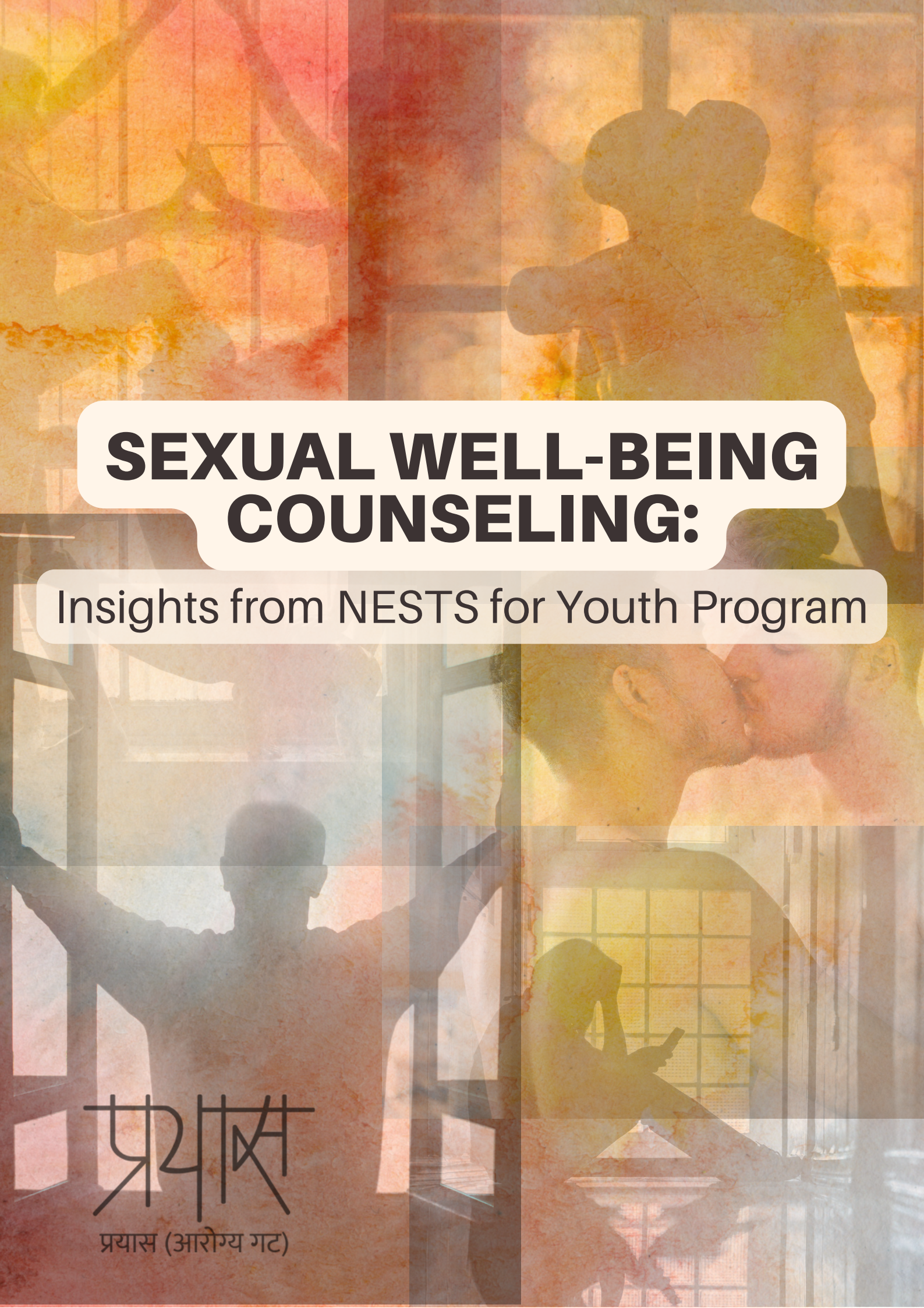

SEXUAL WELL-BEING COUNSELING:

Insights from NESTS for Youth Program

प्रयास (आरोग्य गट)

SEXUAL WELL-BEING COUNSELLING:

INSIGHTS FROM PRAYAS NESTS FOR YOUTH PROGRAM

September 2023

Prayas (Health Group)

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Disclaimer: All the names used while describing the cases are changed and the situations are described in such as way that the identity of the clients is not revealed keeping in mind the the purpose of the report to provide insights based on the work.

About Prayas:

The word 'Prayas' means 'focused effort'. Prayas is a non-governmental, non-profit organization based in Pune, India. Members of Prayas are professionals working to protect and promote the public interest in general and the interests of the disadvantaged sections of society, in particular.

Prayas (Health Group), or PHG, has been active in furthering the public health agenda through its service provision, programmatic interventions, and research. The work of PHG started with awareness building regarding HIV in the very early days of the HIV epidemic, and the provision of non-discriminatory, quality services for care and support. The Prayas clinic continues to provide services at affordable costs to people living with HIV. Later, a number of interventions, training, awareness programs, and research projects were initiated to address the emerging needs of evolving HIV epidemic in India. This was expanded to address issues related to sexual health of young people, and cancer (cervical, breast, and anorectal) prevention. More recently work around the health impacts of household air pollution and climate change has been added to the focus areas.

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Executive Summary

The project to provide Non-judgmental, Empowering, Self-reflective, Technologically assisted spaces (NESTs) for youth was designed to respond to the psychological, sexual and reproductive health needs of adults. The project adopted an affirmative and rights-based perspective while delivering the intervention. It was conceptualised following the insights from Prayas' 'Youth in Transition'(YIT) study that examined the decision-making processes and transitions of 1240 unmarried adults (20-29) in Pune through detailed biographical interviews. The research highlighted not only the changing dynamics of intimate relationships in urban areas and the intersectionality of vulnerabilities but also the absolute lack of sexual health services for young unmarried adults.

NESTs was a space for sharing, venting and counselling for anyone over 18 years of age. The sessions were free of cost, irrespective of the number of sessions a participant took. Sessions were conducted in person or over the telephone/online at the client's convenience. Between August 2019 to November 2022, 816 sessions with 416 clients were conducted. Of the 416 clients, 244 (59%) were men, 163 (39%) were women, and 9 (2%) were transgender. Almost half of the clients (43% men and 63% women, 67% transgender) were from Pune, and the remaining clients were from different cities/districts from Maharashtra and a few from other states of India. Of the total clients, 265 (63.7%) had only one session (58.3% women, 67.6% men, and five transgender clients). Around 20% of men, women, and transgender clients had two sessions, around 7% of men and women had three sessions, and 6% of men, 12 % of women, and two transgender clients had more than three sessions.

Clients from various backgrounds approached NESTs with a myriad of concerns. After the sessions, the NESTOR (a counsellor), in summary, mentioned the primary concerns for which the client approached NESTs.

The concerns were broadly categorised into eight major areas

1.	Decision-making support: "Should I do this or not?”
2.	Information support: "I want to know about this”
3.	Communication support: "I don’t know how to say this?”
4.	Sexual behaviours, practices, pleasure, and guilt: "Am I doing something wrong?”
5.	Emotional unloading: "I want to share this.”
6.	Coping with breakup: "How do I deal with the heartbreak?”
7.	Coping with abuse: "The abusive experiences have adversely impacted me.”
8.	Gender identity and sexual orientation: “Who am I?”

The report provides detailed descriptions of these concerns and some illustrative deidentified cases. Gender-wise analysis of each of the concerns suggests that almost equal numbers of men and women have approached NESTs, except more men seeking information and women coming to get support for coping with abuse.

Many of these concerns go beyond the typical biomedical understanding of sexual health, often restricted to the sexual act, performance and sexually transmitted diseases. The affirmative and rights-based approach of counselling and positioning it as a non-medical service could be one of the reasons for getting people with diverse concerns, including those coming to vent out their feelings and emotions. Therefore, counselling provided in the NESTs for Youth program can be best described as sexual well-being counselling, not just sexual health counselling. Sexual well-being is operationalised with seven core concepts of sexual safety and security, sexual respect, sexual self-esteem, resilience about past sexual experiences, the forgiveness of past sexual events, self-determination in one's sex life, and comfort with one's sexuality. Most of these concepts were included while providing counselling by the Nestors.

The experiences of implementing this project support the argument that the concept of sexual well-being demands recognition, not as an extension, subclass, or alternate form of sexual health, but as a distinct and revolutionary concept that challenges our accepted thinking.

In this context, NESTs for Youth provide insights into people's expectations when the counselling is equipped with a broad, inclusive and comprehensive approach. These insights can help suggest the possible interventions required to improve the sexual well-being of people. These interventions should focus on different levels, such as individuals, health providers, programs, and policies. Some of the potential interventions are

Individual and community-centric interventions

- Imparting competency based sexuality education to young people to build their resilience and coping strategies

- Reduce stigma around seeking care and support for sexual well-being, delinking sex with marriage.

Provider centric interventions

- Counsellors and healthcare providers should receive curriculum-based training on sexuality.

- Evidence-based standardisation of the content of counselling, psychoeducation and treatment protocols should be adopted in service provision.

- SRHR Service provision should include a life span and developmental approach.

Policy and programs centric interventions

- Implementation of RKSR should be strengthened

- Less regulation of sexuality and more regulation of SRHR services is essential for achieving sexual well-being.

Background

Since 2019, Prayas Health Group (PHG) has provided a Non-judgmental, Empowering, Self-reflective, Technologically assisted space for youth (NESTs). It is a counselling space designed to respond to the psychological, sexual and reproductive health needs of adults with an affirmative, rights-based perspective. The impetus for this initiative is rooted in a research conducted by PHG in 2018 among unmarried adults titled 'Youth in Transition' (YIT) study. (Darak et al., 2020)

The primary focus of the YIT study was to understand the sexual health needs of never-married youth. The study focused on never-married youth because, in the Indian context, sex is often linked with marriage, and the sexual health needs of unmarried youth remain unaddressed. By taking a broader perspective of sexual health as a state of physical, emotional, mental, and social well-being about sexuality, in the YIT study, researchers conducted interviews with 1240 clients between the ages of 20-29 using a life course approach to research. A life course is "a sequence of socially defined events (completing education, migrating to another place, starting a relationship, breakup, etc.) and roles that the individual enacts over time." This approach enables understanding the continuity of life pathways by analysing how behaviour and experiences encountered during childhood and adolescence may affect adult behaviour and experiences.

The data in the YIT study were retrospectively collected on a Relationship History Calendar (RHC) using a narrative interview technique. The RHC gathered quantitative information on monthly changes in the status concerning various life events such as education, work experience, history of migration, staying arrangements, relationships, sexual behaviour, substance use, mental health, etc. The RHC tool allowed clients to reflect on past behaviours and events and decipher their linkages with current behaviours and stressors. Many clients said this process was therapeutic for them, and they could get many insights and resolutions for their issues.

The YIT research highlighted the vulnerability young people experience because of the rapidly changing external environment and peer norms, asymmetry in relationship expectations, lack of support from family, and stigma of premarital relationships(Darak et al., 2022).

The issues that young people experienced were not restricted to physical health complaints such as HIV/STI (Kulkarni et al., 2019; Parchure et al., 2022) or unwanted pregnancies but were intertwined with social and psychological issues such as the decision to engage in sex, dealing with abuse, breakup, depression, self-harm, etc. In addition, young people, especially unmarried youth, did not have space to discuss these concerns. In the public health systems, the Adolescent Friendly Health Clinics (AFHC) that are established as part of the national adolescent health program (Rashtriya Kishor Swasthya Karyakram (RKSK)) are restricted for people under the age of 19, are located in the medical facilities and are poorly accessed by young people. In the private system, the availability of counsellors, their knowledge and comfort to talk about sexuality and affordability due to high fees could be significant barriers to seeking counselling on sexuality-related issues. Given this background, we initiated a project that offered Non-judgmental, empowering, Self-reflective, Technology-assisted space (NESTs) to young people.

This report provides details of the implementation process of NESTs with an analysis of issues discussed during the NEST counselling session. The project was implemented between June 2019 and December 2022, where free counselling (in-person or telephonic) was provided to anyone approaching through a dedicated telephone number.

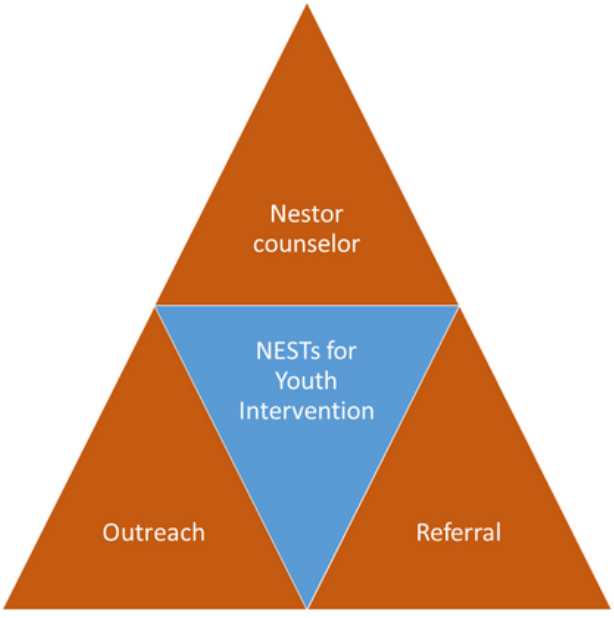
NESTs operate with an overall objective of facilitating sexual self-efficacy (Prayas Health Group, 2018), providing mental health support and aiding the decision-making process amongst urban and rural youth. The purpose of the report is to provide the readers with analyses of the range of issues related to sexuality on which young people need support to start the thought process of possible models on making it available and accessible to everyone.

While presenting the findings, some case studies are provided to understand the context better. Names mentioned in the case studies are not the actual name of the clients, and no part of the cases reveal any identity.

Counsellors as NESTORs

The provision of one-to-one counselling, either in person or on the telephone to people who are self-referred to NESTs spaces was an essential component of the intervention. The counsellor is referred to as the Nestor - *someone who listens*. All the Nestors were given basic training in counselling skills and sexuality. A significant part of the training focused on developing a non-judgmental perspective, realigning values, and improving the ability to compartmentalise the counsellor's values from the client's. In addition, it was ensured that Nestors knew sexuality-related concerns such as pregnancy and contraception-related information, HIV/STIs, and could engage in a conversation with sexual minorities in a mindful and considerate manner. Nestors were also trained in basic counselling skills, communication principles and identifying situations that need further expert support. At least two Nestors (Male and Female) were available during the project period. Typically, sessions with women were assigned to female Nestors, and sessions with men were set to male Nestors. Those who reported transgender identity were provided with the preference to speak to either male or female Nestor.

Beyond the disease-oriented model, Nestors encourage clients to explore their sexuality positively. NESTs have adopted a socio-ecological model wherein the counsellors considered the intersectional identity of an individual within the society concerning the person's family, race, caste and culture and how it influenced an individual's sexual health, sexuality-adjacent choices and challenges in terms of help-seeking.



Outreach

Sexuality is a taboo topic in our society. Many people do not talk about it and do not come forward to seek help when needed. There is a need to generate sensitive discourse on sexuality in the community so that the stigma around the issue will be addressed and people will be motivated to seek care. The sensitisation and outreach activities were conducted to make people aware of NEST spaces' availability to seek help and build positive discourse about sexuality. Several outreach strategies and tools were used to reach young people with information about the availability of NEST spaces. Some of the strategies were

- Conducting introductory sessions in study classes/ MPSC/UPSC classes/colleges
- Putting up posters in public localities,
- Creating and distributing visiting cards,
- Conducting sensitisation workshops with youth about sexuality and then introducing the availability of NESTs space.
- Articles in print media
- Dedicated Facebook page on Nestor

Referral

NESTORs were trained to identify the issues where clients need more specialised care and support from medical, legal and other care providers. We approached some experts in the field, informed them about the NESTs intervention and developed the referral mechanism. As far as possible, efforts were made to identify providers operating on a not-for-profit basis. When government services are available, then the clients were informed about it. In cases where the clients were referred but were reluctant to seek outside support and wanted to continue with Nestors, they were informed about their limitations of Nestors and were allowed to continue seeking counselling.

The experts included

- HIV and STI physician for HIV and STI diagnosis treatment
- Sexologist for medical issues related to sexual dysfunctions
- Psychiatrist for clinical depression and other mental health disorders needing medical referral
- Psychologists to provide specific therapies
- Legal aid provider
- Child Sexual Abuse survivors support group for those still coping with the trauma and would like to connect.
- LGBTQIA+ support groups
- Gynaecologist for menstrual irregularities, pregnancy, contraception, abortion etc
- Cervical cancer screening facility

Observations

Profile of clients who approached NESTs

This report is based on the information recorded between August 2019 to November 2022. During this period, 816 sessions with 416 clients were conducted. Of the 416 clients, 244 (59%) were men, 163 (39%) were women, and 9 (2%) were transgender. 'NESTs' was designed for adults to share their sexual and mental health concerns. Hence the sessions were conducted with individuals above the age of 18 years. The average age was 27.1 years for men, 27.6 years for women and 22.9 years for transgender clients. Almost half of the clients (43% men and 63% women, 67% transgender) were from Pune, and the remaining clients were from different cities/districts from Maharashtra and a few from other states of India. Two men and one transgender client had called from the USA for the sessions. The socio-demographic details of the profile of the clients are given in the table below.

Variable	*Category*	*Women (163)*	*Men (244)*
Age	*Min*	*18*	*18*
	Max	*56*	*60*
	Mean	*27.6*	*27.1*
	Median	*27*	*26*
Age category	*18 - 22*	*32(19.6%)*	*29 (11.9%)*
	23 - 27	*61 (37.4%)*	*126(51.6%)*
	28-32	*49(30.1%)*	*69 (28.3%)*
	33 & more	*21(12.9%)*	*20(8.2%)*
Marital Status	*Ever married*	*37 (22.7%)*	*55 (22.5%)*
	Never Married	*124 (76.1%)*	*186 (76.2%)*

Sexual orientation	*Bisexual*	*2(1.2) %*	*4 (1.6%)*
	Heterosexual	*157 (95.8 %)*	*226 (92.4%)*
	Homosexual	*1 (0.6 %)*	*12 (4.9 %)*
	Queer	*1 (0.6 %)*	*0 (0%)*
	Unsure	*2 (1.2%)*	*2 (0.8%)*
Occupation	*Employed*	*61 (37.4%)*	*87 (35.7%)*
	Unemployed	*65 (39.9%)*	*43 (17.6 %)*
	Not asked	*37 (22.7%)*	*114 (46.7%)*

Transgender clients

Nine clients identified themselves as transgender. Their average age was 22.5 years. Seven clients were transgender women, and two were confused about being transgender men. The issues ranged from self-image, mental health, confusion about sexual orientation, gender affirmation surgery, and relationship issues.

Number and frequency of sessions:

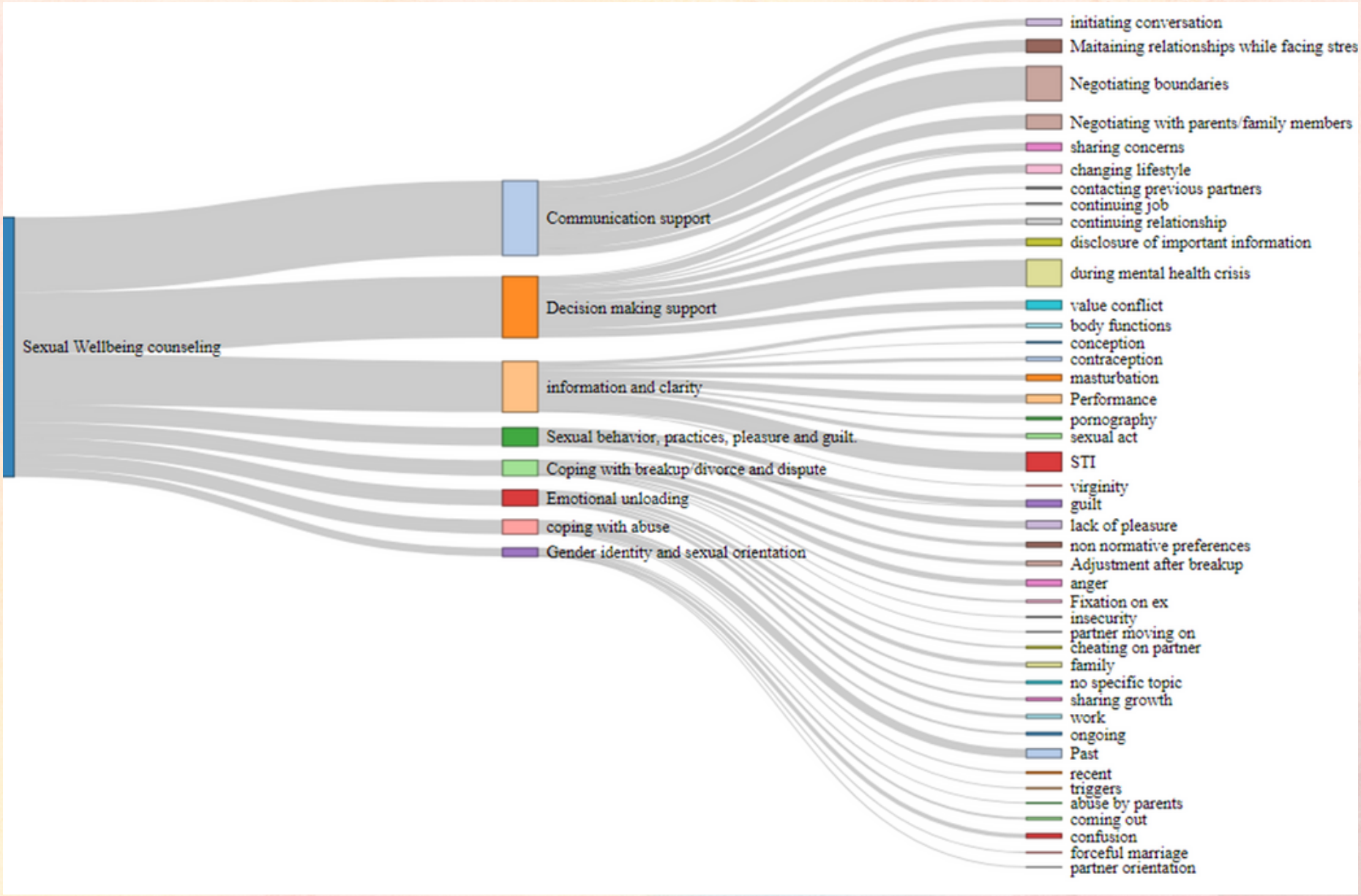
Out of the total 816 sessions, 427 (52%) sessions were conducted with men, 366 (45%) with women, and 2% with individuals who identified as non-binary or transgender. Of the total clients, 265 (63.7%) had only one session (58.3% women, 67.6% men, and five transgender clients). Around 20% of men, women, and transgender clients had two sessions, around 7% of men and women had three sessions, and 6% of men, 12 % of women and two transgender clients had more than three sessions.

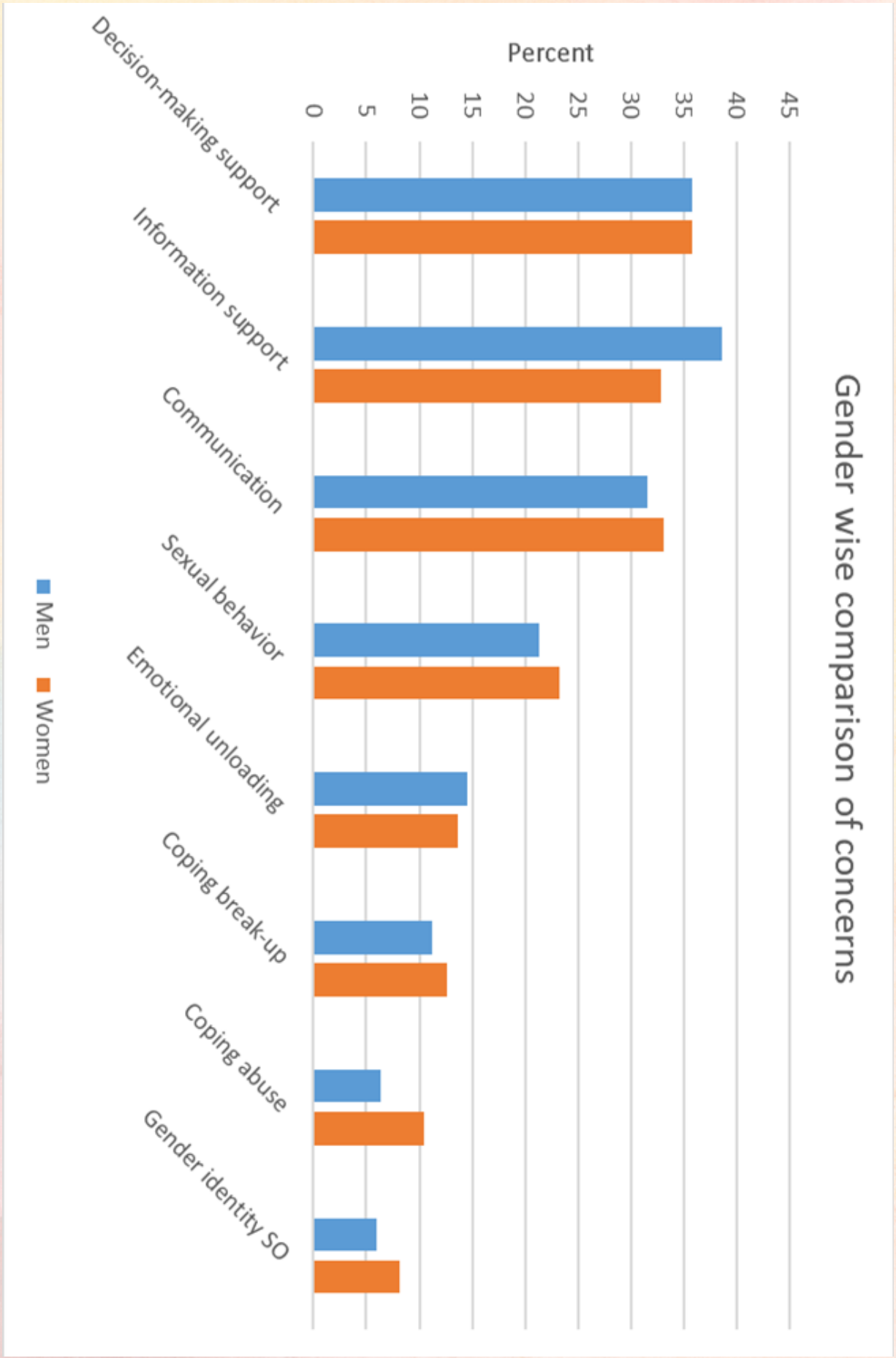
Analysis of concerns

Clients from various backgrounds approached NESTs with a myriad of concerns. After the sessions, the NESTOR, in summary, mentioned the primary concerns for which the client approached NESTs. For the sake of analysis, these concerns were categorised into eight major areas. While classifying the concerns, the intention of the clients to approach NESTs was used as the main criterion. The content of the sessions may vary from relationship problems to mental health problems or sexual health problems. Sessions were classified based on how clients perceived NESTs could help them resolve conflict.
We have broadly categorised the concerns into eight major areas. These are

- Decision-making support: ***"Should I do this or not?"***
- Information support: ***"I want to know about this"***
- Communication support: ***"I don't know how to say this?"***
- Sexual behaviours, practices, pleasure, and guilt: ***"Am I doing something wrong?"***
- Emotional unloading: ***"I want to share this."***
- Coping with breakup: ***"How do I deal with the heartbreak?"***
- Coping with abuse: ***"The abusive experiences have adversely impacted me."***
- Gender identity and sexual orientation: ***"Who am I?"***

Men and women equally shared most concerns. More men sought help from NESTORs to get information about a particular issue than women. At the same time, more women approached to get support in coping with abuse or to talk about issues related to gender identity or sexual orientation. The details of each of these concerns are given below.


Sexual Wellbeing counseling
Communication support
Decision making support
information and clarity
Sexual behavior, practices, pleasure and guilt
Coping with breakup divorce and dispute
Emotional unloading
coping with abuse
Gender identity and sexual orientation
initiating conversation
Maitaining relationships while facing stres
Negotiating boundaries
Negotiating with parents/family members
sharing concerns
changing lifestyle
contacting previous partners
continuing job
continuing relationship
disclosure of important information
during mental health crisis
value conflict
body functions
conception
contraception
masturbation
Performance
pornography
sexual act
STI
virginity
guilt
lack of pleasure
non normative preferences
Adjustment after breakup
anger
Fixation on ex
insecurity
partner moving on
cheating on partner
family
no specific topic
sharing growth
work
ongoing
Past
recent
triggers
abuse by parents
coming out
confusion
forceful marriage
partner orientation


Gender wise comparison of concerns
Percent
0
5
10
15
20
25
30
35
40
45
Decision-making support
Information support
Communication
Sexual behavior
Emotional unloading
Coping break-up
Coping abuse
Gender identity SO
Men
Women

Decision-making support- "Should I do this or not?"

In 297 sessions, clients sought assistance making decisions regarding multiple aspects of their lives. These included 153 (35.8%) sessions with men, 131 (35.8%) with women, and 13 with transgender clients. There was no gender difference in seeking support for decision-making.

Sometimes there needed more clarity about a goal, incapacity to choose, or inability to rank present options. Nestors aided clients in exploring their possibilities and prioritising them, and charting out the factors that play an important role in decision-making. Nestors did not give any direct decisions or answers. Instead, they helped the clients in decision-making and equipped them to make responsible choices while understanding the consequences.

Broader area	**Primary classification**
Decision support for	Disclosing sensitive information to significant others
	Choosing appropriate action in situations of value conflicts
	Choosing the preferred type/label of a relationship
	Deciding to continue or stop a relationship
	Whether to stay in contact with previous partners or not

Clients often expressed incertitude about sharing information such as gender identity, sexual orientation, history of abuse, and past relationships with significant others. They feared the stigma, discrimination, and rejection from close ones. They wanted to discuss whether they should share this information and what the consequences of the decision to disclose or not disclose the information could be. Some clients were caught in dilemmas that challenged

their morality and values. For example, whether to engage in sex before marriage, have sexual relations with multiple partners, choose partners from exogamous groups, engaging in non-normative sexual practices were often presented by clients as tricky choices.

Labelling their relationship was stressful for some clients, as with labels come frameworks of expectation. Should I consider this as a serious relationship, or is it ok to be in an open relationship, to have friends-with-benefits relationships? What could be the potential complications of engaging in these relationships, etc? Sometimes the stress of understanding the nature of a relationship, structuring a label, and designing the dynamic for a relationship leads to confusion, anger, helplessness, and frustration. Often the reason behind the upheaval was the ambiguity and lack of labels in relationships. It led to more questions, such as- deciding whether to continue a relationship under that label, seeking clarity on whether to agree with certain expectations from partners or not (e.g., whether to stay in contact with previous partners) or changing dating patterns to suit their idea of relationships.

The analysis suggests that clients who need decision-making support do not differ according to gender, age, marital status, etc.

Shivani

Shivani is a 25-year-old data engineer from Mumbai. During her sessions, she talked about being in a polyamorous relationship for most of her life. She had recently considered engaging in a serious relationship with one of her friends, which meant an exclusive, monogamous commitment. She expressed her confusion about a significant change in her relationship pattern and worried about how it might affect her life with her partner. She was especially concerned about possible frustration and repressed anger that she might project onto her partner due to the 'restrictions'.

She asked Nestor to help her visualise possible scenarios she would have to face after shifting to a monogamous relationship, which could help her make an informed decision.

Mohit

Mohit is a 34-year-old architect living in Pune. He had signed his name on a matrimonial platform. He had been acquainted with one of his prospective partners. They talked to each for a month. He found her well-suited and wished to take things further. However, one thought kept pricking his mind. He had undergone severe physical and psychological abuse during one of his previous relationships. Following that relationship, he sought professional help for depression. He wished to share this history with the girl he was talking to. However, he was unsure how it would affect their present dynamic. He did not want to appear weak and vulnerable and feared she would reject his proposal. He was also worried that if he waited to share it, she might find it from outside and feel that he was betraying her trust. He wanted to talk to Nestor to determine whether he should share this with her.

Information support – "I want to know about this"

Many clients approached NESTs for information and a conceptual understanding of issues related to sex and sexuality. A total of 289 (35.4%) of the sessions were related to seeking information. Of these, 165 (38.6%) were with men, 120 (32.8%) were with women, and four sessions were with transgender people. Clients most commonly asked for information on sexually transmitted infections and HIV. The questions mostly related to HIV contraction, transmission and treatment, STI and sexual health risk, pain in genitals after sex, HIV test, DNA PCR test, window period, and antiretroviral therapy (ART) for HIV.

Myths around masturbation were another commonly asked question by men. Since the topic is not talked about openly, Nestor often cleared misconceptions posed by the clients. Clients asked about the frequency and side effects of masturbation, erectile dysfunction, health complications, and masturbation addiction.

The risk of pregnancy due to a particular sexual act (withdrawal, anal sex, single condom, etc.) was another common concern expressed by clients where they wanted scientifically correct information on the possibility of conception and on using emergency contraception pills.

Some clients (primarily men) wanted information about sexual stamina and performance, perceived hyper-sexuality, etc. They typically asked questions on premature ejaculation, stamina, virility, physiological causes of erectile dysfunction, sexual desire, and pressure to have sex. Questions around virginity were addressed in some sessions with men and women. The typical questions were, is it possible to know if a girl is a virgin? Moreover, what could be the reasons for not bleeding after first sex? Lastly, some clients did not know about sexual anatomy or essential bodily functions such as menstruation and pregnancy. Many clients asked their doubts about PCOS, phimosis, buried penis, vasectomy and tubectomy, among other contraceptive methods, safer sexual behaviour, how to have sex, conception, and hair removal in the pubic area.

Broader area	Primary classification	Subcategories
Conceptual clarity and knowledge	**1. STI /STD**	• HIV contraction and transmission, treatment
		• STI and sexual health risk
		• Pain in genitals after sex
		• HIV test, DNA PCR test
		• HIV phobia, window period, ART
	2. Masturbation	• Frequency and side effects of masturbation
		• Masturbation and erectile dysfunction
		• Health complications with masturbation
		• Habit of masturbation
		• Myths about masturbation
	3. Conception & contraception	• I pill
		• Abortion
		• Use of condom
		• Pregnancy, sexual health
		• Anal sex, condom, pregnancy
		• Abortion medicines
		• Information on oral contraceptives
		• EC pills, painful intercourse, side effects

Broader area	Primary classification	Subcategories
	4. Performance	• Premature ejaculation, stamina
		• Virility, infertility
		• Physiological reasons behind ED
		• Sexual desire
		• Pressure and sex
		• Problems in a sexual act
	5. Body and functions	• PCOS and periods
		• Sexual anatomy
		• Phimosis
		• Vasectomy, tubectomy
		• Safe sexual behavior
		• Sexual act
		• Hair removal in the pubic area

Suresh

19-year-old Suresh approached NESTs with the anxiety that he was addicted to pornography and masturbation. He asked for possible solutions to suppress his sexual desires. He was feeling guilty for having repeated sexual thoughts and fantasies. He had quite some concerns regarding the ill effects of masturbating, such as loss of hair, weakness, low sperm count, or inability to bear children in the future. Nestors asked why he thinks it is an addiction, understood if his daily activities are affected, tried addressing the associated guilt and provided information to address the myths related to the ill effects of masturbation.

Pooja

24-year-old Pooja called Nestor to discuss the solutions for the pain she was experiencing during sex. She enquired if there were any pills, which would make sex less painful, or any other treatment that would help her become more comfortable and enjoy sex. She also asked for more information on I-pills and emergency contraceptive pills. Nestor asked about the nature of their relationship and possible reasons that could be causing the pain and provided her with appropriate information and support.

Communication Support- "I don't know how to say this."

A significant part of sexual well-being rests on a comprehensive understanding of oneself and efficient communication of needs, values, and boundaries with other important stakeholders. Assistance in communication is another commonly presented concern regarding sexual well-being counselling. In a total of 263 (32.2%) of the sessions, clients needed communication support. Of these sessions, 135 (31.6%) were with men, 121 (33.1%) with women, and seven were with transgender people.

Broader area	Primary classification	Subcategories
Communication support for	1. Negotiating boundaries in the relationship	• Frequency and desire of sexual contact
		• Staying in touch with previous partners
		• The kind of relations one is in
		• Restrictions by partners
		• Jealousy and trust building
		• Facilitating dialogue in an open relationship
	2. Negotiating with parents/family members	• Forced /excessive involvement in career
		• Lack of trust
		• The pressure of getting married
		• Restrictions
		• Death of parent
		• Substance abuse, violence
	3. Initiating a conversation	• Expressing interests
	4. Sharing concerns	• Past
		• Dissatisfaction
		• Anxiety about future

Clients faced barriers in communication, such as a lack of skills to deliver their thoughts in an impactful manner or explore different mediums and methods to ensure a conversation effectively creates a directional change in relationship patterns.

Explicit and clear boundaries are pivotal for any relationship. Sharing negotiable and non-negotiable aspects of individual relationships removes barriers between the stakeholders and allows a transparent exchange of one's ideas, views, and comfort zones. However, many clients struggled to share, affirm, and respect boundaries. For example, clients talked about feeling confused and unable to express their desire and the discomfort regarding the frequency of sexual contact. Many clients were unsure whether they held a position to demand changes in already established patterns of sex without having their character put under scrutiny.

One of the specific communication difficulties with the current partner was reported mainly by younger clients and arose from their wish to stay in contact with previous partners. Often this incongruence led to frustration, disputes, and overt restrictions. Feeling that "My partner and I are not on the same page" is a typical reflection of the difficulty in communication with the partner.

Some clients (primarily women and some men) also mentioned difficulty in negotiating boundaries regarding restricting the kind of clothes one can wear, curfew timings, social circles one can interact with, and what can be posted on social media. In most cases, women followed the boundaries, and men enforced the restrictions. Interestingly, in many cases, it was felt that more than the restrictions, the fact that the male partners did not have similar limits as they caused more distress in the relationships.

The cheating came up repeatedly in various sessions. Nonetheless, the definitions of cheating vary from person to person. Some individuals defined sharing their secrets as cheating, while some considered having accounts on online dating platforms as cheating. Clients expressed a wide range of emotions, from guilt, shame, anger, and desire for revenge; to concern, acceptance, and wish for proactive change. However, partners sought help in the validation of their emotions and assistance in either rebuilding the relations or moving on from the issue.

Manish

Manish, a 29-year-old engineer, approached NESTs. He has settled in America with his same-sex partner for five years. His parents live in Pune. He had tried to share his orientation with his parents, but they could not accept it. They believed that if he married a girl, it would fix everything. Thus, they kept forcing him to look for marriage alliances. He got into constant fights with his parents. He felt guilt and pain when he saw how much trouble his parents had in accepting his identity and family. He asked Nestor to help him structure his thoughts and views empathetically, enabling him to answer his parents' questions. He also wanted help shaping parents' views towards sexuality to make it more inclusive and supportive.

Ketaki

Ketaki, a 23-year-old girl from a nearby town, has lived in Pune for four years. She called Nests to talk about the challenges she was facing in her relationship. She vented about being stuck in a rut, dissatisfied with herself, and felt uncomfortable with the frequency of sexual activity with her partner. Since her partner was in an open relationship, she felt unseen and underappreciated. She shared that she had always prioritised him, but the lack of reciprocation and increased intimacy between him and his other partner made her even more insecure. She had attempted to spend time with the other partner. She has also hesitantly agreed to have a threesome, where she felt uneasy and out of place. She could not share her thoughts freely because she feared losing her partner. Hence she approached NESTs to help her communicate her insecurities and fears.

Some clients used NESTs to discuss establishing boundaries in open/polyamorous relationships. Nestors helped clients in developing their understanding of 'open relationships'. They worked on topics such as how the client perceived open relationships, their comforts and discomforts in such a setting, and what limits they would design to respect each other's space and build relationships.

Clients of all ages and genders had hesitations in sharing insecurities and expectations without the risk of losing a partner's trust or appearing weak, needy, undesirable, strict, or controlling in the eyes of their partners. Nestor's role here was to help them understand where the insecurities and expectations were sprouting, how important they were for their relationships, and how they could be conveyed constructively and supportively.

Another common scenario during COVID-19 and lockdown was affirming and establishing boundaries with family members, particularly parents. In most cases, clients shared their frustration directed at their parents. Clients talked about their parent's forced /excessive involvement in their careers, lack of trust, pressure to get married, and restrictions in daily life.

Clients also sought advice about initiating conversations with the person they want to get romantically involved with. They wished to know the best approach and possible consequences of saying something.

During some sessions, clients expressed the wish to share information that could strain their relationship and wanted support in communicating this information. It was sharing about their past partners, infidelity, mental health struggles (depression, anxiety, schizophrenia), or dissatisfaction with some aspect of the current relationship dynamic. They wished to know how to share what weighed them down while causing the most minor damage to the relationship in concern.

Sexual behaviour, practices, pleasure, and guilt- "Am I doing something wrong?"

Since sex is a heavily stigmatised subject, it often restraints open communication surrounding sexual practices and experiences between partners. Of the sessions, 182 (22.3%) focused on sexual behaviour, practices, issues related to pleasure in sex, and guilt associated with sexual behaviour. Of these, 91 (21.3%) sessions were conducted with men, 85 (23.2%) were with women, and six were conducted with transgender people.

Broader area	Primary classification	Subcategories
Sexual behavior, practices, pleasure, and guilt	1. Sexual behaviors and practices	• Non-normative preferences
		• Thoughts about violence
		• Loneliness and sexual urges
		• Visiting sex workers
	2. Lack of pleasure	• Sexual dysfunctions
		• Pain during sex
		• Insecurities about size
		• Performance anxiety
	3. Guilt	• Perceived porn addiction
		• Masturbation
		• Porn Categories

A higher percentage of older clients (33 years and above) reported concerns related to sexual behaviours compared to younger clients (18-22 years) [28.3% vs 18.6%] though the difference was not statistically significant. Many clients discussed relationship-related problems before discussing their concerns regarding sexual activity.

The guilt of engaging in sexual practices considered morally wrong such as masturbation or non-normative sexual acts such as anal sex, oral sex, sex using toys etc., or engaging in sexual relationships that are not socially sanctioned, leads to stress, guilt, self-hate, and anxiety. Some clients shared about perceived porn addiction, shame and self-hate for interest in specific porn genres, and recurrent thoughts of masturbation with overwhelming guilt.

Some clients shared their thoughts of violence during sexual activity, where they wished to harm their partner for sexual pleasure and wanted support in reducing the instinct.

Male clients talked about their concerns about sexual performance, insecurities related to penis size, erectile dysfunction, and premature ejaculation leading to relationship conflicts between partners. Women, on the other hand, shared concerns like pain during sex.

Alia

Alia, a 29-year-old housewife, talked about low self-esteem and her hatred for her body. She began the sessions by sharing her lack of self-confidence and inability to look at her body. She had stopped caring for herself and wanted to change her behavioural pattern. She admitted that it began when her partner blamed her weight for lack of orgasm in their sexual activity. She said, "He called me out for being fat and said that since you have gained fat, your vagina had become loose, which is not pleasurable for me anymore". Can weight gain cause a loose vagina?" she asked and continued the conversation to understand if her unattractive body was the reason behind their marital problems.

Raghav

Raghav is a 26-year-old student living with his family in a rural area of Pune district. He talked about his urge to stare at his relative's breasts. He admitted to having snuck around, hid, and peeped through half-open windows to see the woman breastfeed, which gave him sexual arousal. He also confessed that he stayed outside the relative's bedroom so that he would be able to hear her when she had sex. It had gone up to the extent that the relative had noticed it with other family members, affecting how they behaved around him. He had stayed away from his house so his thoughts would not land on the same topic. He was disgusted and ashamed of his actions yet unable to control them. It was affecting his studies. He was not able to sleep in his room. He shared his helplessness and asked how he could suppress his urges.

Emotional unloading- "I want to share this."

Some clients approached NESTs not to get specific advice but to share their feelings. The sheer goal of their dialogue was to talk about their current stressors and their emotional impact on them. They found talking about it cathartic. Some common topics clients brought up were regret, breakup, relationship frustration, and crush/romantic interest in dating others. Nestors conducted 116 (14.2%) sessions, of which 62 (14.5%) were with men, 50 (13.7%) were with women, and four were with transgender people.

Broader area	Primary classification
4. Emotional unloading	1. Cheating on a partner
	2. Family/Work frustration
	3. No specific topic
	4. Sharing growth

Kartik

Kartik is a 31-year-old married client. During his one session, he talked about his previous partner, who was getting married. It caused him a great deal of frustration and regret. At the beginning of the session, he shared that he did not wish to seek advice or help with the situation; instead wanted to get his thoughts out, and the sole reason he called was to share and vent. He talked about his previous partner, their relationship, and its impact on his life. He expressed guilt for leaving her, and now he felt jealous and insecure as she was getting married soon. He was aware that there was little he could do in this situation. He gave positive feedback after the session, saying he felt lighter after talking.

Coping with breakups/divorce/disputes- "How do I deal with the heartbreak?"

Some clients required support adjusting to the changes after breaking up a relationship. A total of 95 (11.6%) sessions were conducted where the clients needed help coping with relationship breakups, divorce or disputes. Of which 48 (11.2%) were with men, 46 (12.6%) with women, and one with a transgender person. Some of the topics that got mentioned repeatedly were regret of breaking up, anger towards oneself and partner, revengefulness, dealing with other issues such as family members and peers, financial adjustments, fixation on previous partners (stalking on social media, attempt to re-establish contact, recurrent thoughts, going to extreme lengths to be noticed by them, stubborn wish to win ex-partners back, etc.

Broader area	Primary classification
Coping with breakups/divorce and disputes	1. Regret/Guilt
	2. Anger
	3. Wish for revenge
	4. Post-breakup adjustments
	5. Fixation on previous partners
	6. Partner moving on

Mahi and Umesh

Mahi and Umesh were 30 and 32 years old, respectively. They had been married for one year. They said that both of them were short-tempered. Soon after marriage, they started arguing, which escalated to physical violence. As the wedding progressed, both felt betrayed by their partners. They felt deceived. Mahi felt that Umesh had lied to her and was cheating on her. She did not feel welcome in her new home and was threatened by her in-laws.

On the other hand, Umesh felt that Mahi had hidden her past from him. He thought she was uncooperative, troubled him just to seek pleasure out of it, and verbally and emotionally abused him by constantly playing the victim card. They asked Nestor's advice on resolving their disputes and helping them cope with the situation.

Anand

Anand, a 20-year-old student, shared his challenges in adjusting to his breakup with Ravi, a 22-year-old senior from his college. Since Ravi had broken up with him unexpectedly, he could not accept this decision. He believed that Ravi did not tell him the real reason. Anand shared his constant urge to talk to Ravi and negotiate his way into a patch-up. He kept going above and beyond to convince him, and he often got angry and frustrated. It affected his sleep, appetite, and attention in class. But he said he was obsessed with Ravi, so he stalked him on social media and even in person to understand the real reason for the breakup. He had opened fake accounts to follow Ravi still and somehow be a part of his life.

Coping with abuse- "The abusive experiences have adversely impacted me."

Some clients reported abuse in intimate relationships as well as family relationships. It included physical abuse (beating, hitting, pulling hair, cutting or burning, etc.); emotional abuse (putting restrictions, being suspicious, insulting, cheating or manipulating, etc.); economic abuse (putting monetary restrictions on partner) and sexual abuse (forced sex, forced sexting, showing porn against will, taking videos and pictures of intimate moments without consent, frequently asking for sex and forcing for any sexual act against the person's choice). A total of 67 (8.2%) sessions were related to coping with abuse. Of these, 27 (6.3%) sessions were with men, 38 (10.4%) were with women, and two sessions were with transgender people. Clients talked about incidents of ongoing abuse, recent abuse (before 2-3 years), or past abuse (before 3+ years).

Broader area	**Primary classification**
Coping with abuse	1. Ongoing
	2. Recent
	3. Past
	4. Triggers

Mannat

Mannat had approached Nestor to discuss her difficulty in trusting anyone. She had a persistent thought of being viewed as an object of sexual fulfilment by everyone in life. She was a 27-year-old unmarried woman working in the IT sector. When she was in college, her partner shared nude photos with the class to stop her from breaking up with him.

She recollected, "Everyone looked at me differently. I could not step out of my house for many days. Dread filled me whenever my father called me because I thought he must have found out. Everyone kept commenting behind my back. No one was interested in hearing my side or how I felt. Some boys openly asked, Kitne mai degi? (how much do you charge for sex)." too. I constantly felt everyone's eyes on me, and even today, I live with the dread that my past will come to haunt me. Every day I wake up and wonder, is today the day my family finds out?"

She approached Nests to recover from her experiences and deal with her depressive thoughts and trust-related issues.

Gender identity and sexual orientation- "Who am I?"

NESTs being a sexuality and queer affirmative space, some clients approached it with problems that concerned their sexual orientation and gender identity. There were 60 (7.4%) sessions related to Gender identity or sexual orientation. Of these, 25 (5.9%) sessions were with those who identified themselves as men, 30 (8.2%) were with those who identified themselves as women, and five sessions were with transgender people. Some critical concerns mentioned during the sessions were as follows

Broader area	Primary classification
Gender identity and sexual orientation	• Coming out and disclosure
	• Confusion and inability to decide
	• Abuse by parents
	• Conversion therapy
	• Forceful marriages
	• Partner getting married
	• Pornography as potentially turning son gay
	• Finding out the partner's orientation/spouse not being attracted to their gender

Individuals required help accepting themselves for who they were and sharing it with their family and close ones. Nestors helped them with information, walked through possible scenarios with them, aided them, and connected them to their respective groups if they needed more help. When the clients wanted, Nestors also talked to their families to understand their acceptance, helped them adapt to the news, and gave them scientific and reliable information while challenging their misconceptions. In some sessions, clients sought help recovering from mental and physical distress as their parents/family did not take their sexuality positively. They spoke about being beaten physically, blackmailed psychologically, forcefully married, and forced to bear children to be "cured" of their ailment.

Some clients also mentioned conversion therapy, where sadhus, babas, doctors, and therapists carried out inhumane practices to cure them, which left long-term trauma on clients.

Nestors also talked to family members who had misconceptions surrounding the areas of sexual orientation and gender identities. They promoted a rights-based understanding and challenged myths that supported these concerns. For instance, in one session, Nestor talked to the parents of an individual who had recently shared his homosexual orientation with his parents. The parents were worried that "gay porn was turning their son gay." Nestor talked about the concept of homosexuality and the innate nature of the same while answering other questions posed by the parents.

In a couple of sessions, Nestors talked to clients who had married someone who was not attracted to the client's gender. Hence the client felt trapped, deceived, and mentally unprepared to make any decision,

Kiran

Kiran, a 20-year-old client, shared the impact of his orientation and sexuality on his mental health. When he disclosed his status to his parents, he was severely beaten, threatened, starved, and emotionally blackmailed by his parents to change his orientation. He was also taken to practitioners who claimed they would make him 'normal'. The trauma stayed with him for years. His current partner recently decided to leave him and get married to keep his parents happy. He talked about the loss of a serious relationship, the lack of partners that sought long-term relationships, inability to trust anyone, and he asked for help in grieving his relationship and his partner.

Manjit

Manjit is a 20-year-old commerce student from a rural area of Uttar Pradesh. She talked about her confusion regarding her gender. She did not feel comfortable with her birth-assigned gender. She spoke about her childhood, parents and family, school, peers, etc., concerning how odd and out of place she had felt for most of her life. She wanted more information on sex change therapy and requested if NESTs could connect her to anyone who had undergone the procedure.

Conclusion and Way Forward

The project, initiated to provide a non-judgmental listening space to young people, witnessed diverse concerns people seek support from counselling. Many of these concerns go beyond the typical biomedical understanding of sexual health, often restricted to the sexual act, performance and sexually transmitted diseases. The affirmative and rights-based approach of counselling and positioning it as a non-medical service could be one of the reasons for getting people with diverse concerns, including those coming to vent out their feelings and emotions. Therefore, counselling provided in the NESTs for Youth program can be best described as sexual well-being counselling, not just sexual health counselling. Though these concepts appear overlapping and are often used interchangeably, there is a clear difference. A recent (2021) article by Prof Kirstin Mitchell and colleagues published in the Lancet elaborated on sexual well-being and discussed why it matters for public health (Mitchell et al., 2021). They situate sexual well-being alongside sexual health, sexual justice, and sexual pleasure as one of the four pillars of public health enquiry. Sexual well-being is operationalised with seven core concepts of sexual safety and security, sexual respect, sexual self-esteem, resilience in relation to past sexual experiences, the forgiveness of past sexual events, self-determination in one's sex life, and comfort with one's sexuality. Most of these concepts were included while providing counselling by the Nestors.

The experiences of implementing this project support the argument that the concept of sexual well-being demands recognition, not as an extension, subclass, or alternate form of sexual health, but as a distinct and revolutionary concept that challenges our accepted thinking. Despite much broad definition of sexual health by WHO, its operationalising is often restricted to dysfunctions and diseases related to sexuality. WHO defines sexual health as "a state of physical, emotional, mental and social well-being in relation to sexuality. It involves 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."(World Health Organization (WHO), 2010) However, the programs, clubbed as Sexual Reproductive Health and Rights (SRHR), either completely ignore the sexual health and rights part or include it in a limited sense(Starrs, 2015). There are few studies and reports on a conceptual and operational understanding of sexual well-being counselling(Lorimer et al., 2019, 2022).

In the era of increasing commercialisation, where the term' sexual well-being' is often popularised in the context of products to increase sexual pleasure or vaginal tightening gels etc., it is even more essential to develop and communicate a clear understanding of the concept. In this context, NESTs for Youth provide insights into people's expectations when the counselling is equipped with a broad, inclusive and comprehensive approach. These insights can help suggest the possible interventions required to improve the sexual well-being of people. These interventions should focus on different levels, such as individuals, health providers, programs, and policies. Some of the potential interventions are discussed below.

Individual and community-centric intervention

1. Imparting competency based sexuality education to young people to build their resilience and coping strategies

The suggestion to impart comprehensive sexuality education in schools is nothing new. It has been discussed for over three decades in India but still faces implementation challenges. Furthermore, it is essential to consider the appropriate content of sexuality education. Most people still have a risk-centric approach to sexuality education where the communication is primarily done to educate young people to avoid adverse health consequences related to sexual behaviour. However, emerging evidence suggests that comprehensive sexuality education can improve social and emotional development by empowering young people with specific critical skills and competencies. Dr Anna Kågesten and Miranda van Reeuwijk (2021) proposed a competency-based framework that includes six critical competencies for healthy adolescent sexuality development: (1) sexual literacy, (2) gender-equal attitudes, (3) respect for human rights and understanding consent, (4) critical reflection skills, (5) coping skills, and (6) interpersonal skills(Kågesten & van Reeuwijk, 2021). If these competencies are well developed, then some of the concerns young people face due to lack of information about sexuality, difficulties in communication, and maladaptive coping with past experiences and abuse, can be better managed, mainly without any external support. The provision of sexuality education will not eliminate the need to provide sexual well-being counselling. Some people with intersectional vulnerabilities might require individual support and counselling, but the number of people who can self-manage their stressors might increase.

2. Reduce stigma around seeking care and support for sexual well-being, delinking sex with marriage.

There is a massive stigma to premarital sex in India. This translates into a judgmental attitude of everyone towards people, specifically unmarried women, if they seek any care and support related to sexuality. There appears to be a significant and rapid transformation in intimacy, mainly brought out by modernisation, urbanisation, and technological transformation. Changing the nature of relationships and changing labels and expectations are also bringing newer stressors into the life of young people. The widespread taboo to the issue of sexuality and lack of spaces in public and private, formal and informal settings are significant barriers to timely addressing these stressors. Given these changing contexts, it is essential to delink sex with marriage and rethink sexual well-being for everyone, irrespective of marital status. Also, married people experience significant stigma when the concerns are unrelated to pregnancy and reproduction. Additionally, any sexual relationship other than heteronormative peno-vaginal sex is looked down upon. Therefore, programs to destigmatise sex and build inclusive discourse that recognises and celebrates diversity in sexuality are needed to promote sexual well-being.

Provider centric interventions

3. Counsellors and health care providers should receive curriculum-based training on sexuality

Sexual health is one of the most neglected parts of an individual's health. Sexuality and health issues related to that, despite being central to an individual's life, are not included in the training curriculum of health care providers and counsellors. Medical specialists such as dermatologists, obstetrics and gynaecologist, endocrinologist, psychiatrist, urologists or general physicians attend to sexual health issues as there are no specialised training courses for health care providers. Also, counsellors who need to deal with sexual health/well-being issues do not receive any comprehensive training in human sexuality. A recent content analysis conducted by the authors of the MA psychology and Master of Social Work (MSW) curriculum from several universities found a significant gap in providing training on sexuality. Training on sexuality, if at all provided, is restricted to pathological issues and disorders. It is, therefore, essential to include sexuality training in the curriculum of health care providers and counsellors.

4. Evidence-based standardisation of the content of counselling, psychoeducation and treatment protocols should be adopted in service provision

Due to historical neglect of sexual health and well-being, there are practically no research studies that have tried to understand the effective interventions and approaches to deliver sexual health counselling, therapy and treatment. As a result, currently, providers have to invent their own approach, which they think is best suited for their clients. This, however, carries the risk of delivering ineffective therapies and, in some cases, might be harmful (emotionally or physically) to the clients. Therefore, more research should be conducted to devise evidence-based standardised content and approach to delivering sexual health and well-being services.

5. SRHR Service provision should include a life span and developmental approach

Sexual and reproductive health is a critical component of overall health and well-being throughout a person's life span. A life span and developmental approach to SRH service provision recognise that people have different SRH needs and experiences at various stages of their lives and that these needs can change over time. Incorporating a life span and developmental approach into SRHR service provision can help ensure that individuals receive the appropriate education, counselling, and services they need at each stage. This can lead to better health outcomes, increased knowledge and awareness, and improved quality of life.

Policy and programs centric interventions

6. Implementation of RKSR should be strengthened

The Rashtriya Kishor Swasthya Karyakram (RKSK) is a national adolescent health program launched by the Ministry of Health and Family Welfare, Government of India, in 2014. The program aims to address the health needs of adolescents (10-19 years) in India, focusing on promoting healthy behaviours, preventing risky behaviours, and providing adolescent-friendly health services (Desai, 2017). RKSK program is comprehensive in its conceptualisation and integrates mental health, sexual health, substance use and nutrition as focus areas for improving adolescent health.

However, several studies indicate many implementation challenges that reduce the program's intended impact. Some of these include limited accessibility of adolescent-friendly health services, limited awareness among the community that such services are available and poor quality.

Beyond these known challenges, one significant limitation is that it caters to young people up to 19 years only. The age of marriage is increasing, especially in the urban area, which means more people would explore intimate relationships before marriage. Currently, young adults have limited opportunities to access psycho-sexual health services. On the other hand, the RCH program focuses entirely on pregnancy, childbirth, and contraception and mainly caters to married people. There is an emerging need to delink sex with marriage and design sexual well-being services for younger adults.

7. Less regulation of sexuality and more regulation of SRHR services is essential for achieving sexual well-being

To achieve sexual well-being, people should have the agency and freedom to make choices for themselves and also should respect the choices of others. This can be achieved with minimum state regulations on how people experience and express sexuality. Instead, more investment in building people's agency through education and regulating psycho-sexual and other health services to ensure that they are evidence-based, good quality, affordable and accessible is essential.

References

Darak, S., Parchure, R., Darak, T., & Kulkarni, V. (2020). Youth in Transition: A life course study to understand sexual health trajectories among unmarried youth.

Darak, S., Parchure, R., Darak, T., & Kulkarni, V. (2022). Love, sex, and commitment: Relationship choices and trajectories among unmarried youth in India. Sexual and Reproductive Health Matters, 29(2), 2031833. https://doi.org/10.1080/26410397.2022.2031833

Desai, S. (2017). Adolescent health: Priorities and opportunities for Rashtriya Kishor Swasthya Karyakram (RKSK) in Uttar Pradesh. Population Council. https://doi.org/10.31899/pgy8.1004

Kågesten, A., & van Reeuwijk, M. (2021). Healthy sexuality development in adolescence: Proposing a competency-based framework to inform programmes and research. Sexual and Reproductive Health Matters, 29(1), 1996116. https://doi.org/10.1080/26410397.2021.1996116

Kulkarni, V., Parchure, R., & Darak, S. (2019). Let's not let the guard down! - Early indications of syphilis resurgence? Indian Journal of Dermatology, Venereology and Leprology, 85(3), 246–247. https://doi.org/10.4103/ijdvl.IJDVL_728_17

Lorimer, K., DeAmicis, L., Dalrymple, J., Frankis, J., Jackson, L., Lorgelly, P., McMillan, L., & Ross, J. (2019). A Rapid Review of Sexual Wellbeing Definitions and Measures: Should We Now Include Sexual Wellbeing Freedom? The Journal of Sex Research, 56(7), 843–853. https://doi.org/10.1080/00224499.2019.1635565

Lorimer, K., Greco, G., & Lorgelly, P. (2022). A new sexual wellbeing paradigm grounded in capability approach concepts of human flourishing and social justice. Culture, Health & Sexuality, 0(0), 1–16. https://doi.org/10.1080/13691058.2022.2158236

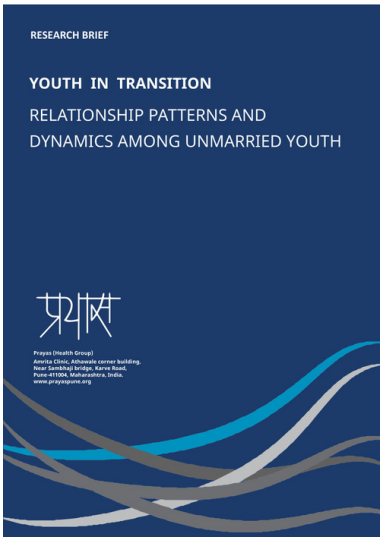
Mitchell, K. R., Lewis, R., O'Sullivan, L. F., & Fortenberry, J. D. (2021). What is sexual wellbeing and why does it matter for public health? The Lancet Public Health, 6(8), e608–e613. https://doi.org/10.1016/S2468-2667(21)00099-2

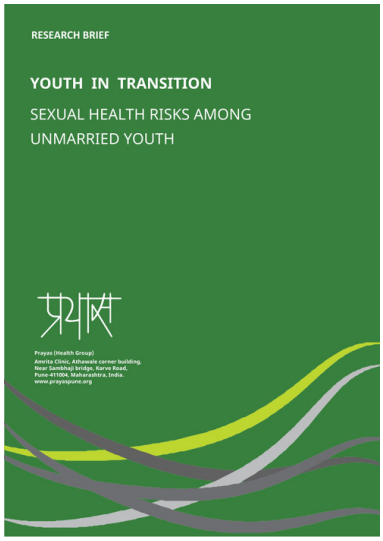
Parchure, R., Darak, S., Darak, T., & Kulkarni, V. (2022). Mapping HIV risk trajectories from adolescence to young adulthood: A life-course study among unmarried urban Indian youth. AIDS Care, 34(9), 1118–1126. https://doi.org/10.1080/09540121.2021.1985718

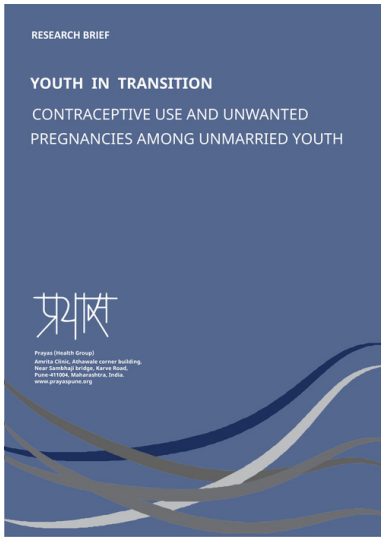
Prayas Health Group. (2018). Capabilities Matter: Role of young people's abilities in promoting and protecting their sexual health and rights.

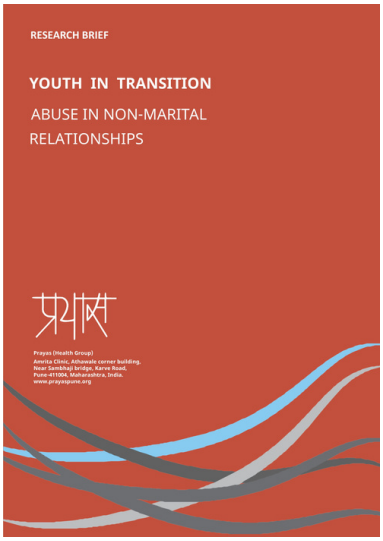
Starrs, A. (2015). A Lancet Commission on sexual and reproductive health and rights: Going beyond the Sustainable Development Goals. Lancet, 386(9999), 1111–1112. https://doi.org/10.1016/s0140-6736(15)00250-0

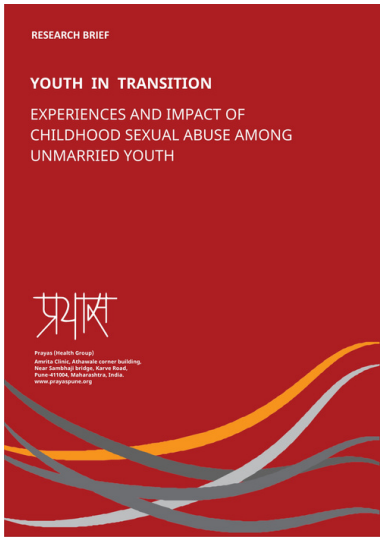
World Health Organization (WHO). (2010). Measuring sexual health: Conceptual and practical considerations and related indicators.

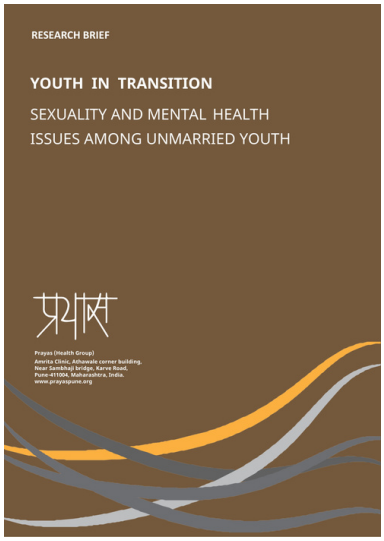


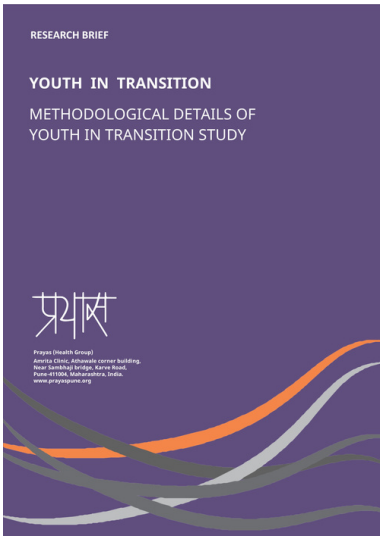


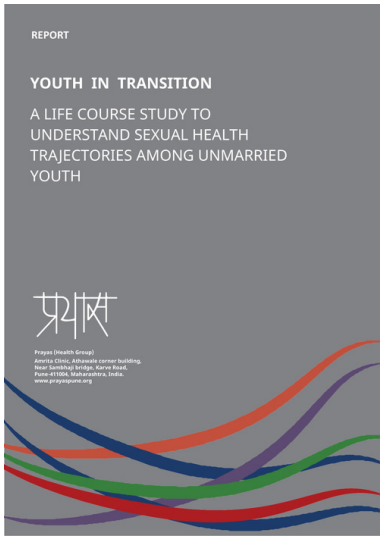












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