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# INDIA IN LOVE

MARRIAGE AND SEXUALITY  
IN THE 21ST CENTURY

'How would you then explain homosexuality in the West, where boys and girls do "hang around" together, and that too from a very young age!' retorts a fuming Vijay.

The doctor replies with a guffaw. 'Ha! The West! Those countries are polluted and have *too* many problems. I have many customers who come from there to get treated. *I* know.'

Vijay turns around, and not so subtly declares to me, 'This guy is *so full of shit!*'

Vijay is a passionate gay-rights activist and his feelings have been hurt. I am speechless, and before I can think of something to pacify him, the doctor says calmly, 'Are you a gay, young man? Don't be shy. I can cure you, just come behind the curtain and let me do some examinations.' The doctor rolls up his sleeves and gets up from his chair.

Vijay screeches, 'But I don't *want* to be cured!'

Before Vijay can say more, and before we get into trouble—because I can see where this is going—I drag him out of the clinic, and the doctor is left standing by the examination bed.

After Vijay calms down, he refuses to go to any more sex clinics. I beg and plead with him, and he finally agrees to come with me to the neighbouring sex clinic: Chetak Sexologist.

We enter a small, single-room office, which is empty save for a man burning incense sticks in front of a small statue. There are no patients in sight.

'Could we see the doctor?' I ask.

'Who is the patient?' asks the young man.

'It is us,' I say. 'We are, uh, a couple.'

'I am the doctor. Please wait till I finish my puja.'

Vijay and I first pay the ₹200 fee and then tell the doctor that we are a newly married couple for whom sex is painful.

'It's painful for me to have sex,' I tell him.

'Hmm...it must be tight,' he says pointing to my vagina, but looking at Vijay.

'What do I do?' I ask.

He thinks for a second. 'Well... I will give you some medicines to make it less tight, but best for you is to go to a gynae [short for gynaecologist].'

'Any you recommend?' I ask.

'Go to Laxmi Nagar, there are many gynae over there,' he says.

Laxmi Nagar in New Delhi is an area infamous for quacks and shanty abortion clinics.

I must have looked confused, because he continues, 'They can do a simple operation, only takes half an hour. They just cut a few things, and put a band aid, and you are done.'

'Uh, and this will make it less tight?' asks Vijay.

'Yes, they cut it and loosen it. After that, great sex,' he says, giving Vijay a sneaky little smile.

He then prescribes a herbal potion for Vijay that flaunts a bull on the bottle and promises to increase virility. The bill is ₹600. We swiftly take our leave.



Sex clinics were once the go-to places for all sexual problems, but today it appears that they are losing ground. After depressing hours spent surfing the farrago of nonsense, half-baked truths and misconceptions that these clinics peddle on the internet, I hope that greater access to information will help dispel many of the myths that distort sex and sexuality.

#### SEX DOCTOR

To get an overview on the major sexual trends within urban Indian society, I decide to meet with India's most eminent sexologist, Dr Kothari.

Dr Kothari was India's first sexologist. In many ways this man whose inspiration and hero is Vatsyayana, is the modern-day Vatsyayana. Dr Kothari is the only person in the world who has served three successive terms as chief advisor to the World Association for Sexual Health. He is also the man who held the

first Annual Conference on Orgasm in India. He established the first department of sexology and sexual medicine in South Asia and has the largest private collection of erotic ancient Indian artefacts in the world. Dr Kothari has done much for sexual medicine in India, especially with his path-breaking studies on the female orgasm and minimum penis size for female satisfaction. Given his credentials, it is impossible to write about sexual behaviour in India without speaking of Dr Kothari who, over the course of his forty-five-year career, has examined over 50,000 cases of sexual problems in the country.

I meet Dr Kothari in his small South Bombay office, which looks and feels even smaller because it is crammed with so many erotic objects. Dr Kothari apologetically confides that he can't keep any of his erotic objects at home because they tend to distract the help, so he stores everything here. He shows me his latest acquisition, a beautiful seventeenth-century sculpture where a man is having simultaneous intercourse with five women—with his penis, two index fingers, and his toes.

Dr Kothari discovered his passion for sexology over fifty years ago after going through sexual anxieties of his own. He saw a man masturbating next to him at a movie theatre, and was shocked by the size of his penis, which was much larger than his own. He thought he had an undersized penis, so he went to quacks and sex clinics across the city, but no one was able to quell his anxiety. Young Kothari was studying to be a medical doctor at the time so, in his desperation, he decided to specialize in sexology to discover the truth for himself. After completing his training in the US (because India offered nothing like it) he went on to become India's first medically qualified sexologist.

I ask Dr Kothari how Indian sexual behaviour has changed over the past decade.

'The sexual landscape in India has changed tremendously, and women are at the heart of the change. They are becoming more sexually assertive and are reclaiming their sexual rights,' says

Kothari, with a look of pride on his wizened face.

'Earlier, many Indian women didn't know what an orgasm was, and they asked me what it felt like. I told them that it's like sneezing—unless you experience it, you'll never understand! Today my female patients ask me why they *haven't* had their orgasms! They demand pleasure.'

He adds, 'Men too are realizing that women have sexual needs. In the past, typically, Indian men didn't like performing cunnilingus on women. It was a patriarchal mindset; they thought it was dirty or beneath them. I had to explain to them that foreplay was most important.'

I understand from Kothari that across age groups, sexual experimentation and sexual expectations have increased. Indians, especially Indian women, are more sexually aware and *expect* sexually fulfilling relationships. The change is definitely more pleasurable, but it has also brought with it confusion and sexual anxiety, which sometimes creates rifts in relationships.

Until a decade ago, most of Dr Kothari's patients were male; women rarely saw him, and if they did, it was always with their husbands. Today, over 30 per cent of his patients are women whose relationships are on the verge of breakdown because of lack of sexual compatibility.

Dr Kothari explains, 'Sex in India has typically been only procreational and recreational. Today, there is a new dimension, and sex has become relational. Sex has become an important marker of how good the relationship is.'

In the West, there has always been a lot of emphasis on sexual performance and on being 'good' in bed, whereas in India, sex has so far not *defined* relationships in the way that it has in Western countries. Psychologist Sudhir Kakar explained to me how the traditional Indian view of sex is more holistic than the Western view where sex is all about the physical act, which may or may not have love attached to it. In India, on the other hand, sex, love and marriage have always been a sacred, one-package deal.

According to Kothari, though, it seems that all of the old views of sex are changing and we are beginning to move towards a more Western model where sex, marriage and love don't necessarily have to be associated with each other.

I ask Kothari about the most common sexual problems he comes across in his profession. He explains that Indian culture, like so many ancient cultures, is shrouded by myths accumulated over years, centuries and generations. It is practically impossible to launder an Indian mind of superstition and fantasy and this, Dr Kothari reveals, is the most pressing predicament of Indian sexual behaviour. Perhaps the most contentious were fallacies related to masturbation and penis size. 'No other activity has been so wrongly condemned but as universally practised as masturbation. People in India have a lot of guilt about masturbation. They feel that masturbation causes acne, homosexuality, and even diseases like tuberculosis! I even have people come and tell that the cure for masturbation is to have sex with a virgin!' says Dr Kothari.

He adds, 'I tell people that the penis does in a vagina what it does in the folded palm. There is no such thing as "excessive" masturbation. The tongue doesn't become weak in a talkative person, just like a penis doesn't become weak with masturbation or intercourse. The view that masturbation is something unhealthy needs to be extinguished because it can be a positive, healthy way to channelize desire.'

The other problem, one that he too faced when he was a young man, was 'bigger is better'. 'What is important is how good your performance is and not how long or how big your penis is. The normal sexual length of the vagina is six inches, only the outer third has nerve endings, the inner two-thirds is virtually insensitive. For adequate sexual gratification you need to be two inches plus, when erect of course,' he says passionately.

Most sexual problems arise, he says, because of lack of sexual education, and exposure. Kothari flares up when he speaks to me about quacks and sex clinics which were once the only places

to get sexual help.

'These phonies promote all the wrong things; sex clinics are shams and should simply be outlawed! They dole out magic sex potions, spread myths about sex which then *lead* to sexual problems even if people don't have any,' says an inflamed Dr Kothari, who has encountered his fair share of sex clinic quacks over the course of his career.

I am curious to know what the main differences are in sexual problems and behaviour between India and the West.

According to Kothari, the West is more sexually advanced so their problems too are more advanced and complicated. Like Gaddam and Ogas, whose internet searches had revealed sexual naiveté, Dr Kothari too has found that Indians are 'sexually ignorant and unschooled'.

He explains with an example.

'A couple was married for twenty-one years yet could not consummate the marriage. They went to sex clinics, psychiatrists and physicians but nothing seemed to work. Finally they came to me. I explored their desire, erection, intromission and orgasm. The male reported enough desire and adequate quality of erection but was unable to penetrate. I asked them about their position during sex. It turned out that he was performing by keeping his legs outside hers, and was unable to insert his penis properly into her vagina. They weren't able to have sex, simply because of improper positioning,' Dr Kothari says to me with a sigh, shaking his head in frustration.

'Indians are sexually naive, but also superstitious, and carry heavy mental baggage when it comes to sex. If only we could dispel some of the myths and madness, India would be a sexually healthier country.'

Before I leave, Dr Kothari sums up a lifetime's worth of findings in a sentence: 'Indian sexual problems are between the two ears and not between the two legs.'



As we come near the end of this brief journey through some aspects of this country's new stirrings of sex and sexuality, it would be instructive to look at a recent survey by the contraceptive company Durex which brought to light an alarming paradox. While 68 per cent of Indians claimed to be happy with their sex lives, only 46 per cent confessed to regular orgasms. Another survey done in the same year by a leading Indian magazine pointed out that only 8 per cent of females always reach orgasm during sex.<sup>54</sup> As I delved deeper into statistical data on sexual behaviour, I discovered that the numbers just didn't add up, and also seemed to be pointing in many different directions. Some showed that Indians were sexually adventurous and satisfied with their sex lives, others seemed to show that Indians (especially women) were stuck in Victorian times. What was especially noteworthy was that we seem confused and contradictory when it comes to having opinions about sex because there is a war between the conservatism of the recent past that is being contested by the rising sexuality of the present and our ancient traditions.

All in all, it would be a good thing if the corset that binds Indian society were to loosen. Sexually liberal societies do not tolerate rape, violence against women, child molestation and sexual harassment. Surprisingly, even conditions like neurotic sexual behaviour and nymphomania have been detected as being more prevalent in conservative societies than sexually permissive ones. At the same time, the spread of HIV/AIDS, the breakdown of the family unit and other societal problems can be features of societies that are more permissive. Striking the right balance is not always easy, and cannot be mandated by the state or by any other authority; it has to evolve over time. The next decade-and-a-half will therefore be critical for Indian society to develop along the right lines as we shall see in subsequent chapters.



ALEPH ₹595

ISBN 978-93-82277-13-2



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