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# Capabilities Matter:

Role of young people's abilities in promoting and protecting their sexual health and rights



Prayas Health Group

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Role of young people's abilities in promoting and protecting their sexual health and rights

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आरोग्य, ऊर्जा, शिक्षण आणि पालकत्व  
या विषयांतील विशेष प्रयत्न

Prayas (Initiatives in Health, Energy, Learning and Parenthood) is a public charitable trust, which was registered in 1994. Prayas consists of four independent groups viz. Health, Energy, Resources & livelihoods and Learning & parenthood.

Prayas Health Group (PHG) works mainly in the area of sexuality and HIV/AIDS. More recently PHG is conducting research to understand sexual health of young people and also implementing an intervention to improve sexual health and sexual self-efficacy of young people in Pune district.

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## OVERVIEW

Sexual health cannot be achieved without developing people's capabilities, that is, their real opportunities and abilities to do and be what they have reason to value. With this framework, the document 'Capabilities Matter' primarily deals with the particular abilities of individuals, specifically of the adolescents and youth, to protect, maintain, and uphold their sexual health.

Individual's abilities, while embedded in the household, societal, and cultural contexts, are of utmost importance for achieving sexual health and well-being. Most health interventions, however, do not emphasize much on developing the capabilities, and mainly focuses on provision of commodities and services. There is limited discourse about the need to address abilities and which abilities matter the most when it comes to improving sexual health. To address this gap, Prayas Health Group has initiated a new intervention<sup>1</sup> project focused on developing individual abilities of the young population to improve their sexual health. 'Capabilities Matter' is grounded on the insights derived from the activities of the said project. Additionally, this document draws upon our critical understanding of the literature, qualitative insights gained from our research 'Youth in Transition'<sup>2</sup>, which is a life course study among unmarried youth, and a consultation held with experts, working on the issues of sexual & reproductive health & rights, in different capacities.

This document focuses primarily on youth as it is a period of critical transition in physical, psychological, and behavioural aspect of life. Though it is commonly believed to be the healthiest period of life, significant burden of disease, mainly related to high-risk sexual behaviour, substance use, and mental illness, exist in this age group (WHO, 2017a). With India being estimated to be the youngest county by 2020 (IRISKnowledgeFoundation; & UNHABITAT;, 2013;

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<sup>1</sup> The new initiative, 'Techno-Peer', is an intervention project which aims to create e-learning audio-visual materials for the young population. These e-learning materials would be hosted on a web portal and simultaneously disseminated by trained & sensitized peer-educators, in different areas of the Pune district. The outcomes expected are: development of appropriate risk perception, overall increase in confidence and self-efficacy to take initiative to maintain and uphold their sexual health; consistent use of safety measures and willingness to get tested.

<sup>2</sup> Youth In Transition, an on-going Prayas project, is a life-course study of the youth, which efforts to understand the decision making process and experiences, with regards to their sexuality. More details in annexure.

MinistryofYouthAffairsandSports, 2014) it is crucial to design appropriate and effective programs to address needs of the young population of the country. With globalization, urbanization and technological revolution, particularly availability of internet and smart phones, the context of lives of many young people is rapidly changing. With an exposure to the global media, the adolescents and young adults are becoming more open to exploring their sexuality. This is empowering in some contexts, such as, less privileged youth having access to information or girls having anonymous space on the internet to interact with others (the space traditionally denied to them). At the same time, it can lead to confusion, abuse, exploitation, and unsafe sexual behaviour too, especially in the absence of open discussions on issues of sexuality, knowledge, guidance, and limited access to care & support. However, navigating successfully through these challenges requires certain abilities which the adolescents and youth need to be equipped with.

**“Capabilities Matter” attempts to elucidate how individual capabilities can help to improve and uphold the sexual health of the young population, and enlist specific capabilities for the same.**

The purpose of exploring the domain of individual capabilities in this document is to advocate an approach for interventions and programs targeted for improving sexual health keeping capabilities at the core of these interventions. As a first step, identifying all abilities that are essential for youth to achieve their sexual health, given the socio-cultural context is essential. To achieve this end, the document first operationalizes sexual health, demarcates its different aspects while considering the present social context of India.

With that as the basic framework, we look at the role of capabilities and the underlying self-efficacy (the perception of one’s ability to execute a task) in motivating health promoting behaviour. Finally, we categorize and enlist the abilities pertaining to the different domains of sexual health.

## INTRODUCTION

Globally, within the domain of Sexual and Reproductive Health and Rights (SRHR), sexual health seems to be the neglected component. Health and development initiatives typically focus on particular components of SRHR: contraception, maternal & new-born health, and HIV/AIDS (Starrs et al., 2018). It was believed that the only purpose of sexual activity was post-marital reproduction and hence healthcare interventions ignored a large population of sexually active unmarried population, including those with varied sexual preferences. As it is being increasingly acknowledged now, sexual health and reproductive health, although intertwined, have unique individual aspects and should be given equal importance as they play a central role in the survival and overall well-being of people.

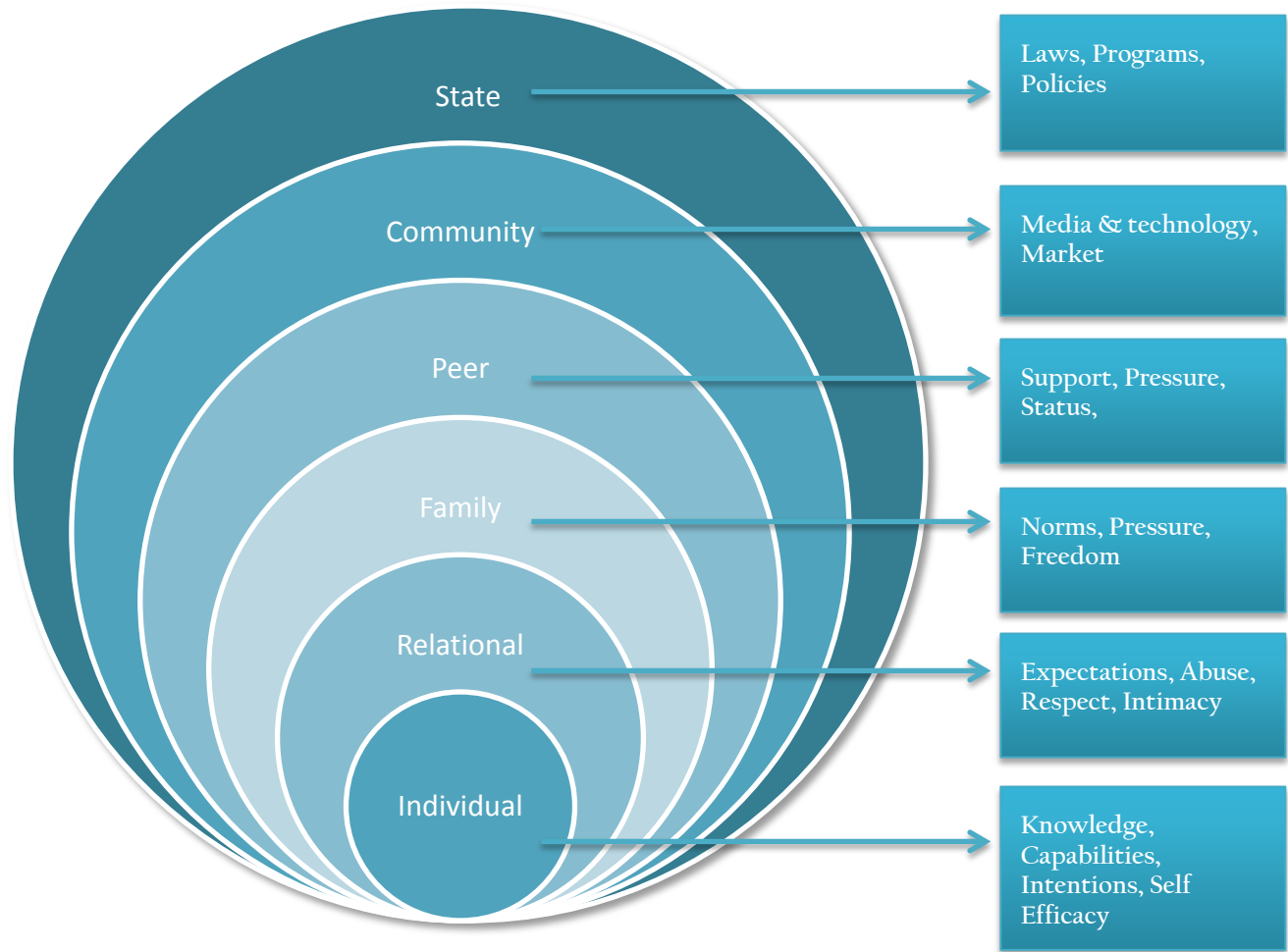
*The WHO provides a comprehensive definition of Sexual Health, where SH is defined as “...a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.” (WHO, 2017)*

As Gagnon and Simon (1973) points out, managing one's sexual behaviour includes managing of interpersonal relationship/s. In other words, interpersonal intimate relationships are a major contributor and determinant of sexual choices, decisions and behaviour. Hence, we include relational aspect of health as an additional aspect of sexual health. Each aspect (i.e. physical, social, mental, and relational) has different challenges attached to it, which need to be looked at separately. Therefore, a slightly modified, operational definition of sexual health could be *“...a state of physical, mental, relational and social well-being in relation to sexuality and not merely the absence of disease...”* where the idea of emotional health is included in both mental and relational aspects of sexual health.

Realization of sexual and reproductive rights is essential to achieve sexual and reproductive health. These rights ensure that individuals can:

1) have their bodily integrity, privacy, and personal autonomy respected; 2) freely define their own sexuality, including sexual orientation, gender identity and expression; 3) decide whether and when to be sexually active; 4) choose their sexual partners; 5) have safe and pleasurable sexual experiences; 6) decide whether, when, and whom to marry; 7) decide whether, when, and by what means to have a child or children; and 8) have access over their lifetime to the information, resources, services, and support necessary to achieve all the above, free from discrimination, coercion, exploitation, and violence. While these rights must universally apply, the path to achieve these rights is fraught with diverse set of challenges depending on the social, cultural, political, economic and legal context in which people's lives are embedded.

Certain social conditions act to aid or inhibit certain behaviour. For instance, every individual is a part of multiple social systems, such as the family, peer groups, formal and informal institutions, neighbourhood; these comprise certain structured and semi-structured rules, norms and modes of conduct, that are considered appropriate and desirable. Along with this, there are enforceable code of conduct such as national laws, state laws and local laws, and geographical, political and economic factors. All these have a cumulative effect on the sexual health of a single individual. Strict abortion laws in several countries, for example, violate some basic human rights and compel a number of women to opt for unsafe abortion which has serious health implications. Similarly, laws related to sex education determines the nature of sex education provided and whether it is provided at all. Even if the state mandates sex education, several schools restrict provisions for sex education due to the existing cultural, social and religious norms. Thus laws of the government and basic societal norms seep into several formal institutions (organizations, schools, healthcare etc.) and informal institutions (family, religious groups, peer groups etc.) which altogether contribute to the existing status of sexual health of every single individual.



**Figure 1: Social Framework & Influencers**

All individuals respond to the influence of all the above-mentioned factors; however, they do not do so passively but play an active role in sifting through these external factors in sync with their individual experiences, attitudes, beliefs, and aspirations. In other words, all the individuals who are exposed to similar environment do not have similar health outcomes. Individual's capabilities play an important role in determining the individual's actions, thereby affecting their health status.

With this background in mind a set of capabilities required to improve the sexual health of an individual and up-hold their rights was derived through insights from our research, literature and consultation with experts,



## CATEGORIZATION OF CAPABILITIES

*The term capability refers to the power or ability to do something.* Human beings are not only just a product of their environment, but they can also wield a strong influence on their surroundings (Bandura, 1989). Actions on the other hand, depend largely on people's judgment of their abilities to control or alter their environment. This judgment (or perception) of one's capabilities is termed as **self-efficacy**. Therefore, as much as the final ability to execute behaviour conducive to sexual health is important, the self-efficacy for that health promoting behaviour is equally important. Young people require abilities to regulate their sexual behaviour in order to be able to experience healthy and rewarding sexual interactions.

This document's approach towards achieving sexual health by focusing on capabilities is based on the understanding of the concept of self-efficacy. In managing sexuality, self-efficacy refers to the belief of an individual in his/her ability to perform a task successfully to achieve a desired outcome. This concept was proposed by Albert Bandura, who defined self-efficacy as *'the confidence or conviction that a person can successfully execute the behaviour required to produce a certain outcome'* (Bandura, 1978). This conviction is developed through successful accomplishment of performing a task, as experienced personally or through observation, which gets strengthened with consecutive repetitions. These experiences are then transformed into symbolic cognitive models of reality (Bandura, 1989) which act as guides for future action. Self-efficacy is a potent internal determinant of behaviour change since it forms a basis for all performance expectations. Research findings have indicated that self-efficacy influences health promoting sexual behaviour such as intentions for condom use, consistent condom use, and communication with partners regarding contraception use, resisting unsafe sexual encounters etc. (Parcel, 1992).

*"To be most effective, health communications should instill in people the belief that they have the capability to alter their health habits and should instruct them on how to do it. Communications that explicitly do so increase people's determination to modify habits detrimental to their health" (Maddux & Rogers, 1983).*

Theories of behaviour change emphasize that change in behaviour is brought about by certain factors such as awareness, attitudes and emotions, intentions, risk perceptions, social constructs and environmental influences, thoughts and contemplation and self-efficacy which interact to influence a persistent and sustainable transformation. Some of these factors are internal while others act as external influencers of behaviour change. Thus for behaviour change to occur, a perceptive conviction in one's capability to successfully accomplish performance of a behaviour is required.

Having established the importance of self-efficacy or perceived capabilities to carry out behaviour, it is essential to derive a set of abilities that health programs and interventions should address.

Prioritization and emphasis of capabilities could differ for different population and in different context. **While preparing this list of capabilities we have considered an age group of 15-29 years living in Indian context.** The list of capabilities deemed important for achieving sexual health are presented in the four important domains mentioned while defining sexual health; Physical, Mental, Relational and Social.

**PHYSICAL** Under the 'Physical' domain we have essentially included aspects and outcomes of sexual behaviour which have an apparent physical effect. Sub-domains of sexually transmitted diseases, physical abuse, sexual dysfunction and unintended pregnancy are thus included under this category.

**MENTAL** This domain primarily focuses on the emotional and mental implications of certain sexual behaviour.

**SOCIAL** Every individual functions in a complex environment, which directly or indirectly influence their behaviour and habits.

**RELATIONAL** One of the major factors affecting sexual health is relational dynamics. We primarily focus on intimate relationships, (that involve emotional and physical and sexual intimacy) the dynamics of which influence, nurture, or limit sexual behaviours and decisions of every individual to a large extent.

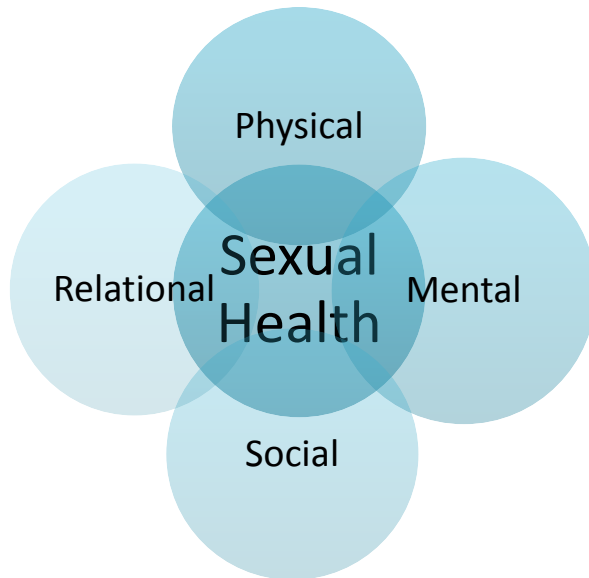


Figure 2: Aspects of Sexual Health

**Of course, as underlying factor to all this is the existence of the belief or self-efficacy for these behaviours.**

This classification of abilities under separate domains is strictly for the ease of categorisation & understanding and is not to be considered as unbending groups.

Any physical ability will have simultaneous mental, social and

relational health repercussions. These individual domains are further broken down into sub-domains and under each sub-domain we have enlisted the abilities required to prevent, to work on, to adapt to, to communicate, with these adverse circumstances.

If considered broadly, the set of capabilities can be grouped under three categories:

The **awareness** category includes the ability to access information when needed, and of being able to filter the information based on credibility, to differentiate between useful information and harmful information, also to know the difference of myths from facts. It also included the essential item of considering oneself as able to be aware of and assess risks and identify symptoms of ailments, if and when such situations arise.

**Self-regulation** items are one's ability for conscious personal management. Conscious personal management involves- directing one's thoughts and self-motivating oneself when necessary, to make the right decisions by weighing the consequences, making choices by challenging certain norms when required, resolving conflict within oneself, as well as, with other people. In managing sexual behaviour people have to use self-regulatory skills using internal standards, emotional reactions, monitoring conduct, and using incentives to self-motivate among other things.

**Action** items include wide range of overt behaviour that accompanies or naturally follows awareness and self-regulation. It includes being able to seek help and treatment, to be able to communicate one's thoughts and express one's feelings, to be able to act on decisions, to be able to adopt protective and preventive measures, to engage in safe sexual activity and encourage other partners to do so too.

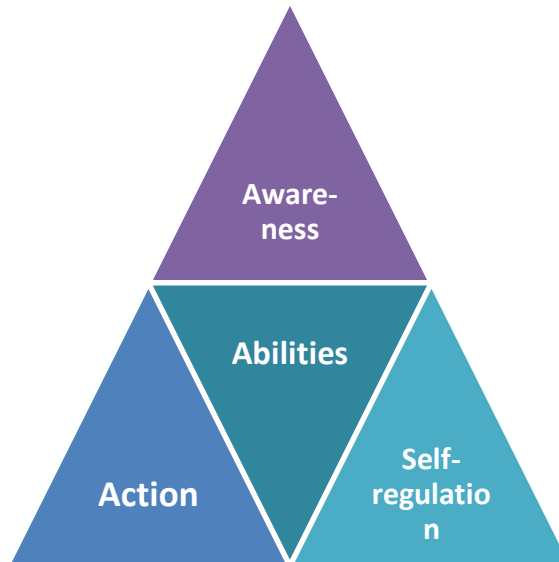


Figure 3: Set of Abilities

## LIST OF CAPABILITIES

The following section draws out four tables, each dealing with a specific domain of sexual health (i.e. physical, mental, social, and relational). Each table has a list of the common adverse outcomes along with abilities. As mentioned above, capabilities are grouped under three different heads based on whether they are the capabilities to seek awareness, the capabilities to self-regulate or the capabilities to act.

## PHYSICAL

This table comprises of deleterious physical outcomes of intimate, sexual relationships and simultaneous individual abilities to deal with or prevent such outcomes.

	AWARENESS	SELF- REGULATION	ACTION
STDs/HIV	To be able to seek information about- STDs/HIV, ways of contracting them, ways of preventing and treating them;	To be able to self-regulate to control impulses in order to avoid contracting STDs or HIV;	To be able to purchase, use condoms/barriers consistently; To get tested at regular intervals or if risk of exposure is assessed; To seek and adhere to proper treatment;
UNINTENDED PREGNANCY	To be able to seek accurate information about how pregnancy occurs & how to prevent it if necessary; To know how and from where to seek safe termination;	To be able to control impulses to prevent unwanted pregnancy; To understand the emotional repercussions;	To be able to adopt preventive and protective measures against pregnancy, and consistently use appropriate contraceptives; To get tested and seek safe abortion when necessary; To seek emotional support if and when;
ABUSE	To be aware of types and forms of abuse; To be able to identify when one is a victim of abuse; To know where and how to seek help; To be able to identify early signs of abuse;	To accept and assess, and learn to deal with the 'trauma' of abuse in a health promoting way; To be able to identify unhealthy attachment patterns with abusers;	To confide in a trustworthy person; To be able to prevent abuse, to be able to remove oneself from harm's way; To be able to seek emotional support;
RISKY SEXUAL BEHAVIOR	To know the consequences of risky sexual behavior especially those post drug use; To be aware of the risks and ways to prevent them; To be able to assess responses of others involved in the situation;	To be able to self-control post drug use, to be aware of one's ability to use rational judgment post drug use;	To take preventive measures before being in a risky situation; To be able to resist risky situations and control impulses for healthy sexual expression; To seek help and rehabilitation if one has tendencies of repeated risky behavior;

## MENTAL

Some common emotional and psychological challenges faced in sexual relationships are listed in the following table along with their respective abilities.

	AWARENESS	SELF-REGULATION	ACTION
DISTRESS	<p>To be able to seek for ways of dealing with different types of stress;</p> <p>To be aware of one's emotional state, and identify if one is distressed;</p> <p>To be able to differentiate between myths and facts concerning masturbation, pornography and performances;</p>	<p>To be able to judge for self and remove unnecessary guilt of masturbation, or porn watching;</p> <p>To analyze if distress is leading to unhealthy sexual behavior;</p>	<p>To be able to adapt health promoting ways of managing stress;</p> <p>To be able to seek help and emotional support;</p> <p>To be able to find healthy cathartic outlets for dealing with stress;</p>
SEXUAL PERFORMANCE	<p>To be able to distinguish between realistic and unrealistic portrayal of sex;</p> <p>To be able to identify if one has a problem;</p> <p>To be aware of one's own insecurities and anxieties;</p>	<p>To be able to be comfortable with one's sexuality and sexual self-identity;</p> <p>To be able to deal with anxieties and insecurities concerned with performance, gender identity, sexual preference;</p>	<p>To be able to seek help for anxieties;</p> <p>To find treatment if required;</p> <p>To not give into wrong pressures resulting from wrong media portrayals about sex, sexuality and performance;</p>
NEGATIVE SELF IMAGE	<p>To be aware of the incorrect media portrayals and the social standards about body and beauty that is built on it;</p> <p>To be aware of the diversity of appearances and that there can't be any one particular standard of beauty;</p>	<p>To be able to accept, respect and love oneself;</p> <p>To be able to have a healthy self and body image;</p> <p>To identify if one's relationships are affected by one's negative self-image;</p>	<p>To discourage and not practice discrimination on the basis of appearances, body type etc.</p> <p>To be able to respect diversity including one own self;</p> <p>To be able to seek help if one suffers from poor self-image;</p>

## SOCIAL

Certain social conditions may inhibit health behaviour. However, this table enlists the abilities which will help individuals to navigate the existing social context.

	AWARENESS	SELF-REGULATION	ACTION
RIGHTS	<p>To know one's human, sexual and reproductive rights;</p> <p>To know where and how to seek help from in case of violation of rights;</p>	<p>To decide how to respond to violation of one's sexual and reproductive rights, especially in the instances of abuse and sexual assault;</p>	<p>To be able to seek legal aid in instances of violation of rights;</p> <p>To protect and uphold other people's human sexual and reproductive rights;</p> <p>To be able to assert one's sexual and reproductive rights;</p>
NORMS & CONVENTIONS	<p>To be aware of the existing social norms and conventions and their positive and negative implications;</p> <p>To be aware of ways to bypass these norms and conventions without offending anybody else's rights;</p>	<p>To be able to question, challenge, navigate the social norms based on one's own value systems, and resolve conflicts caused as a result of these;</p>	<p>To be able to make independent decisions and choices for sexual behavior irrespective of the norms and conventions;</p> <p>To not give in to the pressures of following rigid gender roles predetermined by the society;</p> <p>To be able to challenge norms that induces guilt for different sexual behaviors;</p>
DISCRIMINATION	<p>To be aware of the bases for social discrimination which are to affect one's choices, such as discrimination based on class, caste, religion, gender identity, gender roles, body type etc.</p>	<p>To be comfortable with one's identity and not have prejudice against others;</p> <p>To be able to form intimate relationships irrespective of differences;</p>	<p>To discourage discrimination and not discriminate;</p> <p>To be able to deal with discrimination in a healthy way;</p> <p>To challenge social bases for discrimination when necessary;</p>

**RELATIONAL** Those aspects of intimate relationships, which may have adverse impact on individual’s well-being, have been addressed in this table along with the abilities to deal with them effectively.

	AWARENESS	SELF-REGULATION	ACTION
CONSENT	<p>To know and understand what is meant by ‘consent’;</p> <p>To know how to say “YES” or “NO” and “MAY BE” respectfully;</p> <p>To know how to respond to rejection, respectfully;</p>	<p>To be able to deal with rejection;</p> <p>To be able to resolve internal conflicts, and deal with impulses;</p>	<p>To actually be able to say “YES” or “NO” or “May Be”;</p> <p>To be able to communicate intentions clearly and firmly;</p> <p>To be able to control one’s impulses to ensure not violating others’ human, sexual or reproductive rights;</p> <p>To be able to know that consent is required at all times;</p>
INTIMATE RELATIONS HIP	<p>To be aware of relationship dynamics that the person is in;</p> <p>To be able to identify toxic, abusive, coercive or unhealthy relationships;</p>	<p>To be able to weigh and navigate emotions and intentions and life goals &amp; resolve interpersonal conflicts;</p> <p>To understand own preferences;</p> <p>To be able to be intimate with at least one person;</p>	<p>To be able to participate in healthy, safe and pleasurable and intimate sexual activities;</p> <p>To be able to assert mutual respect and equality in an intimate relationship;</p> <p>To be able to communicate to the partner one’s choices and preferences to ensure mutual pleasurable experiences;</p>
SAFE SEXUAL RELATIONS HIP	<p>To be aware of collective responsibilities in ensuring safety measures and preventive measures;</p> <p>To be aware of equal rights to pleasure;</p>	<p>To regulate one’s impulses to avoid unsafe sex;</p> <p>To analyze one’s tendencies to engage in risky behavior;</p> <p>To be able to encourage safe sexual activities;</p>	<p>To communicate and negotiate and actual consistent use of preventive measures;</p> <p>To be able to test for STDs and HIVs;</p> <p>If a person already suffers from some STDs, then to be able to share that with the partner;</p> <p>To be able to communicate with one another, navigating choices, preferences and dislikes to ensure rewarding experiences;</p>



As is apparent, the abilities enlisted above, can be further broken down into sets of simpler behaviour, or can be clubbed to form one, complete behaviour. The purpose of delineating the abilities was to explicitly identify certain aspects of behaviour that the youth struggle with, as revealed from our literature and research findings and expert consultations.

Thus, this is just the first step for encouraging and bringing about sustainable behaviour change among the young population.

## **CONCLUSION**

Undeniably the existing social conditions act to aid or inhibit behaviour change, however, as active social agents, every individual can take measures to the best of their capability and navigate these social conditions in order to maintain their sexual health and well-being. Once these essential capabilities have been identified, the next step would be to search for ways to increase the self-efficacy to maintain sexual health. Research evidences exploring the role of sexual self-efficacy have confirmed that it is a potent component for regulating sexual behaviour. In order to influence the self-efficacy health intervention messages should be more than just informational. To be effective, risk-reduction health campaigns must also for appropriate and health promoting behaviour. Therefore, after identifying specific abilities for sexual behaviour, there is a need to develop health messages which are both informative and instructive in content.

## ANNEXURE

### YOUTH IN TRANSITION STUDY

Youth in Transition is a life course study of trajectories of sex behaviors in young unmarried youth from urban area in Pune, Maharashtra.

Love, relationships and sexuality are an integral part of an individual's existence. Some people choose to get into relationships, fall in love, some people choose not to. We live in a diverse society, with people of all genders, sexual inclinations and preferences, which are a matter of one's personal choice. To be able to exercise choices is very pleasant, albeit with certain health risks involved with some of them. And yet, we talk so little about these choices, especially from a health needs' point of view. For young unmarried people it is even more difficult to find appropriate space to talk about these issues. In order to design appropriate intervention to address sexual health needs of young people it is first important to understand how the relationships or sexual behaviors evolve from adolescence to adulthood among unmarried youth? Are there any health risks? Whether the youth has abilities to deal with the risks?

On this backdrop, in this study, we want to understand how the relationships of unmarried youth start and progress. We also want to understand whether these transitions have any relation with person's education, career, migration, psychological health status, addictions etc.

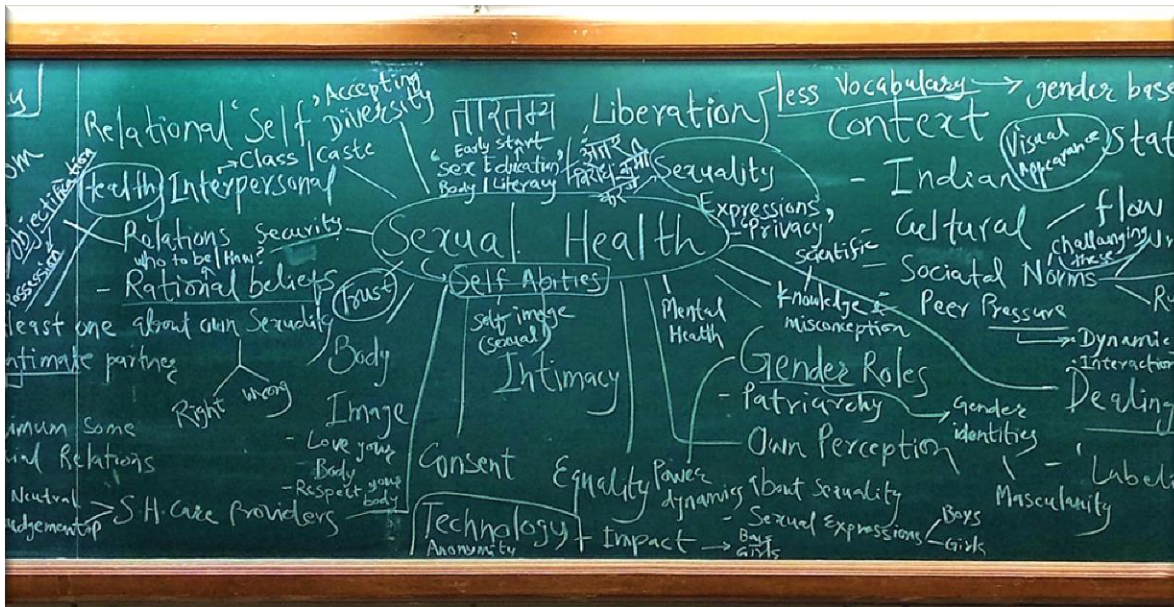
A one-time personal interview of up to 1.5 to 2 hours in duration is conducted with the person eligible and willing to participate in the study. The interview is conducted with utmost sensitivity and complete confidentiality. During the interview, participant is asked to recall information about significant events in their life pertaining to their education, careers, migration, relationships, substance use, mental health, etc.

Eligibility criteria for the study:

- Unmarried,
- Between 20-29 years age,
- Currently residing/studying/working in Pune for more than last 6 months, and
- At least studied till 12th or has done any diploma of 2 years after 10th standard.

*\*At the time of writing the report, over 1100 interviews of eligible participants had already been conducted under this study.*

## EXPERT CONSULTATION ON SEXUAL HEALTH



For the purpose of understanding the notion of sexual health in the light of abilities that today's adolescents and youth must possess, especially when placed in the Indian socio-economic and cultural context, a consultation workshop of experts was organized by Prayas Health Group. The consultative panel comprised health professionals, sexual health experts who have been working on SRHR, who shared their experiences and knowledge to elucidate sexual health, its stakeholders and abilities required to maintain it. The list of experts is provided in the following table:

Sl. No.	Participant Name	Organization Name	Email address
1	Dr. Mohan Des	Arogyabhan	mohandeshpande.aabha@gmail.com
2	Pritha Bhattacharya	Centre for Youth Development and Activities (CYDA)	cyda.news@gmail.com
3	Sulakshana Sonawane	Centre for Youth Development and Activities (CYDA)	tarang.cyda1@gmail.com
4	Dr. Deepa Darak	Mukta Charitable Foundation	contactus@mcf.org.in
5	Dr. Rupa Agarwal	Mukta Charitable Foundation	rupa.agarwal@mcf.org.in
6	Dr. Shirisha Sathe	Shyamchi Aai Foundation	shirisha1964@gmail.com
7	Rizwan Shaikh	Bapu Trust	camhpune@gmail.com
8	Ketaki Kelkar	Bapu Trust	camhpune@gmail.com
9	Nagiyoti	Dnyana Devi	jyotikask@gmail.com
10	Smita Punuganti	Dnyana Devi	smita.d.panuganti@gmail.com
11	Dr. Anagha Lavalekar	Jnana Prabodhini	anagha.lavalekar@jnanaprabodhini.org
12	Rahul Kusurkar	Equal Community Foundation (ECF)	info@ecf.org.in
13	Achut Borgaokar	Tathapi Trust	tathapi@gmail.com
14	Kajal Jain	MASUM	masum.puneindia@gmail.com
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18	Dr. Ritu Parchure	Prayas Health Group	rituparchure@gmail.com
19	Vijaya Jori	Prayas Health Group	vijaya.jori@gmail.com
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21	Shamoita Bose	Prayas Health Group	technopeer@prayaspune.org
22	Nitish Narkhedkar	Prayas Health Group	technopeer@prayaspune.org

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