

Beyond the shifting paradigms in men's sexual well-being: A holistic overview

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Introduction

From Shilajit shots to cold plunges, men's sexual wellness industry is skyrocketing at an exponential rate. Yet, when it comes to healthy discussions about sexual health, there seems to be a wide gap between the way sexual health is discussed in the female and male arena. Men's sexual health is an integral aspect of their overall well-being, encompassing various physiological, psychological, and social factors. Although men's sexual wellness holds a lot of significance, discussions surrounding men's sexual health have often been ignored or stigmatized. However, it is imperative to acknowledge and address men's sexual health concerns comprehensively to promote holistic health and well-being.

In contemporary society, discussions surrounding men's sexual health remain a taboo and are an often overlooked topic. Yet, understanding and addressing men's sexual health concerns are fundamental aspects of fostering holistic well-being and promoting positive mental health outcomes. This white paper delves into the multifaceted realm of men's sexual health, elucidating its importance, the current landscape in India and globally, and the imperative need for recognizing men's sexual issues.

The Relevance of Communicating About Men's Sexual Health:

Men's sexual well-being is a crucial component of their overall health, spanning physical, emotional, and social realms. Addressing these concerns is vital for several reasons. Firstly, sexual satisfaction significantly impacts one's quality of life, influencing relationships, self-esteem, and emotional fulfillment. By openly discussing sexual health, individuals can prioritize their well-being, leading to more satisfying lives. Moreover, consistent dialogue helps combat stigma and enhances sexual health literacy, dispelling myths and misconceptions that hinder help-seeking behaviors. This fosters informed decision-making and empowers individuals to take charge of their sexual wellness. Additionally, addressing sexual health issues positively affects intimate relationships, reducing conflicts and enhancing intimacy, trust, and emotional

connection. Overall, open discussions about men's sexual health are crucial for promoting holistic well-being, challenging stigma, and fostering positive sexual attitudes and behaviors, ultimately empowering individuals to lead happier, healthier lives.

Keeping up with the modern world

In today's fast-paced world, men face a myriad of challenges that can take a toll on their health and well-being. One of the primary challenges is the pressure to excel in their careers, often leading to overworking and high stress levels. The constant juggling of work responsibilities, coupled with long hours and demanding deadlines, can leave men feeling exhausted and overwhelmed. Moreover, modern lifestyles characterized by sedentary habits and poor dietary choices contribute to a decline in overall health. Lack of exercise, coupled with a diet high in processed foods and sugars, can lead to weight gain, obesity, and a host of related health issues. These unhealthy lifestyle habits further exacerbate stress levels and increase the risk of chronic conditions such as heart disease, diabetes, and hypertension.

Another significant challenge facing men in the modern world is the decline in testosterone levels. Research has shown that testosterone levels in men have been steadily decreasing over the years, attributed to factors such as environmental toxins, sedentary lifestyles, and poor dietary choices. Low testosterone levels can impact various aspects of men's health, including energy levels, muscle mass, libido, and mood (Carruthers, 2009).

Current Landscape of Men's Sexual Health Globally and in India

In India, as well as globally, men's sexual health remains a complex and multifaceted issue shaped by cultural norms, societal expectations, and access to sexual health services. Despite significant progress in various areas of healthcare, discussions surrounding men's sexual health continue to be stigmatized and overlooked. Cultural taboos, gender stereotypes, and a lack of comprehensive sexual education contribute to a reluctance to discuss sexual health openly, leading to misinformation and barriers to accessing sexual health services.

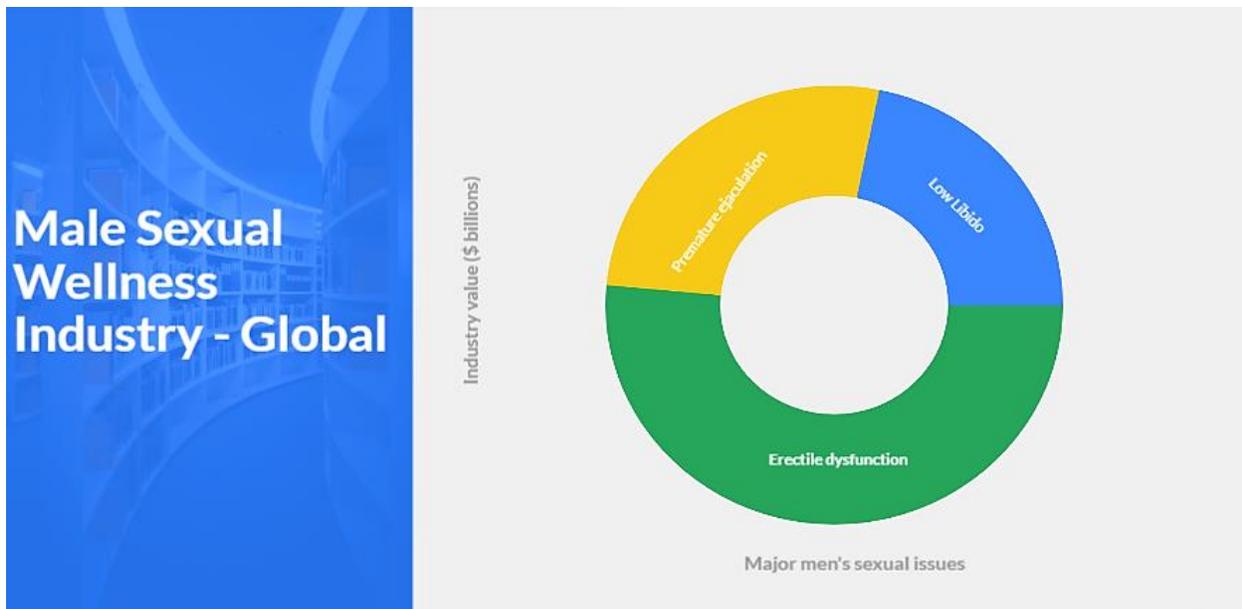


Figure 1 – Industry distribution of men’s sexual issues (\$ billions)

The global men’s sexual wellness industry is valued in billions (Fig. 1). This is mostly because of untargeted marketing but centered on lascivious and indecent content of men’s products. In India, this is even more rampant. This is one of the major reasons why there’s a lack of medical content targeted at men’s sexual issues. Women’s sexual health is pointed at scientifically sound and clean marketing due to which talking about women’s sexual issues has never been problematic.

Urban areas often have better access to sexual health services, including clinics, counseling services, and educational programs, compared to rural areas. Additionally, marginalized populations, including LGBTQ+ individuals and ethnic minorities, face additional barriers to accessing sexual health services due to discrimination, stigma, and lack of culturally competent care. Furthermore, prevailing misconceptions and myths surrounding masculinity and sexual prowess exacerbate the reluctance to seek help for sexual health concerns.

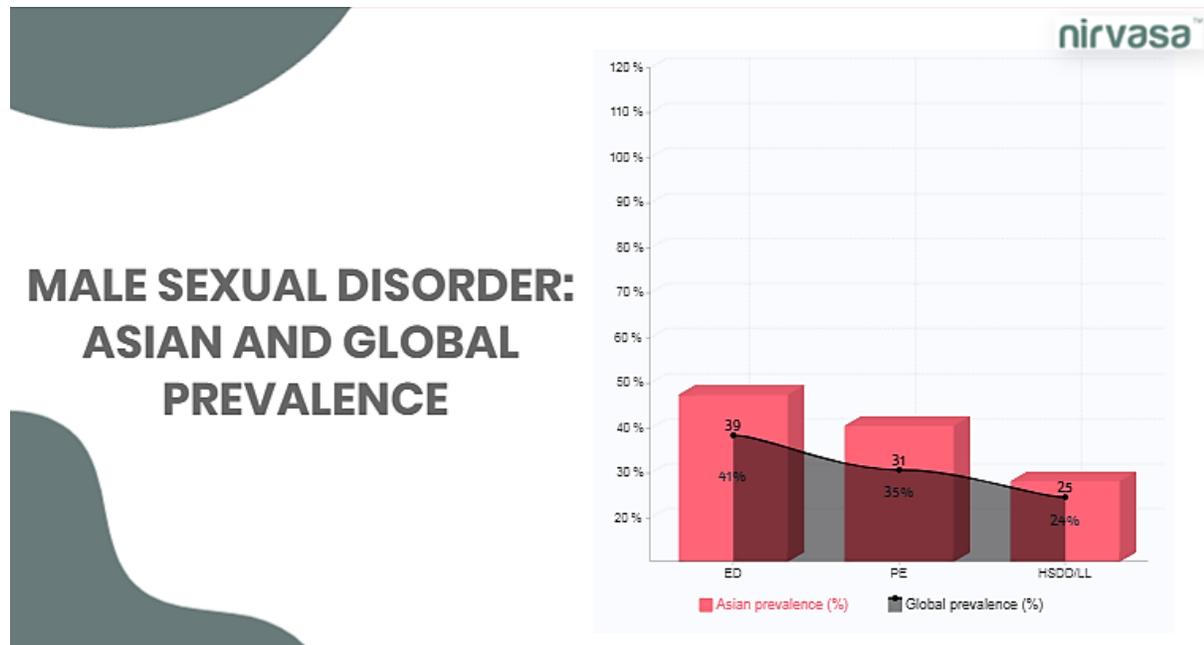


Figure 2 – The overall landscape of male sexual disorders over the world – Asian and global prevalence.

The widespread prevalence of men’s sexual disorders should pave the way for robust policies surrounding men’s health and wellbeing, yet this remains a class of disorders that no one wants to address (Fig. 2). Moreover, the current landscape of men's sexual health in India and globally is characterized by disparities in access to sexual health services and resources. Most NGO’s and organizations working under the ambit of sexual health prioritize women’s health over men’s health; the concerning lack of sexual health education among males lies solely with the men. Educating the masses especially the rural population is an important aspect to look into. The unavailability of resources for structured education of men’s sexual wellbeing is a gnawing issue that needs to be mitigated and solved.

Men are often led to prioritize stoicism and self-reliance, leading to a reluctance to acknowledge vulnerability or seek support for sexual health issues. This reluctance perpetuates the burden of sexual dysfunction and associated mental health issues, leading to diminished well-being and quality of life among men.

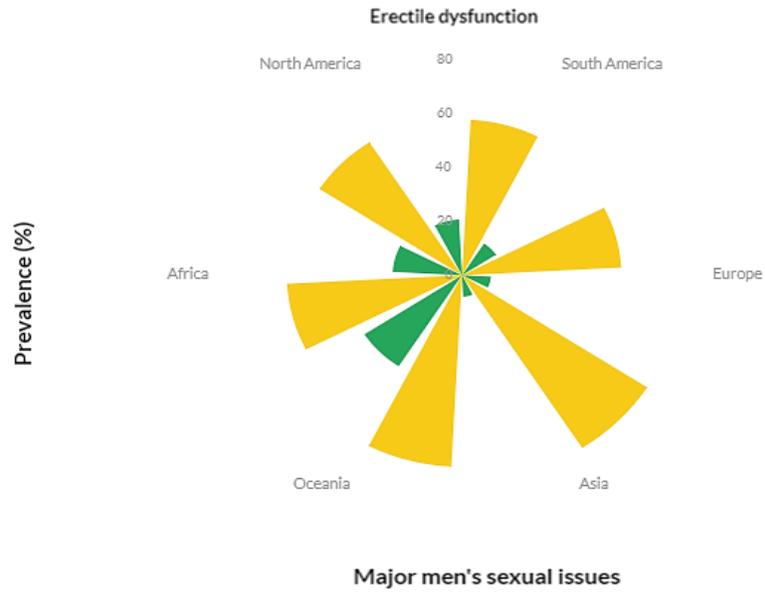


Figure 3 – Highest and lowest prevalence of erectile dysfunction over the world.

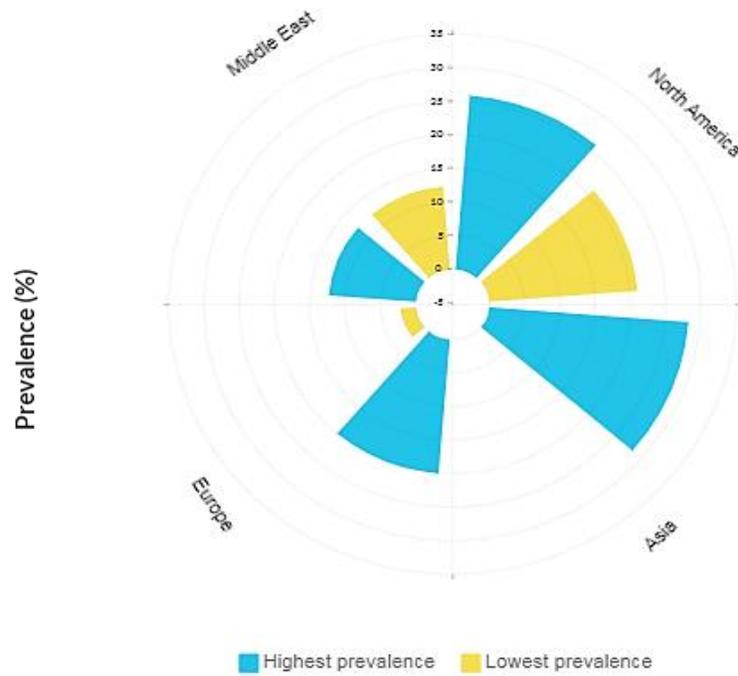


Figure 4 – Highest and lowest prevalence of premature ejaculation over the world.

Challenges in providing adequate sexual issues treatment in males, in India

It is paradoxical that the second largest population in the world is also unfortunately known as the ‘impotence capital of the world’. Addressing sexual issues within a community, especially the Indian community can be challenging due to various factors including cultural, social as well as individual differences. With the spread of sexual dysfunction being so rampant within the society, there has been a change in the way people view these issues from the past 10-15 years. While the society is more open to accepting these issues agreeably, there are some challenges that may often crop up when it comes to dealing with these issues.

a. Cultural stigmas or taboos –

Due to the conservative cultural backdrop, the environment for open discussions of sexual issues or even sexuality, per se, is generally not conducive. The discussions about sexual issues are often stigmatized; this prevents males from seeking help or even discussing their concerns openly. More often than not, this leads to incorrect diagnosis and even treatments.

b. Lack of sexual education –

The Indian education landscape, including the tutors, often lacks comprehensive sexual education. Instead of providing a strong foundation of sexual education to the adolescents and youth, our society stigmatizes sex education. Many young men may grow up with limited knowledge about sexual health that eventually leads to misconceptions, misinformation and misunderstanding their own body signals.

c. Limited healthcare infrastructure –

In the rural and small town (Tier 3 and 4 cities and towns) settings, the present healthcare infrastructure is insufficient to address sexual health issues adequately. From awareness in doctors to awareness in patients, these community settings lack the base needed to set up good sexual health infrastructure. This lack of accessible healthcare leads to delayed or inadequate care in males seeking sexual issues’ assistance.

d. Societal expectation –

Due to the conservative and hierarchical nature of Indian society, a traditional notion of masculinity or maleness discourages men from seeking the type of help they would need. This includes both mental health assistance and sexual health assistance. The expression of vulnerability or seeking help for perceived weaknesses discourages men from speaking out. Stress related to lack of sexual performance creates stigma within the person suffering from it. Men may be hesitant to seek out psychological help for these concerns. Due to the shame associated with these issues, many men seek out ‘secretive’ therapy from unlicensed practitioners which may further cause problems.

e. Lack of specialized healthcare professionals –

A shortage of healthcare professionals with specialized training in sexual health can lead to a gap in the provision of quality care. India has a major and visible gap existing in the care provision in both rural and urban landscapes. This shortage may result in a lack of expertise when it comes to addressing the specific needs and concerns related to male sexual health. A major chunk of healthcare professionals also lack sensitive care training.

f. Privacy concerns

Concerns about privacy and confidentiality can be a significant barrier to seeking care for sexual issues. Men may worry about breaches in confidentiality, especially in smaller communities where maintaining privacy can be challenging.

g. Limited awareness of available services

Lack of awareness about available sexual health services and resources can contribute to delayed care. Men may not know where to seek help or may be unaware of the existence of specialized clinics or healthcare providers addressing sexual health.

The cultural context, coupled with limited access to comprehensive sexual health education and healthcare services, creates barriers to open communication about sexual issues, hindering the

early identification and management of male sexual health problems in India. Breaking down these barriers requires a multifaceted approach that includes education, awareness campaigns, and destigmatization efforts to encourage men to prioritize and seek assistance for their sexual well-being.

Challenges of government agencies, NGOs in setting sexual health policies -

1. Important information on diagnoses and treatments given to citizens in both the public and private sectors is presently not recorded in disease databases. Due to the high number of citizens that are not part of the system, India must address these implementation issues. Furthermore, there is an immediate need for a system to transfer, scale up, and maintain pilot/innovative models for surveillance.
2. Lack of quality control - The best approach for systematic quality control for observable population hasn't been adopted. Program implementation mechanisms are not always able to coordinate with research groups and vice versa.
3. The role of the private sector can be leveraged for continuous and independent data collection. Due to the lack of systems in place for sexual health, most of the data collected is either old or unnecessary. The private sector in healthcare encompasses a diverse range of entities, including unregistered practitioners, clinics, pharmacies, hospitals, corporate institutions, nursing homes, and universities. However, private sector involvement in health surveillance is minimal. The private sector consists of 75% total inpatients surveyed and 62% outpatients.
4. Due to the lack of focus on non-communicable diseases, sexual health takes a backseat as current government strategies are also not dealing with these topics. For effective communication, print and social media has to be utilized for most outreach.

Recognition of Men's Sexual Issues and Their Mental Health:

Recognizing men's sexual issues alongside their mental health is imperative for promoting holistic well-being and addressing the interconnected nature of sexual and mental health. Sexual dysfunction and dissatisfaction can have profound psychological consequences, including anxiety, depression, low self-esteem, and relational conflicts. These psychological consequences often exacerbate sexual health issues, leading to a vicious cycle of distress and dysfunction.

Moreover, sexual dysfunction is frequently intertwined with underlying mental health conditions, necessitating a comprehensive approach to assessment and treatment. For example, individuals with depression or anxiety may experience sexual dysfunction as a symptom of their mental health condition. Conversely, sexual dysfunction can contribute to feelings of inadequacy, shame, and guilt, exacerbating existing mental health issues. Therefore, addressing men's sexual health concerns requires a holistic approach that considers both sexual and mental health aspects.

A comprehensive review and meta-analysis was conducted exploring the relationship between erectile dysfunction (ED) and depression. The analysis included 49 publications, revealing a noteworthy association between experiencing depression and the likelihood of developing ED, as evidenced by a pooled odds ratio (OR) of 1.39. Conversely, the analysis also indicates that **individuals with ED are at an elevated risk of experiencing depression**, with a pooled OR of 2.92. This finding emphasizes the bidirectional relationship between these two conditions. The study also stresses the importance of routine screening for depression among patients presenting with ED symptoms, and vice versa, in individuals exhibiting signs of depression.

The study highlights the critical association between depression and ED, urging policymakers, clinicians, and patients to recognize and address this relationship to optimize patient care and well-being. Recognition of depression as an offshoot of ED is one of the critical features that needs to be explored when dealing with men's sexual wellness as a whole (Liu et al., 2018).

Furthermore, recognizing men's sexual issues and their mental health is essential for promoting help-seeking behavior and reducing stigma surrounding mental health. Men are often socialized to prioritize stoicism and self-reliance, leading to reluctance to seek help for mental health issues. By acknowledging the interconnected nature of sexual and mental health, we can challenge stigma, promote open dialogue, and encourage individuals to seek support for their mental health concerns.

To encourage open discussions about men's sexual matters, these steps can be adopted into care programs -

- i. **Education and Awareness:** Educating the public about the importance of discussing men's sexual health, benefits of open dialogue.

- ii. **Media Representation:** Positive representation in TV shows, movies, and advertising can help normalize these discussions.
- iii. **Community Initiatives:** This could include hosting workshops, seminars, or support groups where individuals can openly share their experiences and concerns.
- iv. **Healthcare Provider Training:** Provide training for healthcare providers on how to initiate conversations about men's sexual health during routine check-ups. This can help create a more supportive environment for patients to discuss their concerns.
- v. **Peer Support Groups:** Establish peer support groups where men can connect with others facing similar issues and share advice and resources in a safe and non-judgmental space.
- vi. **School Curriculum:** Advocate for comprehensive sex education programs in schools that cover both male and female sexual health topics.
- vii. **Online Platforms:** Utilize online platforms and social media to spread awareness and provide resources for men's sexual health.
- viii. **Public Campaigns:** Launch public awareness campaigns focused on breaking down stigma and encouraging open dialogue about men's sexual health.
- ix. **Celebrate Diversity:** Recognize and celebrate the diversity of male experiences and identities within discussions about sexual health. Ensure that conversations are inclusive of all genders and sexual orientations.
- x. **Lead by Example:** Your openness and willingness to engage in these discussions can inspire others to follow suit.

Social stigma and care seeking behavior - A lens on India

A sizable percentage of people suffer from sexual dysfunction; over 43% of women and 31% of men report having a problem. Sexual dysfunction in mental health patients is associated with psychopathology and treatment, impacted by illnesses such as anxiety and depression, and made worse by specific drugs. Effective intervention is hampered by the fact that sexual dysfunctions are frequently underdiagnosed and under-recognized in therapeutic settings, despite their prevalence. It can be difficult for doctors and patients to discuss issues related to sexual health because of social stigma and discomfort. The inability of unqualified medical practitioners to formally train in sexual dysfunctions and basic sex education during their schooling further impedes their capacity to appropriately manage these concerns.

A study in Mumbai's slum explores male sexual health issues beyond STDs, focusing on semen conservation's cultural significance. Concerns include semen loss, non-contact problems, and their impact on sexual lives. Lifestyle factors correlate with non-contact sexual issues. The study involves 1344 men aged 18-50 from diverse socio-economic backgrounds in Mumbai's northeast, using stratified random sampling and complete enumeration.

The research conducted in India surveyed men to investigate their beliefs regarding sexual health issues, their perceived severity, causes, and treatment preferences. The findings uncovered worries about Dhat syndrome, associated with semen loss, and Kamjori syndrome, related to weakness, with a significant emphasis on premature ejaculation. Nearly half of the respondents reported experiencing sexual health problems, including wet dreams and kamjori. Seeking treatment, especially from private healthcare providers, seemed to be influenced by factors such as education level, specific health conditions, and behavioral considerations. Interviews emphasized the cultural significance of sexual prowess, attitudes towards allopathic medicine, and the influence of peers in treatment-seeking behavior. Additionally, the study highlighted the considerable costs associated with seeking treatment, with the highest expenditure observed in the treatment of STIs, specifically gonorrhea. (Verma et al., 2003).

The study underscores prevalent misconceptions about various sexual health problems among Indian men, including concerns about 'non-contact' issues and a significant number seeking treatment. Recognizing these issues is vital for reproductive health and HIV/AIDS prevention programs targeting men. A comprehensive approach, taking into account cultural nuances, language, and psychological distress, is advocated. Involving informal health providers is crucial for improving STI care, expanding counseling services, assessing community-based support, and enhancing the cultural appropriateness of healthcare responses to men's sexual health problems. The spectrum of men with more than one sexual issue could be more, but social stigma as well as lack of sexual education could be hampering their need to seek care. In rural areas, primary care physicians are often relied upon to provide information about sex and related matters. However, young men in these settings primarily seek knowledge from peers, pornographic material, and magazines. The pervasive taboo and reluctance to discuss sexual issues result in many males

silently experiencing erectile dysfunction, premature ejaculation, or low libido, unaware that they can seek help. Consequently, this silence contributes to unfulfilled married lives.

This study highlights the necessity for a community-oriented approach to address these deeply rooted cultural misconceptions, suggesting that educational programs, particularly targeted at adolescents and young adults, could contribute to fostering positive changes in societal perspectives on sexual health. Despite the clinic-based nature of the study and the predominant representation of males, the findings emphasize the influence of cultural norms on sexual health in India. The study advocates for a more directed and community-based strategy to tackle prevalent cultural-induced disorders, aiming to extend beyond specialized clinics and bring about a transformative shift in societal attitudes towards sexual health (Kendurkar et al., 2008).

A study on treatment-seeking behavior at public health facilities in developing nations, using data from 2004 to 2018, reveals a consistent high unmet need for treatment, remaining at 60% in 2004 and 62% in 2018. Notably, the proportion of individuals not seeking treatment decreased from 12% to 3% during this period. Certain states like Andhra Pradesh, Madhya Pradesh, Maharashtra, Punjab, Telangana, Uttar Pradesh, and West Bengal showed persistent high unmet needs in 2018. Quality of services and a perception of ailments as less severe contributed to this unmet need. The study stresses the need to improve availability and quality of services, and promote education and awareness to encourage treatment-seeking behavior, crucial for India's universal health coverage program. (Yadav et al., 2022).

The 'State of Healthcare in Rural India-2023' study, covering 6,478 respondents across six regions, finds that over 60% of rural residents choose to seek major disease treatment outside their state. Nationally, about 10% visit public primary healthcare facilities, while approximately 60% use government-operated secondary-level facilities. Private hospitals are preferred by 22%, and just over 5% consult private medical practitioners. Northeastern states show the highest preference for seeking treatment elsewhere, followed by the eastern and central regions. Among households seeking treatment elsewhere, around 51.6% spend less than Rs 25,000, with nearly two-thirds of respondents from lower-income backgrounds. The study stresses the need to upgrade primary healthcare services to improve patient satisfaction and reduce the need for long-distance travel for treatment. (<http://surl.li/ojztz>).

Online healthcare portals provide a confidential setting for help, reducing the distance between doctors and seekers. Nonetheless, there is a gender difference, with men asking 96.8% of the questions, which may be a reflection of how society regards sexual performance. Pornographic and advertising-related misconceptions and anxiety have led to concerns about sexual function among young men, particularly those between the ages of 20 and 35. Men in their younger years are reporting erectile dysfunction, which was previously associated with misconceptions and lifestyle choices. Anxiety about penis size and masturbation are prevalent, and some people turn to potentially dangerous remedies. For a better knowledge of sexual well-being, particularly among young people, it is imperative to address taboos surrounding sexual health, raise awareness, and dispel falsehoods. (Deshpande et al., 2019).

The rural population's approach to receiving care is influenced by quacks, unlicensed "doctors," and practitioners. This results in the widespread and illicit prescription of goods that have never been subjected to safety testing or even the misuse or overuse of deadly compounds. Many of the drugs or substances that these unlicensed practitioners use are either outright prohibited or not approved by the Central Drugs Standard Control Organization (CDSCO), but they are nevertheless in use and being prescribed to patients with legitimate medical conditions, including sexual dysfunctions. Quacks have attempted to treat ailments like cancer or cardiovascular disease using incredibly unscientific methods, despite their incompetence in managing critical medical problems. The Drug and Magic Remedies Act (Objectionable Advertisements), 1954 was introduced by the Indian government. Many medicines that were regarded as "miracle" or "magic" remedies would attempt to be regularized or streamlined by this statute. Both rural and urban Indian society is seeing an increase in this type of medical carelessness. Since treating sexual problems is where medical quackery is most prevalent, it is imperative to stop this right now. Medical quackery is not just limited to rural areas; it can be seen in urban areas as well. The behavior of the rural male trying to seek out effective treatment for his sexual disorder further leads to underdiagnosis or misdiagnosis.

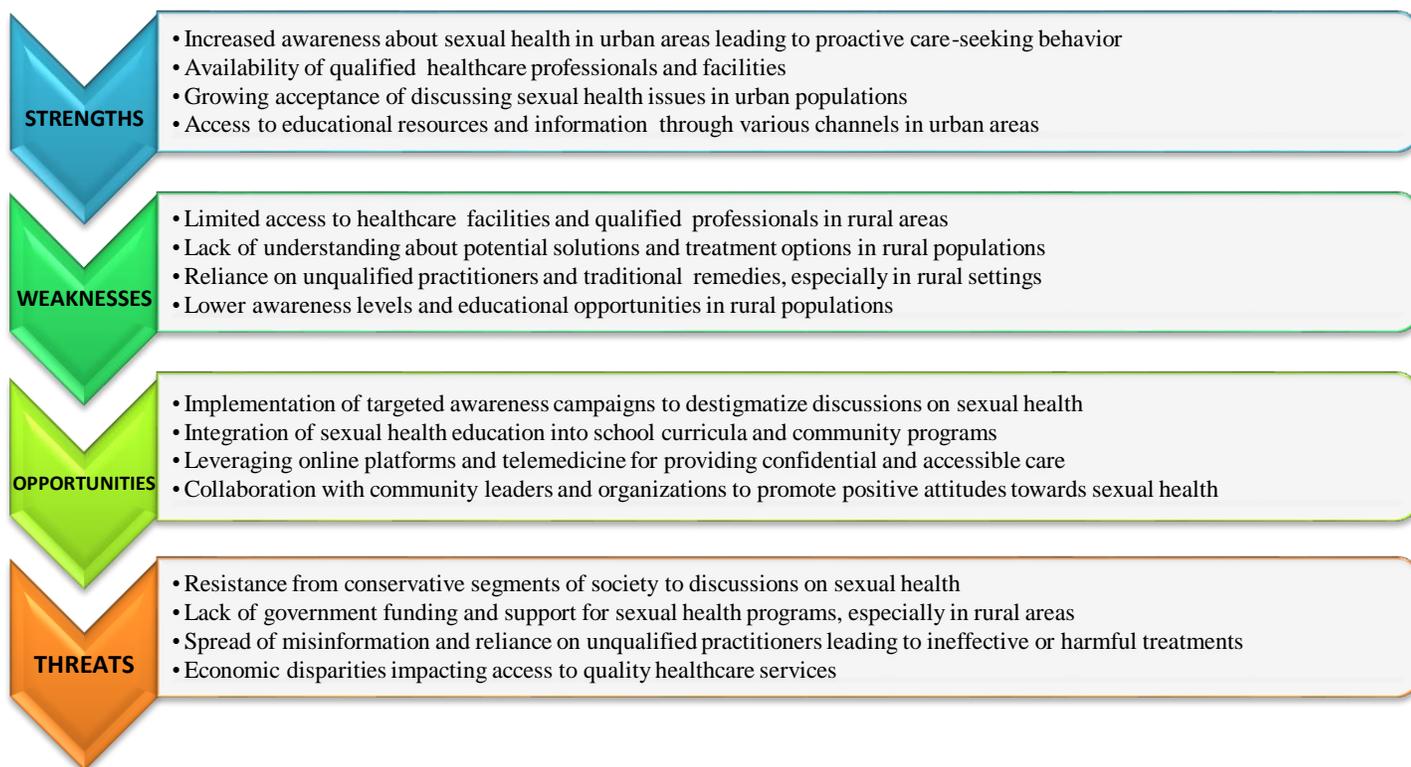
The males in urban populations also suffer from these sexual issues but due to higher education and the trickling effects of Western influence, the taboo of sexual discussions is slowly reducing. In the urban setting too, most men are aware of the stigmas associated with discussing sexual

issues, but the availability of all-round care including qualified doctors and therapists, correct medical regimen and educational content, helps many patients receive the treatment they require.

Another study explored the correlation regarding gender and care seeking behavior in the adolescent population. Boys mostly sought treatment from medical shops and private facilities, whereas girls preferred private facilities followed by government services. Access to information, such as discussions with parents and exposure to mass media, was associated with higher odds of seeking treatment for girls. For boys, having more than one friend, being in school, and being able to communicate with parents about puberty were correlated with using services. (Desai et al., 2021). According to a 2016 World Health Organization (WHO) report, 57.3% of allopathic practitioners in India lacked proper medical qualifications, sparking nationwide concern. Among the report's findings, India had just 20 lakh health workers for a population of 1.02 billion in 2001. These included 39.6% doctors, 30.5% nurses, and 1.2% dentists, with 77.2% practicing allopathic and 22.8% homoeopathic medicine. The rest comprised pharmacists, traditional healers, etc. The prevalence of unqualified practitioners reflects the struggling state of India's public health system, as highlighted by the 2019 National Health Profile. India's public health expenditure is among the lowest globally, rendering health facilities inaccessible or in poor condition in many areas. (<http://surl.li/ojubi>).

In India, there is a discernible difference in the care-seeking patterns of urban and rural areas with regard to sexual disorders. Males with sexual health issues are more likely to seek care proactively in urban areas due to increased awareness and accessibility of healthcare facilities. Living in an urban area usually offers advantages such as easier access to healthcare facilities, educational opportunities, and a culture that may be more receptive to conversations on sexual health. Conversely, issues in rural areas include lack of understanding about potential solutions, socio-cultural taboos around talking about sexuality, and restricted access to healthcare facilities. All of these variables together lead to a notable difference in the patterns of care-seeking behavior; guys living in rural areas may be less willing or easier to reach when it comes to managing and addressing sexual health problems than men living in cities. Targeted initiatives are needed to close this disparity, such as awareness campaigns, better healthcare facilities in rural areas, and the de-stigmatization of discussions about sexual health in the context of larger society.

SWOT analysis of the landscape of men's health



Nirvasa at the forefront of change: Walking the talk

In a world where sexual wellness programs often follow a one-size-fits-all approach, there's a growing need for innovation and personalized care. Our groundbreaking initiative throws light on one of the most comprehensive men's sexual wellness programs designed that surpasses conventional norms and delivers highest results. With a team of expert doctors, therapists, and nutritionists, coupled with evidence-based Ayurvedic medications and nutritional supplements, we are poised to transform the landscape of men's sexual health.

Traditional sexual wellness programs often overlook the complex interplay of physical, psychological, and nutritional factors influencing men's sexual health. Many men struggle silently with issues such as erectile dysfunction, premature ejaculation, and low libido, unaware of effective treatment options or hesitant to seek help due to stigma and misconceptions.

Nirvasa's program stands out from other sexual wellness programs in several key ways. Firstly, we take a holistic approach that considers not only the physical aspects of sexual health but also the psychological and nutritional factors that play a significant role. While traditional programs

often focus solely on symptom management, we delve deeper to address the root causes of sexual health issues, leading to more sustainable and effective outcomes for our patients.

Secondly, our multidisciplinary care team sets us apart. By bringing together doctors, therapists, nutritionists, and health coaches, we offer a comprehensive approach that encompasses all aspects of sexual wellness. This collaboration ensures that each patient receives personalized care that is tailored to their individual needs and circumstances, maximizing the likelihood of successful management of the sexual issues.

Moreover, our program places a strong emphasis on education and empowerment. We believe that informed patients are better equipped to make decisions about their health and take control of their sexual wellness journey. To that end, we provide extensive educational resources and 24/7 access to care, enabling patients to receive support and guidance whenever they need it. Additionally, our use of evidence-based Ayurvedic medications and nutritional supplements sets us apart from other programs. We combine ancient wisdom with modern science to offer a holistic solution that is both safe and effective. This approach not only addresses the symptoms of sexual health issues but also promotes overall well-being, enhancing the quality of life for our patients. Our program represents a new standard in sexual wellness care that is ready to revolutionize the way we approach sexual health and empower individuals to live happier, healthier, fulfilling lives.

Conclusion

In wrapping up, it's evident that the landscape of men's sexual health is undergoing a significant transformation, driven by societal shifts, amplified awareness, and innovative care strategies. Despite the enduring stigma surrounding conversations on sexual health, there's a growing acknowledgment of the necessity to openly and comprehensively address men's sexual issues. Our extensive analysis of the current state of men's sexual health, both locally and globally, emphasizes the urgent need for proactive measures to foster holistic well-being and challenge outdated attitudes and misconceptions.

At Nirvasa, our groundbreaking men's sexual wellness program spearheads this transformative journey. Our approach sets us apart by taking a holistic view that recognizes the intricate connections between physical, psychological, and nutritional aspects in men's sexual health.

With a diverse team of specialists and tailored care plans, we empower individuals to navigate their sexual wellness journey with confidence, knowledge, and support, ensuring long-term, meaningful outcomes. Moreover, our integration of evidence-based Ayurvedic remedies and nutritional supplements adds a distinctive dimension to our program, blending ancient wisdom with modern science for safe, efficacious solutions. We are committed to dismantling barriers, challenging taboos, and fostering open dialogues about men's sexual health, laying the groundwork for a future where discussions on sexual well-being are met with empathy, understanding, and resources readily available.

As we embark on this transformative path, we extend an invitation to stakeholders, policymakers, healthcare providers, and individuals to join us in reshaping the narrative around men's sexual health. Together, we can create a world where sexual health conversations are met with compassion and support, and where everyone has access to the care they need to thrive. With Nirvasa's men's sexual wellness program leading the way, we are poised to make a significant impact on men's lives across India and **beyond, setting a new standard of care and empowerment in sexual health advocacy.**

References -

- Carruthers, M. (2009). Time for international action on treating testosterone deficiency syndrome. *The Aging Male*, *12*(1), 21-28.
- Desai, S., Pandey, N., Singh, R. J., & Bhasin, S. (2021). Gender inequities in treatment-seeking for sexual and reproductive health amongst adolescents: Findings from a cross-sectional survey in India. *SSM-Population Health*, *14*, 100777.
- Deshpande, S., Aiyappa, J., Mishra, S., Naik, S., Jain, S., Rajesh, M., Padhye, S., Kunte, H., & Bhat, V. (2019). Health Care Going Online: Help Seeking Behavior by Patients for Sexual Problems—Analysis of Online Queries on Sexual Health. *Journal of Psychosexual Health*, *1*(1), 78-83.
- Kendurkar, A., Kaur, B., Agarwal, A. K., Singh, H., & Agarwal, V. (2008). Profile of adult patients attending a marriage and sex clinic in India. *International Journal of Social Psychiatry*, *54*(6), 486-493.
- Liu, Q., Zhang, Y., Wang, J., Li, S., Cheng, Y., Guo, J., Tang, Y., Zeng, H., & Zhu, Z. (2018). Erectile dysfunction and depression: a systematic review and meta-analysis. *The Journal of Sexual Medicine*, *15*(8), 1073-1082.
- Verma, R. K., Sharma, S., Singh, R., Rangaiyan, G., & Pelto, P. J. (2003). Beliefs concerning sexual health problems and treatment seeking among men in an Indian slum community. *Culture, health & sexuality*, *5*(3), 265-276.
- Yadav, R., Yadav, J., & Shekhar, C. (2022). Unmet need for treatment-seeking from public health facilities in India: An analysis of sociodemographic, regional and disease-wise variations. *PLOS Global Public Health*, *2*(4), e0000148.