

Healing traditions and men's sexual health in Mumbai, India: The realities of practiced medicine in urban poor communities

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Abstract

Men's pre- and extra-marital sexual behavior has been identified as the primary factor in the growing HIV/STI epidemic among both males and females in India. One major barrier to reaching men has been their underutilization of public health services, which has severely limited programs geared to prevention and early case identification. A significant number of men in India have strong culturally-based sexual health concerns, much of which are derived from "semen-loss" and deficiencies in sexual performance. This paper reports on an ongoing Indo-US project that has focused on men's concerns about sexual health problems and assesses the services provided by non-allopaths in three low-income communities in Mumbai. Findings indicate that the primary health resources for these men are private, community-based non-allopaths, who identify themselves as *ayurvedic*, *unani* and homeopathic providers. The paper suggests that the combination of strong culturally-based sexual health concerns and the presence of private non-allopaths who manage these problems present a window of opportunity for intervention programs to address the challenge of HIV/STI prevention and early case identification in India.

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Introduction

Men represent the great majority of the more than five million cases of HIV/AIDS in India (NACO, 2004; UNAIDS, 2004), with a rapidly increasing rate among women that has been primarily accounted for by men's risky sexual behavior and undiagnosed and untreated HIV and other sexually transmitted infections (Gangakhedkar, Bentley,

Divekar, Gadkari, Mehendale, et al., 1997; Maniar, 2000). Despite the presence of this epidemic, a number of studies have shown that males are more concerned about sexual health as it relates to performance than they are about HIV and sexual transmitted infections (STIs). This paper suggests that addressing men's performance priorities may serve as an opportunity for reducing sexual risk and early case identification (Pelto, Joshi, & Verma, 1999).

In India, the concept of *gupt rog* refers to men's perceived sexual health problems, which are

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culturally-defined illnesses that belong to the “secret parts of the body”. *Gupt rog* problems are seen as derived from concerns about excessive semen-loss, through nocturnal emission and masturbation, which cause loss of sexual desire, impotence, and premature ejaculation. *Gupt rog* also includes such symptoms as genital pimples, ulcers, itching, and pus discharge that are mainly seen as derived from sex outside marriage (Lakhani, Gandhi, & Collumbien, 2001; Verma, Khaitan, & Singh, 1998; Verma & Schensul, 2004).

The great majority of men who seek treatment for *gupt rog* problems use practitioners of *ayurveda*, *unani*, *siddha*, homeopathy, naturopathy, yoga and other Indian medical traditions. Unlike allopaths, these practitioners’ cultural and medical knowledge concerning *gupt rog* is consistent with men’s explanatory models and understandings of health and disease (Good, 1994; Kleinman, 1980).

This paper reports on research that examines the knowledge and practices of non-allopathic health providers with regard to men’s sexual health problems in three economically marginal communities in Mumbai (Bombay). The main objectives of this paper are to describe the role of the providers in treating and preventing *gupt rog* and to assess the convergence of the healing disciplines in the treatment of sexual health problems.

Much of the study of traditional medicine in India has been explored through leaders in the field, practitioners with noted reputations and *gurus* practicing a “purer” version of their particular healing tradition. This paper seeks to explore traditional medicine as practiced “on the ground”, or, in Khare’s (1996, p. 846) terms, ‘practiced medicine,’ which: “... deals with patients, their caregivers and medical practitioners for yielding sustained curing and healing practices, skills, and understanding...practiced medicine in India is a product of longstanding cultural negotiations among diverse healing traditions, and their healers... .”

Sexual health problems in the healing traditions in India

The classical texts of *ayurveda* (Charaka Samhita; Sursuta Samhita), *unani* (Al Razi; Ibn Sina) and homeopathy (Hahnemann) explain sexual health concerns and disorders and provide guidelines concerning diagnostic processes and treatment for these problems. The canonical texts emphasise the need to avoid “excessive” sexual activity, especially

during menses, and when there is a significant age difference between partners (Al-Dahbi, 1992; Dash, 1999; Ibn Qayyim al-Jawziyya, 1993; Ranade, 1999). More than any other sexual practice, masturbation is particularly to be avoided because, according to both *ayurvedic* and *unani* traditions, it could lead to sterility, impotency, a reduction in longevity, and other physical and emotional disorders (Ranade, 1999). For Al-Dahbi, a 14th century master of popular *unani* tradition (*al-tibb al-nabawi*): “Physicians have said that to produce a seminal emission by hand causes distress and weakens the sexual appetite and erection of the penis” (translation from Arabic by Elgood, 1962, p. 61). According to the *ayurvedic* tradition, one of the main components of the human body consists of the seven *dhatu*s: one of these, called *sukra*, enters into the formation and cycle of sperm and ovum. When *sukra* is disturbed, it results in reproductive and sexual health problems (Dash, 1999).

In the classical texts, the treatment of reproductive and sexual problems focuses mainly on behavior changes and the use of rejuvenative and invigorating foods and natural (herbal) remedies (Al-Dahbi, 1992; Ranade, 1999). Classical practitioners seek to understand patients’ physical and physiological complaints, and conduct a detailed elicitation of patients’ well-being, social problems, diet, rest and activity patterns, including any risky behavior that may have an impact on patients’ health (Nordstrom, 1988). The underlying medical epistemology of that holistic and ecological approach is that “disease makes sense only in its totality” (Bibeau, 1982). Current healing practices in the study communities have tended to retreat from this classical holism to a more fragmentary and expeditious symptomatic approach.

Methods

The project from which the data for this paper are drawn is a collaboration of the Center for International Community Health Studies (CICHS) at the University of Connecticut School of Medicine, the Institute for Community Research (ICR), Hartford, CT and the International Institute for Population Sciences (IIPS) in Mumbai, the leading demographic institution in India. The project has led to the establishment at IIPS of the program *Research and Intervention in Sexual Health: Theory to Action* (RISHTA, an acronym meaning “relationship” in Hindi and Urdu). The RISHTA project, currently

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