

Sexuality, Sexual Health, STDS, Fertility, Sub-Fertility and Infertility

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Submitted: 25 September 2025 Accepted: 03 October 2025 Published: 08 October 2025

doi <https://doi.org/10.63620/MKJSHAR.2025.1023>

Citation: Suresh, K. (2025). Sexuality, Sexual Health, STDS, Fertility, Sub-Fertility and Infertility. Jour of Sexu Heal and AIDS Res, 2(4), 01-06.

Abstract

Background: Sexuality is a natural human instinct tied to both pleasure and reproduction. Sexual well-being is not just physical but is also emotional and psychological health. The first or initial few sexual interactions and behaviors, 'Premarital sex exposure', 'Promiscuity', unprotected sex led to Sexually Transmitted diseases, and their consequences hinder performance and often lead to stress and anxiety in both partners. Sexual capacity varies with age & health. Misinformation like frequent sexual activity or masturbation led to weakness, or myths of nutrient loss or harm from ejaculation are unfounded & lack scientific basis. Infertility affects 10% of couples today, yet cultural taboos often cause silence around sexual health. Normal fertility requires the production of enough healthy sperm by the male and viable ova by the female, successful passage of the sperm through open ducts from the male testes to the female fallopian tubes, penetration of a healthy egg, and implantation of the fertilized egg in the lining of the uterus. Conception in healthy fertile couples happens on an average after 8 months of regular intercourse without any protection at least on alternate days. A problem with any of these steps can cause infertility. Performance anxiety, infertility stress, & lack of privacy contribute to sexual dysfunction. Marriage or consummation age for girls in Urban India over the last 2 decades is increasing beyond 25 years of females, followed by delaying the first pregnancy is leading to missing the best opportunity of Fertility in women which is at the highest level during their twenties and thirties, though in men fertility remains high until their forties. Use of condoms for safe sex or spacing leads to sexual dissatisfaction giving way to use of hormonal pills for the first 2-3 years of marriage, has become a norm than exception. Oral contraceptives do disturb woman's natural hormonal balance, conversely subfertility follows even after the stoppage of oral pills for months and even a year or two, creating psychological & sexual challenges, and affect ovarian reserves, such couples often report less satisfaction with sex. Sexual medicine, sexually transmitted diseases, hormonal contraception and infertility are interconnected fields that address a wide range of conditions affecting both men and women.

Materials and Methods: This article based on 7 case reports of married couples, women in their late 'Twenties & early thirties' using contraceptives for 2-4 years & struggling to conceive.

Outcomes: Three couples using contraception after first gravida/Para to space pregnancies, struggling for 2-3 years for the return of ovular cycles needed treatment. Two more such oral pill users for delaying pregnancy after marriage had to wait for 18-24 months to conceive after stopping. One infertile couple in their late thirties adopting a girl baby and the most senior couple have accepted as nature's curse and leading pious life. All of them reported sexual dysfunction and suspected the partners during waiting periods mainly due to anxiety or stress.

Keywords: Sex, Sexuality, Fertility, Subfertility, Infertility, Birth spacing, Assisted Pregnancies.

Abbreviations

HOCs= Hormonal oral Contraceptives,
STDs = Sexually Transmitted Diseases,

Introduction

In Public Health, fertility refers to the ability to have children, and infertility refers to difficulty in reproducing naturally [1]. Normal fertility requires the production of enough healthy sperm

by the male and viable ova by the female, successful passage of the sperm through open ducts from the male testes to the female fallopian tubes, penetration of a healthy egg, and implantation of the fertilized egg in the lining of the uterus. A problem with any of these steps can cause infertility. About 90% of healthy, fertile women can conceive within 8 months to one year if they have intercourse regularly without contraception [1]. Human Infertility or subfertility is defined as not being able to conceive a child after one year or more of unprotected sex [2]. Fertility in women is said to be at the highest level during their twenties and thirties, while in men it remains high until their forties. Infertility affects roughly 10% of couples today, driven by delayed childbearing, obesity, environmental pollution, stress, and reproductive health issues. Sexual health, sexually transmitted diseases, hormonal contraception, ovarian insufficiency & infertility are interconnected that need to be addressed affecting both men and women [2].

Sexuality is a natural human instinct tied to both pleasure and reproduction. Yet, cultural taboos often cause silent discussions around sexual health. Sexual well-being is not just physical, but it also includes emotional and psychological health. The first or first few sexual interactions and behaviors for both man and women may lead to stress, anxiety. Pre-marital unsafe sexual experiences, STDs can hinder performance, often causing avoidable distress. Sexual capacity varies with age & health. Concerns about Masturbation, frequent sexual activity causing weakness are unfounded; Myths around nutrient loss or harm from ejaculation lack scientific basis. Performance anxiety, infertility stress, & lack of privacy can contribute to dysfunction [3].

Sexual dysfunction, such as erectile dysfunction, premature ejaculation, and low libido, in men & conditions like vaginismus, menopause in women, & metabolic issues impact sexual function. Use of contraceptives among married couples for understanding & enjoying each other only, higher education, career development etc. delay the pregnancy and conversely, infertility itself can create psychological and sexual challenges. Infertility negatively affects the sexuality of an infertile couple, who often report less satisfaction with sex [3]. Everyday hygiene of genitals, Lower satisfaction & dysfunctions are closely connected with infections, sub/infertility & their treatment; couples benefit from medical treatment, psychological support & sexual therapy.

Case Reports (CR):

CR 1: Use of Oral and injectable contraceptive by wife and Diabetes in man disrupting Hormonal balance & sexual performance respectively delaying & needing assistance for 2nd Pregnancy: Mr. & Mrs. Binay have a 7-year-old daughter born in mid-2018 after the marriage in late 2016. In 2019 the husband was diagnosed as Type 2 Diabetic, with family history (father & elder brother) and was under irregular treatment. The lady started using oral contraceptives in 2020 for spacing and in 2022 had 2 cycles of injectable contraceptive (quarterly). Meanwhile the husband had problems with erectile deficiency and early ejaculation. In 2023 they decided to have a second child, and lady stopped contraceptives use. However, given a time lag of almost 2 years, the menstrual cycles did not get normal despite hormonal therapy for about 6 months. In March- May 2025 they both were investigated. The wife's Transvaginal follicular monitoring scan indicated nothing abnormal. The husband underwent semen

and serological tests, that revealed that only 3% of sperms were normal against minimum of 4%, diagnosed as Teratozoospermia. He was prescribed sperm quality improvement medicines in last week of May 2025. Both were advised to try normal sex for next 3 months. Fortunately, very next cycle ended in LMP on 17 June 2025. On 25 July 2025 an obstetric scan showed Dichorionic Diamniotic Twin Intrauterine Gestation of 5 weeks & 3 days. A scan on 10th September 2025 confirmed 13 weeks twins.

CR 2: Delaying pregnancy for first 2 years using multiple spacing methods, resulting in a gobbled fetus in February 2024 and after treatment between March-December 2024 LMP 17 February 2025, OB NT scan confirmed 13-week pregnancy on 19/05/2025, progressing well: A young software engineer Mr. Padki married in 2021, a graduate girl, both desired to delay their first pregnancy using Safe period, Condoms and later Oral contraceptives until July 2023. In the meantime, the father of the boy had bad diabetic foot ulcer, for which amputation was advised. However, we managed to salvage the limb by train the boy and his mother for debridement and dressing at home until late 2023.

While Mrs. Deepa Padki & family were pleased with LMP on 14 August 2023. However, happiness did not last long, as a Transvaginal scan of early pregnancy 24 October 2023 declared as "Blighted Ovum" and she was advised for an MTP, that was done in the next week. The young couple were sad and Deepa even suspected fetus getting infected due to debridement & dressings done at home for her Father-in-law. There was an interval of 3 months where the couple did not have sex. After 2 weeks Deepa was treated by a Gynecologist, doing Dilatation & Curettage and hormonal therapy for almost about 6 months. Then came the good news of LMP on 17 February 2025, and a scan on 19 May 2025 confirmed a normal fetus of 13 weeks, now in her 32 weeks of pregnancy Deepa is happy & family is celebrating.

CR 3: Delaying second Pregnancy after a son, using contraceptive for career development for 10 years, led to subfertility, needed assisted pregnancy to fulfill the desire of second child: married couple in our apartment complex now in their mid & late thirties, both software engineers did have normal sex and first child born 2012. Then they planned for spacing the second child through multiple approaches including oral & injectable contraceptives for about 6 years, mainly to balance care of the son and professional development. They decided to have a second child in 2020, stopped using contraceptives, but all efforts failed for next 3 years. In early 2024, they went through all investigations to realize that the ladies' ovarian reserves had gone down. After hormonal therapy for about 9 months, she became pregnant and delivered a full-grown girl through cesarian section in early September 2025.

CR 4 & 5: Sister-in laws using contraceptives & getting pregnant after an interval of 1 year of stoppage: These are two young women in their late 20's, married around the age of 25 years, a year apart in late 2021 and 2023, both delayed first pregnancy just to enjoy the togetherness. One of them put on 10 kg weight due to use of hormonal contraceptives in a span of 18 months. Her weight gain feared the other lady, and both decided to stop contraceptives. Fortunately, the one who had not put

on weight became pregnant 4 months earlier than the one had added weight. They are expected to deliver in November 2025 and February 2026. Both had no effect on sexuality or emotional health as fertility was not affected adversely.

CR 6: Couple adopting a girl child due to Primary Sterility: An architect girl aged 40 years now and her husband about 44 yrs who is merchant Navy, have the opportunity of being together only about 3-4 months each year, in 2 instalments that too, for the last 10 years. Though sexually contented while being together, faced infertility. Instead of getting investigated and having their own child, the lady feared pregnancy in her late thirties and possible abnormalities in the newborn they opted to adopt a girl and did so in July 2025.

CR 7: Sad story of Infertility leading to Abstinence and piety: A priest married a village woman 15 years ago, unfortunately the lady did not bear a baby. She was ridiculed in the rural set up. In 2019 both the wife was investigated and treated with D&C, assured that Fallopian tubes were intact and put on hormonal therapy for a year with no pregnancy. In late 2020 the husband was investigated and found to have azoospermia. Fearing the social lash-back and the financial background couple did not invest in Assisted Reproductive Technologies (ART), that could have helped. While sexual performance was normal in both, knowing the cause of infertility both have compromised, have rarely sex and leading pious life for the last 5 years.

These case reports teach us that sexual health and infertility are closely intertwined. Addressing both areas through a comprehensive and multidisciplinary approach is essential for couples seeking to improve their sexual health, parenting and lead happy married life.

Discussions

Sexuality is a natural human instinct tied to both pleasure and reproduction. Yet, cultural taboos often cause silent discussions around sexual health. Sexual well-being goes beyond the physical, it includes emotional and psychological health. Stress, anxiety, and past experiences can hinder performance, often causing avoidable distress. Genital hygiene is not a matter of cosmetic care but a critical component of overall health [1]. Consistent practice of simple hygiene measures—such as daily cleaning, foreskin retraction, and avoidance of unnecessary circumcision can prevent infections, malignancies, and transmission of disease [4].

Many women confuse general hygiene with specialized feminine hygiene. While both are interconnected, feminine hygiene specifically focuses on the care of the genital area which is delicate, targeted care practices for the vulva & vaginal area, requires meticulous care to maintain the natural balance of bacteria & pH levels, often involving products like sanitary pads, tampons, and pH-balanced washes. Managing menstrual hygiene is a vital part of woman's feminine hygiene routine [4]. It helps the woman stay comfortable and healthy during your periods. There are various menstrual products such as sanitary pads, tampons, menstrual cups, and reusable pads. Each lady must choose the one that best fits her comfort and lifestyle needs.

Change menstrual products regularly, ideally every 4 to 6 hours,

to prevent the risk of bacterial growth and infections. Allowing products to remain too long can lead to unpleasant odors and increase the chance of toxic shock syndrome (TSS), especially with tampons. Disposal of used sanitary products is equally important, which comprises wrapping them in paper or using disposal bags before throwing them in a trash bin. Avoid flushing them down in the toilet to prevent plumbing issues & environmental harm [4]. General hygiene includes broader practices like routine body washes, hair care, & oral hygiene.

Use of hormonal contraceptive, diseases like diabetes, hypertension and STDs do affect the couples trying to conceive. Procedures like vasectomy or tubal ligation don't affect libido or performance. Sex every other day suffices, and semen leakage post-intercourse is normal. Sexual health deserves open, stigma-free conversation. Understanding and awareness are key to healthier relationships and improved quality of life. Justifications of the approaches to delay the first pregnancy for understanding & enjoying each other's company, higher education, career development etc. may rob the natural sexual pleasure, unduly delay the pregnancy when intended and high fertility opportunities.

Key Aspects of Sexual Medicine and Infertility: Male Sexual Dysfunction like Erectile dysfunction (ED), premature ejaculation (PE), and low testosterone can impact a man's ability to conceive. Female Sexual Dysfunction like Vaginismus, vulvodynia, & low sexual desire affecting women's ability to engage in intercourse or experience pleasure during sex, impacting fertility [5].

Psychological Factors: Anxiety, depression, and stress related to infertility exacerbate sexual dysfunction and impact overall well-being, needing both medical treatment and psychotherapy. Medical Treatments involve hormone therapy, and surgical interventions like varicocele repair can address underlying medical causes of infertility and sexual dysfunction.

Lifestyle Factors: Maintaining a healthy weight, managing stress, and avoiding substance abuse can positively impact both sexual health and fertility. Adopting a healthy lifestyle, including regular exercise, a balanced diet, and stress management techniques, can positively impact fertility and sexual health.

Common mistakes Men make in Sex:

- a) The first Night mistakes: Man's haste or hurry in enjoying sex may mean neglecting partner's feelings and disrupting her comfort. Patience and calmness are important in the initial days.
- b) Showing Porn videos: Overenthusiastic men show some porn videos and want to emulate them. Such aberrant expectations appear unrealistic to the lady and create unnecessary pressure and fear leading to aversion about sex in the partners.
- c) Preplanning for the first night: A few men plan seeking sex on the first night, which might be difficult to act and create unnecessary tension and affect relationship. Instead, men should share their affections, understand mutual feelings & do what both can enjoy together instead of hurriedly jumping into sexual act [5].

Expressing the Anger: A few men express their anger on the

newly married wife about their parents & sibling's not getting good gifts or respect in marriage function, created unpleasant first night, instead, patience should prevail and must be used to express love.

Respecting the feelings of the Partner: Men who do not respect the feelings of their partner and act on fulfilling their own desires may end up in spoiling the relationship. Respecting partners comfort, feelings and consent for sex goes a long way.

Interplay Between Sexual Dysfunction and Infertility: The stress of infertility can lead to sexual dysfunction, impacting intimacy and relationships. Conversely, Sexual dysfunction can make it difficult to conceive naturally, necessitating medical interventions.

Common Sexual Problems [5]:

- i) **Masturbation:** Highly stigmatized but is a safe and normal practice for men & women. It has no harmful health effects & helps relieve sexual tension when a partner is not there. Concerns about “loss of vitality” are unfounded as sperm production is continuous, and excess is naturally released. Myths about nutrient loss or weakness from emissions are misplaced.
- ii) **Ejaculation and Normal Secretions:** Sexual capacity varies with age, health, & individual factors. Nocturnal emissions or early morning discharge are normal, after abstinence, & are usually harmless. Pre-ejaculatory fluid, which lubricates the urethra and neutralizes acidity, is a natural secretion & should not be mistaken for loss of sexual function.
- iii) **Erectile Function and Age:** Male sexual performance typically peaks between ages 16 and 25 and then gradually declines. With age, changes in erection strength and recovery time are normal. Psychological stress & fear of failure can worsen erectile issues. Erectile dysfunction (ED) affects about 52% of men between 40 and 70 years, yet 80% never seek medical help. Recognizing the five stages of the sexual cycle i) desire, ii) arousal, iii) plateau, iv) orgasm, and v) resolution help in identifying where difficulties occur.
- iv) **Libido:** Sex is based on drive and reward as well, and many neuronal networks involved in food and sex drives overlap. Diabetic patients, especially obese or overweight patients are put on GLP-1s, these days. In such patients we are essentially dampening the internal processes that drive us to address our evolutionary needs. By inhibiting the pathways that drive us towards food acquisition, we are affecting the overlapping systems that drive us to have sex. the physical side effects that some patients experience when taking these medications, include nausea, constipation, and fatigue, can also lead to a reduced desire for intimacy.

The drug-induced libido reduction does not always outweigh the benefits of weight-loss improvements. some patients experience enhanced sexual desire as the result of weight loss and improved self-perception, so there are some benefits to the libido from taking GLP-1s — or at least, benefits are experienced by some patients. Recent preliminary research indicates that long-term GLP-1 therapy can lead to increased testosterone levels in male patients. People who already have hormone-related libido changes, such as menopausal women or men with low testoster-

one, will be more sensitive to the neurochemical effects of GLP-1s. Their fundamental hormonal alterations will make any minor dopamine or serotonin variations more noticeable. Changes to the medication regimen in the face of disturbances in libido include adjusting the dose, addressing related symptoms like fatigue or nausea, and supporting sexual health through hormone optimization, counseling, or lifestyle changes. In most cases, libido or mood-related side effects are reversible after stopping the medication. However, the timeline and completeness of reversal vary based on the individual and the presence of other contributing factors [6].

- v) **Fertility and Sexual Performance:** Concerns about fertility can cause men to focus excessively on their own genitals instead of intimacy with their partner, leading to performance problems. For couples trying to conceive, alternate-day intercourse is sufficient as the sperm can survive up to 24 hours in the female tract. Anxiety about semen “leaking out” is misplaced, as only a small fraction needs to reach the cervix for fertilization. Certain positions may help sperm deposit closer to the cervix, improving conception chances.
- vi) **Other Common Issues:** a) **Vaginismus:** Involuntary tightening of vaginal muscles can prevent penetration and may be mistaken for male sexual difficulty. Treatment involves muscle relaxation and therapy b) **Monotony & Stress:** In middle age, boredom, stress, and chronic health conditions often reduce sexual interest. Repeated failures can create a cycle of anxiety and reduced performance c) **Medical Conditions** like Menopause, congenital problems, metabolic disorders, or surgeries can affect sexual health but are usually manageable with proper medical advice d) **Pregnancy & Post-Surgery:** Sex during pregnancy is safe unless complications arise. After any surgery resuming sex is usually possible after full recovery.

Management of Sexuality & Fertility Issues: STDs & Impact on sex and Fertility: STDs are spread mainly through sex (as was in our case report due to premarital, unsafe sex, though can also be infected due to sharing of needles, unscreened blood transfusion for mother to baby transmission. Untreated STDs lead to pelvic inflammatory disease and cause infertility. 1 in 10 women will develop PID within a year of contracting. Basic approach is to test & treat partners simultaneously and avoid sexual contact until safety is confirmed by the lab. Investigations were carried out in one of our cases reported. The most effective way to prevent fertility complications from STDs is through regular testing as many STDs are asymptomatic, carry infections for years. Testing allows for early detection & treatment, reducing the risk of infertility. Most sexual problems are common, natural, and manageable. Seeking timely medical guidance can break the cycle of myths, anxiety, and silence, restoring not just performance but also intimacy and confidence. Age has little to do with urge, but too often, men and women needlessly forgo the opportunity to enjoy a rich, satisfying, and active sex life as they get older. Midlife can be a springboard to renew sexual expression & connection. Some women feel more relaxed about sex once their child-bearing days are past. The changes a man experiences can be an impetus for developing fresh and more expressive styles of lovemaking. Sexuality and fertility problems, if any, observed over a long time need to be handled carefully unlike other medical conditions.

- i) Medical Evaluation involves a thorough assessment of both partners to identify the underlying causes of infertility and sexual dysfunction.
- ii) Medications like phosphodiesterase-5 inhibitors (for ED), hormonal therapies, and medications for specific sexual dysfunctions may be prescribed. Stimulating ovulation or improving sperm production through medicines and correcting anatomical abnormalities or blockages that affect fertility are resorted
- iii) Counseling: Psychological support and counseling help couples cope with the emotional challenges of infertility and address any sexual dysfunction.
- iv) When medical treatments and lifestyle changes are not sufficient to achieve pregnancy, Assisted Reproductive Technologies (ART) can help in most cases. IVF, ICSI, and IUI are techniques that can help couples conceive when natural methods are not successful. Deciding to undergo infertility treatment is an important step, and one of the first questions many couples face is which method to choose? [7].

a) Intrauterine Insemination (IUI) or Sperm Injection into the Uterus: IUI is a relatively simple infertility treatment. It begins by selecting the healthiest, most motile sperm from the male partner, and directly injected them into the woman's uterus at the time of ovulation using a thin catheter, helping the sperm reach the egg more easily, increasing the chances of fertilization in a way close to natural conception. This method is recommended for couples with unexplained infertility, Men with mild sperm

issues, such as slightly low sperm count, or sperm motility is not optimal but still have healthy sperm are selected. Women with at least one healthy fallopian tube and mild ovulation issues or cervical problems -i.e. thick or abnormal cervical mucus, that makes it difficult for sperm to pass.

b) IVF (In Vitro Fertilization) – Test-Tube Baby Treatment: IVF starts by stimulating the woman's ovaries to produce multiple eggs. The eggs are then retrieved and fertilized with the male partner's sperm in a laboratory. The healthiest sperm naturally fertilizes the egg. Once fertilization occurs and embryos develop, the best-quality embryo is selected and transferred into the uterus to achieve pregnancy. IVF is advised for women with blocked fallopian tubes on both sides, women with moderate/severe endometriosis and couples who have tried IUI without success. Men with moderate sperm issues.

c) ICSI (Intracytoplasmic Sperm Injection: ICSI is an advanced technique performed alongside IVF. All steps are like IVF—ovarian stimulation, egg retrieval, and embryo transfer—but fertilization is different. In ICSI, the embryologist selects a single, healthiest sperm and injects it directly into the egg using a very fine glass needle, ensuring fertilization occurs. This method addresses cases where sperm cannot penetrate the egg naturally. This process is advised to men with severe sperm issues, such as very low sperm count, abnormal shape, or poor motility, men who are infertile or have had a vasectomy, but sperm can still be retrieved from the testes. Couples who underwent IVF with low or no fertilization and cases using frozen eggs or sperm.

Comparison Table: IUI vs IVF vs ICSI

Title	IUI	IVF	ICSI
Fertilization	Inside body (like natural pregnancy)	Outside the body (sperm fertilizes the egg naturally in laboratory plate)	Outside the body (sperm is injected into the egg)
Complexity	Less	Moderate to high	High
Suitable for	slight male infertility issue, unexplained infertility	Fallopian tubes, moderate male infertility issue	Severe male factor infertility, previous IVF failure
Success Rate	Lower than other methods	Higher than IUI	High success, ideal for challenging cases
Cost	Most affordable	Higher than IUI	Highest

Source: <https://www.siamfertility.com/post/iui-vs-ivf-vs-icsi/> 09/04/2025

Apart from sexual behavior in the initial days with the partner over all life coordination for a successful marriage and sexual satisfaction needs to address the following issues [3]:

Vulnerability: The common perception that Men should be tough, emotionless is outdated. Being vulnerable takes courage, is genuine or authentic. It means gradually letting someone in your life. Sharing our vulnerability makes it easier for our partner to share theirs.

Listening to Reply, Not to Understand: Many of men have innate 'fixer' instinct. The moment someone presents a problem; their brain goes into solution mode. Sometimes, that's great. But in relationships, it's not always about fixing. Often, it's just about being present & understanding Before jumping in with solutions or our own anecdotes, men must pause and ask the wife- "Do

you want my advice, or do you just need me to listen?" listen to the answer. Be there fully, not just with your ears, but with your heart too.

Putting Your Partner on a Pedestal: When we put our partner on a pedestal, by seeing them as impeccable, faultless entity, we deny them their genuine nature. The moment they show any human imperfections, to share the highs and the lows, the smooth rides & the bumpy terrains, appreciate them in their entirety, with all their strengths and flaws.

Thinking Silence is Golden: It's a common trap many of men fall into thinking that by not talking about a problem, it'll magically resolve itself. Whether it's the fear of confrontation or the misguided belief that discussing issues will only create more tension, men and women more so choose to keep quiet. But ignoring problems doesn't make them disappear; it just lets them

fester and grow. In relationships, not communicating about issues can lead to resentment, misunderstandings, and a widening emotional distance. Those small annoyances or concerns, when left unaddressed, can compound into bigger problems like sexual dysfunction. Addressing concerns when they're small, better than letting them grow. It might feel uncomfortable at first, but with practice, it becomes easier. Always approach discussions with an understanding, not blaming. It's about finding a solution together, not pointing fingers. Regular check-ins with our partner, just to see how things are going, can also make a world of difference.

Forgetting that Small Moments Matter: Many of men, in their efforts to impress and show love, get caught up in the grandeur, like celebrations and expensive trips, but forget to celebrate the ordinary days. Whether it's making coffee for your partner on a sleepy morning, making a fruit plate for them in the evening snacks, or simply cuddling up for a movie night at home! Cherish and nurture these everyday gestures, which are the real essence of their relationship

Becoming Complacent with Time: As relationships age, so does the effort we put into them. The initial fire and intensity, the desire to surprise, and the spontaneous plans can, over time, make way for routines and predictability which bring comfort and stability. But when comfort turns into complacency, the relationship may start to feel stagnant.

Conclusion

Sexuality is a natural human instinct tied to both pleasure and reproduction. Sexual well-being is not just physical but is also emotional and psychological health. The first or initial few sexual interactions and behaviors, Premarital sex exposure or Sex-

ually Transmitted diseases hinder performance, often lead to stress and anxiety in both partners. Sexual capacity varies with age & health. Performance anxiety, infertility stress, & lack of privacy can all contribute to dysfunction. Infertility affects 10% of couples today, yet cultural taboos often cause silence around sexual health. Indiscriminate and long time use of oral contraceptives to delay the first pregnancy or spacing the subsequent pregnancy disrupts woman's hormonal balance which might not even revert, needing assistance. Sexual medicine, sexually transmitted diseases, hormonal contraception and infertility are interconnected problems when observed over a long time need to be handled carefully unlike other medical conditions [8].

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