"Information-Backward but Sex-Forward": Navigating Masculinity towards Intimate Wellbeing and Heterosexual Relationships

Anupriya Tuli*
IIIT-Delhi
New Delhi, India
anupriyat@iiitd.ac.in

Azra Ismail*
Georgia Institute of Technology
Atlanta, USA
azraismail@gatech.edu

Karthik S. Bhat*
Georgia Institute of Technology
Atlanta, USA
ksbhat@gatech.edu

Pushpendra Singh
IIIT-Delhi
New Delhi, India
psingh@iiitd.ac.in

Neha Kumar
Georgia Institute of Technology
Atlanta, USA
neha.kumar@gatech.edu

ABSTRACT

There has been a growing interest in reproductive health and intimate wellbeing in Human-Computer Interaction, increasingly from an ecological perspective. Much of this work is centered around women's experiences across diverse settings, emphasizing men's limited engagement and need for greater participation on these topics. Our research responds to this gap by investigating cisgender men's experiences of cultivating sexual health literacies in an urban Indian context. We leverage media probes to stimulate focus group discussions, using popular media references on men's fertility to elicit shared reflection. Our findings uncover the role that humor and masculinity play in shaping men's perceptions of their sexual health and how this influences their sense of agency and participation in heterosexual intimate relationships. We further discuss how technologies might be designed to support men's participation in these relationships as supportive partners and allies.

CCS CONCEPTS

• **Human-centered computing → Empirical studies in HCI**.

KEYWORDS

Sexual health and wellbeing, Men, Heterosexual relationships, Taboo, Media probes

ACM Reference Format:
Anupriya Tuli, Azra Ismail, Karthik S. Bhat, Pushpendra Singh, and Neha Kumar. 2023. "Information-Backward but Sex-Forward": Navigating Masculinity towards Intimate Wellbeing and Heterosexual Relationships. In *Proceedings of the 2023 CHI Conference on Human Factors in Computing Systems (CHI '23), April 23–28, 2023, Hamburg, Germany*. ACM, New York, NY, USA, 16 pages. https://doi.org/10.1145/3544548.3581478

*All three authors contributed equally to this paper.

CHI '23, April 23–28, 2023, Hamburg, Germany

ACM ISBN 978-1-4503-9421-5/23/04…$15.00
https://doi.org/10.1145/3544548.3581478

1 INTRODUCTION

An emergent body of research in the field of Human-Computer Interaction (HCI) research examines the role of technology in supporting reproductive health and intimate wellbeing. A significant focus thus far has been on women's experiences with such technologies (e.g.,[2]), but recent studies have highlighted men's limited participation in discourses around reproductive health across life transitions (e.g., puberty [82] and parenthood [66, 67]) and social settings (e.g., schools [82], homes [48, 49], and online [53]). Scholars have uncovered how men's online engagements around reproductive health topics may be shaped by privacy needs and perceived threats to one's "masculinity" [63]. The limited spaces to engage on this topic may not only have a profound impact on men's experiences with their own sexual health and wellbeing, but can also shape their participation as potential allies and supportive partners.

Our paper contributes to this nascent yet growing interest within the HCI community in developing a deeper understanding of men's experiences around intimate wellbeing [63]. We align ourselves with emerging ecological perspectives on gendered health and wellbeing in HCI more broadly, which have additionally conveyed how important it is for men to play a supportive role in matters concerning sexual, reproductive, and/or maternal and child health [40, 66]. In this paper, we examine cisgender men's experiences with information sources around sexual health, and how these experiences shape their participation in intimate relationships. We wish to make explicit here that identity as a man may not mean having male body parts, nor is it a confirmation of heterosexual orientation. We situate our research in the Indian cultural context, where the fear of embarrassment results in little to no conversation on sexual and reproductive health (e.g., [58, 81–83]). Our research investigates the following questions in this setting:

(1) How do cisgender men seeking heterosexual relationships navigate cultural taboos to acquire literacies around their sexual health and wellbeing, and what challenges do they encounter in the process?
(2) In cultural contexts where sex is taboo, how might technology play a role in supporting men's information-seeking and sharing behaviors around sexual health and wellbeing, to eventually target their participation as supportive partners and allies in intimate relationships?

We conducted 5 remote focus group discussions with 19 participants, supplemented with data collected through an online survey that garnered 106 responses. To facilitate reflection on a taboo topic, we adapted the cultural probe technique [34] to use *media probes* to stimulate focus group discussions, leveraging references from popular Hindi media on men's fertility to provide a shared cultural context. Our participants were cisgender men of Indian origin, who either had experience with or were seeking heterosexual relationships. Through our analysis, we unpack the barriers for men in seeking, constructing, and operationalizing sexual health literacy. We also present how the gaps they experience from a young age shape their participation in intimate relationships. Our paper thus contributes, as the research questions outline, an understanding of the social construction of masculinity and humor that shapes information-seeking and sharing around sexual health among men, and the role that technology design might play in enabling and supporting men's participation in intimate relationships as supportive partners and allies.

We begin by first situating our work at the intersection of research on health communication, reproductive health and intimate wellbeing in HCI, and methodological approaches taken to tackle taboo topics. We then describe how we used media probes to facilitate and nurture discussions on a sensitive topic. We next present our findings around cultivating sexual health literacy, and discuss the role that masculinity and humor play in this context. Finally, we reflect on our experiences with the methodological approach we employed, drawing inspiration from principles of feminist HCI [13, 14, 69] towards enabling men's positive participation in discourses around sexual and reproductive health and wellbeing.

Content warning: This paper uses explicit language to discuss sexual health and wellbeing, particularly when describing our participants' lived experiences with cultivating sexual health literacies and participation in intimate relationships.

2 RELATED WORK

Our paper contributes to a rich and growing body of HCI literature on reproductive health and intimate wellbeing. Prior research in this space has examined embodied experiences across life transitions ranging from menarche [67, 73] to menopause [21, 50], including the study of intimate care [1, 4], sexuality [25, 45], and cultural and religious perspectives [60, 75]. Early research largely centered on the individual experience of intimate health and wellbeing, such as technologies for teaching female pelvic fitness [5] and tracking the menstrual cycle [26]. Several studies have also highlighted how these technologies have been designed with "stereotypically feminine attributes" to focus on women users, thus excluding not just sexual and gender minorities but also men who may want to engage in such topics [26, 56]. The Menstruating Machine is one of the few efforts at the intersection of technology and speculative design that explicitly targets non-menstruators and tries to engage them in conversation [11]. In recent times, HCI research has also been increasingly taking an ecological perspective, as reflected in studies on involving parents in offering support during menarche [67], and partners in female fertility care [22, 30, 37, 40].

Our research builds on emergent work on ecological perspectives on sexual health and wellbeing, as well the growing focus on men's participation on the topics of reproductive health [63], family planning [66], and parenthood [7, 8, 53] in online spaces. Much of the work in sexual health and wellbeing is an effort to bridge the long-standing information gap, given the subject's sensitive nature. For instance, Patel et al. have studied how men undergoing fertility treatment engage in online fora to seek personalized advice and emotional support, and how perceptions of masculinity shape their experience [63]. Perrier et al. have studied the male partner's participation in a text-messaging intervention for maternal health and family planning in Kenya [66]. Researchers have also questioned normative understandings of men's sexuality, for instance, by highlighting how forum discussions on men's intimate relationships with sex dolls reflects self-care [76, 87]. Beyond research on reproductive health and intimate wellbeing, HCI scholars have also examined how men navigate perceptions of masculinity in other spaces. Ammari and Schoenebeck [6–8] and Lukoff et al. [53] have studied men's engagement with social media around fatherhood experiences. Rubin et al. have uncovered how online gender harassment may be linked to men's anxieties about fulfilling normative masculine gender roles. Others have studied how toxic masculinity can shape information-seeking behaviors in eating disorder communities online that are predominantly men [64], and deter veterans with Post-Traumatic Stress Disorder (PTSD) from seeking mental health support [29].

Given the significant information gaps on sexual and reproductive health that many studies have highlighted, HCI scholars have also considered the role that technology may play in sex education. Sorcar et al. have previously designed culturally-appropriate content on HIV education for classrooms [75], and Tuli et al. have investigated the gaps in menstrual health education in India [82]. Other studies have also examined sensemaking around one's sexual health and the acquisition of sexual health literacies online—particularly around adolescence [68, 86], menstrual sensemaking [32, 42], and menopause [12]—also noting how users work around stigma associated with sexual health conditions [55]. Our work contributes to HCI's understanding of men's sensemaking around their sexual health both online and offline, in a highly taboo setting.

Undertaking this research entailed acknowledging and accounting for the challenges around data collection on a sensitive topic and/or participant engagement in a sensitive context. Social and cultural taboos heavily influence conversations on sensitive topics like sexual health and intimate wellbeing. Participants' fears around being stigmatized or prior trauma can also affect data collection around these topics, making it imperative for researchers to "navigate the effects of stigma sensitively and carefully because of the feelings of shame, isolation and pain stemming from negative experiences" [24]. Many HCI researchers have employed non-traditional methods to address these barriers and foster safe spaces and comfort for participants when engaging with sensitive topics. Prior work has involved the use of diverse probes such as catalogs [31], photographs [33], postcards [41], activity worksheets [3, 9], comic books [80], and digital artifacts [37, 40] as ice-breakers to offer vocabulary and nurture environments that encourage sharing of difficult personal stories on otherwise taboo topics. HCI researchers have also explored playfulness as an effective tool to circumvent social awkwardness around topics like intimate health [5]. For instance, games can help initiate conversations around menstruation

[42, 51, 79] and sex education [85]. Several studies have also curated Do-It-Yourself (DIY) kits for participants to understand their experiences with intimate wellbeing [19, 74, 77]. Additionally, prior research has noted humor as an enabler for challenging stereotypes and "expression of ideas which would otherwise be rejected, criticized or censored" (e.g., [5, 35, 36, 43]). Our work takes inspiration from such non-traditional methods. In particular, we adapt cultural probes [34] through the use of *media probes* to stimulate focus group discussions, leveraging popular humorous Hindi media references on men's fertility to provide a shared cultural context and create comfort with the topic. We also adopt the principles of *self-disclosure* and *advocacy* described in feminist HCI literature [13, 14, 69], by constructing a *third space* for our participants to enable our focus group sessions, as described in more detail in our methods section [15, 16]. Bhabha describes a third space as a space with blurred cultural and identity boundaries to nurture new possibilities while encouraging new ways of cultural meaning-making (ibid). We draw on Tuli et al.'s work that encourages the reimagining and creation of third spaces in taboo contexts [83]. Our paper offers an understanding of men's acquisition of sexual health literacies that emerged through discussions in such a third space, as well as methodological reflections on the experience of constructing a third space for participant engagement on a taboo topic.

3 METHODS

Our study was approved by Institutional Review Board at the Georgia Institute of Technology and IIIT-Delhi and took place between May 2021 and June 2022. We sought to develop an understanding of prevalent approaches—and barriers—to cultivating sexual health and wellbeing among Indian men. Thus we took a qualitative approach, recruiting cis men of Indian origin to participate in a survey and focus group discussions, as detailed below. We used short video clips, from recent popular media, that addressed topics of men's reproductive health and fertility as probes to facilitate discussion. We next describe our participant recruitment criteria, study methods, and data analysis approach.

3.1 Participant Recruitment Criteria and Limitations

Given our research goals, and responding to the research gap in this area of investigation, our recruitment criteria was designed to broadly include cisgender men of Indian origin—aged 21 or older—who had experience with or were seeking heterosexual relationships. Fluency in English (for the survey and focus groups) and Hindi (for the focus groups) were additional asks, since the participants were asked to engage with popular media clips in a mix of the two languages. We relied on networks accessible to us to recruit participants using snowball, convenience, and purposive sampling [28], after having had limited success with public fora—such as social media—for recruitment. The sensitivity around the subject meant that recruitment was a challenge (e.g., [44, 59, 71]), and it took us a long time to identify willing participants, who ended up being from India and the USA (see Table 1)—also where the research team is located (see Section 3.4).

The language constraints meant that our study naturally excluded the perspectives of those who did not speak Hindi and English fluently. Although we did not include caste or class in our inclusion criteria, and did not ask about participants' caste or class, it is very likely that our recruitment efforts were more successful in reaching those closer to us—with predominantly upper caste and middle-income backgrounds. We did ask questions about religion and sexuality, and these attributes are listed in Table 1. We invite future efforts to delve further into these and different intersections surrounding Indian identities; our study is—to the best of our knowledge—the first and preliminary study that hopefully invites others to build on our work.

3.2 Survey

We conducted a preliminary online survey to understand Indian men's online information-seeking behaviors around sexual health and wellness. We provided our respondents with the World Health Organization's definition of sexual health as "a state of physical, emotional, mental and social well-being in relation to sexuality" [62]. We expanded this definition to include a focus on a positive and respectful approach to sexuality and sexual relationships. The survey gauged primary information sources, engagement with online health information-seeking, demographics, and filter questions. The filter questions captured the age, sexual orientation, the experience of heterosexual relationships, and their consent. Some questions were multiple choice, such as, *"What are your primary sources of information around sexual health and wellbeing?" "In this list, whom would you be comfortable talking to about the subject?" "Have you followed or engaged in conversations about sexual health and wellbeing on any online platforms?"* Others were more open-ended: *"Please describe the online health group/page that you joined, and what motivated you to be part of it," "What hesitations might you have in participating in such a group/page?"* We analyzed the open-ended questions using thematic analysis [18]. Examples of codes included *"community support," "anonymity," "credibility of information," "fear of creating stigmatized identity," etc.* For the remaining questions, we calculated percentages.

The survey was administered in English via Qualtrics. We followed purposive sampling to recruit respondents through mailing lists and social media. All authors shared the survey link, along with a flyer detailing the objective of the study, across their personal and social networks, requesting wide dissemination. Only participants who indicated that they met all recruitment criteria detailed above were eligible to fill out the entire survey. As a result of this recruitment method, our dataset contained a largely self-selected pool of men who showed some inclination to engage on this topic. Even so, our survey received 224 hits over three months; 46 respondents only responded to filter questions, 30 only filled in demographic details, 29 did not attempt the survey, 10 did not consent, and 3 responded with garbage values. This left us with a clean dataset of 106 responses. These numbers, and the relatively low response rate to this survey in general, are indicative of the population's reluctance towards discussing sexual health, given the fear of creating stigmatized identities when engaging with conversational taboos. We used our learnings from the survery recruitment experience and the survey data to inform focus group protocol and later corroborate our focus group findings.

Demographic	Survey (106)	Focus groups (19)
Age (yrs.)	Min 21, Max 37, Median 24, Not answered (60)	Min 23, Max 32, Median 27
Gender	Man (106)	Man (19)
Sexual orientation	Straight (31), Heterosexual (6), Homosexual (1), Male (3), Garbage value (3), Prefer not to answer (2), Not attempted (60)	Straight (9), Heterosexual (8), Bisexual (1), Not answered (1)
Relationship status	Previously in a relationship (10), Currently married/in a relationship (18), Not been in a relationship before (16), Prefer not to answer (2), Not attempted (60)	Previously in a relationship (2), Currently married/in a relationship (10), Never been in a relationship before (3), Prefer not to answer (4)
Religion	Hindu (30), Muslim (1), Jain (1), Agnostic (6), Athiest (4), Garbage value (1), Other (1), Prefer not to answer (2), Not attempted (60)	Hindu (14), Jain (1), Agnostic (1), Other (2), Prefer not to answer (1)

Table 1: Demographic details of our participants across methods. The participant-reported sexual orientation data reflects the lack of sexual health literacy in the study context. We recruited participants using a combination of convenience sampling and purposive sampling [28]. The participant survey responses are labeled SP#. We highlight here that a few of our respondents provided garbage value, including offensive content and random letters, in the demographics section. Given the associated taboos, these garbage values indicate how the subject matter is approached and perceived in the study context.

Participant	FGD#	Sexual orientation	Relationship status	Age (yrs.)	Location
Rishi	1	Straight	Currently married/in a relationship	25	Atlanta, USA
Avi	1	Straight	Currently married/in a relationship	26	Sunnyvale, USA
Chirag	1	Straight	Never been in a relationship before	25	Atlanta, USA
Rohit	1	Straight	Currently married/in a relationship	25	Palo Alto, USA
Sameer	2	Prefer not to answer	Prefer not to answer	24	Mumbai, India
Arjun	2	Heterosexual	Currently married/in a relationship	32	Delhi, India
Ram	2	Straight	Currently married/in a relationship	27	Mumbai, India
Vikram	2	Straight	Prefer not to answer	27	Delhi, India
Dev	3	Heterosexual	Currently married/in a relationship	27	Delhi, India
Pankaj	3	Straight	Currently married/in a relationship	30	Bangalore, India
Karan	3	Heterosexual	Currently married/in a relationship	24	Delhi, India
Rohan	3	Heterosexual	Prefer not to answer	25	Bangalore, India
Raj	4	Heterosexual	Currently married/in a relationship	28	Atlanta, USA
Madhav	4	Heterosexual	Currently married/in a relationship	31	Atlanta, USA
Raghu	4	Heterosexual	Previously in a relationship	27	Bangalore, India
Dilip	4	Heterosexual	Prefer not to answer	31	Delhi, India
Sahil	5	Straight	Previously in a relationship	27	Delhi, India
Bhanu	5	Bisexual	Never been in a relationship before	23	Delhi, India
Angad	5	Straight	Never been in a relationship before	32	Mumbai, India

Table 2: This table includes our focus group participants' detailed demographic information, including self-described details about their sexual orientation and relationship status. All names are researcher-assigned pseudonyms.

3.3 Focus Groups and Media Probes

We conducted five focus group sessions to develop a deeper understanding of the experiences of men with sexual health literacy and its impact on their association with their bodies and their intimate relationships. Given the sensitivity of the topic, and the taboo surrounding it, we employed focus groups as a way to encourage disclosure despite existing taboos. This choice was informed by literature on qualitative research in sensitive contexts that found that group interactions empowered participants to contribute to conversations by observing others around them opening up about sensitive, taboo topics [23, 47, 70]. Adapting the idea of cultural probes [34], we used four short clips from Indian media that addressed the topics of men's reproductive health and men's fertility as probes for our sessions (see Table 3). These clips reflect the experiences and conversations around men's reproductive health in our study context, focusing on cisgender men and heterosexual relationships. Situated in the Indian cultural context, they helped us to offer a vocabulary to approach a conversational taboo while serving as ice-breakers. We curated the set of clips across multiple brainstorming sessions among the authors based on their experiences with the study context (see Section 3.4).

We followed these video clips with semi-structured discussions, where we began by asking direct questions like *"What about this video made you uncomfortable?"* and *"Could you relate to the character's experience?"* to initiate discussions on taboo topics. These were followed by guiding questions probing different aspects associated with the theme of each clip. The sample questions included: *"Does this video remind you of any conversations in the past where people*

Video	Description	Probe theme
Video-1	**Ask the Sexpert** [57, 72]: A documentary about Dr. Mahinder Watsa's popular newspaper column on sexual health. The 1.5-minute clip starts with the doctor reading a question from his column—"…my wife prefers to insert a ripe banana into her vagina instead of my penis. She says I can not satisfy her. She is depressed."	Served as an ice-breaker to prompt a discussion around access, familiarity, and engagement with various sources of information on sexual and reproductive health and wellbeing.
Video-2	**Mirzapur** [84]: A popular Amazon Web Series centered around a mafia family. In a 3-minute clip, the mafia don is talking about his erectile dysfunction to a doctor in euphemisms and in the second person, pretending the actual patient is the large man who has accompanied him to the consultation.	To unpack the use of euphemistic language to talk about men's fertility and how men's fertility might be linked to notions of masculinity and status in the community.
Video-3	**Man's Best Friend** [10]: A 9-minute comedy sketch hosted on YouTube where the personification of the man's penis accuses the man of being ashamed of him. The video depicted the protagonists' concerns with erectile dysfunction, sexual performance, masturbation, and penis length.	To elicit reflections about the participants' association with and expectations from their bodies.
Video-4	**Lust Stories** [61]: An 80-second clip presented a conversation between a married couple, where the husband is taken aback when the wife brings up her sexual needs and desire for pleasure indirectly by referencing pornography. This Netfix film pushes cultural boundaries by bringing discourse around women's pleasure into mainstream media.	To facilitate reflections on participant's comfort and sense of agency in discussing their and their partner's pleasure, and on culturally-situated gender roles and expectations in intimate heterosexual relationships.

Table 3: This table includes a brief description of the four media clips we used to facilitate discussion during our remote focus group sessions. An elaborated description of each clip are available in the supplementary materials.

used euphemisms? If yes, who were these conversations with, and in what settings?" "Do you think there is an expectation in intimate relationships from men to lead or know it all?" We note that these clips were chosen to seed conversations on a plethora of potential topics in this space, including access to and engagement with information sources around sexual health, sexual pleasure and expectations from one's body, and gendered expectations around sexual performance and intimate wellbeing in heterosexual relationships. Given the sensitivity of the topics, we prioritized our participants' comfort in sharing their experiences—ensuring that they could draw boundaries in terms of what they would like to share with the group and the researchers. The topics that were discussed, therefore, were a result of participants' lived experiences with sexual health and wellbeing, and comfort with broaching and discussing them.

Given the taboo associated with the topic of investigation, we carefully designed our sessions to offer a *third space* [15, 16] to our participants, drawing inspiration from the principles of feminist HCI [13, 14]. Our goal was to nurture an "interruptive, interrogative, and enunciative" space to challenge, critique, and question the existing social construction of identities, bodies, gender, and culture [15]. We conducted 90-minute sessions over Zoom calls, requesting the participants to use pseudonyms as display names and leaving it to their discretion to mute their videos. A cis man researcher moderated the session, and two cis women researchers took notes and handled the call logistics. The women researchers introduced themselves at the start of the call, informing participants that they would be passive participants during the call. We employed this approach so that we could facilitate a conversation where the effects of gender dynamics on engaging with a topic were minimized. To further align with our goal of nurturing a third space, the women researchers kept their videos muted.

We conducted a second recruitment drive for the focus groups following limited interest in participation in the survey responses. We recruited participants using purposive and snowball sampling [28] by sharing the study flyer on social media in addition to the recruitment survey (see Table 2). The call for participation explained the nature of the content we would present in the remote focus groups as "depictions of men's fertility in popular Hindi media, such as video clips from Bollywood movies, Indian comedians, and documentaries." We faced recruitment challenges along the same lines as our earlier survey in conducting these focus group sessions. The demographic make-up of each focus group session was a result of the responses we received in the weeks prior, and the availability of all participants. We conducted focus group discussions as and when we had four survey responses expressing willingness to participate in our research.

The data collected was in the form of video recordings, chat logs, and the researchers' notes. These sessions were primarily conducted in English and later transcribed for analysis. We analyzed the collected data using inductive thematic analysis [18], where we read and open-coded each transcript line by line. Three of the authors individually read through and coded, line-by-line, the first two focus group transcripts. They then discussed their individual codes to resolve disagreements and arrive at a consensus about the codes to employ. These codes were then used as a guide for analyzing subsequent focus group transcripts. Example codes included: *"sexual health is personal," "men discuss relationships but not sexual health among themselves," "jocular and non-serious approach," "pressure on the man to perform," and "humor makes taboos approachable."* The open codes resulted in 50 axial codes over multiple iterations, which guided the structure of our findings section. Sample axial codes include: *"expectations to be sexually literate," "social media for sex education," "pornography and sexual health," "humor to sidestep taboo," "communicating with partner," and "media and stereotypes."*

3.4 Positionality

All authors are cisgender, of Indian origin, and have conducted fieldwork on public health topics in India, including a more general

focus on women's health, wellbeing, and empowerment. As a group, we come from diverse cultural and religious backgrounds, where two of us identify as men and the rest as women. We all have lived experiences and observations around cultivating sexual health literacy and the media's approach to the subject while growing up in contexts culturally similar to that of our study. Currently, two of us live in India, while the rest frequently cross borders between the USA and India. We are all strong advocates of social equity and justice with a motivation to leverage technology design towards carving equitable futures. We approached this research by building on learnings from working at the intersection of HCI, gender equity, and global development. Our inclination toward prioritizing the needs and interests of women and gender minorities, and understanding how these are embedded in complex ecologies, has motivated this study design and shaped our data analysis.

4 FINDINGS

We first present how the taboos around sex shaped the conversations on men's sexual health in our study context. We then discuss the approaches that our participants took to construct an understanding of their own sexual health, from adolescence to adulthood, in both online and offline spaces. Finally, we unpack the role of humor and masculinity in shaping the conversations and construction of knowledge around men's sexual health.

4.1 "Sex is Nobody's Problem and Nobody's Business"

Our participants repeatedly highlighted how challenging it was for them to talk about intimate and reproductive health and wellbeing on account of restrictive cultural taboos around sex. Our participants expressed that sex could be talked about, but only in very particular contexts, such as procreation, and certainly not in terms of pleasure. As Avi noted, *"Have you or anyone else in this call ever learned or heard about sex outside the context of having children, like for pleasure or, just as a way of life sort of context in our customs?!"* Like Avi's belief that it was customary to not bring up sex in conversation, Rohit also mentioned the "Indian uncle's response": *"There is the Indian uncle's response like, 'Oh, don't talk about sex! Like, no, no, no!' And kind of avoiding the questions [about sex] in many ways is a knee-jerk reaction to the extreme kind of glamorization or spotlight that is put on sex as an aspiration or a goal... So there is a reaction like wait, wait, wait, what's going on? Just shut up, don't talk about it... go study, focus on homework, that kind of thing."* These conversations, typically considered awkward and avoidable, are abruptly deemed important and necessary when it is time for marriage, as expressed by Angad:

> "These conversations actually do not happen in childhood. Suddenly whenever you get married, it is supposed to happen that day and suddenly, you know, some guys come [to guide] this is how you should do. You know, even your parents also sometimes [come and talk], *'beta ye karna vo karna'* (son, do try this and that) [laughs]. Kind of, so they try to be open, which becomes very awkward because you have never spoken these things until now." (Angad, FGD-5)

This prevalent mindset that *"[sex] is nobody's problem and nobody's business"* (Avi) resulted in minimally informative discourse on the subject through most of our participants' lives. Consequently, the onus remains on men to *"be mature enough to accept these things"* (SP12) and construct sexual health literacies because *"there is a stereotype that 'men do not ask for directions,' right? That is it...! Like, you should know it! Right? Or you do what you do"* (Raj). Participants additionally reflected on the origins of the taboo nature of sex, stressing that this had to do with Western notions, because traditional Indian sources openly depicted sexual imagery:

> "It is really weird that as Indians we do not talk about sex like it is considered taboo. But we go any like temple, you will see all sorts of naked figures and it is there in culture. But I think the taboo is not necessarily around sex, but around the western connotation of how sex is perceived. So there is something about that imagery... I mean, even though we have like a whole book on sex, [but] culturally, as a society, the place that sex has in one's life is seen as it is just one of the many things you do and like it is not given as much attention as an activity that can be pleasurable and can be a kind of a core component of one's identity. " (Rohit, FGD-1)

The challenges that surround talking about sex are not particular to Indian contexts, but as our data shows, they are abundantly present in the Indian contexts our participants came from. The following sections will draw and build on this finding.

4.2 Constructing Sexual Health Literacy

We next detail how our participants constructed their understanding of sexual health from adolescence to adulthood. We bring focus to the cultural and infrastructural factors influencing knowledge construction. We describe the instances where these methods proved sufficient and where our participants expressed a need for more information-seeking support.

4.2.1 Sex Education at Home and in the School. Our participants recounted their early experiences seeking answers to questions about sexual health. For many, these occurred in formal settings like in their schools. Our participants noted a variety of ways in which educational curricula attempted to provide sex education in a "sterile" way (also observed by Tuli et al. [82]), with a focus on the standardized assessments rather than their learning:

> "I think in 10th standard biology class, the reproduction chapter has two pages dedicated to contraception, sex, and all sorts of stuff. Even today, you'll see most bio teachers will just get somebody in the class to read it out. And then they will mark the multiple choice questions and the long answer questions that you need to know from this, 'what are the three types of contraceptives available? what is the difference between X and Y?'... there will be like three or four cookie-cutter board exam questions that you need... there is no discussion, no discourse, no Q&A... and there is no like empathy like overall, it is just treated in a very sterile way." (Avi, FGD-1)

The ensuing discussions touched upon issues around the best modality for providing sexual health education—comic strips, textbooks, videos, or facilitated by teachers or other adults. A key issue Rohan brought up involved teachers *"who actually are aware about the whole idea of human body... are not comfortable talking about it,"* even as they were tasked to teach it themselves. Finally, highlighting the idiosyncratic nature of sex education delivery across schools and geographies, some participants explained how their schools tried various methods of sex education delivery including having smaller classroom-level discussions, speaking to a large group of students in an auditorium, and having sex education classes for only a smaller set of students and not for others. Raj, describing his experience, shared: *"In my school, funnily enough, they would do these classes and they tried different kinds of permutations... the girls would get the class—they would go for it, but the guys would not get it. And I did not understand why they [the school] ever did that. At some point, it just became much more like, either you should be a particular [year], or you should know [it already]."*

Some participants described growing up in an open learning environment in the home, allowing them to complement their formal sexual health education in school. Rohit explained how having a biology teacher for a mother enabled a conducive environment for having normalized conversations about sex in the home. Recounting his reactions to sexual health questions in newspaper columns while reflecting on Video-1, Rohit said:

> "I never realized that other people may not have had that sort of normalization of these things. The kind of questions [that] were just out there... if you had any basic understanding of it, you wouldn't even think of asking these sorts of dumb questions." (Rohit, FGD-1)

More often than not, however, conversations about sex were taboo in the home. This was also evident from our survey data, where fewer than 6% of respondents felt comfortable having 'the talk' with parents, sisters, and extended relatives, and not more than 13% were comfortable talking about it with their brothers. In our focus groups, several discussions touched on the taboo for men to discuss sex or sexual health with their parents. Bhanu recalled how *"it is very weird... there was no formal way of even, like, getting to know about those things. Like, when you are young, especially in India, no one has to talk about the birds and the bees with you... your parents, or anyone in the family. At least most families do not."* These taboos also extended to other family members, leaving our participants with few avenues for meaningful discussions around this topic. Sahil explained, *"when I was in 8th [standard], my elder brother was in college, we had a very brief discussion over it. I guess he was also not comfortable to discuss with me and I was also very shy, like I should talk about it or not. So in extended families, even if I meet my relatives, we never had a discussion. Even now also."*

4.2.2 Learning from Peers during Adolescence. With school and home environments failing to meet information needs around sexual health, informal learning among one's peer group served to fill these gaps. For 50.94% of our survey respondents, friends were the primary source of information, and 50% reported friends as the second most preferred confidants on such topics after their partners (62.26%). Madhav described his interactions with older boys in his boarding school who shared their knowledge with him, with a reflection that such conversations *"does form like the foundation of... the crux of your knowledge."* Explaining further, Madhav said:

> "So like it or not, most of my sexual education happened, kind of through osmosis (laughs). Kind of learning through whatever my school friends were learning. And it kind of became more like, self-learning over time, once I was out of school." (Madhav, FGD-4)

Learning about sexual health primarily from one's peers meant that the authenticity and trustworthiness of the information were hard to establish. Further complicating these interactions, taboo around sexual health manifested itself as *mockery* and *humor* among one's friend groups, discouraging open conversations even in those spaces. Our participants reflected on how they and their friends resorted to using humor and judgment when these topics did come up in conversation. Raj noted how *"[on] reaching a certain age you kind of realize that, you know, maybe I should know this. Maybe there is just a way for me to find this out. I do not need to discuss this with my friends. They might judge me for it."* When such conversations did take place, many times out of necessity due to infrastructural constraints, the conversations themselves were problematic:

> "My teenage was spent in like very small town. So, mostly information used to come through friends [who] were like somewhat senior... not in a healthy way, but like, sort of making fun of [the problem] *ki* [that] 'this is happening.' [It] is like making fun like... real taboo of making fun of the sexual health." (Sahil, FGD-5)

Location and digital access also played a role in shaping access to sexual health literacies. Several of our participants from small towns had limited access to information growing up and had relied heavily on their peers in the absence of other sources. Our participants used humor to circumvent the taboo in these interactions, as Sahil describes. With little training in empathy and how to have healthy conversations on sexual health topics, conversations even within one's friend group could result in harm as Arjun recounted:

> "I think [in] 9th class, one of my friends, while playing cricket, told me something like that [about his sexual health condition]. Because I had not experienced this thing, so I was unable to connect to what he was saying. So he was [talking about] premature ejaculation, and he was asking me if this kind of things happened with [me] also. At the time, I did not have any experience of this. I was surprised... I remember making fun of him because of it later when he was in 12th class or [college] first year." (Arjun, FGD-2)

Arjun's reflection also highlights how attitudes to talking about sexual health could shift over time. Like Arjun, several of our participants mentioned being complicit in making fun of their peers for asking questions about sexual health during adolescence or in college. Their perspective changed over time, and many of them were able to have serious conversations on sexual health only as an adult, as we describe next.

4.2.3 Conversations on Sexual Health as an Adult. The effects of internalizing the taboo and stigma attached to discourses about sex in growing years persisted well into adult life. Adolescence was a

time in our participants' lives where *"I probably completely stopped discussing it. And no one even asked me anything."* As a result, adult conversations, especially ones intended to be open and circumvent taboo, required at least one party to be direct and forthcoming. Dilip, while reflecting on the protagonist's reaction to the doctor's confrontation in Video-2, explained: *"when the doctor put that, 'yes, it is you who is having the problem,' he opened up... But yes, eventually, someone needs to approach [you first]."* Our participants noted how they looked for some form of social signals from their friends, both old and new, to understand if they could safely broach the topic. Even during our focus groups, a sense of social signaling prevailed:

> "My perception was, 'there is [this] direct question,' and I was just a bit unsure that I will be able to answer. But as they [fellow participants] answered it very well...I was more open to it." (Dilip, FGD-4)

The internalized taboo hampered the depth of conversations one could have with their near and dear ones. Participants described being more comfortable talking to strangers, and *"maybe to a therapist, yes. But maybe not to a closest friend"* (Dev). One of the few avenues for learning about sexual health through direct conversations came from our participants' openness to talking to their partners or female friends about this topic. Noting that *"it is a different dynamic,"* our focus group discussions highlighted how, in adult life, the internalized taboos did not extend across genders as:

> "The whole talking thing is also different, because the gender is different. And you know, there is this taboo around *'guys do not talk to other guys.'* But somehow it is just easier to talk to a girl or maybe even your partner." (Raghu, FGD-4)

Our survey responses corroborated this perspective, showing that men were broadly more comfortable talking and learning about sexual health from the women in their lives. Many (62.26%) of our respondents were most comfortable discussing the topic with their partners, whereas for 37.74%, partners were the primary source of information. Additionally, 23.58% were comfortable having discourses with close female friends. 27.36% were willing to speak to a medical professional irrespective of gender when seeking sexual health advice.

4.2.4 Information-Seeking and Sensemaking. We now draw attention to the online information sources that supported our participants' sensemaking around sexual health. Several focus group participants and 70.75% of our survey respondents reported using Google as their first resource in attempting to learn about any particular topic related to sexual health. This approach led them to discover and engage—both actively and passively—in online communities and fora around sexual health. Roughly a third of our survey respondents mentioned using online fora and other sources, such as *"sexual educators on Instagram"* (SP84), and *"social media influencers"* (SP23), as one of their primary information sources. We found that online engagement spanned multiple platforms, including messaging apps (WhatsApp–25.47% and Telegram–5.66%), forums (Reddit–21.70% and Quora–12.26%), social media pages (Instagram–14.15% and Facebook–5.66%), and telehealth apps (Practo–3.77%). Vikram, for example, reported finding valuable information on subreddits like *"AskBoys", "AskMen", and "SexAdvice"*, where *"essentially people who are not experienced in these areas [are] asking people who are supposedly [emphasis] having some experience."* His statement reflects the value of sharing personal experiences and engaging in collective sensemaking, but also points to concerns about the reliability and authenticity of information shared.

We learned that privacy and anonymity were primary motivating factors for engaging *"as these [online] spaces are hypothetically safe"* (SP84). However, the potential for deanonymization served as a deterrent for some given that online engagements *"are traceable"* (SP22) or *"some comedian/meme-maker might take a screenshot, and my identity could be revealed"* (SP03). Our participants grappled with the conflicts between discomfort talking about sexual health and desire for anonymity, with the need for more information:

> "Asking something online...I have never done that. So I searched something on Google, and there is already like a Reddit or Yahoo thread [for] that particular topic. So I go through that...But I do not think I have ever initiated a conversation online with, you know, strangers, about something...[I prefer] things super anonymous, which means then just like reading it up online, no one should know that, you know, that I am asking this and all of that." (Bhanu, FGD-5)

Like Bhanu, most survey respondents reported passive interaction via only reading or liking posts. Few had ever posted a message or participated in discussions online, and those who had done so infrequently. We also found that online fora could potentially play a role in helping participants who came from minoritized backgrounds find information that could meet their specific needs. For instance, a Muslim survey respondent, SP51, shared that he *"[used] Muslim NoFap, [because] although I am not an addict, I wanted to get rid of this disgusting activity, also to do dopamine detox and lead a healthier life."* SP51's response reflects a negative attitude towards masturbation, and a desire to change behavior. A forum primarily with other Muslims may have offered him the understanding and support that he was seeking. Though this was a minority perspective in our data as apparent from Table 1, it highlights the role that religion may play in shaping sexual health information needs. We also found that the lack of vocabulary around sexual health—a consequence of the taboo around the subject—shaped online information-seeking practices. This shaped their online search behavior as well. For instance, the language used for search queries had to be framed carefully and could make a difference in receiving medically-relevant results or pornographic results:

> "Whenever I am able to actually articulate that question in a smarter way, then I will just [Google] search. But if I think [it] will just like explode my search...I will just go to [incognito mode]... I think it's like getting the words, getting the trust, and getting like your own assurance that, 'it's fine' or like, 'this is normal, like, everyone is kind of okay about it."' (Raj, FGD-4)

Participants in both our focus groups and surveys highlighted the need for authentic information. In the absence of reliable sources, pornography itself served as a source of information for 39.62% of our survey respondents. Though it served to fill fundamental gaps in sexual health literacy, multiple participants reflected on the harms of consuming pornography as a learning resource. Sahil

explained, *"there is this false expectation from [by watching] the adult films or the porn, for both male and female…It isn't real, it is all fake, only for fun, we can't have this in real life, this is all a show. If you want, you can see but not apply in your life."* In general, we found that there were few spaces where our participants could get reliable information on sexual health, online or offline. Avi, while reflecting on Video-1, expressed his preference to get such information from an expert, *"when you see an expert, you tend to trust them more than going on an online forum."* However, finding such experts could be challenging, and searching online was not enough to identify someone as "trustworthy" to discuss a stigmatized topic. Karan shared how *"I need to be comfortable and able to trust the doctor extremely. Just like… when you talk to a psychologist, you know that you are in a safe space, there is some confidentiality."* Though trust was largely discussed in terms of offering reliable information, Karan's comment reveals another component of being assured of privacy. Elaborating further, Rohan weighed on preference for *"a person whom I know personally, or is a trusted doctor, being recommended by a family/friend."*

Given the lack of spaces to discuss sexual health, our focus groups offered a learning experience, as expressed by Raj, *"this is probably the first time I am having a discussion like this in a homogeneous setting."* Our discussions led participants to further reflect on ways to break the ice with their friends around these topics:

> "There are a lot of board games and party games…like variations of 'Never Have I Ever,' where a lot of this stuff comes [up]. That's when you actually realize even within your friend circle, a lot of people have the same [experience]…'oh, wait!… This person has their finger down. So it might be okay.' And that's a great way to break some of that ice." (Raj, FGD-4)

Such games could thus create opportunities to identify friends with whom one could have deeper conversations on sexual health. Our participants also reflected on how they found the focus groups to be "informative," "progressive," and "eye-opening", and offered them a space to "reflect on my own thoughts." Sahil shared how this space, *"helped me to really re-think about it [topic], how I can be more responsible about this. In my later stages, being a parent, how can I be more informative and helpful for my child."* We further reflect on how such spaces may be constructed in the discussion.

4.3 Humor as a "Crutch" in Sexual Health Discourse

We found that humor served both as an ice-breaker and the primary means of engagement on sexual health for men in their everyday lives—in conversations and through broadcast and mass media. Humor was a major theme across media viewed by our participants. Raj reflected on how, growing up, one of the sources for learning about sexual health was sex comedies like *"extremely dark, sleazy, B grade…obscure stuff, which would be the kind of stuff where your parents will say, 'we are watching this, you go out [of the room]'."* Dev who was based in India also shared how *"I think many of us in our generation grew up watching American Pie, the movie series right? Even that and it is still just a thing of joke, any kind of talk regarding sex or sexual health."* This also points to the role of content from other regions and cultures in shaping attitudes towards sex within the Indian cultural context, and the shared experiences across borders as a result of the internet and over-the-top streaming platforms such as Netflix and Amazon Prime. Despite the limitations of such media, Rohan recognized the value of comedy in initiating conversations:

> "Although it [sex] is currently only being talked in the form of like, jokes or memes, but it is actually trying to bring up the topic, which is super important. And before, like [when] memes were not prevalent, it was not the case…comedy has some benefit to it, at least to start the conversation." (Rohan, FGD-3)

While acknowledging humor's potential to work around taboos by making light of them and reducing barriers to engagement, our participants noted how humor on mass media predominantly tends to work within the boundaries of social acceptability and stops short of pushing hard against cultural norms. One of the participants, Raj, drew a comparison between our media probes and movies that predated them that had triggered conversations by breaking taboos and causing *"…shock, but not for the comedy sense."* He went on to stress that true normalization of conversation around taboo topics through humor should come from not just the shock factor but by *"Not [making] it the joke, [but] making it like a part of the premise [and] the context as opposed to making it the punch line."* As a positive example of media that deals with sexuality in this way, Dilip mentioned a British show on Netflix called Sex Education that was comedic and informative without making sex the punchline. Another challenge that our participants identified with comedic content was the language that they used to talk about sexual health:

> "There was this whole period of sex comedies that would come out, and they would not educate you in any way…even the euphemisms are not that great…[but] they actually armed people with a way to talk about it without getting to the issue. So, I think it kind of damages that way." (Raj, FGD-4)

Raj highlights the practice of using euphemisms or double entendres in Hindi-language media, and suggests that this not only serves to perpetuate stereotypes but gives people the language to avoid speaking about sexual health. Our participants also pointed out the missed opportunities for media to instigate social change and leverage humor as a vehicle for learning how to overcome taboos, even when they tried to highlight harmful stereotypes:

> "So I have seen this video before, obviously, as a meme video, and I have laughed at it. One thing that I had not observed before was how, in that small span of time, they seem to touch upon two different issues. One is this whole taboo around dick size…then they also talk a little about some kind of erectile dysfunction. It did not seem like the point of the video was informative, given that how you just, in passing, talk about two different issues, and you build on neither of them…I observed it for the first time, I guess because I am watching it in an academic context." (Raghu, FGD-4)

The above quote reveals our participants' concerns that just bringing up stereotypes was not enough, and the desire to engage more deeply with stereotypes and sexual health concerns depicted.

Our focus groups gave participants the space to reflect on these more deeply. Madhav also described how using humor was used *"as a crutch, rather than a portrayal of like reality."* Media could promote problematic and potentially harmful perceptions:

> "It does seem kind of off-putting when they contextualize these issues as content for satire/parody. So it was kind of a little crass…the way he [doctor] was communicating or trying to indicate that seemed a bit…not the best way." (Madhav, FGD-4)

Madhav went on to describe how his own experiences with doctors had been positive, with concerns being handled sensitively. Sexual health was already taboo in the contexts within which our participants were situated, with infertility and other sexual health conditions being stigmatized. In such a cultural moment, depicting andrologists and other sexual health specialists as doctors equipped with *"a pestle and mortar which made it feel like he was some sort of a pseudo scientist…[with a clinic] on the street, like in a dark corner"*—even when done for comedic effect, could further discourage people from seeking professional support.

4.4 "Tu mard hai! [You're a man!]"

Our findings above pointed to how using humor and euphemisms to construct knowledge could reinforce taboos around sexual health. We next describe the stereotypes around masculinity that our participants encountered, their struggle to connect the information they encountered online to their own experiences and determine what was "normal", the insecurities and vulnerabilities that emerged due to these experiences, and the subsequent impact on relationships.

4.4.1 Encountering Stereotypes around Masculinity. From adolescence to adulthood, our participants constantly came up against stereotypes around *"what it means to be a man"*, explicitly and through euphemisms. The notions of masculinity they encountered were frequently tied to the ability to "perform" or ejaculate. Pankaj described how *"idea of masculinity is this strong, tall, burly men who could…you just do not associate them with sexual problems."* Rishi also pointed to cultural traditions that emphasized men as being responsible for the couple's sexual satisfaction, which were also frequently depicted in Hindi media: *"like, for suhag raat [the wedding night], there is tradition, right? Like, the groom is given the badaam [almond] milk, and then like, that is supposed to fortify them to be a good lover for the night, all of this stuff. The pressure is on them [men], not necessarily the couple."* In light of this expectation, sexual health problems could be seen as a weakness. For instance, Video-2 was about erectile dysfunction experienced by a mafia don and was interpreted by Bhanu thus:

> "He is talking from a very like 'oh! If I tell him that it is my problem, I may not be as dangerous as I am right now.' You know, like, his ability to be aggressive, to be a man, is related to his ability to perform [during the act of sex]." (Bhanu, FGD-5)

Representations of sex in media could thus emphasize a man's role as a performer or aggressor rather than emphasizing intimacy or emotional connection. Bhanu pointed out the potential dehumanization of men and the act of sex that resulted from such representations, *"in many porns and adult films, or what you can call it, the man is portrayed as a tool. It is like he just keeps on going when that is not the reality. In reality, it [losing erection] can happen."* Another recurring ostensibly humorous trope our participants encountered was around the size of the penis. Stereotypes promoted through various information sources further shaped their perceptions of masculinity. The various stereotypes shared through memes, media, friends, and other information sources left our participants struggling to determine what was "normal." Raj shared his struggle *"because you know, you are…you do not…like, I think you do not have a yardstick of what is normal. When or what is even…what is even worth inquiring what is normal."* Such experiences and difficulties with determining what was normal could lead to fear and emotional distress. This was even more of a challenge for our participants before they had access to mobile phones and the internet and were able to look up information online. We next highlight the vulnerabilities and insecurities our participants experienced.

4.4.2 Insecurity and Vulnerability. Our participants highlighted how perceptions of masculinity and stereotypes could lead to insecurities, such as around one's penis size or sexual performance. For instance, in response to Video-3, Dev personally connected with the depiction of a man's sexual journey and how *"dick measuring is literally a phase."* Insecurities could also emerge from a fear of being judged, as pointed out by Sameer, *"if you are good at it, and even if you are bad at it, you are going to be judged."* Lack of information about sexual health could also result in feelings of shame and discomfort in certain situations. Sameer shared a story with a fellow student at a school workshop:

> "He was getting frustrated when a very hot teacher was in our workshop. He said, 'what is happening to me? I am not able to learn from the teacher, rather I am watching her in a sexual manner or something…in a bad way' and all those things. He was surprised, 'is it a disease, or is it happening with all of you?' We tried to clear that it's normal to feel like this about any girl or lady. But he was considering it a disease. He thought he would be free from this if he did much more spiritual activities…" (Sameer, FGD-2)

Our participant (Sameer) and his friends found the individual's concerns somewhat humorous and tried to address his fears and feelings of shame, but were likely ill-equipped to offer support beyond sharing a sense of what was "normal" based on their own experiences. However, such experiences and the information sharing that occurs around it can shape attitudes toward one's and others' bodies. The sense of lack of control over one's body was also represented in Video-3, on which Arjun reflected, *"it is like that, sometimes your body wants what your body wants from your penis. You think that because of XYZ reason, it is not in my control."* However, the information sources our participants reached out to for help rarely offered reliable insight into how such situations could be handled. In another case, Vikram mentioned witnessing someone being trolled for posting a personal experience around sexual health on social media. Such instances led to several participants stressing the need to sensitively handle an individual's concerns rather than resorting to humor or ridicule.

4.4.3 Re-calibrating Expectations in Relationships. Despite receiving little sex education in school or at home, our participants expressed that men were expected to be knowledgeable or experienced when entering a relationship, and to take the lead in the relationship. Ram shared, *"yeah, it is from a society's point of view, like we are told that men should lead, even in dance men are to lead. So even in this, we should have experience and be leading."* Such expectations persisted even if the man had never been in a relationship in the past as elaborated by Madhav:

> "Even if they have not had any meaningful sexual relationships in the past…you [will] come across as uncomfortable or awkward if you are [currently] in a relationship and you have not made any effort to learn more about sex…by yourself before you approach relationships." (Madhav, FGD-4)

Our focus groups revealed that the knowledge that our participants had constructed based on stereotypes and societal expectations was challenged when they had conversations on sexual health with women, either as friends or as a partner. They found themselves unlearning, as described by Dev, *"with time and more experience, right, you get to know a little bit what actual normalcy is, right? (laughs)…Why is this not happening, as I saw? And then again, you learn that there are some things that just do not happen as they show in porn."* Our participants had to re-calibrate their expectations from relationships in such situations, and their prior misconceptions could potentially have severe and lasting physical and emotional trauma for them and their partners. Additionally, in the context we studied, getting married without having been in a previous relationship is anticipated. Video-4 presents the interplay of such misconceptions and cultural anticipations through a dialogue between a newly married couple. Here, the wife is trying to converse about her pleasure by referring to the sounds a woman made in a pornography video she had seen. Sharing his reflection on the same, Ram elaborated:

> "I feel there are two aspects to this. Like Kiara [female protagonist], relating real life sex to porn, which is not reality, which is scripted, right? And the guy being uninformative, basically umm…this is an awkward situation. Because, like, they just got married, and the guy never had sex before." (Ram, FGD-2)

Our participants also noted that sexual dysfunction was also not depicted as a potential relationship challenge to be approached with their partner, but as something to be addressed with *"this one pill that will fix everything"* (Rishi). The media's focus was also mainly on penetrative sex rather than other ways to satisfy one's partner. Healthy communication between partners was seen as critical by all our participants to help set expectations for each other. Raj expressed, *"when that communication does not happen…you are mostly just thinking—'okay, how do I stay longer? how do I stay harder? or whatever.' That's how you think…whereas when you start discussing, you realize, you could actually share it with the other person. And it could be fine."* Our participants pointed out missed opportunities to depict such communication in popular media, and stressed the need to move away from an individual to a collaborative approach to addressing sexual health concerns with one's partner.

4.4.4 Societal Pressure on Women to "Perform". Our participants also reflected on how though they felt the pressure to "perform," the consequences of not performing frequently fell on the woman in the relationship. They cited several media sources where such gender differentials were visible. The following example reflects an association with infertility as a "weakness" as mentioned earlier, which could be reinforced by family or society:

> "I have seen a couple of movies…there is a husband, wife, and the husband's parents are also staying with them…husband is telling that 'I can't perform' and, his mom says, 'Okay, don't tell this to anyone. Okay!' Then if the girl can't deliver a baby, it's the girl's fault. Its always the [fault] in female…they do not discuss [question] men's [sexual] health." (Angad, FGD-5)

Angad's comment highlights how underplaying men's sexual health could impact the relationship overall. The discussion with the mother depicts procreation as the goal of sex, not pleasure or deepening the emotional connection with the partner. Sexual dysfunction was only seen as a concern in this case because no children resulted from the relationship. Along similar lines, another participant highlighted how such expectations could increase pressure on the woman, as represented in a media source he viewed where a woman's mother advises her on how to *"entice your husband,"* who seemed uninterested in sex, *"but was homosexual, so he's not able to, obviously consummate the marriage"*. Bhanu further went on to explain, *"I think there were problems related to sexuality, which was put on to women. Like, the problem was in the woman. She needed to be maybe a little more seductive, or enticing, you know."* Bhanu's comment points not just to the burden of performing on the woman in a heterosexual relationship, but brings up additional concerns that may be experienced by men who were not heterosexual. Though Bhanu did not reveal his sexuality to the other participants in the FGD, his own experiences as a bisexual man may have shaped his sensitivity to this concern.

5 DISCUSSION

We first unpack how cultivating sexual literacy is shaped by masculinity, and how technology design can better support understanding of sexual health while creating avenues for men to learn to be allies and supportive partners. We then expand on the role that humor might play in these efforts to sustain meaningful conversations on sexual health and wellbeing. Finally, we present our reflections on conducting this study using media probes, to inform future research that aims to "break the ice" when working on such highly stigmatized topics, by situating discussions in cultural settings that are familiar to the participants.

5.1 Men, Masculinity, and Intimate Relationships

Our participants' experiences with intimate health and wellbeing were shaped by their exposure to expectations around masculinity, through information sources and social interactions with peers and family. Prior research has highlighted how taboos around sexual health among women can be traced to patriarchal structures that police women's bodies [38, 39, 54, 83]. In the case of cisgender men's sexual health, our research finds that the taboos to some

extent emerged from expectations set *by other men*, particularly their peers and family members. Our participants were hesitant to participate in conversations with others of the same gender due to fear of being judged. Gendered online or offline spaces were therefore not always perceived as being safe and conducive to sharing knowledge and experiences, unlike in the case of women's health where such communities have enabled sharing of deeply personal and emotional experiences (e.g. [50]). We found that men looked out for social signals to determine if they could have serious conversations on this topic with their peers. Technology could be designed for social translucence [27], by creating ways for men to find community or recognize that they are not alone in their experiences. For instance, existing fora on sexual health could indicate the top topics that a user is interested in, or even highlight which users have similar interests. Many of our participants also struggled to articulate questions they had around sexual health because they had not learned the vocabulary and were used to euphemistic language. More HCI research is needed to understand the language used around men's sexual health from a culturally situated perspective, which could then be leveraged in information delivery. Potential sources could include online fora, social media campaigns, or even conversational agents, which have been effective in enabling learning on other taboo domains, including women's health and wellbeing. Such channels could also help men reflect on the language they use and make sense of the content provided, while preserving the privacy that they deeply value.

We also found that men had been systematically excluded from channels for education on sexual health across genders, at home and in school. Taboos around the topic prevented co-learning with other genders in these settings. Despite this, many of our participants were more comfortable discussing sexual health with female friends or their partner as adults, than with other men. They were also keen on addressing the information gap they experienced and learning how to be allies and supportive partners. HCI research has only begun to explore ecological perspectives to intimate health and wellbeing [40, 66]. HCI researchers could create supportive environments where partners in heterosexual relationships can unlearn and learn together, while taking into consideration how their experiences are shaped by different societal expectations. For instance, Homewood et al. have previously studied how a fertility tracking device could shape a bedroom to become a space for partners to have conversations around intimacy, fertility, and intimacy [40]. Our research uncovered how humor could also play a role in enabling such conversations, by breaking the ice and enabling reflection. One way to do this could be to take inspiration from provocative "party games" to facilitate conversations with the partner. We will next discuss the role of humor in more detail.

5.2 Moving Beyond the Humor

Humor and its prominent role in countering the taboos around men's sexual health were evident in our participants' experiences, media probes, and focus group discussions. In a cultural environment where sexual health is a conversational taboo, humor—sometimes in the form of playful mockery—allowed men to discuss their sexual health with other men at various stages of their lives. Previous studies have also noted the disinhibiting effect of humor [89] as a potential tool to 'diminish social awkwardness'[5] and encourage 'positive interactions' [86] around sexual and reproductive health. Although humor creates avenues for some form of informal and peer learning, it does so while upholding existing taboos [35].

Our data highlights how humor serves as an ice-breaker but falls short in catalyzing and sustaining meaningful conversations on taboo subjects. For instance, our participants brought up examples of how satire and humor in our media probes and jocular content (e.g., memes) they encounter in online spaces barely scratched the surface of meaningful engagement on men's sexual health. Further, our participants highlighted how humor that stops short of capitalizing on their educational potential could result in perpetuating taboos or encouraging largely euphemistic language—to elicit laughs in conversations, or in disengagement [36]. We observed men heavily albeit passively engage with online fora to construct sexual health literacy. Thus, these spaces offer information while serving as a locus for building vocabularies and forms of engagement in public discourse. Consistent engagement in shallow humor around sexual health only minimizes the importance of deeper engagement around these topics. Therefore, future media, technologies, and spaces that leverage humor as ice-breakers need to move beyond humor and towards the deeper and more meaningful engagement to aid in dismantling taboos.

There is significant scope for HCI to study the potential of humor to bring about long-term and meaningful change in conversations around taboo or uncomfortable topics. Prior research has investigated the role of humor in enabling conversations on women's sexual health, in social interaction in people with intellectual disabilities, and in discussions on institutional accountability [5, 17, 20]. In the case of men's sexual health, a possible approach could be of working within the established social norms in men's trusted social circles, where humor could be leveraged through games to initiate light-hearted discussions around sexual health while simultaneously serving as social signals for other individuals about one's willingness to have deeper conversations. Along similar lines, movies and other mass media could both normalize discussions of sexual health with more direct language—providing men with better vocabulary on this topic—and also work towards filling the information gaps left by taboos. Learnings from prior research [88] could inform the design of technology interventions, like conversational agents, to support information-seeking practices among men, allowing for much of the social discomfort around peer learning to be obviated. However, we suggest a reflective and critical approach to integrating humor as it can also be complicit in degrading women [65]. Though we did not encounter any instance of this in our study, some of the media that our participants consumed, such as sex comedies like American Pie [65], reflect the need to guard against this possibility.

5.3 Reflections on Method

Reflecting on our experience of designing and conducting this study, we now present methodological takeaways towards careful engagement on taboo topics. We designed our focus groups intending to nurture a *third space* [15, 16] for participants and researchers, taking inspiration from prior HCI orientations (e.g., [78])—adopting a feminist HCI approach [13, 69] to confront and disrupt the social

and cultural structures, narratives, and constructs around sex, its education, and prevalent practices of acquiring literacies around sexual health and wellbeing.

To build trust, we practiced self-disclosure [13] from the beginning by being upfront about the nature of content participants would use ("depictions of men's fertility in popular Hindi media…"), and sharing our complete contact/background information. We struggled with participant recruitment through social media and even when we reached out within our professional and social circles. Many potential participants responded with appreciation, curiosity, and excitement but eventually withdrew as they did not feel comfortable participating on such topics. We encouraged participants to adopt pseudonyms but one participant still used a private channel to reflect on his intimate experiences. Our backgrounds researching similar taboo topics was key for our participants as they "knew" these sessions would be "progressive" while "respecting anonymity."

Learnings: We saw value in being explicit about seeking trust from participants at various levels. To be transparent to help participants make an informed choice, researchers can begin by including their bios reflecting their experience with the taboo topics in question in the recruitment script. Participants might prefer one channel over another to share their reflections. As study designers, we can offer participants multiple options to express themselves while giving them the discretion to choose when and how.

Taboo topics are accompanied by a lack of appropriate vocabulary. Our media probes leveraged humor to offer cultural euphemisms and missing vocabulary, helping us set the tone and carefully but steadily push the boundaries of comfort around the language with every probe. We leveraged the shock factor from Video-1, which starts with the line—*"my wife prefers to insert a ripe banana into her vagina instead of my penis"*—to normalize the use of vocabulary that might otherwise be discomfiting. Despite using phrases from the probes, our participants struggled to complete sentences. Many of their sentences faded out with "whatever," "umm…," "stuff and all," "all of that," "you know," and "I mean… yea," pointing to tacit understanding around the topic. Our choice of English for moderating sessions may have affected how participants expressed themselves. Our conversations might have been different, though not necessarily generative and comfortable if we had used a local language (see [82]). Lack of vocabulary and stigma can impact both researchers and participants. Given the positionality of moderators, they were equally vulnerable to discomfort and fear of creating stigmatized identities [46]. We struggled to probe as deeply as we aspired. Our participants used the beginning of the session to make sense of their experiences. Only slowly and towards the end did they begin to open up.

Learnings: Leveraging locally relevant humor and playfulness could give a jumpstart to nurturing discussions on taboo topics. However, the language, euphemism, and humor are culturally situated, making it imperative to have an in-depth understanding of context. Additionally, building vocabulary is a collective effort and takes time—pointing to the importance of engaging with the same participants over multiple sessions.

Given the sensitive nature of our discussion, our sessions aimed to offer a space for reflection to researchers and participants alike, but we found that this also created room for introspection on both sides. Participants shared thoughts regarding their insecurities and awkwardness towards the topic, while researchers introspected on their own social conditioning that the study surfaced. The generative nature of this space allowed participants to unlearn some of their discomfort around talking about sex, see value in sexual literacy, among other topics. Nurturing a digital environment for having discourse on a taboo topic only partially caters to participant care, as the physical space of the participant might not be a safe space to discuss such a stigmatized topic. For instance, a few potential participants requested to schedule the session during their 'not-at-home' hours, a few attended this call from their balcony, and a few were whispering. The concerns were similar for the moderator whose parents were in an adjacent room during these sessions.

Learnings: When researching taboo topics, the study design can be approached as an intervention. Our methods offer a window to nudge participants into critical reflection towards circumventing the taboos. While doing so, it is crucial to be mindful of the boundaries we might end up pushing, the trauma our interaction might unleash, and how it might affect both the participants and researchers. One approach could be returning to the question—'What disruption might X trigger for Y?' Here, X could be a probe, vocabulary, medium of engagement, setting, guiding questions, etc., and Y could include all those present, including researchers.

6 LIMITATIONS AND FUTURE WORK

We would like to draw attention to the fact that our findings are culturally situated, and like any other qualitative research study, may not extend beyond the context of our choosing, which sought to include cisgender men of Indian origin with experiences of engaging in heterosexual relationships. Our focus group participants were between the ages of 24 and 32, and none of them had children at the time of the study. It is possible that a participant set more diverse in age, or those with children or actively planning to have them, might have generated different discussions, such as around sex with the goal of conception. Other topics that were only tangentially discussed by our participants and could be further studied were experiences with or understanding and concerns around sexually transmitted diseases, issues of consent, diverse expressions of sexuality, and more. We also note that a mixed gender research team, with its set of positionalities, would shape the findings in ways that different gender compositions might not. Despite such limitations, we posit that our study offers considerable value to ongoing investigations in HCI that investigate topics surrounding gender equity and social justice. We trust that future work can build on our research to delve deeper on related topics, e.g., to take a dyadic and ecological approach to intimate relationships and wellbeing across genders. It would also be important to examine different intersections such as caste, class, race, among others, to see how these might shape information-seeking behaviors among men, drawing on prior feminist approaches as we do so [13, 52, 69].

7 CONCLUSION

We present an understanding of how cisgender heterosexual men cultivate sexual literacy in a taboo context. Taking a qualitative approach, we used media probes to nurture a *third space* [15, 16] for

our participants to challenge and interrogate the cultural boundaries around the act of sex. We unpack how the construction of knowledge around sexual health is shaped by stigma stemming from masculinity and how the experiences of this knowledge construction impact men's engagement in intimate relationships. Finally, taking inspiration from feminist HCI principles [13, 14] and reflecting on conducting this study, we share methodological takeaways for researching taboo topics.

ACKNOWLEDGMENTS

We express gratitude to our participants who contributed valuable time and shared their experiences for this study. We are immensely grateful to the external reviewers, who sharpened our contribution with their feedback and critical comments. This research work was supported by NSF grant #2047726.

REFERENCES

[1] Teresa Almeida. 2015. Designing Intimate Wearables to Promote Preventative Health Care Practices. In *Adjunct Proceedings of the 2015 ACM International Joint Conference on Pervasive and Ubiquitous Computing and Proceedings of the 2015 ACM International Symposium on Wearable Computers* (Osaka, Japan) *(UbiComp/ISWC'15 Adjunct)*. ACM, New York, NY, USA, 659–662.

[2] Teresa Almeida, Rob Comber, and Madeline Balaam. 2016. HCI and Intimate Care As an Agenda for Change in Women's Health. In *Proceedings of the 2016 CHI Conference on Human Factors in Computing Systems* (San Jose, California, USA) *(CHI '16)*. ACM, New York, NY, USA, 2599–2611.

[3] Teresa Almeida, Rob Comber, Patrick Olivier, and Madeline Balaam. 2014. Intimate Care: Exploring ETextiles for Teaching Female Pelvic Fitness. In *Proceedings of the 2014 Companion Publication on Designing Interactive Systems* (Vancouver, BC, Canada) *(DIS Companion '14)*. Association for Computing Machinery, New York, NY, USA, 5–8.

[4] Teresa Almeida, Rob Comber, Gavin Wood, Dean Saraf, and Madeline Balaam. 2016. On Looking at the Vagina through Labella. In *Proceedings of the 2016 CHI Conference on Human Factors in Computing Systems*. ACM, New York, NY, USA, 1810–1821.

[5] Teresa Almeida, Rob Comber, Gavin Wood, Dean Saraf, and Madeline Balaam. 2016. On Looking at the Vagina through Labella. In *Proceedings of the 2016 CHI Conference on Human Factors in Computing Systems*. ACM, New York, NY, USA, 1810–1821.

[6] Tawfiq Ammari and Sarita Schoenebeck. 2015. Understanding and Supporting Fathers and Fatherhood on Social Media Sites. In *Proceedings of the 33rd Annual ACM Conference on Human Factors in Computing Systems* (Seoul, Republic of Korea) *(CHI '15)*. Association for Computing Machinery, New York, NY, USA, 1905–1914.

[7] Tawfiq Ammari and Sarita Schoenebeck. 2016. "Thanks for Your Interest in Our Facebook Group, but It's Only for Dads": Social Roles of Stay-at-Home Dads. In *Proceedings of the 19th ACM Conference on Computer-Supported Cooperative Work &; Social Computing* (San Francisco, California, USA) *(CSCW '16)*. Association for Computing Machinery, New York, NY, USA, 1363–1375.

[8] Tawfiq Ammari, Sarita Schoenebeck, and Silvia Lindtner. 2017. The Crafting of DIY Fatherhood. In *Proceedings of the 2017 ACM Conference on Computer Supported Cooperative Work and Social Computing* (Portland, Oregon, USA) *(CSCW '17)*. Association for Computing Machinery, New York, NY, USA, 1109–1122.

[9] Karen Anne Cochrane, Kristina Mah, Anna Ståhl, Claudia Núñez Pacheco, Madeline Balaam, Naseem Ahmadpour, and Lian Loke. 2022. Body Maps: A Generative Tool for Soma-Based Design. In *Sixteenth International Conference on Tangible, Embedded, and Embodied Interaction* (Daejeon, Republic of Korea) *(TEI '22)*. Association for Computing Machinery, New York, NY, USA, Article 38, 14 pages.

[10] All India Bakchod. 2015. AIB : Man's Best Friend. https://www.youtube.com/watch?v=93oxfr6KfpA. Accessed on (2021/2/15).

[11] Jeffrey Bardzell, Shaowen Bardzell, and Lone Koefoed Hansen. 2015. Immodest Proposals: Research Through Design and Knowledge. In *Proceedings of the 33rd Annual ACM Conference on Human Factors in Computing Systems (CHI '15)*. ACM, New York, NY, USA, 2093–2102.

[12] Jeffrey Bardzell, Shaowen Bardzell, Amanda Lazar, and Norman Makoto Su. 2019. (Re-)Framing Menopause Experiences for HCI and Design. In *Proceedings of the 2019 CHI Conference on Human Factors in Computing Systems* (Glasgow, Scotland Uk) *(CHI '19)*. ACM, New York, NY, USA, Article 115, 13 pages.

[13] Shaowen Bardzell. 2010. Feminist HCI: Taking Stock and Outlining an Agenda for Design. In *Proceedings of the SIGCHI Conference on Human Factors in Computing Systems* (Atlanta, Georgia, USA) *(CHI '10)*. ACM, New York, NY, USA, 1301–1310.

[14] Shaowen Bardzell and Jeffrey Bardzell. 2011. Towards a Feminist HCI Methodology: Social Science, Feminism, and HCI. In *Proceedings of the SIGCHI Conference on Human Factors in Computing Systems* (Vancouver, BC, Canada) *(CHI '11)*. Association for Computing Machinery, New York, NY, USA, 675–684.

[15] Homi K Bhabha. 2012. *The location of culture*. routledge, Oxfordshire, UK.

[16] Homi K Bhabha and Jonathan Rutherford. 2006. Third space. *Multitudes* 26, 3 (2006), 95–107.

[17] Valeria Borsotti and Pernille Bjørn. 2022. Humor and Stereotypes in Computing: An Equity-Focused Approach to Institutional Accountability. *Comput. Supported Coop. Work* 31, 4 (dec 2022), 771–803. https://doi.org/10.1007/s10606-022-09440-9

[18] Braun, V. and Clarke, V. 2006. Using thematic analysis in psychology. *Qualitative Research in Psychology* 3, 2 (2006), 77–101.

[19] Nadia Campo Woytuk, Marie Louise Juul Søndergaard, Marianela Ciolfi Felice, and Madeline Balaam. 2020. Touching and Being in Touch with the Menstruating Body. In *Proceedings of the 2020 CHI Conference on Human Factors in Computing Systems* (Honolulu, HI, USA) *(CHI '20)*. Association for Computing Machinery, New York, NY, USA, 1–14.

[20] Darren David Chadwick and Tracey Platt. 2018. Investigating humor in social interaction in people with intellectual disabilities: A systematic review of the literature. *Frontiers in psychology* 9 (2018), 1745.

[21] Marianela Ciolfi Felice, Marie Louise Juul Søndergaard, and Madeline Balaam. 2021. Resisting the Medicalisation of Menopause: Reclaiming the Body through Design. In *Proceedings of the 2021 CHI Conference on Human Factors in Computing Systems* (Yokohama, Japan) *(CHI '21)*. Association for Computing Machinery, New York, NY, USA, Article 408, 16 pages.

[22] Mayara Costa Figueiredo and Yunan Chen. 2021. Health Data in Fertility Care: An Ecological Perspective. In *Proceedings of the 2021 CHI Conference on Human Factors in Computing Systems* (Yokohama, Japan) *(CHI '21)*. Association for Computing Machinery, New York, NY, USA, Article 204, 17 pages.

[23] Lorraine Culley, Nicky Hudson, and Frances Rapport. 2007. Using focus groups with minority ethnic communities: Researching infertility in British South Asian communities. *Qualitative Health Research* 17, 1 (2007), 102–112.

[24] Catherine D'Ignazio, Rebecca Michelson, Alexis Hope, Josephine Hoy, Jennifer Roberts, and Kate Krontiris. 2020. "The Personal is Political": Hackathons as Feminist Consciousness Raising. *Proc. ACM Hum.-Comput. Interact.* 4, CSCW2, Article 150 (oct 2020), 23 pages.

[25] Anna Eaglin and Shaowen Bardzell. 2011. Sex Toys and Designing for Sexual Wellness. In *CHI '11 Extended Abstracts on Human Factors in Computing Systems* (Vancouver, BC, Canada) *(CHI EA '11)*. ACM, New York, NY, USA, 1837–1842.

[26] Daniel A. Epstein, Nicole B. Lee, Jennifer H. Kang, Elena Agapie, Jessica Schroeder, Laura R. Pina, James Fogarty, Julie A. Kientz, and Sean Munson. 2017. Examining Menstrual Tracking to Inform the Design of Personal Informatics Tools. In *Proceedings of the 2017 CHI Conference on Human Factors in Computing Systems*. ACM, New York, NY, USA, 6876–6888.

[27] Thomas Erickson and Wendy A Kellogg. 2000. Social translucence: an approach to designing systems that support social processes. *ACM transactions on computer-human interaction (TOCHI)* 7, 1 (2000), 59–83.

[28] Ilker Etikan, Sulaiman Abubakar Musa, and Rukayya Sunusi Alkassim. 2016. Comparison of convenience sampling and purposive sampling. *American journal of theoretical and applied statistics* 5, 1 (2016), 1–4.

[29] Hayley Evans, Udaya Lakshmi, Hue Watson, Azra Ismail, Andrew M. Sherrill, Neha Kumar, and Rosa I. Arriaga. 2020. Understanding the Care Ecologies of Veterans with PTSD. In *Proceedings of the 2020 CHI Conference on Human Factors in Computing Systems* (Honolulu, HI, USA) *(CHI '20)*. Association for Computing Machinery, New York, NY, USA, 1–15.

[30] Margaret Flemings, Shanzay Kazmi, Rachel Pak, and Orit Shaer. 2018. Crimson Wave: Shedding Light on Menstrual Health. In *Proceedings of the Twelfth International Conference on Tangible, Embedded, and Embodied Interaction (TEI '18)*. ACM, Stockholm, Sweden, 343–348.

[31] Sarah Fox, Noura Howell, Richmond Wong, and Franchesca Spektor. 2019. Vivewell: Speculating Near-Future Menstrual Tracking Through Current Data Practices. In *Proceedings of the 2019 on Designing Interactive Systems Conference* (San Diego, CA, USA) *(DIS '19)*. ACM, New York, NY, USA, 541–552.

[32] Sarah E. Fox, Amanda Menking, Jordan Eschler, and Uba Backonja. 2020. Multiples Over Models: Interrogating the Past and Collectively Reimagining the Future of Menstrual Sensemaking. *ACM Trans. Comput.-Hum. Interact.* 27, 4, Article 22 (Sept. 2020), 24 pages.

[33] Aakash Gautam, Chandani Shrestha, Deborah Tatar, and Steve Harrison. 2018. Social Photo-Elicitation: The Use of Communal Production of Meaning to Hear a Vulnerable Population. *Proc. ACM Hum.-Comput. Interact.* 2, CSCW, Article 56 (nov 2018), 20 pages.

[34] Bill Gaver, Tony Dunne, and Elena Pacenti. 1999. Design: Cultural Probes. *Interactions* 6, 1 (jan 1999), 21–29.

[35] S M Taiabul Haque, Pratyasha Saha, Muhammad Sajidur Rahman, and Syed Ishtiaque Ahmed. 2019. Of Ulti, 'Hajano', and "Matachetar Otanetak Datam": Exploring Local Practices of Exchanging Confidential and Sensitive Information in Urban Bangladesh. *Proc. ACM Hum.-Comput. Interact.* 3, CSCW, Article 173 (nov 2019), 22 pages.

[36] Karey Helms and Ylva Fernaeus. 2018. Humor in Design Fiction to Suspend Disbelief and Belief. In *Proceedings of the 10th Nordic Conference on Human-Computer Interaction* (Oslo, Norway) *(NordiCHI '18)*. Association for Computing Machinery, New York, NY, USA, 801–818.

[37] Sarah Homewood. 2018. Designing for the Changing Body: A Feminist Exploration of Self-Tracking Technologies. In *Extended Abstracts of the 2018 CHI Conference on Human Factors in Computing Systems (CHI EA '18)*. ACM, Montreal QC, Canada, DC11:1–DC11:4.

[38] Sarah Homewood. 2018. Reframing design problems within women's health. In *Design as a catalyst for change-DRS International Conference 2018*, C Storni, K Leahy, M McMahon, P Lloyd, and E Bohemia (Eds.). Design Research Society, Limerick, Ireland, 507–517.

[39] Sarah Homewood. 2019. Inaction As a Design Decision: Reflections on Not Designing Self-Tracking Tools for Menopause. In *Extended Abstracts of the 2019 CHI Conference on Human Factors in Computing Systems* (Glasgow, Scotland Uk) *(CHI EA '19)*. ACM, New York, NY, USA, Article alt17, 12 pages.

[40] Sarah Homewood, Laurens Boer, and Anna Vallgårda. 2020. Designers in White Coats: Deploying Ovum, a Fertility Tracking Device. In *Proceedings of the 2020 CHI Conference on Human Factors in Computing Systems* (Honolulu, HI, USA) *(CHI '20)*. Association for Computing Machinery, New York, NY, USA, 1–13.

[41] Alexis Hope, Catherine D'Ignazio, Josephine Hoy, Rebecca Michelson, Jennifer Roberts, Kate Krontiris, and Ethan Zuckerman. 2019. Hackathons as Participatory Design: Iterating Feminist Utopias. In *Proceedings of the 2019 CHI Conference on Human Factors in Computing Systems* (Glasgow, Scotland Uk) *(CHI '19)*. Association for Computing Machinery, New York, NY, USA, 1–14.

[42] Minal Jain and Pradeep Yammiyavar. 2015. Game based learning tool seeking peer support for empowering adolescent girls in rural Assam. In *Proceedings of the 14th International Conference on Interaction Design and Children*. ACM, New York, NY, USA, 275–278.

[43] Jonas Kjeldmand Jensen, Tawfiq Ammari, and Pernille Bjørn. 2019. Into Scandinavia: When Online Fatherhood Reflects Societal Infrastructures. *Proc. ACM Hum.-Comput. Interact.* 3, GROUP, Article 231 (dec 2019), 21 pages.

[44] Adam N Joinson, Carina Paine, Tom Buchanan, and Ulf-Dietrich Reips. 2008. Measuring self-disclosure online: Blurring and non-response to sensitive items in web-based surveys. *Computers in Human Behavior* 24, 5 (2008), 2158–2171.

[45] Gopinaath Kannabiran, Alex A. Ahmed, Matthew Wood, Madeline Balaam, Joshua G. Tanenbaum, Shaowen Bardzell, and Jeffrey Bardzell. 2018. Design for Sexual Wellbeing in HCI. In *Extended Abstracts of the 2018 CHI Conference on Human Factors in Computing Systems* (Montreal QC, Canada) *(CHI EA '18)*. ACM, New York, NY, USA, Article W09, 7 pages.

[46] Gopinaath Kannabiran, Jeffrey Bardzell, and Shaowen Bardzell. 2011. How HCI Talks about Sexuality: Discursive Strategies, Blind Spots, and Opportunities for Future Research. In *Proceedings of the SIGCHI Conference on Human Factors in Computing Systems* (Vancouver, BC, Canada) *(CHI '11)*. Association for Computing Machinery, New York, NY, USA, 695–704.

[47] Neha Kumar. 2016. Interviewing against the odds. In *Innovative methods in media and communication research*. Springer, London, UK, 207–220.

[48] Neha Kumar, Naveena Karusala, Azra Ismail, and Anupriya Tuli. 2020. Taking the Long, Holistic, and Intersectional View to Women's Wellbeing. *ACM Trans. Comput.-Hum. Interact.* 27, 4, Article 23 (July 2020), 32 pages.

[49] Neha Kumar, Trevor Perrier, Michelle Desmond, Kiersten Israel-Ballard, Vikrant Kumar, Sudip Mahapatra, Anil Mishra, Shreya Agarwal, Rikin Gandhi, Pallavi Lal, and Richard Anderson. 2015. Projecting Health: Community-Led Video Education for Maternal Health. In *Proceedings of the Seventh International Conference on Information and Communication Technologies and Development* (Singapore, Singapore) *(ICTD '15)*. Association for Computing Machinery, New York, NY, USA, Article 17, 10 pages. https://doi.org/10.1145/2737856.2738023

[50] Amanda Lazar, Norman Makoto Su, Jeffrey Bardzell, and Shaowen Bardzell. 2019. Parting the Red Sea: Sociotechnical Systems and Lived Experiences of Menopause. In *Proceedings of the 2019 CHI Conference on Human Factors in Computing Systems* (Glasgow, Scotland Uk) *(CHI '19)*. ACM, New York, NY, USA, Article 480, 16 pages.

[51] Xiubo Liang, Jing Zhang, Jiayi Ma, Jiayu Yao, Weijia Lin, Zheliang Zhu, Yingying Ma, Fangtian Ying, Cheng Yao, Leijing Zhou, Preben Hansen, Yijun Zhao, and Guanyun Wang. 2022. Menstrual Monster: A Tangible Interactive Co-Educational Game Designed for Teenagers. In *Extended Abstracts of the 2022 CHI Conference on Human Factors in Computing Systems* (New Orleans, LA, USA) *(CHI EA '22)*. Association for Computing Machinery, New York, NY, USA, Article 247, 7 pages.

[52] Ann Light. 2011. HCI as Heterodoxy: Technologies of Identity and the Queering of Interaction with Computers. *Interact. Comput.* 23, 5 (sep 2011), 430–438.

[53] Kai Lukoff, Carol Moser, and Sarita Schoenebeck. 2017. Gender Norms and Attitudes about Childcare Activities Presented on Father Blogs. In *Proceedings of the 2017 CHI Conference on Human Factors in Computing Systems* (Denver, Colorado, USA) *(CHI '17)*. Association for Computing Machinery, New York, NY, USA, 4966–4971.

[54] Deborah Lupton. 2015. Quantified sex: a critical analysis of sexual and reproductive self-tracking using apps. *Culture, health & sexuality* 17, 4 (2015), 440–453.

[55] Juan F. Maestre, Patrycja Zdziarska, Aehong Min, Anna N. Baglione, Chia-Fang Chung, and Patrick C. Shih. 2021. Not Another Medication Adherence App: Critical Reflections on Addressing Public HIV-related Stigma Through Design. *Proceedings of the ACM on Human-Computer Interaction* 4, CSCW3 (Jan 2021), 262:1–262:28. https://doi.org/10.1145/3434171

[56] Menstrupedia. 2017. Friendly guide to healthy periods. https://www.menstrupedia.com/. Accessed on (2017/07/19).

[57] Mumbai Mirror. 2022. Ask the Sexpert. https://bit.ly/3Ux5rqz. Accessed on (2022/9/18).

[58] Durba Mitra. 2020. Indian Sex Life: Sexuality and the Colonial Origins of Modern Social Thought. In *Indian Sex Life: Sexuality and the Colonial Origins of Modern Social Thought*. Princeton University Press, Princeton, NJ.

[59] Saskia SL Mol, Arnoud Arntz, Job FM Metsemakers, Geert-Jan Dinant, Pauline AP Vilters-Van Montfort, and J André Knottnerus. 2005. Symptoms of post-traumatic stress disorder after non-traumatic events: Evidence from an open population study. *The British Journal of Psychiatry* 186, 6 (2005), 494–499.

[60] Maryam Mustafa, Kimia Tuz Zaman, Tallal Ahmad, Amna Batool, Masitah Ghazali, and Nova Ahmed. 2021. Religion and Women's Intimate Health: Towards an Inclusive Approach to Healthcare. In *Proceedings of the 2021 CHI Conference on Human Factors in Computing Systems* (Yokohama, Japan) *(CHI '21)*. Association for Computing Machinery, New York, NY, USA, Article 232, 13 pages.

[61] Netflix. 2018. Lust Stories. https://www.netflix.com/title/80991033. Accessed on (2021/2/15).

[62] World Health Organisation. 2021. Sexual Health. https://bit.ly/3QeUM0h. Accessed on (2021/2/15).

[63] Dilisha Patel, Ann Blandford, Mark Warner, Jill Shawe, and Judith Stephenson. 2019. "I Feel like Only Half a Man": Online Forums as a Resource for Finding a "New Normal" for Men Experiencing Fertility Issues. *Proc. ACM Hum.-Comput. Interact.* 3, CSCW, Article 82 (nov 2019), 20 pages.

[64] Jessica A. Pater, Lauren E. Reining, Andrew D. Miller, Tammy Toscos, and Elizabeth D. Mynatt. 2019. "Notjustgirls": Exploring Male-Related Eating Disordered Content across Social Media Platforms. In *Proceedings of the 2019 CHI Conference on Human Factors in Computing Systems* (Glasgow, Scotland Uk) *(CHI '19)*. Association for Computing Machinery, New York, NY, USA, 1–13.

[65] Sharyn Pearce. 2006. Sex and the cinema: What American Pie teaches the young. *Sex Education* 6, 4 (2006), 367–376.

[66] Trevor Perrier, Elizabeth K. Harrington, Keshet Ronen, Daniel Matemo, John Kinuthia, Grace John-Stewart, Richard Anderson, and Jennifer A. Unger. 2018. Male Partner Engagement in Family Planning SMS Conversations at Kenyan Health Clinics. In *Proceedings of the 1st ACM SIGCAS Conference on Computing and Sustainable Societies* (Menlo Park and San Jose, CA, USA) *(COMPASS '18)*. Association for Computing Machinery, New York, NY, USA, Article 3, 11 pages.

[67] Ishkiran Rai, Dilisha Patel, and Aneesha Singh. 2022. "It's Come around Way Too Quickly!" Can Technology Help Parents Provide Support during Menarche?. In *Designing Interactive Systems Conference* (Virtual Event, Australia) *(DIS '22)*. Association for Computing Machinery, New York, NY, USA, 1743–1757.

[68] Afsaneh Razi, Karla Badillo-Urquiola, and Pamela J. Wisniewski. 2020. Let's Talk about Sext: How Adolescents Seek Support and Advice about Their Online Sexual Experiences. In *Proceedings of the 2020 CHI Conference on Human Factors in Computing Systems* (Honolulu, HI, USA) *(CHI '20)*. Association for Computing Machinery, New York, NY, USA, 1–13.

[69] Jennifer A Rode. 2011. A theoretical agenda for feminist HCI. *Interacting with Computers* 23, 5 (2011), 393–400.

[70] Jane Seymour, Gary Bellamy, Merryn Gott, Sam H Ahmedzai, and David Clark. 2002. Using focus groups to explore older people's attitudes to end of life care. *Ageing & Society* 22, 4 (2002), 517–526.

[71] Makoto Shiraishi, Yoshihiro Sowa, and Naoki Inafuku. 2023. Long-term survey of sexual well-being after breast reconstruction using the BREAST-Q in the Japanese population. *Asian Journal of Surgery* 46, 1 (2023), 150–155.

[72] Vaishali Sinha. 2017. Ask the Sexpert Movie. https://www.askthesexpertmovie.com/. Accessed on (2021/2/15).

[73] Marie Louise Juul Søndergaard, Marianela Ciolfi Felice, and Madeline Balaam. 2021. Designing Menstrual Technologies with Adolescents. In *Proceedings of the 2021 CHI Conference on Human Factors in Computing Systems* (Yokohama, Japan) *(CHI '21)*. ACM, New York, NY, USA, Article 260, 14 pages.

[74] Marie Louise Juul Søndergaard, Ozgun Kilic Afsar, Marianela Ciolfi Felice, Nadia Campo Woytuk, and Madeline Balaam. 2020. Designing with Intimate Materials and Movements: Making "Menarche Bits". In *Proceedings of the 2020 ACM Designing Interactive Systems Conference* (Eindhoven, Netherlands) *(DIS '20)*. Association for Computing Machinery, New York, NY, USA, 587–600.

[75] Piya Sorcar, Benjamin Strauber, Prashant Loyalka, Neha Kumar, and Shelley Goldman. 2017. Sidestepping the Elephant in the Classroom: Using Culturally Localized Technology To Teach Around Taboos. In *Proceedings of the 2017 CHI Conference on Human Factors in Computing Systems* (Denver, Colorado, USA) *(CHI '17)*. ACM, New York, NY, USA, 2792–2804.

[76] Norman Makoto Su, Amanda Lazar, Jeffrey Bardzell, and Shaowen Bardzell. 2019. Of dolls and men: Anticipating sexual intimacy with robots. *ACM Transactions on Computer-Human Interaction (TOCHI)* 26, 3 (2019), 1–35.

[77] Giulia Tomasello and Teresa Almeida. 2020. Empowerment and Self-Care. In *Crafting Anatomies: Archives, Dialogues, Fabrications*, Amanda Briggs-Goode

Katherine Townsend, Rhian Solomon (Ed.). London: Bloomsbury Visual Arts, London, United Kingdom, Chapter 9, 171–188.

[78] Austin Toombs, Shad Gross, Shaowen Bardzell, and Jeffrey Bardzell. 2017. From Empathy to Care: A Feminist Care Ethics Perspective on Long-Term Researcher–Participant Relations. *Interacting with Computers* 29, 1 (2017), 45–57.

[79] Bonnie Tran and Lee Na Choi. 2018. Menstrual Maze: A Toy Exploring Public Engagement in Menstrual Health Education. In *Extended Abstracts of the 2018 CHI Conference on Human Factors in Computing Systems* (Montreal QC, Canada) *(CHI EA '18)*. Association for Computing Machinery, New York, NY, USA, 1–6.

[80] Anupriya Tuli, Shaan Chopra, Neha Kumar, and Pushpendra Singh. 2018. Learning from and with Menstrupedia: Towards Menstrual Health Education in India. *Proc. ACM Hum.-Comput. Interact.* 2, CSCW, Article 174 (Nov. 2018), 20 pages.

[81] Anupriya Tuli, Shaan Chopra, Pushpendra Singh, and Neha Kumar. 2020. Menstrual (Im)Mobilities and Safe Spaces. In *Proceedings of the 2020 CHI Conference on Human Factors in Computing Systems* (Honolulu, HI, USA) *(CHI '20)*. Association for Computing Machinery, New York, NY, USA, 1–15.

[82] Anupriya Tuli, Shruti Dalvi, Neha Kumar, and Pushpendra Singh. 2019. "It's a Girl Thing": Examining Challenges and Opportunities around Menstrual Health Education in India. *ACM Trans. Comput.-Hum. Interact.* 26, 5, Article 29 (July 2019), 24 pages.

[83] Anupriya Tuli, Surbhi Singh, Rikita Narula, Neha Kumar, and Pushpendra Singh. 2022. Rethinking Menstrual Trackers Towards Period-Positive Ecologies. In *Proceedings of the 2022 CHI Conference on Human Factors in Computing Systems* (New Orleans, LA, USA) *(CHI '22)*. Association for Computing Machinery, New York, NY, USA, Article 283, 20 pages.

[84] Amazone Prime Video. 2020. Mirzapur Season-2. https://bit.ly/3k2gzOM. Accessed on (2021/2/15).

[85] Matthew Wood, Gavin Wood, and Madeline Balaam. 2015. Talk About Sex: Designing Games to Facilitate Healthy Discussions around Sex. In *Proceedings of the 2015 Annual Symposium on Computer-Human Interaction in Play* (London, United Kingdom) *(CHI PLAY '15)*. Association for Computing Machinery, New York, NY, USA, 795–798.

[86] Matthew Wood, Gavin Wood, and Madeline Balaam. 2017. Sex Talk: Designing for Sexual Health with Adolescents. In *Proceedings of the 2017 Conference on Interaction Design and Children* (Stanford, California, USA) *(IDC '17)*. Association for Computing Machinery, New York, NY, USA, 137–147.

[87] Matthew Wood, Gavin Wood, and Madeline Balaam. 2017. "They're Just Tixel Pits, Man": Disputing the 'Reality' of Virtual Reality Pornography through the Story Completion Method. In *Proceedings of the 2017 CHI Conference on Human Factors in Computing Systems* (Denver, Colorado, USA) *(CHI '17)*. Association for Computing Machinery, New York, NY, USA, 5439–5451.

[88] Qingxiao Zheng, Daniela M. Markazi, Yiliu Tang, and Yun Huang. 2021. "PocketBot Is Like a Knock-On-the-Door!": Designing a Chatbot to Support Long-Distance Relationships. *Proc. ACM Hum.-Comput. Interact.* 5, CSCW2, Article 445 (oct 2021), 28 pages.

[89] John B. Ziegler. 1998. Use of humour in medical teaching. *Medical Teacher* 20, 4 (Jan 1998), 341–348.