Predatory Advertising and Lack of Sex Education for Sexual Difficulties in India: A Double Whammy for Adolescent and Young Adults

To the editor,

Predatory advertising and lack of sex education for sexual difficulties in India: A double whammy for adolescents and young adults.

A community survey reported a high prevalence (81%) of sexual-health-related disorders among adult men.[1] Several reported disorders like dhat syndrome and worries related to penile length, penile thickness, intercourse timings, and perceived sexual capabilities are directly related to poor or faulty sexual information available to the people in India. These common sexual concerns reported by clients visiting Out-Patient Departments (OPDs) in India are directly related to the non-availability of sex education coupled with misinformation and false claims freely and rampantly available through predatory advertisement.[2]

In India, sex education is conspicuous largely by its absence. Several states have outrightly banned it.[3] Due to this long tradition of secrecy, poor communication around sexuality, poor availability of useful resources in the local culture and appropriate educational materials in native languages, and uneasiness of a large section of Indian parents and teachers around sexuality, most children and adolescent have never had any opportunity to discuss issues related to sex with trusted adults, such as parents, teachers, or health professionals around them.

In general, healthcare professionals use various strategies to capture market shares, expand their patient base, and gain monetary benefits.[4] The common strategies include advertising in newspapers, magazines, TV channels, and social media platforms like YouTube, Facebook, and Instagram. The messages, visuals, and interviews on these platforms shape public perceptions about the problems, clinical manifestations, and help-seeking behavior for various health problems, including sexual problems.[5] Predatory advertisement refers to providing false, inaccurate, and misleading information or exaggerated claims to potential clients to attract more clients. The problem of predatory advertisements related to sexual problems is significantly prevalent in large parts of India, including metropolitan cities and small villages. Misinformation easily available through the Internet has further worsened the situation. The most common sources of predatory advertisements related to sexual disorders in India are from self-claimed sexologists and alternative medical practitioners.

In India, there are limited restrictions and negligible monitoring of the type of advertising one can do. It is noticeable that outright cheating, deception, and fearmongering can be involved in advertising sexual disorders in India in various newspapers, TV, and media channels. Prominent daily newspapers often carry advertisements from self-claimed sexologists and alternative medical practitioners making false, misleading, and outrightly deceptive claims and promises. They often claim to treat problems arising out of childhood sexual misconduct. The childhood misconduct here vaguely refers to thinking about sex, reading books that are sexual in nature, sexual experimentations, masturbation, and nocturnal emissions, which can be considered normal developmental activities during adolescence and young adulthood. The advertisements often refer to harmful effects and adverse long-term consequences for such normal instances. It is claimed that indulging in such practices leads to poor sexual functioning, incomplete sexual satisfaction for self and partner, and even infertility. The provocative language and pictures of sad, frustrated, and hopeless individuals are a powerful attraction for consumers of such information. Advertisements about increasing penile length and thickness using creams/oils and pills and increasing sexual stamina, leading to sexual intercourse timing for 30–60 min, are also very common. Tablets, oils, and sprays are offered and are available for sale over the counter without any prescription, clinical evaluation, or medical advice. The advertisements often claim 100% success rates without providing any information about adverse effects, precautions, and other normative information that should be made available to clients of sexual difficulty/disorders. It seems obvious that the insecurities and vulnerabilities of susceptible individuals are emphasized in these advertisements to exploit them financially.

Every continent historically had a time when misbeliefs about semen loss were prevalent and misinformation was common even among health professionals.[6] However, with the availability of scientific information and changes in attitude towards sexuality, these conditions rapidly improved. However, in Southeast Asia, the beliefs about the harmful effects of semen loss continue to persist.[7,8] Practitioners of alternative medicines continue to claim that habits and situations like masturbation, nocturnal emission, and so on are the major causes of sexual dysfunctions and openly advertise the same.

Modern medicine failed to meet the challenges, and often, traditional/alternative medical practitioners are the first and predominant point of care for people with sexual difficulties, especially Dhat syndrome.[5] Many of these practitioners of alternative medicine and Ayurveda enhance their fear and insecurity over semen loss, masturbation, or nocturnal emission due to wrong beliefs inculcated in these medical systems about nature, production, and the impact of semen loss on the individual.

Hence, this menace of false and predatory advertising, along with the lack of sex education, needs urgent attention and is important to public health. The regulatory bodies and professional organizations should see that appropriate policy recommendations, sexual health educational programs, and curtailing false and misleading advertising are urgently required to handle this issue.

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References

1. Singh AK, Kant S, Abdulkader RS, et al. Prevalence and correlates of sexual health disorders among adult men in a rural area of North India: An observational study. *J Family Med Prim Care* 2018 May; 7(3): 515–521.
2. Kalra G, Kamath R, Subramanyam A, et al. Psychosocial profile of male patients presenting with sexual dysfunction in a psychiatric outpatient department in Mumbai, India. *Indian J Psychiatry* 2015 Jan; 57(1): 51–58.
3. Ismail S, Shajahan A, Rao TSS, et al. Adolescent sex education in India: Current perspectives. *Indian J Psychiatry* 2015 Oct; 57(4): 333–337.
4. Schwartz LM and Woloshin S. Medical marketing in the United States, 1997–2016. *JAMA* 2019 Jan 1; 321(1): 80–96.
5. Singh A, Tripathi A, Gupta B, et al. Pathways to care for dhat (Semen loss anxiety) syndrome: A study from North India. *Int J Ment Health* 2016 Oct 1; 45(4): 253–261.
6. Sumathipala A, Siribaddana SH, and Bhugra D. Culture-bound syndromes: The story of dhat syndrome. *Br J Psychiatry* 2004 Mar; 184(3): 200–209.
7. Deb KS and Balhara YP. Dhat syndrome: A review of the world literature. *Indian J Psychol Med* 2013 Oct; 35(4): 326–331.
8. Grover S, Avasthi A, Gupta S, et al. Phenomenology and beliefs of patients with Dhat syndrome: A nationwide multicentric study. *Int J Soc Psychiatry* 2016 Feb; 62(1): 57–66.

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Family Acceptance and Mental Health in LGBTQIA+ Individuals: An Urgent Call for Culturally Sensitive Research in the Indian Context

To the Editor,

The journey of self-discovery and acknowledgment, marked by the momentous occasion of "coming out," represents a significant milestone in the lives of individuals in the LGBTQIA+ community. This multidimensional process encompasses the self-acceptance of one's gender identity or sexual orientation and the consequential revelation of this self-realization with others, a "profoundly personal and intricate experience."[1] This journey may commence at any point in life, from adolescence to adulthood, and the subsequent responses received, notably from family, significantly affect an individual's mental and emotional health.[2] However, these responses can vary extensively, from rejection to acceptance. On the one hand, negative reactions often precipitate parent-child conflicts, emotional distress, and adverse psychological outcomes, such as depression, substance abuse and, in extreme cases, an increased risk of suicidality. On the other hand, positive reactions and acceptance from family can improve self-esteem, reduce risky sexual behavior, and lessen suicidal inclinations.[3] The families' responses are often mediated by factors such as ethnicity, culture, caste, socio-economic status, religious beliefs, and level of knowledge on LGBTQIA+ issues, exacerbating the challenges faced by LGBTQIA+ individuals.[4-6]

Despite noticeable shifts in societal attitudes towards more acceptance, the lingering fear of stigma may still compel individuals to conceal their identities. This fear reflects an ongoing need for progress in understanding and acceptance, reinforced by the more inclusive language utilized in the DSM-5-TR, such as replacing "desired gender" with "experienced gender."[7] The importance of familial acceptance for the mental well-being of LGBTQIA+ individuals cannot be overstated, especially in societies where the family holds significant sway.[4,6] Thus, in India, familial influence is deeply implicated in the complex decisions and experiences of coming out.[5]

Although existing literature explores LGBTQIA+ and their parents' experiences in Western societies, research on non-Western settings, especially in India, remains limited.[5,8] Previous studies have focused primarily on various challenges, including stigma-related depression faced by sexual minority women or historical overviews of lesbian and queer activism, with the bulk of research focusing on men's same-sex practices and HIV-related risks.[8-10] Family members' experiences remain largely unheard, primarily due to the deep-rooted homonegativity, prejudice, stigma, and a lack of support groups for families of