shaking ones penis), he will start looking here and there, will start doing wrong things, will commit rape, will ruin his mental balance, and will do some or the other wrong act/thing.
Facilitatior: And do you know anything good, correct? Anything else?
Respondent 2: Good – you tell, (if) this is correct or wrong!
Facilitator: No, can you tell?
Respondent 2: Now sir, he will do wrong things, will masturbate, then it will only harm (him). (FDG-III)

The main issue that was brought directly to the discussion was the arousal of erotic needs and desires and the tendency to masturbate. In another discussion, the young men similarly pointed to the 'bad things' and 'bad feelings' that growing up means:

Respondent: I think why does this adolescence/youth come? it should not come at all, with that, a man has a lot of problems. (Shyly).
Facilitator: What problems?
Respondent: A man becomes young (jawaan, literally meaning youthful), that is not a good thing. (FGD-V)

When probed further on the changes related to adolescence, the young men took up the topic of *swapna dosh* (wet dreams) or *maila dosh* (dirty dreams):

Respondent 1: One is that automatically night fall takes place. (Loudly).
Respondent 2: The main thing is that only.
Facilitator: And?
Respondent 2: Dirty dreams come. (FGD-V)

One discussant wanted to share his own personal experience of being disoriented due to young age and restlessness:

Now I will tell something about myself. With me it is like this, my principles are a little different, I am more inclined towards religious things by nature. I do not like to sit with outside company, girls, dirty company, dirty friends at all. Even then, my concentration is not in studies. If there is more tension (English word used) in my mind, this is my problem that I am telling you about. (FGD-V)

He wanted to point out that even if he tries to keep away from 'dirty' things and concentrate on religious issues and studies, he has not been able to do so, and felt a tension in his mind. The expression 'tension' kept on surfacing when describing young people's experience of growing up. The English word 'tension' was used o describe the condition. Only one person in all used the equivalent term *tanaav* in Hindi. What is interesting that this expression keeps on coming up in a cultural context where adolescence or teenage is not a particular period of life cycle that would be characterized as problematic or difficult (Chatterjee & Curl 2005). Main problems experienced by

the young males in growing up seemed to be the beginning of uncontrolled and frequent ejaculations (at night) or masturbation (see more below).

When asked about the changes in female bodies when girls grow up, the general lack of knowledge was evident. Some discussants had an idea of menstruation but even then, sometimes the conception was mistaken. In one group, a respondent who said he is knowledgeable of the issue, explained menstruation as a flow of water from female sexual organs. Others said they do not know anything about menstruation. In another discussion the participants argued whether menarche comes at the age of 20 or 15. Those participants who had some idea of the whole issue, were of the opinion that menses must be harmful to women.

The discussions pointed to the negative image of growing up to be a man that young men had and further, considering the reproductive functions of women as rendering them vulnerable and harming them.

Dhat – White discharge and unregulated ejaculations

Any form of excessive semen loss is considered as harmful in the indigenous humoral thinking in South Asia that derives from the ayurvedic ideas of three humors that should be in balance in a human body: heating, cooling and air-producing qualities. Semen loss is thought to derive strength from the male body and to subject it to a heating condition that is generally related to many different forms of disease. Although the popular forms of ethnomedicine are not always in line with the literary vedic knowledge of Ayurveda (Säävälä 2001), people in India share the basic idea that by regulating one's behavior (eating, sleeping, physical activity and also sexual activity and other activities) in relation to the contextual conditions of life, a person's health is fundamentally affected and can also be controlled.

In South Asian ethnomedical traditions, semen is considered as one of the most precious bodily substances, the accumulation of which enhances bodily wellbeing (Lambert & Wood 2007: 535), and some strands of Vedic Hinduism also claim the preservation of semen to lead towards spiritual strength and enlightenment. Consequently, a common health preoccupation among South Asian men, irrespective of their religious denomination (Collumbien & Hawkes 2000) is that of 'semen loss', leading potentially to weakness (Edwards 1993, Lakhani et al. 2001; Lambert & Wood 2007) and sometimes taking a form of excessive neurotic anxiety. This Vedic idea of ejaculation meaning

loss of strength was also recognized and described in two of the four discussions. It seems to be a widely-held popular conception even among unmarried young men:

Like one eats today, it digests after 5 days, after 8 days the essence will be made, then bones will be made, flesh will be made, etc. If a man copulates too much; 20-30 grams of sperm comes out on doing it once, if he does it every day then he will become weak, if he becomes weak, he will fall sick. Therefore if a man does it (copulation) 2-4 times in a month, then there will be control (meaning family planning) and the man will remain healthy.

Having sexual intercourse 2 to 4 times per month was considered by this discussant as ideal for health and wellbeing. The weakness caused by semen loss was described in another discussion by referring to the blood needed for the production of semen:

In the Vedic way also they tell, and in our science also they say, that like 40 drops of blood form one drop of semen. And if once the sperm/semen falls, then (God) knows how many drops of semen fall, at the minimum, one can say 10 drops, that is 400 drops of blood are destroyed. And daily if we destroy 400 drops of blood, then the person will definitely become weak in this form. (Explained seriously).

Anxiety related with semen loss is considered in psychiatric literature as a specific kind of culture-bound syndrome (*dhat*), a form of neurosis (Sumathipala et al 2004). Due to this interconnectedness of ideas relating to semen loss and anxiety, Collumbien & Hawkes (2000) label sexual health concerns among South Asian males as psychosexual disorders. *Dhat* is a particular kind of combination of symptoms that is recognized widely in South and East Asia. It brings together the basic tenet that semen loss is potentially harmful for the man, and according to Lakhani et al (2001) and Verma et al (2003) that loss of semen outside of a woman's body is considered as even more harmful than semen loss in intercourse. Consequently this syndrome is said to be most commonly experienced by unmarried men who practice masturbation and who experience spontaneous nocturnal emissions (Lakhani et al 2001, 51). The characteristic symptom of *dhat* is what locals describe as white discharge (*dhat girna*): this is actually not an ejaculation, but white discharge from the penis, usually along with urine or otherwise without sexual arousal, which is thought to be semen by the person himself. In the discussions this came up by a young man explaining his symptoms:

Respondent 1: Sir, what is with me is that at least for the past 2 ½ months, along with urine, sperm goes, and the colour of the urine is red due to the heat…..and now when the summer ends, it will become alright, my body will also become strong/gain weight, or otherwise, the body becomes weak or otherwise there will be darkness in front of my eyes, after standing for some time, then the vision becomes alright, and if you do a lot of work, then at once darkness comes in front of the eyes, and nothing can be seen.
Respondent 2: Yes, meaning to say that getting tired, and like we are sitting just now, if we get up fast, then we will feel dizzy and for some time will not be able to see, that's what he means to say.
Facilitator: Why does this happen? Have you people heard anything about it?
Respondent 2: We have heard this only, that this happens due to weakness.
Respondent 3: One thing I have heard is that blood goes off with the stools.
Respondent 4: Only that mostly due to night fall/ejaculation weakness comes.
Respondent 2: Now, this is understood that a man should have hope of getting married. Now if marriage is not taking place, then his attention will definitely go somewhere else. If his attention goes in 'that thing' (meaning sexual intercourse), then he will have problems, this is the thing. It is understood that in the dreams, some female will come, then…..that work is done. (FGD-III)

The first discussant brought in his own personal experience of having white discharge and he explains that as a reaction to heat. He points out that his urine turns red, eyes blur and a fainting feeling emerges, and that he has lost weight and cannot work hard – all symptoms locally interpreted as a result of excessive heat in the body. He expects that after the hot summer season is over, these symptoms might reduce. However, it should be kept in mind that in South Asian ethnomedicine, 'heat' does not directly refer to the temperature or climate, but to a heating substance that relates to energy, desire, envy and any disruptive social force that can have a physiological counterpart. It can be called ethnophysiology, but is has much wider meanings than purely physiological states (Säävälä 2001, Ram 1992) – it is simultaneously a moral and bodily concept.

One of the discussants adds that he thinks the weakness is caused by nocturnal emissions: *mostly due to nightly ejaculation, weakness comes*. Then another respondent pointed out that the whole problem is because of delayed marriage. That leads the man to think about sex and that in turn gets him to masturbate or to have a nocturnal emission. The picture is not straightforward so that sometimes heat is thought to be the cause, sometimes it is thought to be the effect of masturbation. The only thing that all the participants in the four discussions seemed to agree that nocturnal emissions and masturbation are bad and can cause harm to the body which is manifested in white discharge, weakness and other symptoms. In one of the groups, a participant was very assured of the effects of *dhat* in the long run:

Due to white discharge, the sperm becomes thin, and early ejaculation takes place. And then due to early ejaculation, there is no pleasure also.

It is evident that this respondent had more experience of sexual relations than most of the other participants, as he pondered on the condition of early ejaculation and pleasure in intercourse. Others did not have such elaborated ideas of the effects of *dhat*. They simply were confused and petrified by such a phenomenon.

Some pointed out tea drinking as a cause for white discharge:
R – White discharge is due to drinking a lot of tea.
Moderater – Who told you this?
R – No one.
R – (Then) how did you know that this is the reason for white discharge? What is the reason for this?
R – By drinking tea, white discharge will occur, sir.
M – But then many people drink tea.
R – No, but how much would they be drinking, I drink a lot (of tea).
M – Is there any problem with having white discharge?
R – No, there is no problem, only (the person) becomes thin.
M – So on one has asked about the medicines, etc., treatment?
R – He [pointing towards another discussant] brought medicine and gave it, but I did not take it.
M – What do you mean by medicine?
R – These leaves and twigs from the jungle [herbs].

Linking tea was, according to the discussant, his own idea which he had figured out to explain his experience of white discharge. People in India commonly consider Indian *chai* as heat-producing substance, and consequently it fits into the picture in which masturbation, white discharge and nightly emissions are all considered as phenomena related to excessive heat in the person.

Masturbation and weakness

Unmarried men discuss *dhat* in relation to masturbation, as the above excerpts shows. The young men were rather open to discuss the fact that they masturbate. Masturbation clearly had a negative

moral valor; however, the major issue behind the negative value of masturbation was not morality but health concern. Also Aruna Lakhani et al's (2001) interviewees mentioned twice as often masturbation causing health problems that they mentioned its sinfulness or shamefulness. Masturbation was thought to lead to excess loss of semen and consequently into a heated condition of the body and weakness, a phenomenon called in Hindi *kamjori*. When asked why men masturbate, the reasons brought to the fore were the following: *It happens due to the heat, It happens due to eating meat and drinking, It happens with nylon underwear, and that it happens due to beauty, due to girls' gaudy and colourful clothes* or *due to seeing blue films* (i.e. suggestive or pornographic films, mostly Western films).

The harmful effect that the respondents believed to be caused by masturbation and nocturnal emissions as sexual and general weakness and infirmity:

Facilitator: So, why are you'll concerned about night fall and masturbation?
Respondetn 1: Yes, it is worrisome since the body can become weak with this.
Respodent 2: One becomes dizzy. I became (dizzy).
Respondent 3: Mental balance is disturbed.
Respondent 2: If (night fall) is a lot, the sperm can become thin also. [Loudly].
Facilitator: And what other problems are there?
Respodent 2: This is the main problem, particularly that….ejaculation occurring everyday or due to heat in the body, ejaculation can occur. This I am telling based on my experience. [Seriously].

The effect of masturbation was definitely seen as negative in all the discussions. One participant was assured that it will lead to loss of sexual prowess:

If he masturbates, then weakness will set in, such as early ejaculation, not able to get an erection.

In one discussion, young men referred to the possible bending of penis as a result of masturbation and white discharge, which would cause some other problems later in life. The person in question had confessed suffering from this state and having sought medical help to the problem from the private sector.

According to Helen Lambert & Kate Wood (2007) and Aruna Lakhani et al (2001), sexual intercourse is considered the appropriate outlet for semen release among men generally, while

involuntary ejaculation ('wet dreams') and masturbation are viewed as highly debilitating. Due to this, they found that some men in their samples explained it better to go to sex workers than to masturbate. Such views were not expressed in the discussions of unmarried rural men that are analysed here; this may be due to the stricter sexual norms in this rural area or due to the general lack of sexual relations among the respondents. In Lakhani et al's (2001) study, the respondents were men who had had multiple sexual partners, so their views are naturally different from largely inexperienced unmarried rural males.

Young men felt that weakness was linked with their illegitimate and 'dirty' sexual thoughts and deeds, such as masturbation, nightly emissions and white discharge which is thought to happen inadvertently. Weakness was affecting both their sexual prowess and their general health and energy levels. The feeling of dizziness soon after standing up, particularly after morning ablutions in the fields that are carried out squatting, were interpreted as a result of masturbation, nightly emissions or white discharge that came from their penises while urinating of defecating in the morning.

Lack of knowledge and treatment

Sir, the main problem that we people have, most for us, we don't have knowledge.. We don't know what is and what is not. The discussion which was conducted by us sitting together, that we have put in front of you, especially (the problem) about night fall/ejaculation, boils…. We are not sure why they come and what should we do about it.

Young unmarried men were very conscious of their lack of knowledge. They would want to know more and to understand what is happening in their own bodies:

Facilitator: OK, so have you ever discussed all these problems with someone?
Respondent 1: No.
Respondent 2: We discuss among friends, with who else will we discuss? (All together)
Facilitator: What do the friends tell?
Respondent 2: Nothing at all. They also tell the same things, talk about the same things. They talk about the same stupid things: he said this, he said that. Meaning, they tell of the same problems.
Respondent 3: We cannot find a solution.
Facilitator: What do they tell?

Respondent 3: That only, their problems and our problems are the same thing.
Facilitator: What are their problems?
Respondent 3: The same as our, what our night fall/ejaculation is.
Respondent 2: Mostly they tell about night fall.

Young men have only each other to turn to, and even if they discuss their problems, they do not get any help as they simply share each others' ignorance in this respect. They are well aware of their lack of knowledge and they constantly asked the facilitators to provide them with the accurate information to understand and improve their own sexual health. The facilitators had to find conversational techniques to avoid taking up a position of authority in the FGDs and to postpone the provision of necessary information to a later moment.

The discussions witnessed young unmarried men's hunger to know more and their dissatisfaction to the sources of care in case they faced problems. They knew some doctors and clinics in a nearby town where some village boy or the other had gone to seek help for sexual health care. These sources appeared rather questionable, for example - the young men narrated of one clinic where it was possible to receive massage for the bended penis to cure it. In another occasion, one man had gone to get treated for boils, and the doctor had assured that they were simply caused by heat and given him some medication. Evidently the lack of sexual knowledge makes the young unmarried men easy victims for abuse and they easily waste their money on useless cures (see also Verma et al 2003, Collumbien & Hawkes 2000).

Results

Rural unmarried men experience a wide range of functional situations which are culturally defined as health problems, such as 'weakness', 'bending of penis', 'nocturnal ejaculations' and 'loss of semen' – issues known to have a wide geographical and social relevance in India (Char 2011; Lakhani et al 2001; Lambert & Wood 2000; Savara and Sridhar 1992; Verma et al. 2003, Verma & Schensul 2004, Joshi et al 1998). Although rural unmarried males in this study are well aware of the sexual transmission of infections (Char 2011), they also believe that conditions such as burning sensation while urinating, boils or white discharge can be caused by diet, excessive heat and other causes. Sexuality of unmarried rural men is conceptualized as being bound with ill-health, danger and sickness, leading to difficulties in building a positive sexual identity that would enable a responsible and respectful interaction with sexual partners.

The idea that practicing pre-marital or extra-marital sex with women would be less harmful for the male body than masturbating (Lakhani et al 2001; Collumbien & Hawkins 2000) did not surface in focus group discussions among unmarried young men in rural Madhya Pradesh. In this respect the young rural men's thinking may differ from that of urban and married men's. The vedic idea of concern with semen loss seems to be a widely held idea that has also penetrated the consciousness of young unmarried men in rural areas.

Even rural unmarried men who are allegedly without much sexual experience with partners, are quite willing and prepared to share their experiences in a peer group facilitated by an experienced, older male with whom they can create a trustful relationship. According to Lambert & Wood (2007), verbal communication about matters sexual is, unsurprisingly, mostly indirect, and language or phraseology that carries implications of personal experience is often actively avoided. This study brings up contrary evidence; sexual issues are governed by a plethora of nonverbal attitudes and norms, but at the same time, a positive interconnection can be established relatively easily. The young men in the FGDs were even prepared to share some of their most intimate symptoms and occurrences, for example about using a condom that tore when having intercourse with a village girl, or having white discharge or a bended penis.

Discussion

The age at marriage is rising in India, and consequently the period of life in which young women and men are yet unmarried, but also not expected to engage in sexual contacts is lengthening. Although this development is more prevalent in urban India, it is also happening in rural areas, particularly among males. The future marriage squeeze created as a consequence of sex selective abortions that will soon start affecting men's marriage prospects in some northern and western areas of India will most probably lead to further pressure towards rising age at marriage for men (Guilmoto 2012). This means that the significance of the unmarried youth-stage in Indian men's life cycle will grow. It is important to examine the experience and understanding of sexuality in this stage of rural men's lives as, so far, there is empirical knowledge on the subject mainly on urban unmarried males (Joshi et al 1998, Verma et al. 2003, Verma & Schensul 2004; but see Collumbien & Hawkes 2000).

The cultural constructions of male sexuality that relate to the concern of semen loss may have been somehow functional in earlier times of very limited food provision and early age at marriage. They have been powerful means of control over young people's sexual lives and encouraged men to early marriage. These beliefs have turned out to be dysfunctional for the mental and sexual health of young men in present-day India. Building up a more positive image of masturbation would help to ease the unnecessary tension among unmarried men concerning their health (for a successful intervention in an urban setting, see Lakhani et al 2001). It would be important that reproductive health services and sex education porgrammes would address also young men, and they could do this by referring to the health effects of masturbation, the problem called white discharge and other penis-related problems. This way they would create a trusting relationship to their clients that would also make it possible to propagate the use of condoms and communicating with their female partners more openly, no matter if it was pre- or post-marital intimate relationship. Local cultural conceptualization of male sexual health is very far from the medical understanding propagated by the public health care system. A more holistic approach to male sexual health issues would broaden the opportunities to encounter rural men's felt sexual health needs and broaden local males' susceptibility to information on condoms as well (see also Lambert & Wood 2000, Lakhani et al 2001, Verma & Schensul 2004; Wellings et al 2006).

Most importantly, the study material shows that if the reproductive health personnel can start their work with the unmarried men by paying heed to their anxieties and conceptions of 'non-contact' sexual health, trust will be established. As Lambert & Wood (2007) put it, "utilising local discourses that draw on indigenous definitions of health, which incorporate concerns with sexual regulation and propriety, to understand how sex and sexuality are locally conceived and to promote HIV preventive strategies, may be more fruitful than a direct focus on verbal renderings of these latter constructs".

Our conclusion is that premarital 'non-contact' sexuality is plagued by a sense of danger, worry and sickness. Young men lack accurate information on sexuality and sexual organs which creates high anxieties about male sex. Physical developments that are basically normal developments are conceptualized as pathological and leading to unhealthy condition. This builds into a negative valuation of sexual desire and sexual acts. It would be necessary to provide young people with more information in order to make them feel more confident and positive about their sexuality and to make informed choices about their sexual actions. In the future, when the length of the unmarried

life stage for men is bound to lengthen further in India, male sexual health, also 'non-contact' health, will have to receive more public health interest.

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