

Sexual Medicine Committee

Newsletter - 1



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Sexuality an overview

Sex is not about 3 letters

Sex is about 3 words

Health

Hormony

Happiness

Sexuality is part of “Quality of Life”
Part of overall health of the person

Sex is for

Procreation
(Reproduction)

Recreation

Relation

Talk of Sex was a taboo in society
It was an

Obscene

Ridiculed

Unparliamentary
(non-talkable) subject

Traditionally, culturally, sex and procreation are worshipped in our society. The worshipping of “Phallus” as “Shivaling” “Yoni” in kamakya temple symbolize the importance given to “Creation”. Our country has celebrated on “art and love of sex” in the popular book of vatsyayana titled “Kamasutra” in 3rd century itself. Maithuna shilpas in various temples signifies that sex was a part of life of people in olden days.

Sexual health is the ability to embrace and enjoy our sexuality throughout our lives. It is an important part of our physical and emotional health. Being sexually healthy means: Understanding that sexuality is a natural part of life and involves more than sexual behaviour. Recognizing and respecting the sexual rights we all share. Having access to sexual health information, education, and care. Making an effort to prevent unintended pregnancies and STDs and seek care and treatment when needed. Being able to experience sexual pleasure, satisfaction, and intimacy when desired. Being able to communicate about sexual health with others including sexual partners and healthcare providers.

Consider the well-known working definition of the World Health Organization: “Sexual health is a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health 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. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.”

Few years ago, woman’s sexuality was a non-entity

Till recently it was thought that woman was less sexual than man. But in the past few years this thinking has been completely demolished

With the great societal openness towards sex and sexuality, modern views, reversal of gender role stereotypes, mass media, frankness of women, sexuality education and contraception –there has been **sexual emancipation among women.**

Women’s sexual needs have been accepted as legitimate in their own right. **Female sexuality is a reality.**

When there are sexual disturbances or dysfunction, couple can get depressed, worried anxious, unhappy or frustrated.

Many women seek help and information regarding sex during pregnancy, after surgery, medication, illness, post menopause etc.

Many men are getting more and more concerned about their wife’s participation and pleasure.

It is important to recognize, diagnose and treat sexual dysfunction of either man or woman

Gynaecologists come across issues related to sexual dysfunction and sexual concerns. It is very important to include sexual history in their approach towards understanding woman’s problems.

Though female sexuality has been mentioned in Vatsyayana’s Kamasutra in 3rd century itself, it was suppressed due to religious, cultural, societal and familial bind-

ings and restrictions. Victorian rules, Manu's principles and concern to protect women from sexual abuse had an immense role to play.

Sexuality for a woman encompasses a broad range of physical and emotional needs for closeness and intimacy. It includes feelings about herself, how she relates to others, previous sexual experiences, feelings about the partner and relationship with the partner.

Sexual response is based on urge to procreate. **Female sexual response is more complex, more vulnerable and more easily inhibited than males**

Women respond more successfully in a close loving, stable relationship. It is more favourable with satisfactory self esteem and body image. It is affected by phases of menstrual cycle and hormones.

Sexual function depends on integrity of vascular system, autonomic and sensory nerve supply to genitalia, circulating androgens, intact erectile tissues and accessory glands, adequate stimulation and absence of psychogenic inhibition.

Sexual response can be affected by varying moods, tension, anxiety, fatigue, ill health, drugs, psychological and relationship factors.

Sexual dysfunctions are very common among general population but is not frequently encountered by the doctors. The reasons include: a) it is a taboo subject, b) uncomfortable feeling for both doctors and patients, c) the problem with vocabulary, terminology and usage of slang words, d) doctors think it is time consuming and avoid handling such cases and, e) most importantly, the subject of sexual health is not taught in medical colleges.

Successful treatment of sexual dysfunction will improve sexual intimacy and satisfaction, overall quality of life and relieves depression.

The effects of sexual dysfunction are, low self esteem, sense of futility, frustration, psychological problems like anxiety, depression, worry, unhappiness, marital disharmony, disturbed interpersonal relationship, quarrelling, infertility, non consummation, divorce, secondary erectile dysfunction, and premature ejaculation in males.

Female sexual dysfunction can be expressed as vague gynaec complaints, desire dysfunction, orgasmic dysfunction and sexual pain disorders.

If a woman thinks she has a health problem that is stopping her from enjoying sex, she has to seek help,

There are many people with skills and understanding to help women with sexual dysfunction.

Dr. Padmini Prasad

Consultant Gynaecologist & Sexologist

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SEXUAL HEALTH- INDIAN SCENARIO

Sexual and Reproductive Health & Rights (SRHR) is a concept that Indians, and South Asians are largely ignorant and aloof about. The taboo around topics like sex and sexuality is the root cause for the many issues people, especially women, face daily. According to a 2019 report by the Family Planning Association (FPA), India, 14 per cent of pregnancies amongst women aged under 20 are unplanned. It posits further that over 34 per cent of adolescent married girls admitted to being physically, emotionally, or sexually assaulted. Fifty per cent of maternal deaths among girls from 15-19 years of age occur due to unsafe abortion practices. All this in a scenario where sexual and reproductive health is not even a category that has its own laws and medical courses. Most adolescents lack access to age and sex appropriate health information which is vital for young people to make informed decision about their reproductive sexual health.

Results from a survey with young and unmarried Indian women suggest that as low as 1% of women have received information on sexual and reproductive health and rights from their mothers, doctors or government campaign. About 53% of these women feel insecure if the sexual health problems they faced were severe enough to visit a gynecologist. Within the Indian context and patriarchal system any conversation around young woman's sexuality is limited and stigmatized. This massively impacts the way unmarried women view their sexual health. About 13 women die in India everyday due to unsafe abortion.

Shame and Stigma, particularly impact unmarried women who end up delaying abortions and often resort to backdoor clinics, putting their lives at risk.

Problem is profound rural areas where inadequate health sources, lack of information, social stigma and policy barriers combined with personal and cultural fear, predisposes young people to poor knowledge attitude and practices regarding sexual and reproductive health. In a study conducted on young unmarried Indian rural men, it was seen that their sexual and reproductive health knowledge is limited although the majority were familiar with condoms (90%).

Electronic media (67%) was the prime source of reproductive health information, yet they lacked detailed knowledge of various contraceptive methods and felt ignored by health providers. They felt that health providers would be more capable of providing sexual and reproductive health information through interpersonal communication.

Main issues prevalent and concerning men are sexual weakness, itching around genital areas, burning sensation during urination, early ejaculation, wound on genitals, white discharge and so forth. Other causes raised by men include masturbation, nocturnal emission, loss of semen, pregnancy, Aids.

Most of the urban and around half of the rural population feels that unhealthy lifestyle (alcohol, tobacco and drug addiction) and high risk sexual behavior (unprotected sex, multiple sexual partners) are detrimental to sexual and reproductive health. Knowledge regarding modes of transmission of STDS is fair.

Most of the rural population feels that people indulging in pornography or unnatural sex and the ones with multiple partners are at high risk. For them sexual activity is meant for procreation and not recreation. Some rural people also believe that immoral sexual indulgence paves the way to sexual and reproductive health problems.

So, it is seen that poor sexual and reproductive health knowledge, perception and available non-formal, unreliable information sources. expose young people to poor sexual and reproductive health outcome.

THE LACUNA

1. Young people in India do not have access to comprehensive sexual education.
2. Even among couples, discussions around sex and sexuality rarely happen as it is taboo.
3. Sexual health is not taught in medical curriculum as a part of clinical medicine.
4. There are no specific educational curriculum's for providing sexuality education to school-col lege going young people and it's not even included within the counselling training curriculum.
5. Laws protecting reproductive rights are not aligned and there is no specific law on sexual rights in India.

Early comprehensive sexual and reproductive health information provision can have life long protective benefits to couple

Dr. Ruche Bhargava M.B.B.S.,M.D.(Obs & Gyne)
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