



"We're too busy mopping the floor to turn off the faucet."

Improving Sexual Health of people through Public Health Interventions in India

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Defining Sexual Health - WHO

“Sexual health as a state of physical, emotional, mental and social well-being related to sexuality; it is not merely the absence of disease, dysfunction or infirmity”

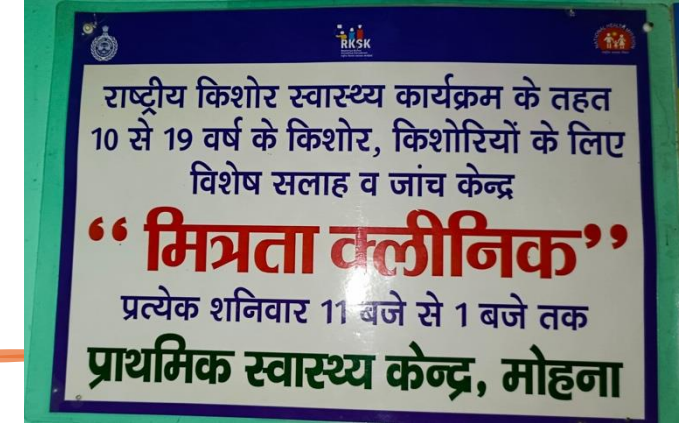
Ref- Defining Sexual Health”. 2006. Geneva: World Health Organisation.

http://www.who.int/reproductivehealth/publications/sexual_health/defining_sexual_health.pdf.

Reproductive health policy – Global level

- International Conference on Human Rights Declaration (1968) - Reproductive rights as human rights (Article 21/Puttaswamy judgement in India)
- WHO (1974) - Education and treatment in human sexuality
- World Development Report recommended implementation of an essential package of services for sexual and reproductive health (1993)
- 4th International Conference on Population and Development (1994) - universal access to reproductive health
- Millennium Development Goals (2000) – neglected sexual health
- Sustainable Development Goals (2015) - SDG Target 3.7 (universal access to sexual and reproductive health-care services)

India's Current efforts



- Adolescence Education Program (2003 – 2005) – withdrawn in 2007¹, reintroduced some parts in 2018
- Adolescent Friendly Health Centres (AFHCs) /ARSH – Poor functioning²
- Safe abortion (MTP)
- Menstrual Hygiene Management (MHM)
- Family planning
- Ante- and post-natal care
- Gender discrimination
- Sexual violence / Abuse
- HIV prevention
- Syndromic Mx for STI
- Peer educators – “Saathiya”

1. Nagaraj, Prabha. 2017. Interview for NHRC Study on Sexual Health and Well-being. In person. New Delhi

2. Ramakrishnan, L. 2017. Interview for NHRC Study on Sexual Health and Well-being. In person. Chennai.

Neglected or ignored areas

- Sexual health need assessment
- Medical education on sexual health disorders – diagnosis and treatment
- Training of health force
- Age-appropriate Comprehensive Sexuality Education
- Sexual Health **policy & specific programme**
- Education / Awareness Programme
- Sex is still considered as taboo
- Laws – prohibition of sexual gratification product under section 292 of IPC, safety & testing
- Sex Reassignment Surgery (SRS) and other gender affirming procedures
- LGBTQA+
- Lack of infrastructure in public health sector to provide sexual health care (e.g. manpower of counsellor, medicine, qualified manpower, devices)

Poor awareness among public

	Perceived at least one sexual disorder ¹	Screened using validated screening tool ²
Men	81%	21.2%
Women	82%	15.8%

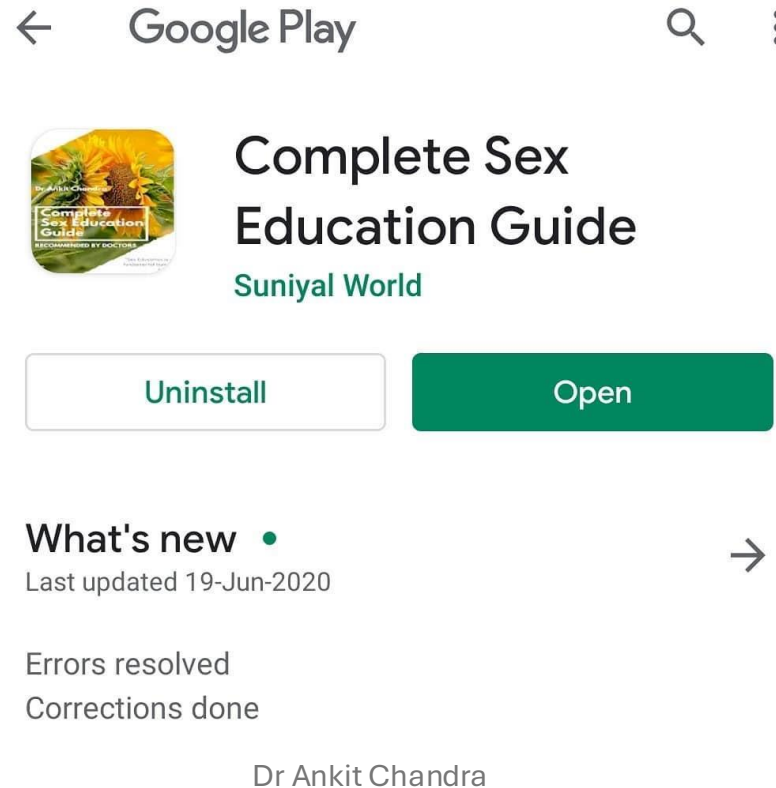
1. Singh AK, Kant S, Abdulkader RS, Lohiya A, Silan V, Nongkynrih B, Misra P, Rai SK. Prevalence and correlates of sexual health disorders among adult men in a rural area of North India: An observational study. *J Family Med Prim Care*. 2018 May-Jun;7(3):515-521.

2. Sathyanarayana Rao TS, Darshan MS, Tandon A. An epidemiological study of sexual disorders in south Indian rural population. *Indian J Psychiatry*. 2015;57(2):150-157.

FREE ebook “Complete sex education guide”



- **Reads / Downloads**
- English (2019) – 2 Lakh +
- Hindi (2021) – 1.5 Lakh+
- Malayalam (2022) – 50 thousand+



Importance of sexuality education

1. Reduces the sexually transmitted infections/HIV
2. Teenage and unwanted pregnancies
3. Prevents sexual abuse
4. Can reduce the number of sexual partners (risk factor for HPV, STDs)
5. Reduces early sexual activity

Ref- World Health Organization. *Sexual health and its linkages to reproductive health: an operational approach [Internet]*. 2017

Sexual health disorders in rural India

- Community based study
- 1529 individuals (787 female and 742 male subjects)
- Screening tool - Arizona Sexual Experience Scale
- Diagnosis - Premature Ejaculation Diagnostic Tool , Diagnostic and Statistical Manual of Mental Disorders IV

Ref - Sathyanarayana Rao TS, Darshan MS, Tandon A. An epidemiological study of sexual health disorders in rural India. J Psychiatry. 2015 Apr-Jun;57(2):150-7.

Male disorders (21.15%)	Females disorders (14%)
Erectile dysfunction (15.77%)	Arousal dysfunction (6.65%)
Premature ejaculation (8.6%)	• Female dyspareunia 2.34% • Female sexual aversion disorder (0.37%)
Male hypoactive sexual desire disorder (HSDD) 2.56%	• HSDD 8.87% • female anorgasmia 5.67%

Trained health staff ? - Quantity and Quality

Sexual disorder diagnosis and management related to -

- Desire
- Arousal
- Orgasm
- Painful sexual intercourse

Letter to the Editor

Neglected Sexual Health in India's Medical Education and Regulation: Time for a Change



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India has given Kamasutra to the world and hosts temples which promote sexuality in Khajuraho, Konark, Belu, and Halebidu. Yet, sexuality education is a forbidden terrain, and its façade can be seen only in a few documents. Various organizations and leaders have put herculean efforts to bring it into the education system of India, but it is still missing, especially from the lives of people who are in need of it the most. The Adolescence Education Program was launched in India between 2003 and 2005 through collaboration between Ministry of Human Resource Development and National AIDS Control Organization, and was implemented in schools along with life skills training by Central Board of Secondary Education and Kendriya Vidyalaya Sangathan. However, in 2007, due to conflicts and opposition by the gatekeepers, only traces of the program can be found in the current curriculum.¹ This not only resulted in continued ignorance among the population but also increased the public's resistance

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Successful public health interventions in India

Sonagachi Project in Kolkata

- Launched in 1992 by the All India Institute of Hygiene and Public Health
- To empower and protect sex workers and reduce their vulnerability to contracting HIV
- created social spaces for participation, community led projects and outreach, and organizing rallies and protests for rights and healthy behaviors.
- collaboration between government, non-government, and community-based organisations
- Works for around 60,000 male, female, and transgender sex workers based in brothels, streets, and hotels
- Strategy
 - Peer educators provide sexual health and HIV education to sex workers and madams
 - distribute condoms
 - STI/HIV clinics in and around the red light areas



Impact of Sonagachi Project

- In 1992, rates of consistent condom use with clients in the previous 2 months was 1%. By 2001, that figure had increased to 65%
- Prevalence of syphilis dropped during that period from 25% to 8.76%
- From 1992 to 1998, HIV prevalence among female sex workers decreased from 5% to 1%
- Identified as a World Health Organization (WHO) model project

Reference

1. Sonagachi Project – India. 2004. <https://www.comminit.com/content/sonagachi-project-india>
2. The Sonagachi Project: A Global Model for Community Development", *Horizons Report* May 2002

YUVA (Youth Unite for Victory on AIDS) program

- Plan of action prepared by India's Ministry of Youth Affairs & Sports (MYA&S) in collaboration with the National AIDS Control Organisation (NACO) and 7 local youth-oriented organisations
- Launched in June 2006
- Reach out to adolescents and youth in all parts of the country with HIV/AIDS prevention information and action messages
- Objective “AIDS prepared campus, AIDS prepared community, AIDS prepared country”

NACO Condom Social Marketing

- Launched in 2008 under phase III
- Objective – avoid risk of HIV and/or unwanted pregnancies
- Strategy – free distribution, focus on high risk area, social marketing, work on supply chain
- “Condom Man”
- Condom Vending Machines (CVM)
- Female Condoms (FC)
- Special Condom for MSM (Spice Up)





Doctor Near me



ENGLISH | हिन्दी



Let's Talk

Ask a question



Introduction

Love Matters is India's leading digital Sexual and Reproductive Health and Rights (SRHR) information platform catering to the needs of young people. We provide open, honest, non-judgmental and science-based information on love, sex and relationships using innovative media formats.

Love Matters

- Since 2011
- Sexual and Reproductive Health and Rights (SRHR) information platform
- Multiple languages
- Website
- **24X7 online helpline** on all things love, sex and relationship

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Successful public health interventions in outside India

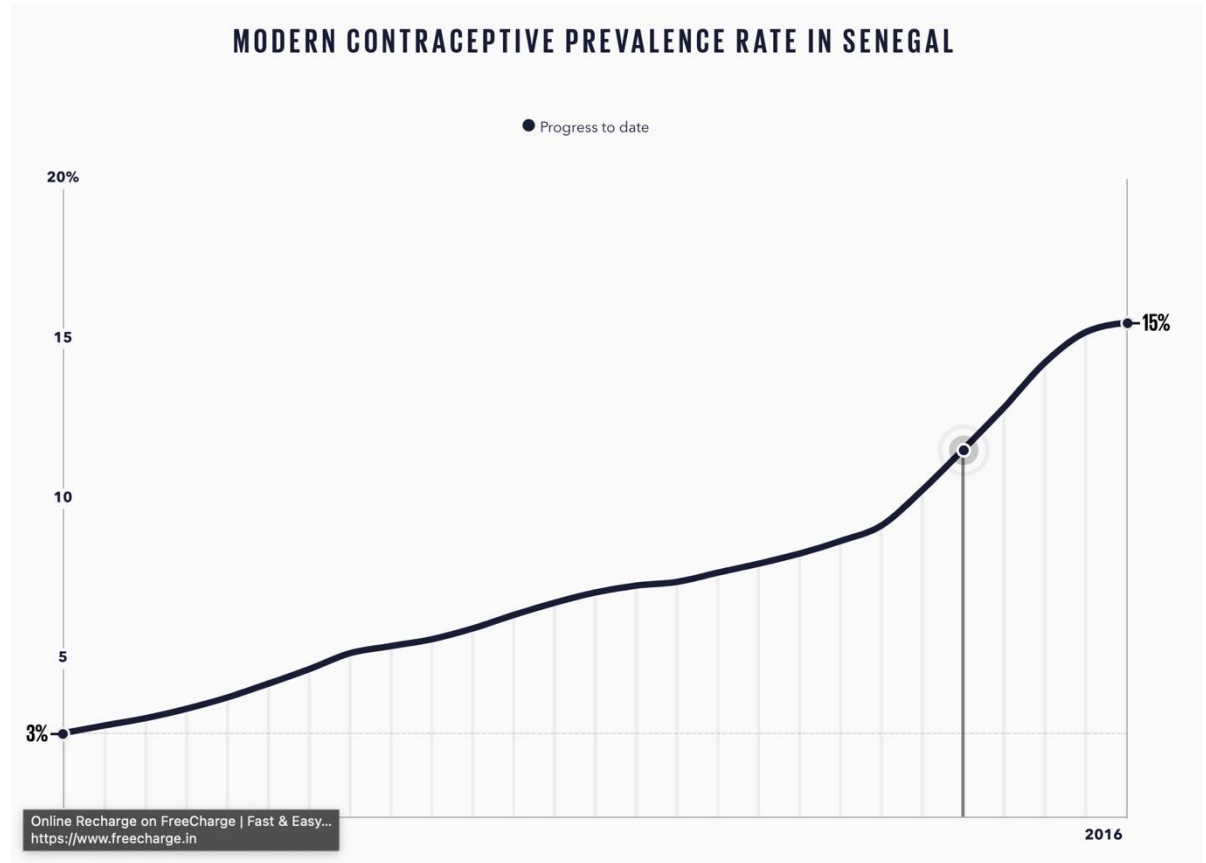
Thailand's “Condom King”

- Mechai Viravaidya, advocacy work in the '70s and '80s
- Increased the access to contraceptives
- Formed Population and Community Development Association (PDA) , that prodded a reluctant government to take on the issue aggressively
- fashioned the contraceptives into colorful hats, dresses, shirts, suits and other sartorial creations
- approach led to an 87% decrease in new HIV infections in the 1990s.





Imam Moussé Fall (right) leads a coaching session with religious leaders in Ziguinchor, Senegal.



Imams as Advocates for Family Planning initiative in Senegal

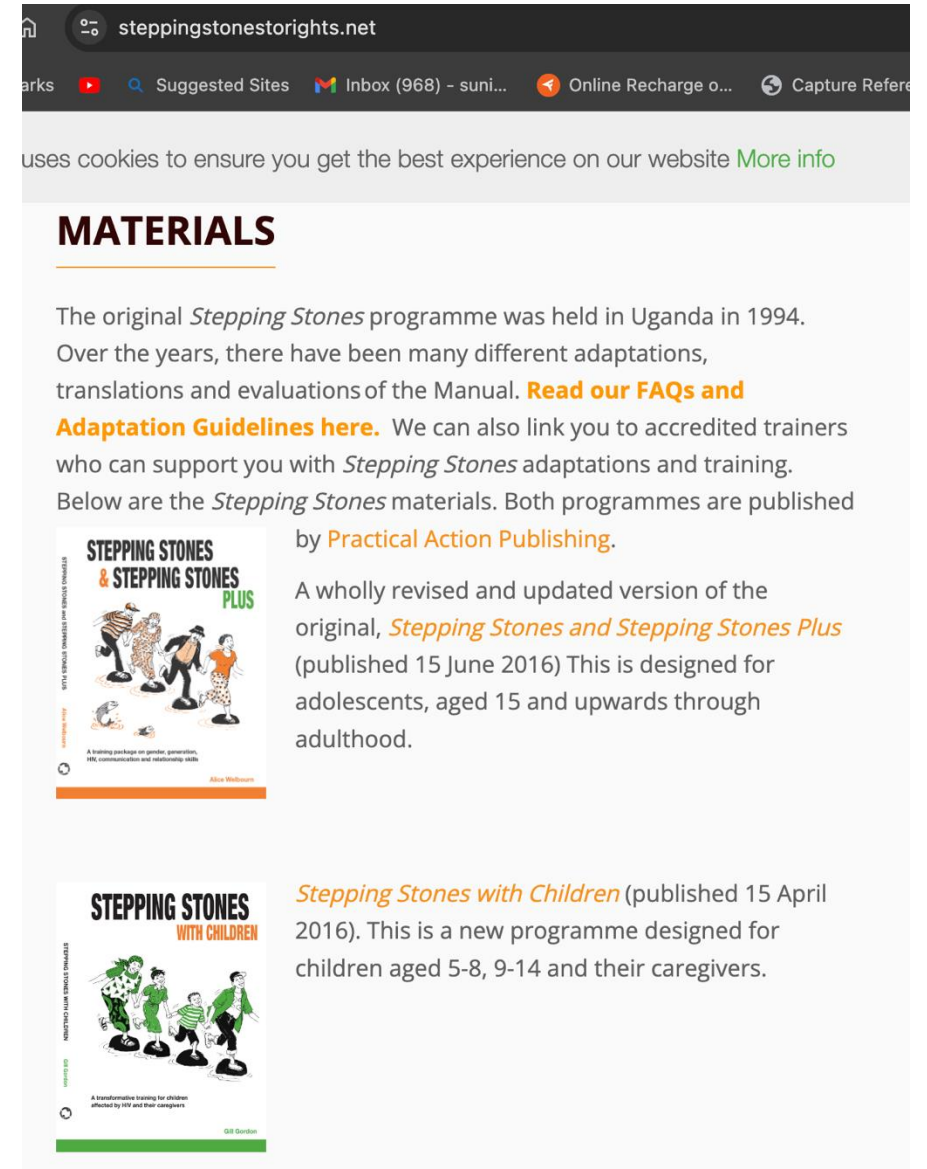
Ref - <https://www.gatesfoundation.org/goalkeepersreport2017/case-studies/family-planning-senegal/>

Stepping Stones" program in Sub-Saharan Africa

- Training package on gender, HIV, communication and relationship skills
- For adolescents aged around 15 or more
- Developed between 1993 and 1995, mainly in Uganda
- Significant reduction in women's experience of the combined measure of physical and/or sexual IPV in the prior three months from 30.3% to 18.9%
- Incidence of genital herpes (HSV-2) was significantly lower for men and women

Reference - <https://steppingstonestorights.net/>

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The screenshot shows the website steppingstonestorights.net. The browser's address bar and tabs are visible at the top. A cookie notice is present below the address bar. The main content area is titled "MATERIALS" in bold. The text describes the original *Stepping Stones* programme from 1994 and mentions various adaptations. It includes links to "Read our FAQs and Adaptation Guidelines here" and lists accredited trainers. Two materials are highlighted with images: *Stepping Stones & Stepping Stones Plus* (published 15 June 2016) and *Stepping Stones with Children* (published 15 April 2016).

uses cookies to ensure you get the best experience on our website [More info](#)

MATERIALS

The original *Stepping Stones* programme was held in Uganda in 1994. Over the years, there have been many different adaptations, translations and evaluations of the Manual. [Read our FAQs and Adaptation Guidelines here](#). We can also link you to accredited trainers who can support you with *Stepping Stones* adaptations and training. Below are the *Stepping Stones* materials. Both programmes are published by [Practical Action Publishing](#).

A wholly revised and updated version of the original, *Stepping Stones and Stepping Stones Plus* (published 15 June 2016) This is designed for adolescents, aged 15 and upwards through adulthood.

Stepping Stones with Children (published 15 April 2016). This is a new programme designed for children aged 5-8, 9-14 and their caregivers.

A Trial in Iran

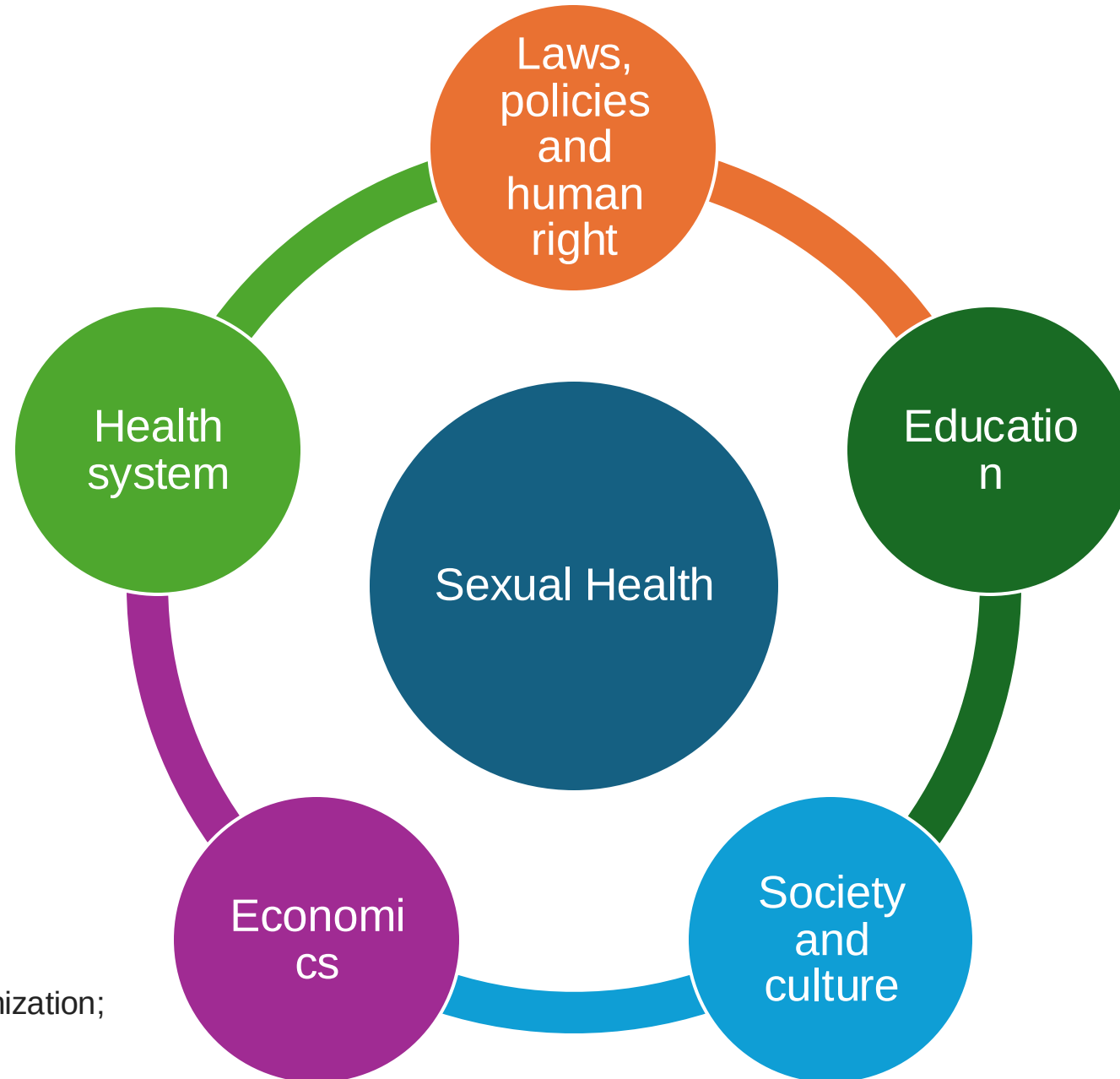
Table 2 Comparing the participants sexual function in the experiment group and the control group before and after (4 weeks) the implementation of the sexual education program

Sexual function (FSFI domains)	Mean±SD					P (ANCOVA)
	Control (n=52)		Experiment (n=51)			
	Before	After (4 weeks)	Before	After (4 weeks)		
Desire	3.71±0.77		3.48±1.03			0.001
Change from baseline to follow-up		0.03±0.77		0.68±1.11		
Arousal	4.18±0.94		3.88±1.12			0.001
Change from baseline to follow-up		0.23±0.91		1.01±1.20		
Lubrication	4.69±1.01		4.37±1.35			0.109
Change from baseline to follow-up		0.16±1.09		0.64±1.19		
Orgasm	4.89±0.88		4.58±1.09			0.013
Change from baseline to follow-up		−0.10±1.11		0.50±0.93		
Satisfaction	4.75±1.03		4.83±1.04			0.004
Change from baseline to follow-up		−0.01±1.17		0.42±0.82		
Pain	4.58±1.33		4.59±1.45			0.019
Change from baseline to follow-up		0.06±1.28		0.52±1.37		
Total score	26.81±4.28		25.74±5.56			<0.001
Change from baseline to follow-up		0.37±3.58		3.79±4.09		

****P<0.001 compared with baseline within the group (Paired ttest). ANCOVA=Analysis of covariance, FSFI=Female Sexual Function Index, SD=Standard deviation**

What needs to be done now ?

Multisectoral approach interventions



Reference - World Health Organization.
Developing sexual health programmes: A
framework for action. World Health Organization;
2010.

Policy, declaration, Programme



Mexico City World Congress of Sexual Health DECLARATION ON SEXUAL PLEASURE

The participants of the 24th World Congress of the World Association for Sexual Health:

RECOGNIZE that:

Sexual pleasure is the physical and/or psychological satisfaction and enjoyment derived from shared or solitary erotic experiences, including thoughts, fantasies, dreams, emotions, and feelings.

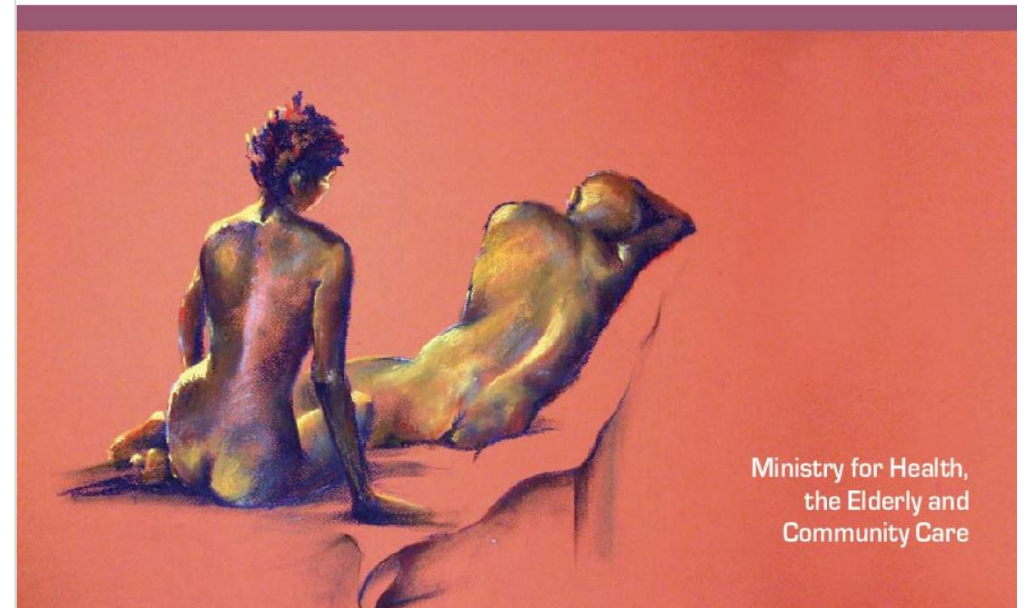
Self-determination, consent, safety, privacy, confidence and the ability to communicate and negotiate sexual relations are key enabling factors for pleasure to contribute to sexual health and well-being. Sexual pleasure should be exercised within the context of sexual rights, particularly the rights to equality and non-discrimination, autonomy and bodily integrity, the right to the highest attainable standard of health and freedom of expression. The experiences of human sexual pleasure are diverse and sexual rights ensure that pleasure is a positive experience for all concerned and not obtained by violating other people's human rights and well-being.¹

DECLARE that:

1. The possibility of having pleasurable and safe sexual experiences free of discrimination, coercion, and violence is a fundamental part of sexual health and well-being for all;
2. Access to sources of sexual pleasure is part of human experience and subjective well-being;
3. Sexual pleasure is a fundamental part of sexual rights as a matter of human rights;
4. Sexual pleasure includes the possibility of diverse sexual experiences;
5. Sexual pleasure shall be integrated into education, health promotion and service delivery, research and advocacy in all parts of the world;
6. The programmatic inclusion of sexual pleasure to meet individuals' needs, aspirations, and realities ultimately contributes to global health and sustainable development and it should require comprehensive, immediate and sustainable action.

The National Sexual Health Policy for the Maltese Islands

2010



Ministry for Health,
the Elderly and
Community Care

Action points for Improving sexual health in India

1. Sexual health in the medical curriculum (competent doctors and nurses)
2. Training of primary care physicians and nurses
3. Specific post-graduation course of Doctor of Medicine (MD)
4. Sex educators, counsellors
5. Laws and regulations for the sale of sexual health-related devices should be reformed (testing, safety and sales)
6. Sexuality education programme for public
7. Formation of sexual health policy, strategy and specific programme
8. Assessment and monitoring of sexual health needs

Thank You

Any Queries ?



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Social Media

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