

Treatment of Male Sexual Health Problems by Traditional Health Providers in Mumbai, India

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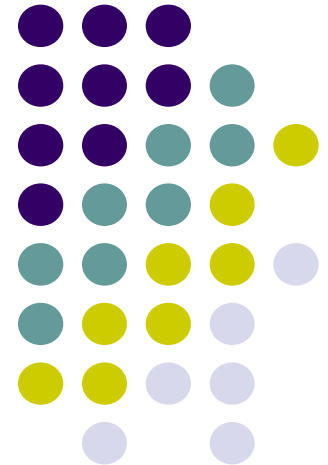
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***International Institute for Population Sciences, Mumbai

-Yale, April 22, 2005-

**“Male Sexual Concerns And The Prevention Of HIV/STDs in India”
(RO1-MH64875. NIMH, 2001-2006)**



Collaborators



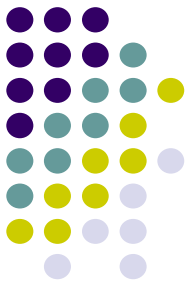
Universities & NGOs (India & USA)

- University Connecticut School of Medicine
- Institute for Community Research, Hartford CT
- International Institute for Population Sciences, Mumbai
- TN Medical College, Mumbai
- CORO for Literacy, Mumbai

Multiple Disciplines

- Anthropology
- Psychology
- Demography
- Medicine
- *Local/Cultural Knowledge*

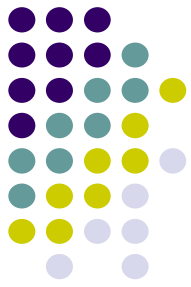
Project Design: Three Phases



➤ **Formative Research**

➤ **Intervention**

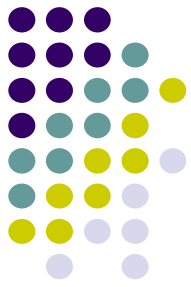
➤ **Evaluation**



Project Design: Three Levels

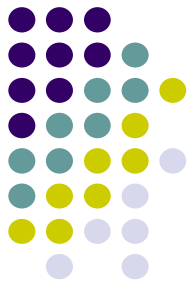
LEVEL & COMMUNITY	COMMUNITY LEVEL	PROVIDER LEVEL		PATIENT LEVEL
		Healers	MHC	
EXPERIMENTAL 1	X	X	--	X
EXPERIMENTAL 2	X	--	X	X
CONTROL	X	--	--	--

3 Large Low-income Communities in Mumbai (700,000 Population)



- **Migrants:**
Uttar Pradesh
Tamil Nadu
Rural Maharashtra
- **53% Muslims &
43% Hindus**
- **Education = 6th std
(82% literate)**
- **Income/month =
Rs. 3272 (\$75)**

Quantitative & Qualitative Methods: Males' & Healers' Perspectives



➤ **IN-DEPTH INTERVIEWS:**

Married Men (52)

Health Providers (37)

➤ **STRUCTURED INTERVIEWS:**

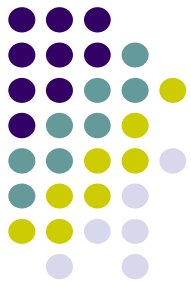
BSI (2408 married men)

RAP (219 traditional health providers)

Qualitative Data:

SHPs = *Gupt Rog* (“secret illnesses”)

Men’s Major Sexual Health Problems

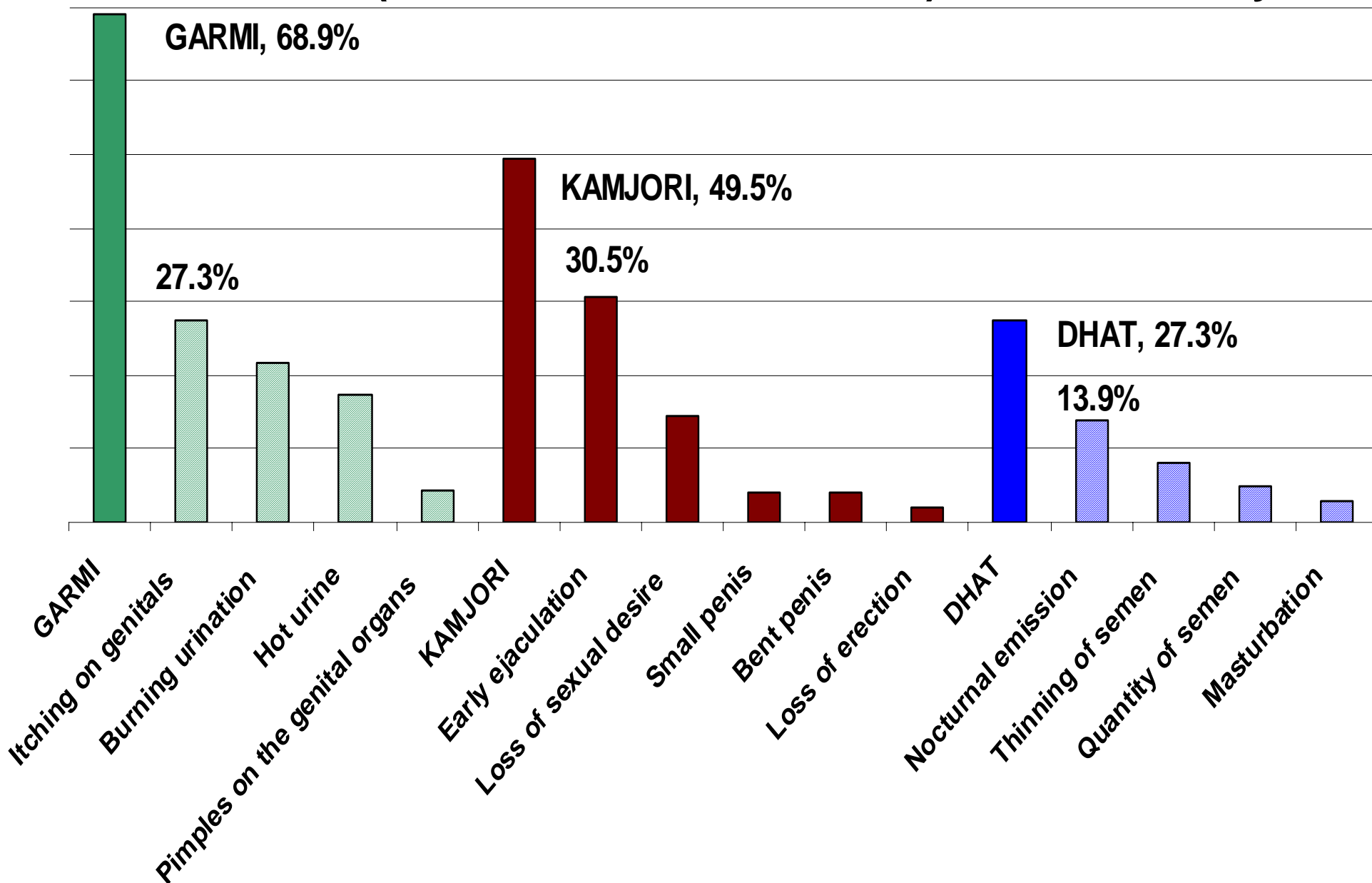


- ***DHAT*: “excessive semen loss problems” (no sex partner)**
 - **Nocturnal Emission**
 - **Self Sex**
 - **(Semen = *Virya*)**

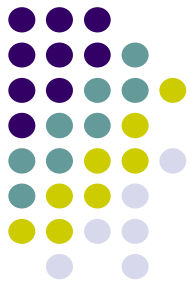
- ***KAMJORI*: Sexual Performance Problems**
 - **Early Ejaculation**
 - **Erection Problems**

- ***GARMI*: STI-like Symptoms**
 - **Itching, Sores, Pimples In Genital Area**
 - **Pus Discharge, Burning Urination**

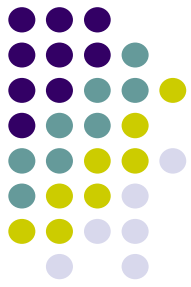
GUPT ROG (1272; 53% of 2408 M-BSI). Cluster Analysis



1272 Men (53%) with *Gupt Rog*



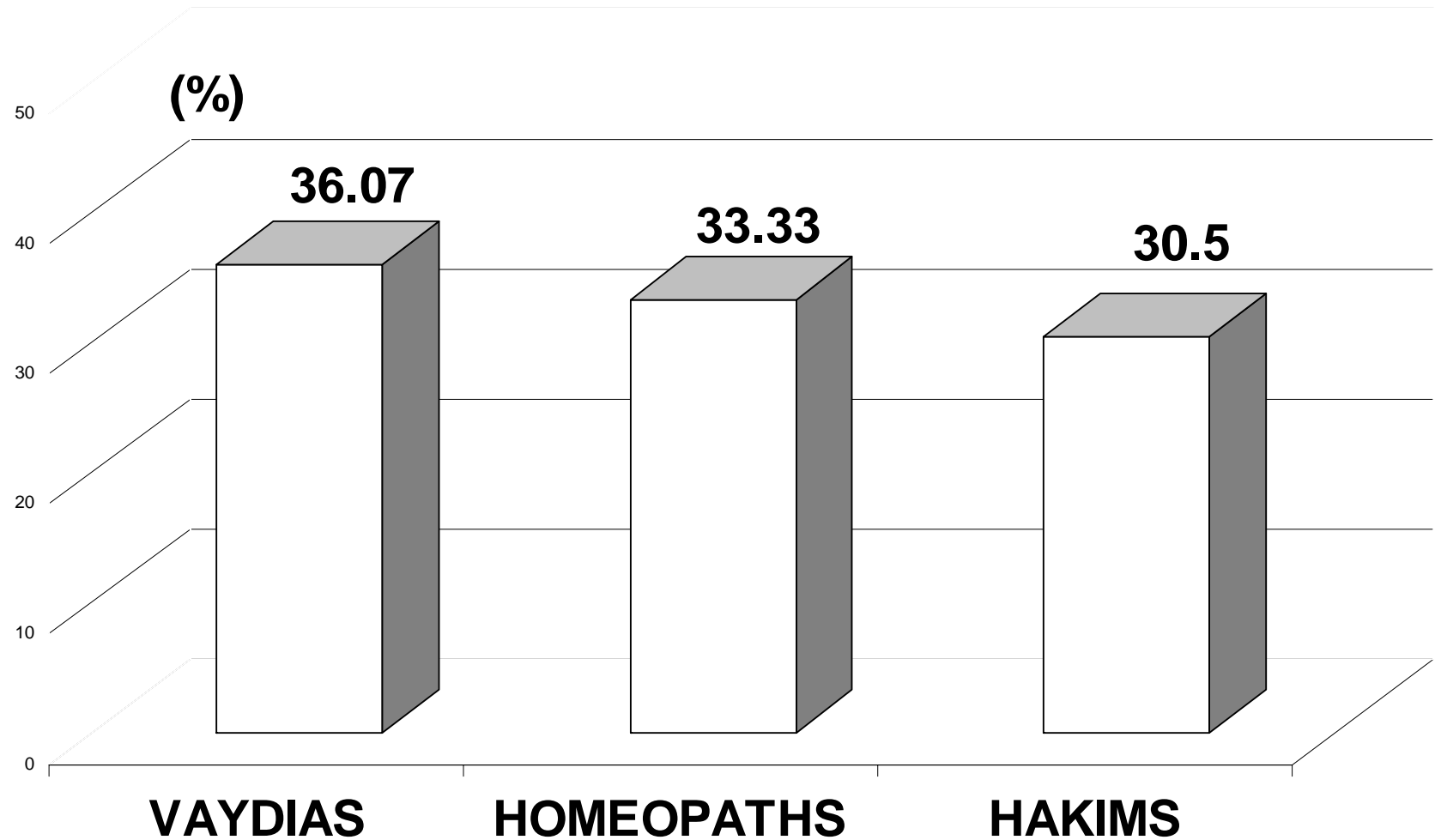
TREATMENT	SELF <u>(Overall:28%)</u>	HEALERS <u>(Overall:69.8%)</u>
<i>Garmi</i>	34.8	62.7
<i>Kamjori</i>	21.7	76.2
<i>Dhat</i>	9.3	90.6



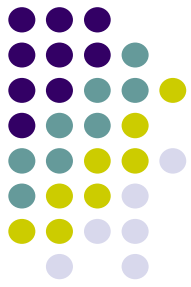
Men with SHPs Go to Traditional Health Providers Because:

- The available public health facilities are utilized primarily by women for MCH
- The public health system & private allopaths “disdain” *kamjori & dhat*
- Traditional health providers understand & respect *gupt rog* patients

219 Traditional Health Providers

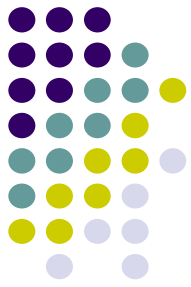


Traditional Health Providers (Cont.)



- **Males: 93%**
- **Age: 35**
- **47% Muslims & 50% Hindus**
- **Education: 18 Years**
- **Practice: 9 Years**

Management of SHP



➤ **HISTORY TAKING**
Signs & Symptoms
Onset & Duration

➤ **PHYSICAL EXAM.**
Occasionally

➤ **LAB. TESTS**
Occasionally
If treatment fails

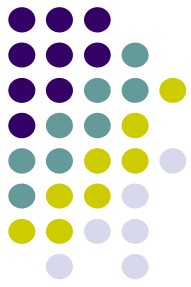
➤ **ADVICE**
Diet
No Extra-Marital Sex
Use Condom

➤ **CONSULTING DURATION**
1 – 5 minutes

➤ **MEDICINES**
Antibiotics; Painkillers; *Zadi Bhuti*

FARGMENTARY & EXPEDITIOUS

SYMPTOMATIC APPROACH: 3³

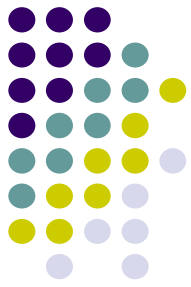


Need to Enhance & Better Adapt Existing Health Services to Men's SHPs/STIs

=> => => **Multilevel & Culture-sensitive Intervention Program**

LEVEL & COMMUNITY	COMMUNITY LEVEL	PROVIDER LEVEL		PATIENT LEVEL
		Healers	MHC	
EXPERIMENTAL 1	X	X	--	X
EXPERIMENTAL 2	X	--	X	X
CONTROL	X	--	--	--

Provider Level Intervention: Two Main Activities

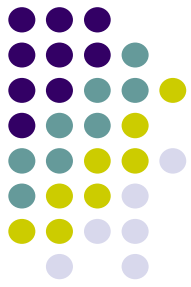


➤ **Training** of Health Providers

&

➤ **Implementation Of An Allopathic Male Health Clinic** (In A Local Public Health Center)

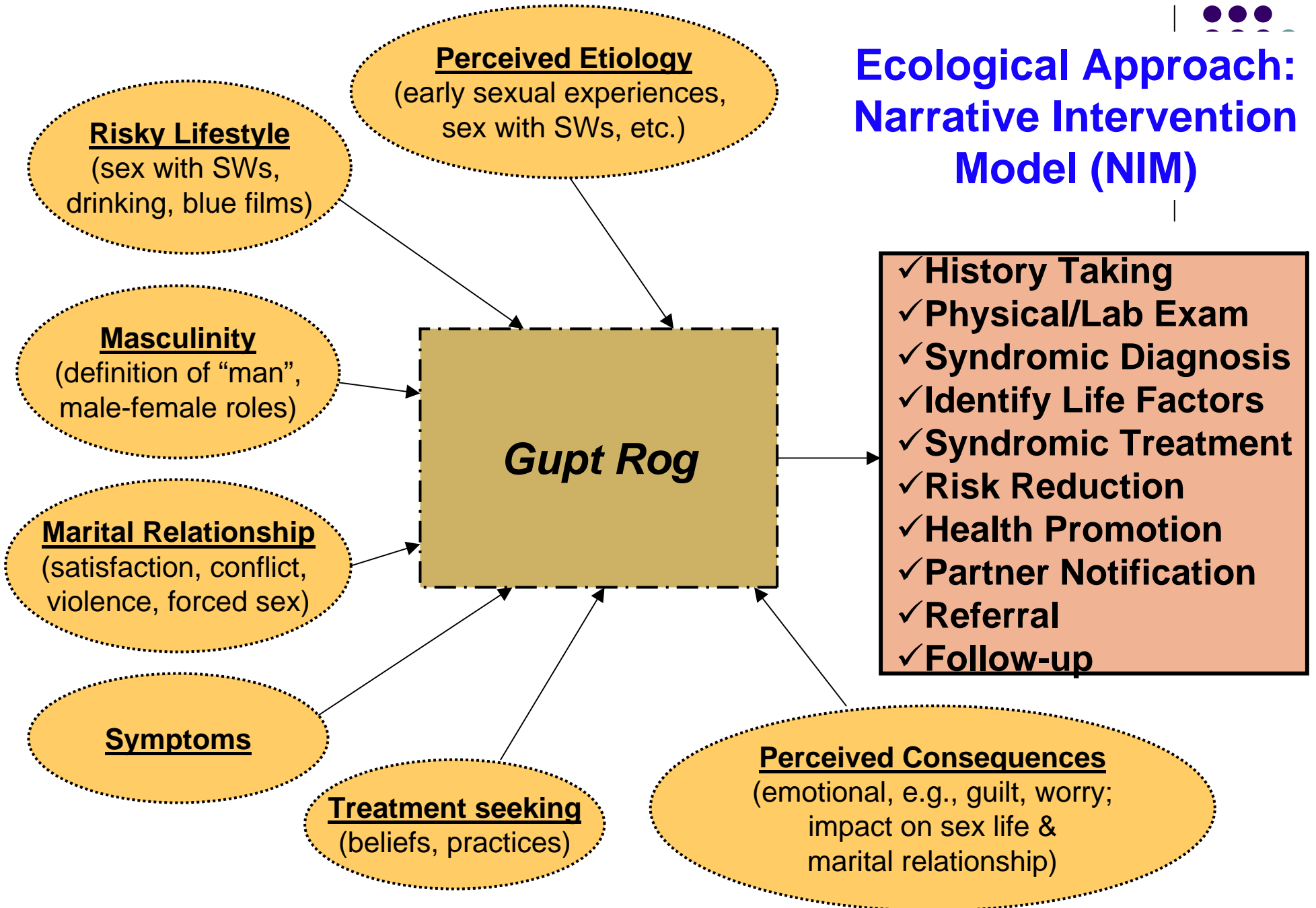
Training Of Health Providers



- **Implement Syndromic Management of STIs**
 - **Implement Ecological Approach**
 - **Multidimensionality of SHPs & STIs:**
 - **Biological & Psychological & Sociocultural**
- &**
- **Revive Traditional Holistic Approach**
(Theory # Practice)



Ecological Approach: Narrative Intervention Model (NIM)



Risky Lifestyle
(sex with SWs,
drinking, blue films)

Perceived Etiology
(early sexual experiences,
sex with SWs, etc.)

Masculinity
(definition of "man",
male-female roles)

Marital Relationship
(satisfaction, conflict,
violence, forced sex)

Symptoms

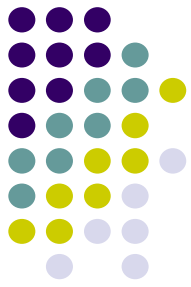
Treatment seeking
(beliefs, practices)

Gupt Rog

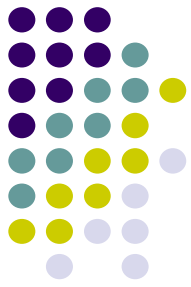
Perceived Consequences
(emotional, e.g., guilt, worry;
impact on sex life &
marital relationship)

- ✓ **History Taking**
- ✓ **Physical/Lab Exam**
- ✓ **Syndromic Diagnosis**
- ✓ **Identify Life Factors**
- ✓ **Syndromic Treatment**
- ✓ **Risk Reduction**
- ✓ **Health Promotion**
- ✓ **Partner Notification**
- ✓ **Referral**
- ✓ **Follow-up**

Male Health Clinic Ran by Trained Allopaths



- **One of the First In India**
- **In a Urban Health Center / TN Medical College**
- **1 M.D., 2 Residents & 2 Assistants
& 1 Lab. Technician (STI Collection Samples)**
- ✓ **FOR ANY PRESENTING PROBLEM**
- ✓ **SYNDROMIC MANAGEMENT WHEN NEEDED**
- ✓ **NIM FOR ALL PATIENTS W/ SHPs**



1,119 PATIENTS

**620 (55.4%)
PRESENTED W/ SHPs**

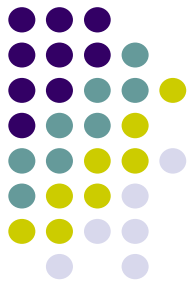
**359 (58%) W/
*KAMJORI***

**237 (38%) W/
*DHAT***

NIM / INTERVENTION

**79 (12.8%) W/ *GARMI-STIs*
(SYNDROMICALLY DEFINED)**

CONCLUSION



- Men in the S.C. show very high **concerns** for culturally-defined sexual health “syndromes”
- The “cultural syndromes” of *gupt rog* are a “**gift**” for attracting men into STI education, sexual risk reduction & early detection of STIs
- By enhancing existing allopathic & non allopathic health services: combining syndromic management (WHO) & ecological management (NIM)



- **Preliminary analysis of the pre-post & follow-up evaluation data suggest more positive changes for the Experimental patients than the Control patients:**
- **Significant positive changes from pre intervention to follow-up on 5 of the 17 dependent measures: Spousal Communication, Spousal Abuse, STD Knowledge.**
- **[Using Generalized Linear Models (GLM)-Repeated Measures Analysis of Variance. Comparing the Experimental to the control communities]**



THANK YOU!!

DHANYAWAD