

See discussions, stats, and author profiles for this publication at: <https://www.researchgate.net/publication/332539449>

# Complete SEX Education guide: Recommended by doctors (First edition)

Book · April 2019

---

CITATIONS

2

READS

141,396

1 author:



Ankit Chandra

AIIMS CAPFIMS

53 PUBLICATIONS 296 CITATIONS

SEE PROFILE

Dr Ankit Chandra



# Complete Sex Education Guide

RECOMMENDED BY DOCTORS

"Sex Education is a  
fundamental human  
right "

For hard copy of this book  
Drop an email at  
[suniyal3151@gmail.com](mailto:suniyal3151@gmail.com)

Dedicated to God,  
Parents & Teachers

## ABOUT THE AUTHOR

Dr Ankit Chandra has studied MBBS from Jawaharlal Institute of Postgraduate Medical Education and Research (JIPMER), Pondicherry. Currently, he is pursuing his MD from All India Institute of Medical Sciences (AIIMS), New Delhi (India). He completed his schooling from Sainik School Ghorakhal (SSGK), Nainital.

Author has always been academic and research oriented. He has written and published research papers in the national and international journals, articles in renowned newspapers. The author has written question banks for MBBS students and also provides health talks in schools/media on essential topics like – CPR, First aid, Sex education, Hygiene.

He also provides health education and study tips on his YouTube channel (Ankit

Suniyal vids) and in Facebook page (ankitsuniyalvids).



**For any questions / suggestions or review you can feel free to contact Dr Ankit Chandra.**

**Email ID – suniyal3151@gmail.com.**

## REVIEW OF THE BOOK BY DOCTORS

*“Very good and comprehensive” – Dr Rani Bang (SEARCH, Gadchiroli)*

*“Very comprehensive” – Dr Sonali Sarkar (JIPMER, Pondicherry)*

*“All the information provided is elaborate and apt for the current and future generations. Highly recommended” - Dr Shubham (UCMS, Delhi)*

*“Detailed. Expert take on a sensitive topic. It’s a must read for all age groups”*

– Dr Anvesh

*“Simple presentation and great by its content delivery” - Dr Sivaraman (JIPMER Pondicherry)*

*“Very useful for everyone, particularly for non-medical people” - Dr Farzana (Jamia Hamdard, Delhi)*

*“Myths explained very well” – Dr Dhirendra*

*“Encyclopaedic view of a topic, which is still a taboo in India. A must-read book” – Dr Harshit*

*“Interactive, illustrative, straightforward and provides whatever you want to know”*

– Dr Anil

*“All information at one place, fluid language, will recommend to all” – Dr Monisha*

## AUTHOR'S NOTE

I believe that sex education (sexual health) should be based on scientific knowledge, freely and easily accessible to everyone and to be comprehensive. We often underestimate the benefits of sex education (sexual health). With the advent of mobile, internet and TV, it is very difficult to keep a child unexposed to the sexual content or sex education. It's the utmost need for every child to have a safe childhood. Unfortunately, even adults of our society lack basic knowledge about sex education.

***"Little knowledge or false knowledge is always dangerous"***

This book is about providing knowledge from a reliable and scientific source. This book is made to answer the curious minds, who are searching for answers on internet/digit media. This book is useful for school and college students, teachers, parents, guardians, NGOs, health professionals.

The inception of this idea originated while planning a sex education talk for students with Captain Rohit Dwivedi (Ex-principal of SSGK) in May 2017. I express my gratitude to the people who gave their precious time and suggestions to improve this book through their reviews.

- Dr Rani Bang (SEARCH, Gadchiroli)
- Dr Sonali Sarkar (JIPMER, Pondicherry)
- Dr Yogesh Kalkonde (SEARCH, Gadchiroli)

I heartily thank my dear friends for their selfless and prompt help in the completion of this book; Dr Monisha, Prashant, Rohit, Suhasini, Dr Anil, Dr Anvesh, Dr Harshit, Dr Ritwik, Dr Rahul, Dr Radhika, Ankit.

I would like to thank the Centre for Community Medicine (CCM), AIIMS, New Delhi and also to my colleagues/seniors; Dr Aditi, Dr Aninda, Dr Archismita, Dr Surabhi, Dr Vignesh L, Dr Ravi, Dr Vignesh D, Dr Bhabani.

I would like to thank everyone who gave me suggestions, questions and topics to add in this book anonymously through the google forms. I am indebted to you for this.

**Don't forget to share this book with others and help them.**

**#SpreadKnowledge**

## TABLE OF CONTENTS

<i>About the Author</i> .....	3
<i>Review of the Book by doctors</i> .....	4
<i>Author's note</i> .....	5
<i>Sex education – need and benefits</i> .....	7
<i>Family</i> .....	10
<i>Friendship, Love and Romantic relationship, dating</i> .....	12
<i>Privacy (Good Touch vs. Bad Touch)</i> .....	19
<i>Female sexual health – anatomy and common doubts</i> .....	22
<i>Male sexual health – anatomy and common Doubts</i> .....	32
<i>Puberty and common doubts</i> .....	43
<i>Menstruation (periods), Hygiene and common problems</i> .....	51
<i>Masturbation and common doubts</i> .....	63
<i>PORNography</i> .....	70
<i>Sexual intercourse and common doubts</i> .....	73
<i>Pregnancy, Abortions – common doubts</i> .....	90
<i>Contraception, condoms</i> .....	103
<i>Sexually transmitted infections/diseases (STI/STDs)</i> .....	110
<i>Human immunodeficiency virus (HIV) / AIDS</i> .....	113
<i>Sexuality, LGBTQ and common doubts</i> .....	119
<i>Sexual rights</i> .....	124
<i>Cyber bullying &amp; cyberstalking</i> .....	125
<i>Sexual abuse, Harassment, Rape</i> .....	128
<i>Finding Help And support In India</i> .....	135
<i>Laws in India against sexual abuse</i> .....	136
<i>Mental Health</i> .....	138
<i>Peer influence, Decision making</i> .....	141
<i>Tips and advices For Parents or Guardians</i> .....	144
<i>Extra Q &amp; A</i> .....	152
<i>To Explore More</i> .....	155
<i>Reference / Bibliography</i> .....	156

## SEX EDUCATION – NEED AND BENEFITS

In most of the places sex education is never taught or discussed, most of the parents don't want their child to know about it and teachers don't teach it in school. With the advent of mobile, internet and TV, it is very difficult to keep a child unexposed to the sexual content or sex education. When a child feels this subject as forbidden, he/she feels more curious to know about it and the only source left to him is his/her friends or the internet. An unreliable source can lead to misguidance and formation of wrong beliefs, which can be harmful or dangerous.



A study on child abuse in **India** conducted by the Ministry of Women and Child Development reported that 53% of boys and 47% of girls faced some form of **sexual abuse**.

**Dr Facto<sup>1</sup>:**



United Nations International Children's Emergency Fund (UNICEF) household survey data indicate that in developing countries (excluding China) around 11% of females and 6 % of males aged 15–19 claim to have had sex before the age of 15. To stay healthy and safe, adolescents need access to high quality sexual and reproductive health services and information from an early age.<sup>2</sup>



**Q) What the World Health Organization (WHO) say about it?**

A) WHO in 1994 declared sex education a fundamental human health right and an Important Quality of Life Health Issue. The sex education is also called 'reproductive health education' or 'sexual health education' or 'sexuality education'.

**Q) What is 'sexual health'?**

A) World Health Organization(WHO) defines sexual health as "*the integration of the somatic, emotional, intellectual, and social aspects of sexual being, in ways that are positively enriching and that enhance personality, communication, and love.*"<sup>3</sup>

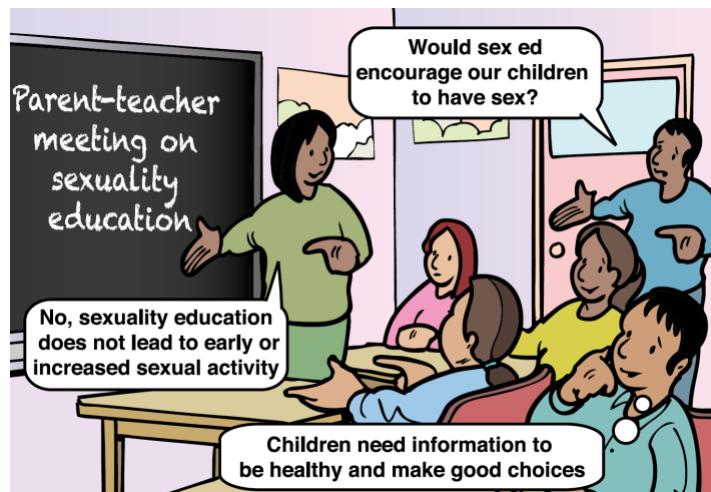
### **Q) What is the purpose of ‘sex education’?**

A) The real purpose behind family life and sex education is the transfiguration of a male child into manhood and of a female child into womanhood.<sup>4</sup> It aims to teach the roles and responsibilities of males and females toward each other in all relationships in familial and social contexts, thus endowing the knowledge necessary to maintain sexual health as they navigate through the vulnerabilities of life.<sup>5</sup> During adolescence (10–19 years of age), sex education is a crucial preventative tool, as it is the opportune time when young people experience developmental changes in their physiology and behaviour as they enter adulthood.<sup>5</sup>

### **Q) Benefits of sex education**

A) World Health Organisation (WHO) has reported the benefits of sex education as<sup>5</sup>

- Delays initiation of sexual activity
- Reduction in unplanned and early pregnancies and their associated complications
- Fewer unwanted children
- Reduces risks of sexual abuse/exploitation
- Greater completion of education and later marriages
- Reduces recourse to abortion and the consequences of unsafe abortion
- Curb the spread of sexually transmitted diseases including HIV
- Increases the use of condoms/contraception
- Reduces risk-taking behavior
- Decreases number of sexual partners



### **Q) Who can provide sex education?**

A) Ideally, home is the best place for teaching sex education (sexual health) and the attitude of parents is of vital importance.<sup>4</sup> In this book, tips and advice are given for parents and guardians in a separate chapter. Sex education can be provided by any qualified person (like biology teacher, doctor, health professional) rather than friends or by a wrong source (who are a novice in science). In most of the countries, sex education is an essential component of the school curriculum, where it is taught by a teacher/qualified person. But still in few places, the word 'sex' itself is a taboo and cannot be discussed openly. People have a narrow sense that sex education is a mere explanation of the anatomical and biological difference. Many psychologists believe that sex education begins at an early age and continues throughout the life of an individual.

### **Q) Arguments/misconception against sex education<sup>4</sup>**

<b>Arguments (misconception)</b>	<b>Explanation (truth)</b>
Sex education is against our culture & beliefs. It may corrupt the youth and offends 'Cultural/Moral values'	Even sati & child marriage was also present in our culture. Things keep changing/evolving with the time.
If students are given sex education, then they may start experimentation. It may lead to promiscuity, experimentation and irresponsible sexual behaviour	Generally, people experiment to explore the things they don't know. If we give sex education to students, then they will become more cautious and may not experiment. We need to trust them and let them make decisions for themselves. Research have shown that the benefits outweighs the risks of sex education. If this education is hidden then exploring through wrong source is more dangerous.
Sex education can't be discussed at school	Sex education is purely a science, this is also imparting knowledge to the students. There is nothing to be ashamed or embarrassed about it.

## FAMILY

Family is usually defined as a group of people living together who are related by blood, marriage or adoption, living together and shares meals from a common kitchen.<sup>6</sup> There are various definitions available and used. There are different types of family like - nuclear, extended, single parent, guardian headed, etc.

Growing up means taking responsibility for oneself and others



### Q) What is the Role of Family?

A) Following are the important roles of a family -

1. It provides resources like money, food, clothing, and shelter, for all family members (a most basic and important role).
2. Nurturing and supporting other family members is primarily an effective role and includes providing comfort, warmth, and reassurance for family members.
3. Provides physical, emotional, educational and social development of children and adults.
4. Marital relationship of a couple has a sexual relationship. This role involves meeting sexual needs in a manner that is satisfying to both spouses.
5. Building leadership, decision making, handling family finances and maintaining appropriate roles with respect to extended family, friends and neighbours.
6. Parents/guardians and other family members help children acquire values and guide and support their children's decisions.
7. Siblings, parents/guardians or extended family can provide support to a young person who discloses or shares information related to sexual relationships or health.
8. Families can overcome challenges when they support one another with mutual respect.

9. Health and illness can affect families in terms of their structure, capacities and responsibilities.



Love, cooperation, gender equality, mutual caring and mutual respect are important for healthy family functioning and relationships

### **Marriage and Parenting**

**Marriage** is the legally or formally recognized union of two people as partners in a personal relationship. Marriage is the indispensable event in an individual's life and carries with it many responsibilities. Marriage and long-term commitments can be rewarding and challenging. Marriage has been an important social institution. *It is the foundation of the family.* The functions of marriage include regulation of sexual behaviour, reproduction, nurturance, protection of children, socialization, consumption, and passing on of the race.<sup>7</sup>

**Parents** - Some people may want to become parents; some people may not want to; not everyone is able to become a parent, and some people may have become a parent without wanting to. There are many factors that influence. People become parents in various ways (e.g. intended and unintended pregnancy, adoption, fostering, with medical assistance and surrogacy) and parenthood involve many different responsibilities. Child, early and forced marriage (CEFM) and unintended parenting can lead to negative social and health consequences.



Conflict and misunderstandings between parents/guardians and children are common, especially during adolescence and are usually resolvable

Miss Smarty

## FRIENDSHIP, LOVE AND ROMANTIC RELATIONSHIP, DATING

**Friendships** are built on trust, sharing, respect, empathy and solidarity. Friends can influence one another positively and negatively. Good friends will always care for you and may show you the correct path in life. There may be those who will become friends with you for their personal need or with some different intentions. So, you have to be careful while selecting your friends.

### Adolescent friendship<sup>8</sup>

Healthy friendships matter across the life course. There is some evidence that healthy adolescent friendship contributes to healthy long-term outcomes, such as physical activity, better mental health. Furthermore, difficulties forming a healthy friendship in early adolescence can lead to trouble forming a healthy friendship in late adolescence and adulthood. There are numerous difficulties adolescents can encounter in the process of making, keeping and deepening friendships. Struggling to make friends is not unusual, and parents and other caring adults can help adolescents build the skills needed to make friends.



#### Q) Can girls and boys be best friends?

A) Of course, they can. Girls and boys can be very good friends with each other as long as they respect each other and maintain privacy. It's also good to have a friend of opposite gender which provides you a different perspective in life.



#### Q) Tips to make friends

A) Some friends are good for having a laugh with, or sharing your favourite hobbies. And other friends can be there when you want to pour your heart out. The number of friends you have isn't important. What matters is having friends that you're close to, who

can support you and who won't try to hurt you or bully you. Be careful while choosing your friends, because a good friend will always care for you. A good friend will help you succeed and guide you in the correct direction. While a bad friend may cause trouble for you. Here are some tips to make friends-

1. Look out for people who have similar interest and hobbies. Most of the friendships start because people have things in common.
2. Go out and meet them. Sometimes we get busy in our schedule that we don't get time to meet and talk with people. So, you can meet people in some groups, get-together, party, etc.
3. You can always start a conversation by introduction/greetings or by asking - how are you? Never be shy of talking, be confident and have a smiling face.
4. It is also very important to be a good listener.
5. Give them a compliment. Don't be a miser in it. You can always compliment your friend about his/her looks, style, intelligence, clothes, skills, humour, etc.
6. Not everyone can be the same as you. Everyone is different, so accept others as they are. Don't try to change them.
7. Always share your food/meals or belongings with your friend. Sharing is caring.
8. A person who helps others has lots of friends, who will help him back later.
9. Be a loyal and trustworthy person.

**Relationships** involve different kinds of love (e.g. love between friends, love with parents, love between romantic partners) and **love** can be expressed in many different ways. Friendship and love help people to feel positive about themselves. There are different ways to express affection and love as one matures. There are healthy and unhealthy relationships.

#### Q) Tips to deal with “Name Calling”?

**A)** Calling names (using abusive language/insults) are common during adolescence. Here are some tips, you may select any one according to your comfort -

1. Ignorance can be a bless. Avoid interacting or looking toward the teaser's direction.

2. Be calm and don't respond – as eventually teasers will lose interest and will stop.
3. Turn the tables – confront the teaser with confidence.
4. Ask for help – If needed then approach your parents, teachers, friends, etc.

**Q) What are healthy and unhealthy relationships <sup>9</sup> ?**

A) The person feels safe, secure and happy in a healthy relationship. In an unhealthy relationship, the person feels unsafe, stressed or harassed, unhappy. Here are some signs of healthy and unhealthy relationships -

<b>Healthy relationship</b>	<b>Unhealthy relationship</b>
<ul style="list-style-type: none"> <li>- Partners treat each other with respect and provide space</li> <li>- Partners communicate</li> <li>- Partners practice effective problem-solving</li> </ul>	<ul style="list-style-type: none"> <li>- One partner is controlling, makes all the decisions, and tells their partner what they can or cannot do</li> <li>- One partner is hostile, picks fights, or is dishonest</li> <li>- One partner is disrespectful, makes fun of their partner, or crosses boundaries</li> <li>- One partner is completely dependent on the other or loses a sense of their individual identity</li> <li>- One partner intimidates or controls a partner using fear tactics</li> <li>- One partner engages in physical or sexual violence</li> </ul>

**Romantic relationships** can be strongly affected by inequality and differences in power (e.g. due to gender, age, economic, social or health status). Close romantic relationships can sometimes become sexual. So, one needs to be careful.

**Q) Infatuation vs. Love vs. Lust**

A) **Love** and **infatuation** are both intense emotions that one feels for another person. These feelings are most often confused for each other by many people. But the two

feelings differ in their actuality of love, intensity and the final outcome. **Lust** is defined as a strong desire of a sex. The definition of these words may differ from person to person. Love itself is a topic of interest for many writers, philosophers, etc.

<b>Infatuation</b>	<b>Love</b>	<b>Lust</b>
It is the state of temporary attraction toward someone, usually occurs at the beginning of the relationship.	It can be described as a feeling of intense affection for another person. Falling in love is usually a gradual process. It happens over time and deepen with the passage of time.	Any intense desire or craving for gratification; when contrasted with love, lust usually means sexual desire.
Takes off fast and can leave feelings of emptiness.	It is a type of commitment to another. In this, a person really cares about another person's feelings before acting.	It can result in sexual frustration and emotional rigidity, when need is unsatisfied of one partner
Infatuation is delusional. Not real.	<b><i>Love is unconditional and real (natural). It is all about patience (waiting), giving freedom &amp; respecting each other and being truthful.</i></b>	It is a temporary commitment that lasts only long enough to fulfil a desire.



If someone motivates you to engage in sex to prove your love or anything, then it is an indication of an attempt to selfishly fulfill one's desire and doesn't reflect true love.

Miss Smarty

### Q) What is a 'crush'? 😊

A) Informally a 'crush' is a sort of an attraction for a person; whether for looks, intelligence, skills or anything. When you have a crush on someone, it means that you find that person

very attractive; or you have a strong desire for that person. Eventually, it may grow into love or it may diminish in time. People often perceive crush as an infatuation.

### Q) What is dating?

A) With the decline in arrange marriage, a new practice has developed called 'Dating'. It is the freedom to choose one's own mate through meeting and getting to know each other. It is usually done by mature adults, as dating is to find a partner for marriage or for an intimate relationship.



These days with the advent of technology, people have started using **smartphone applications and websites** to find a partner for dating. There are various applications and websites available depending upon the person's sexuality and needs. A person should be very careful with dating through social media or internet, as there are lots of strangers with fake profile. These people with wrong intentions use this platform (social media/dating platforms) for kidnapping, blackmailing, sexual assault, phishing, data theft, human trafficking, etc.

### Q) What is 'dating violence'<sup>10</sup>

A) Dating violence can be emotional, physical, or sexual. Dating violence also includes stalking. In any form of dating violence, a person should seek for help from parents/guardians, friends or authority. If needed, you can always take help of police and legal system.

1. **Emotional violence** is when one partner threatens the other or harms his or her sense of self-worth or self-esteem. Emotional violence includes things like calling names, behaving in a controlling or jealous way, monitoring the other person constantly, shaming, or bullying. Emotional violence also happens when someone keeps the other away from friends and family.
2. **Physical violence** is when someone pinches, hits, shoves, slaps, punches, or kicks their partner.

3. Sexual violence is when someone forces a partner to have sex or engage in sexual activities when he or she does not or cannot consent. Force can be physical or nonphysical. An example of nonphysical violence is when someone threatens to spread rumours if a partner refuses to have sex.
4. Stalking is any form of repeated and unwanted contact that makes a person feel unsafe.

### Q) What is a ‘breakup’ and how to cope-up with it?

A) Breakup means termination or end of a relationship. Sometimes it is also called as ‘dumping’ in slang when it is initiated by one partner. There could be various reasons for a breakup and most of the people experience it at some point in time. Some people can easily cope up with it as a part of a relationship but some people can experience devastating effects.



“sometime good things fall apart, so that better things can fall together” – Marilyn Monroe

Everyone has a different coping mechanism. If a method works for somebody, that doesn't mean it may work for you. Here are some ways to deal with it -

1. Try to deal with it maturely. A person is very vulnerable to addiction, depression, suicide, etc. We have to understand that these things are temporary. You have to think about your career, parents and friends. Appreciate the things what you currently have in life. Don't take any steps in the heat of the moment.



Remember that time is the best healer, with time everything heals.

Miss Smarty

2. Talk about it with friends or family, A support is needed.
3. Let your emotions - cry, sob, write, shout etc. crying is a normal emotion.

4. Indulge in some activities to divert your attention - Go out for a movie, party, swimming, sports, dancing, read a book, etc.
5. You can also get involved in spirituality or meditation.
6. Try to look at the positive side of it and every failure is new learning.
7. If needed then, don't be scared to take professional help.

Love is not about gaining always, it's also about letting the person go.  
Somethings are not in your control.



Miss Smarty

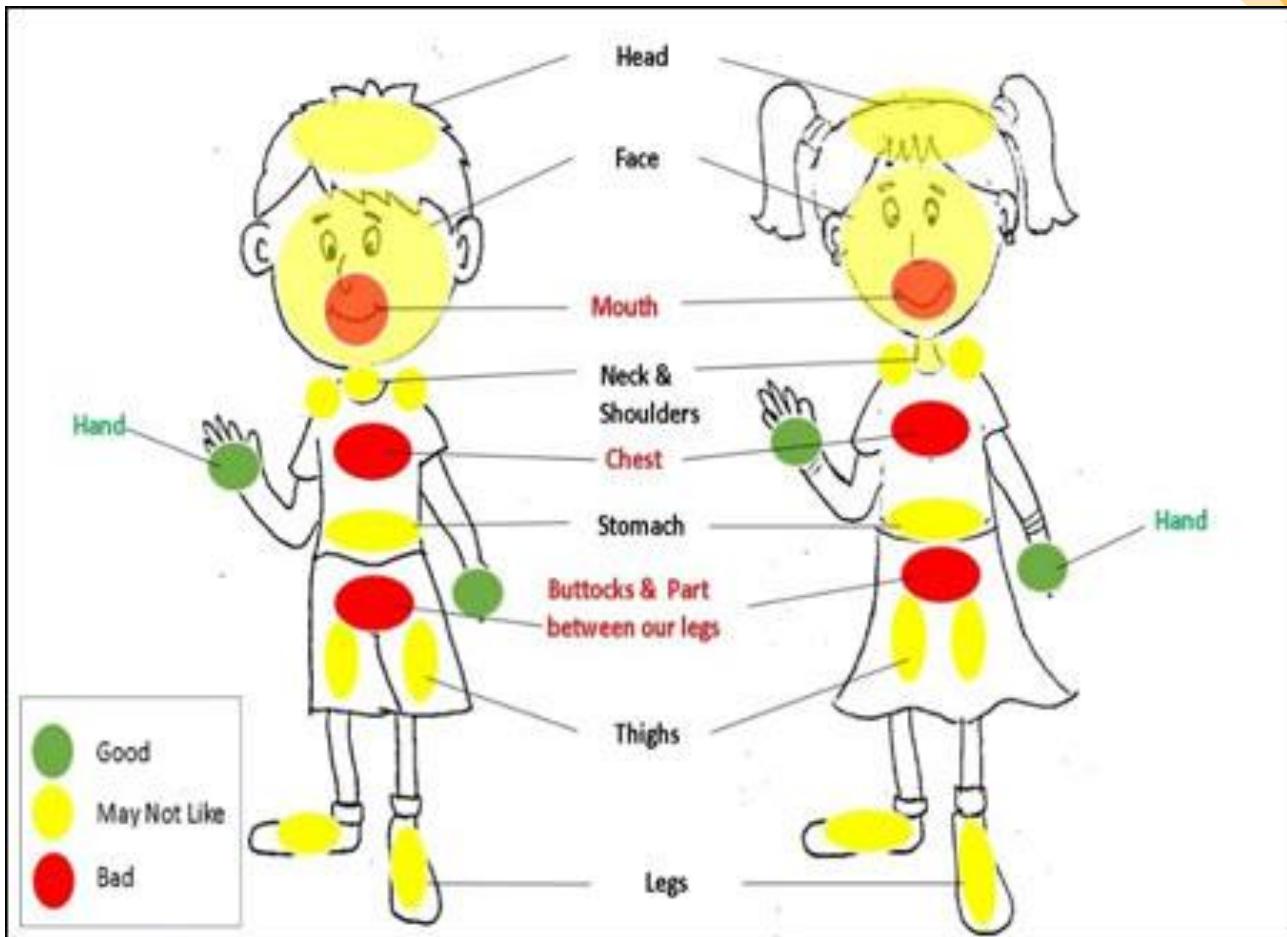
## PRIVACY (GOOD TOUCH VS. BAD TOUCH)

Everyone has the right to decide who can touch their body, where and in what way. During puberty, private space becomes more important for both boys and girls, particularly while accessing to toilets for girls. Unwanted sexual attention towards both boys and girls is a violation of privacy and the right to decide about one's own body.

### Q) Good Touch vs. Bad Touch

A) Here are the differences between a good and bad touch, which should be taught to every toddler to protect them from any form of assault.

Good Touch	Bad Touch
This touch doesn't scare you or doesn't make you uncomfortable	This touch can make you feel scared or uncomfortable
It's not there on the private parts, it is mostly on hand or shoulder.	It can be there on your private parts like – genitals, hips, lips, chest
It is never told to keep it as a secret	It may be told to keep it as a secret
It is never forceful or hurting	It may be forceful or hurting
Example – parents hug, grandparents love, family hug, handshake, high five	Example – touching or patting on lips, chest, groin, mouth
You may not report about it.	You need to say 'No' to it and report this immediately to the concerned authority or parents or a trustworthy adult.



### Q) Examples of good and bad touch

Example of Good touch	Example of Bad touch
Hugs and kisses from parents and others you know and trust.	Hugs and kisses from people we don't know or don't like or makes you feel sad or unhappy
A doctor or nurse who is trying to make you better when you are sick or another trusted individual who is helping you in some way	When someone kicks, hits, punches or slaps.

### Q) Who can touch or see your private parts like groin, breast, buttocks, etc.?

A) Parents or Medical health professionals (like a doctor, nurse, etc.) who is trying to get you better can touch or see the private parts with your consent. For a child less than 12 years, the consent of a parent or guardian is required for a medical examination in India.



Never agree to keep a touch as a secret. Tell someone you trust.  
Whoever gives you a bad touch is the one who is bad, not you.  
Your body belongs to you.

Miss Smarty

**Q) What is a consent?**

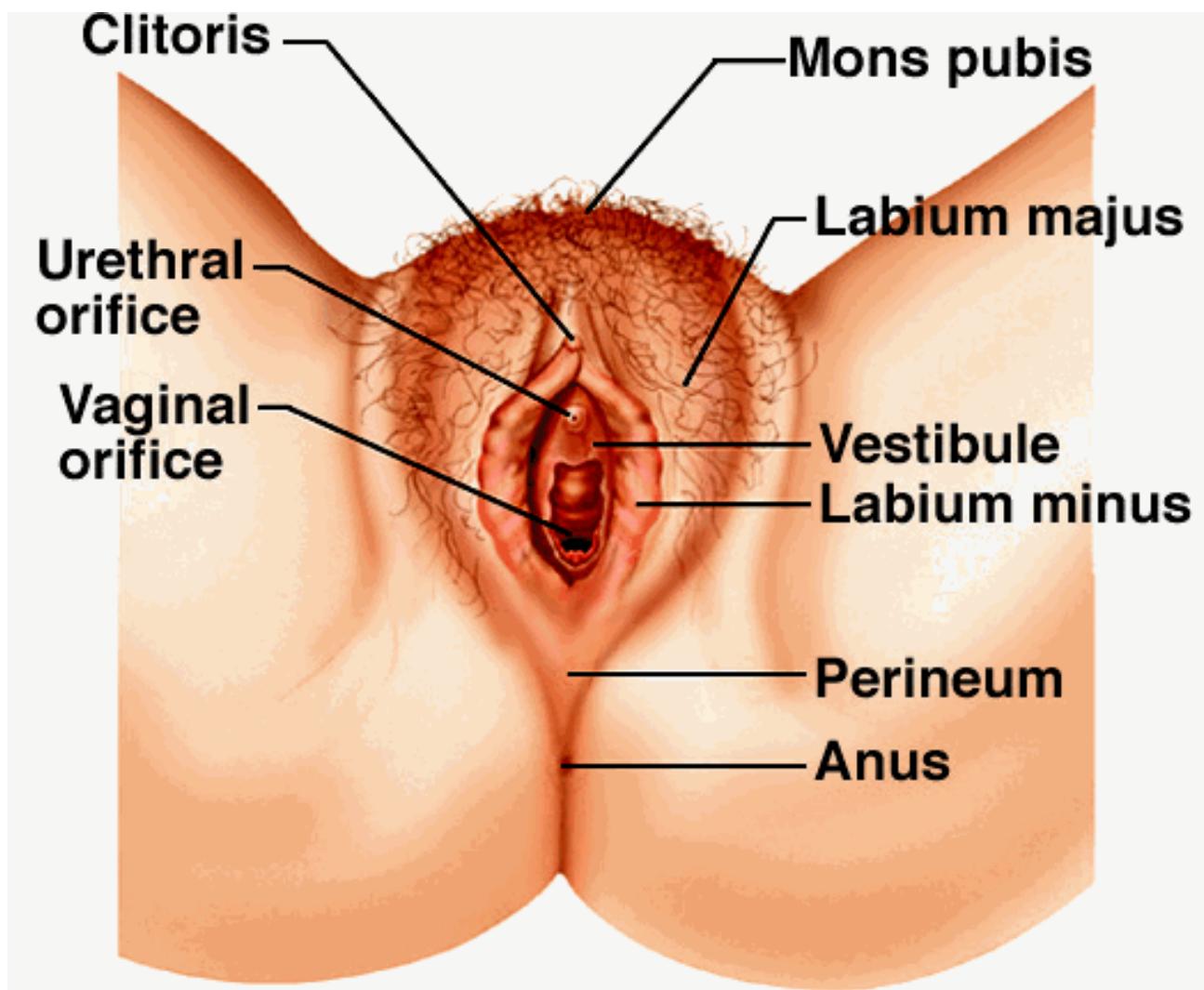
A) Consent is a permission or agreement for something to happen. It is always required before any physical touch or invading into someone's privacy. A person has full power to refuse for any touch. It can be in written form (better) or in verbal form.



## FEMALE SEXUAL HEALTH – ANATOMY AND COMMON DOUBTS

### Female External Genitalia -

A female's external genitalia may not be clearly visible, as it lies between thick fold of skin / vulva.

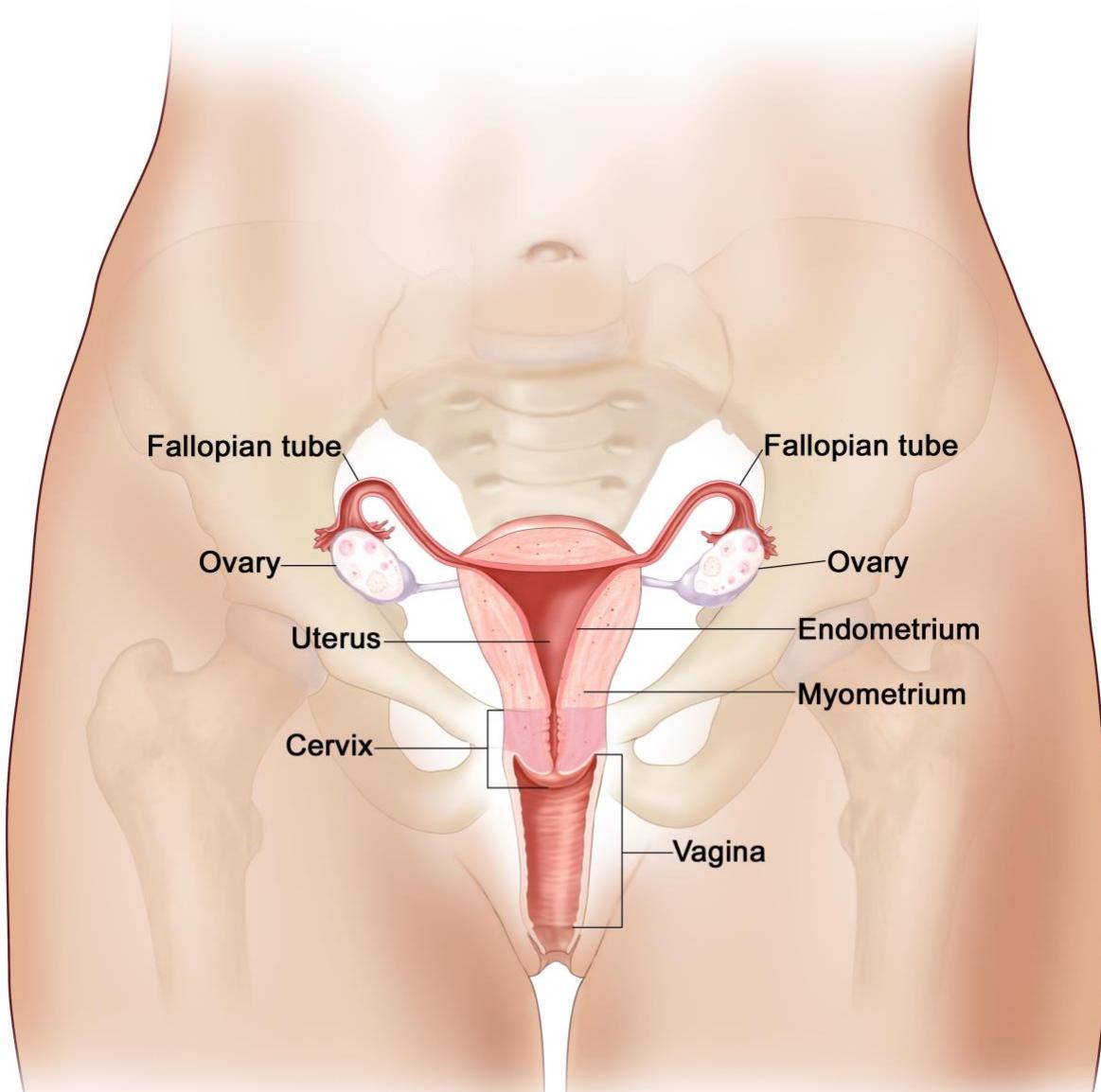


- Urinary opening (urethra orifice) is just in front of the vaginal opening to pass urine.
- Vagina is an opening for passage of sexual fluids, menstrual fluids, birth of baby (after pregnancy). It is very elastic, stretchy and muscular.
- The clitoris is a tiny (about the size of a small pea) structure hidden within the folds of the inner lips where they join. It is extremely sensitive to touch and when stimulated gently becomes firmer and slightly bigger. Its main role is for sexual pleasure.
- Anus is an opening between buttocks to defecate/pass stools.

- Just like different people have differently shaped hands and faces. The outer lips, clitoris and vagina may differ in size, shape and colour from female to female.

The female reproductive system consists of a pair of ovaries along with a pair of oviducts, uterus, cervix, vagina and the external genitalia located in the pelvic region.

### **Female Reproductive System**



- Vagina is made up of very stretchable muscle, which has lots of folds in the resting form and the length is approx. 4cm. To accommodate the penis, the vagina can stretch up to 10 to 12cm.
- Vagina doesn't have any secretory glands but it has secretions from the cervical gland & Bartholin glands. These secretions help in lubrication during sexual intercourse.

- There are 2 ovaries on either side of the uterus, with the onset of puberty they release of an ovum (called ovulation). Ovulation starts on or near 14<sup>th</sup> days after the 1<sup>st</sup> day of menstrual bleed. ovulation occurs every month from the alternate ovary after reaching menarche age.
- Uterus (womb) is a muscular organ, where a fertilised ovum is lodged and the fetus develops in case of pregnancy.
- The mouth (opening) of the uterus is called as **cervix** and the inner layer of uterus is called as ‘endometrium’.

**Q) What is a ‘Hymen’?**<sup>11</sup>

A) Hymen is a very thin elastic membrane, partially covering the vagina opening. It varies in shape (annular, crescentic, septate, etc.). The hymen is often torn during the first coitus (intercourse). However, it can also be broken accidentally, by vaginal tampon use, masturbation or due to vigorous exercise. In some women, hymen can persist even after sexual intercourse. These days hymen can be also reconstructed by surgeries.



*The presence or absence of the hymen is **not an accurate indicator of virginity** or sexual experience.*

Dr Facto<sup>11</sup>

**Q) What is ‘Imperforate Hymen’?**

A) Normally the hymen has an opening (orifice) for the passage of menstrual blood. Rarely, when this opening is not present then it is called as ‘Imperforate Hymen’. In this, the menstrual blood doesn’t come out of vagina and the female (after reaching the menarche age) complaints of absence menstruation. This is usually diagnosed by a Doctor (Gynecologist) and can be easily treated.

**Q) Why to never put water inside the vagina or never wash the vagina from inside?**

A) Vagina has self-cleaning mechanisms. Therefore, **never wash the vagina from inside with water or any chemical**, as it can wash away the good bacteria (*lactobacillus*) and disrupts the healthy vaginal pH.

### **Q) How to maintain female genital hygiene?**

A) If genital hygiene is not followed then there are higher chance of infections and diseases. These instructions to be followed to maintain genital hygiene -

1. Wash genitals from outside daily with water. Don't use any soap, antiseptic, deodorants or any chemical in the genital region.
2. Don't put water inside the vagina. The vagina doesn't need any special cleaning. Vagina cleans by itself. If these good microorganisms (bacteria) are washed away with water or anything, then there are high chances of growing bad bacteria.
3. While washing anus after defecation (shitting), wash it from front-to-back direction (in a motion away from the vagina), to prevent infection spreading from anus to vagina.
4. Change underwear regularly (at least once a day) and avoid synthetic underwear.
5. Wash underwear carefully to make sure you wash off all the soap/detergent from it.
6. Dry underwear in the sun. As sunlight kills the germs.
7. Do not put any unclean, sharp-edged objects into the vagina. It may cause bleeding, injury, infection, etc.
8. Do not touch your genitals with dirty hands. Keep your nails short so you don't hurt yourself.
9. Don't put the powder in your underwear but keep the genital area dry to avoid any fungal infection.
10. During the menses, use a sanitary napkin(pad) and change it every 6-8 hourly.

### **Q) What is healthy and unhealthy vaginal discharge?**

A) Normally, vagina cleans itself and there are cervical secretions also that could present as vaginal discharge. So, it is important to know how to differentiate healthy vaginal discharge with unhealthy



discharge. Always consult a doctor in presence of unhealthy vaginal discharge for treatment.

<b>Healthy vaginal discharge</b>	<b>Unhealthy vaginal discharge</b>
<ul style="list-style-type: none"> <li>- Clear or whitish in colour</li> <li>- A slight odour that is not strong smelling</li> <li>- Can leave whitish/yellowish tint in underpants</li> <li>- Changes in consistency throughout menstrual cycle</li> <li>- mostly present during ovulation period (10<sup>th</sup>-17<sup>th</sup> days) of a menstrual cycle</li> <li>- It can be also present, when a woman is sexually excited</li> </ul>	<ul style="list-style-type: none"> <li>- May appear green, grey, yellow or cheesy white in colour</li> <li>- May present with itching</li> <li>- May have a strong purulent smell</li> <li>- May look foamy or frothy</li> <li>- Maybe blood stained#</li> <li>- Maybe associated with fever</li> </ul>

#mild spotting may be seen before the menstruation(periods) also.

### Q) Groin fungal infection / Itchy groin <sup>12?</sup>

A) Normally groin is not itchy. It starts itching mostly due to presence of fungal infection (Dermatophytes) called 'Tinea cruris'. It is due to the accumulation of moisture due to wet undergarment or sweat.



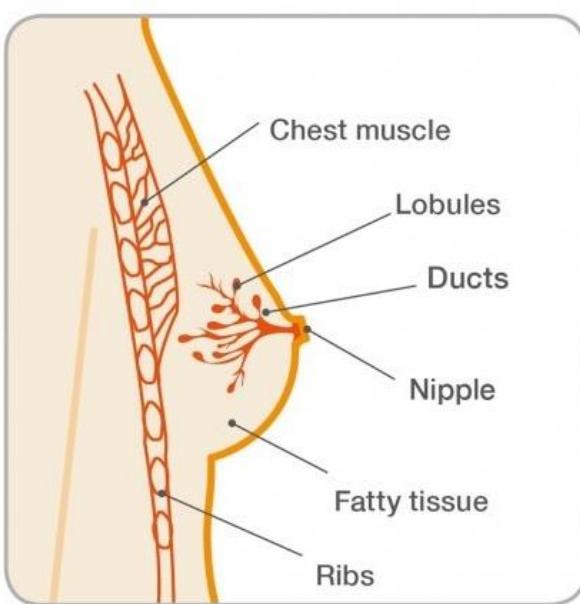
#### Ways to deal with it

1. Wear loose underwear, if needed then can avoid underwear for few days.
2. Keep the groin dry after the bath, make sure to wear dry underwear only.
3. If needed then remove pubic hair, so the medications can be applied easily and the groin remains dry for the longer duration
4. Don't share a towel or undergarment or soap.
5. Use anti-fungal creams like clotrimazole, etc.
6. Feel free to consult a doctor.

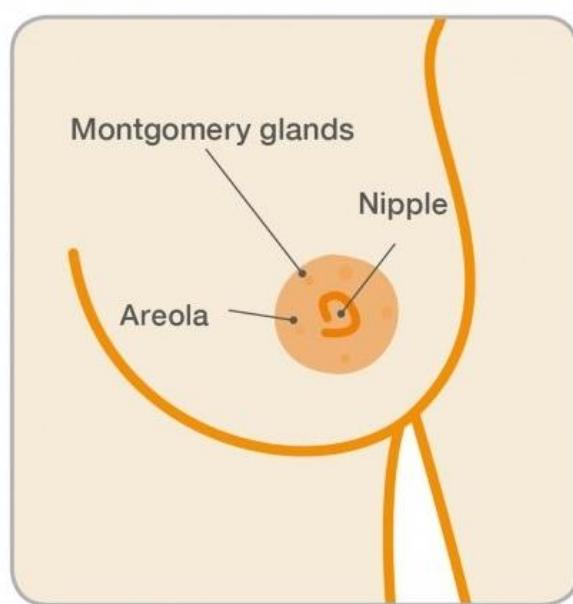
### Q) What are breasts?

A) Breasts are made up of fat and glandular tissue (secretes milk). They are the most erotic and fascinating organs for boys and girls. Though males and females both have mammary glands but only in females breast develop (in size and shape) during puberty. Breasts have important role in feeding the newborn babies. Breast stimulation is also a part of the sexual act, as breast stimulation can arouse women and can help to achieve orgasm.

The breast



The nipple



### Q) Breast and lactation<sup>13</sup>

A) Breasts start producing milk (called lactation) after the delivery of the baby. Newborn babies are fed exclusively only on breast milk for the first 6 months of life. Milk production is a highly coordinated system between the nervous system and endocrine system of the body. Amount of milk production also depends on the sucking of breast nipple the baby, nutritional status of the mother, physical activity and healthy lifestyle. Normally breasts secrete from 450ml to 800ml of milk after pregnancy. If a woman who never got pregnant starts lactating, then she must consult a doctor for further evaluation of the cause. It is advised to avoid losing weight rapidly after pregnancy, as it can interfere with lactation.

**Q) Breast size in female<sup>14</sup>**

A) Breasts' morphology changes with age and reproductive status. Breast size is small among teenage and old age (sags, less fat). Breast size depends on genes, nutrition, age and body fat. Female breasts are one of the secondary sexual traits that attract male attention. People have a different perspective and preference for breast sizes. Few females may even undergo surgery to increase breast size through breast implants (silicone gel). These implants are also placed after the surgery of breast cancer (mastectomy).

**Q) What are 'Bras' or 'brasieres'?**

A) Women wear bras or brassieres to support their breasts. As a girl's breasts grow she may need to get a different sized bra every couple of years, till her breasts have stopped growing. There is nothing unusual about this. Everyone grows at a different pace. A female needs to wear a bra when her breasts have grown enough to jiggle or bounce when she runs. A female feels more comfortable wearing a bra especially if she goes for jogging or any sport. There are various styles and sizes of bra available. The right bra is one that supports the breasts like a second skin. A female should wear a bra that is neither too tight nor too loose and preferably a cotton one. A woman should take off the bra at night to allow for proper blood circulation and so that she can breathe comfortably while sleeping.



Picture depicting various types of bras

#### Q) Prevention of breast cancer <sup>15</sup>

A) Breast cancer is top cancer in women both in the developed and the developing countries. It is more common during the 30s. Risk factors for breast cancer are – positive family history (genetics), prolonged exposure to endogenous Estrogen (such as early menarche, late menopause, late age at first childbirth), Exogenous hormones, radiation, alcohol use, overweight and obesity, and physical inactivity.

To prevent breast cancer -

- Eat a healthy diet
- Increase physical activity like exercise, yoga, gym, sports, dance
- Control of alcohol intake,
- Control overweight and obesity
- Breastfeeding after pregnancy has a protective effect
- Early diagnosis through breast self-examination and screening

# Breast Self-Examination

How to do your monthly breast self-examination

**Step 1**  
Raise your left arm up to the back of your head.

**Step 2**  
With your right hand, examine your left breast.

**Step 3**  
Moving your hand around your breast, feel for any lumps with your fingers.

**Step 4**  
Repeat on the other breast.



**Early detection saves lives**

**Visual Test**  
Look at yourself in the mirror. Look for anything unusual:

- Irregular shape?
- Dimpling of skin?
- Nipple discharge?

**!**

If you find anything unusual, visit a doctor as soon as possible!

Picture – monthly self-examination for early breast cancer detection

## Q) Prevention of cervical cancer<sup>16,17</sup>

A) Cervix is the opening part of the uterus. It's cancer is one of the most preventable and curable forms of cancer, as long as it is detected early and managed effectively.

Risk factors for cervical cancer are human papillomavirus (HPV), poor immune status (HIV), co-infection with other STDs, tobacco smoking, young age at first baby birth, multiple sexual partners.

### Prevention from cervical cancer –

- Primary prevention begins with HPV vaccination of girls aged 9-14 years (before they become sexually active).

- Avoid smoking or tobacco in any form
- Safe sex practices like use of condoms
- Avoid multiple sexual partners



Every minute, one woman is diagnosed with cervical cancer. It is one of the greatest threats to women's health.

Dr Facto<sup>17</sup>

**Q) What is 'prolapse of uterus'?<sup>18</sup>**

A) It is the descent of the uterus into or outside the vagina. It happens due to weak pelvic muscles and ligaments. It can result in problem during urination and defecation.

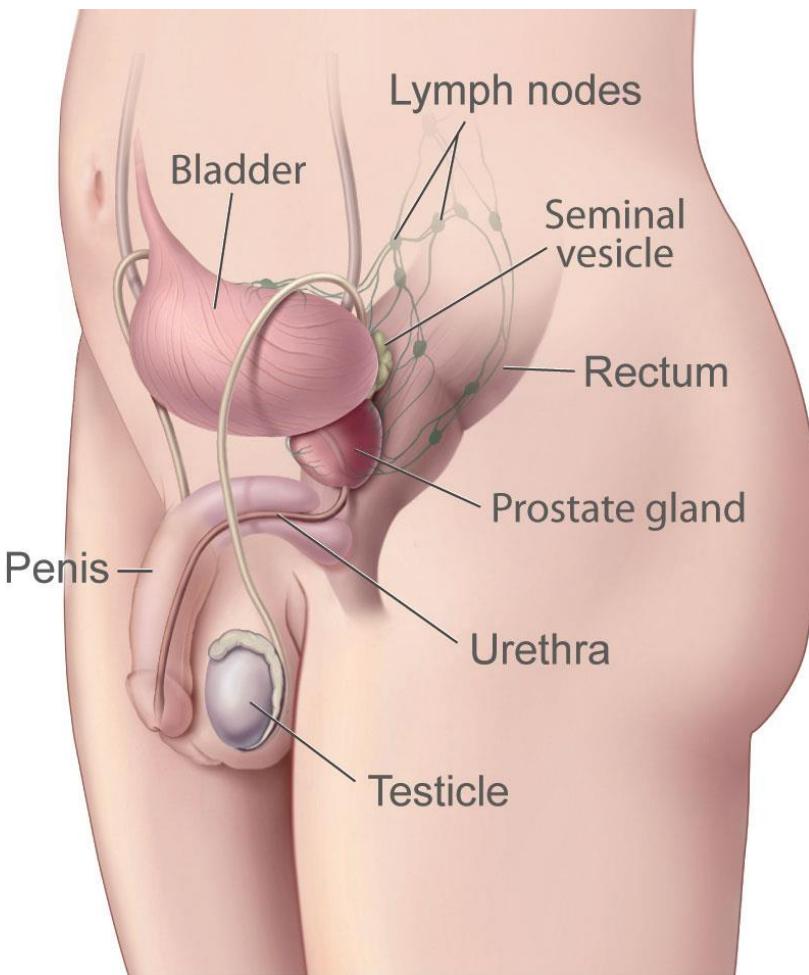
Causes and risk factors for the weakening of pelvic muscles and ligaments are – trauma during childbirth(delivery), multiple pregnancies, smoking, old age, increased abdomen pressure condition (chronic cough, constipation).

It can be managed conservatively (with pessaries or pelvic floor training) or with surgeries.

## MALE SEXUAL HEALTH – ANATOMY AND COMMON DOUBTS

Male sex organs can be divided in to external (visible) and Internal organs.

Male sex organs	
External organ	Internal organ
1. Penis 2. Scrotum	1. Testes 2. Prostate 3. Seminal vesicle 4. Cooper's gland

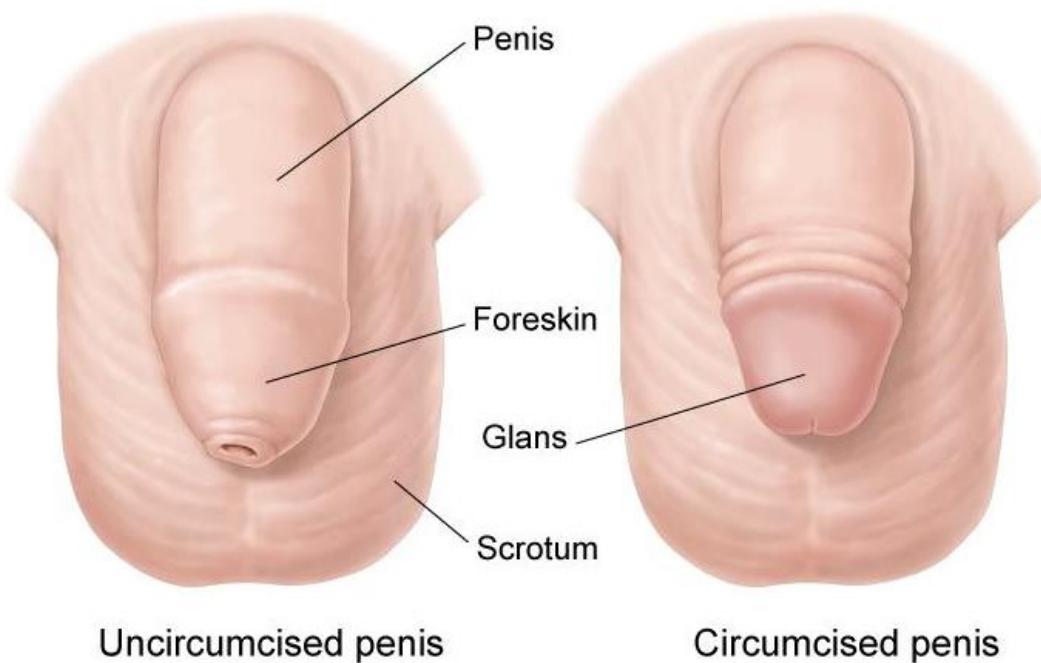


- The penis is the male external genitalia. It is made up of special tissue that helps in the erection of the penis (as fills with blood).
- The enlarged end of the penis called glans penis (most sensitive part for sexual stimulation) is covered by a loose fold of skin called foreskin (called prepuce). The penis is small in size among children, it grows during the puberty.

- In males, there is a common opening for the passage of urine and sexual fluid (semen), that is through the penis (urethral opening).
- The primary sex gland for men is testes. As they produce sperms & male hormone (androgens/testosterone).
- Normally, there are two testicles in the scrotum. They are oval in shape, with 4-5 cm in size. The testicles are situated outside the abdominal cavity within a pouch called scrotum. The scrotum helps in maintaining the low temperature (2 to 2.5 degree centigrade lower than the normal internal body temperature) of the testes necessary for the sperm formation (spermatogenesis).
- More than two or less than two testicles may be due to some medical problem. Please consult a doctor.

**Q) What is circumcision?<sup>19</sup>**

A) Circumcision is the removal of the foreskin (prepuce) of the penis through a surgical procedure. It is commonly practiced in certain religions like Muslims and Jew, during early childhood. It can be also done for some medical conditions like phimosis, hypospadias, etc. Research studies shows that circumcision in early age is protective against infections, penile cancer, phimosis and it don't affect sexual function or pleasure. However, it may have risks of surgical complications.



**Q) After what age, the foreskin of a penis (prepuce) can be retracted back in an uncircumcised penis?**<sup>20</sup>

A) The foreskin of penis is non-retractable before 4-6 years of age, in a certain case may be up to 8-10 year. This is because glans penis and foreskin are attached together by a layer, which dissolves after a certain age. This is called *physiological phimosis*. Before this age, foreskin of penis shouldn't be retracted as it can cause damage or injure the penis. There are no objective data to suggest that having physiological phimosis leads to a pathological phimosis at later stage.

In adults, prepuce is often retracted back during peeing (urination) or while cleaning the penis (while taking a bath).

**Q) Will prepuce retraction causes pain/disturbance during sexual intercourse?**

A) No, it won't intervene during the sexual intercourse. As during the sexual intercourse, prepuce is retracted back in an uncircumcised penis. Glans penis is the most sensitive part for the sexual stimulation. Direct stimulation over the glans penis in a fully lubricated vagina doesn't cause pain.

**Q) How to clean a penis ? what is smegma?**<sup>21</sup>

A) In adults with an uncircumcised penis, the penis should be cleaned by retracting the prepuce (over the glans) with plain simple water. As under the prepuce, a white colour material called smegma is deposited. Smegma is made up of dead tissues and mucin content. Smegma protects and lubricates the glans and inner lamella of the prepuce, facilitating erection, preputial eversion and penetration during sexual intercourse. Smegma also contains Lytic materials (such as lysozyme), which probably originates from the prostate and seminal vesicles, destroys bacterial cell walls. It also inhibits and destroys Candidal species (fungal microbes).

If the smegma is not cleaned then it may harden into 'smegma stones' in men, seen with extremely poor hygienic habits. If smegma is over-cleaned (very frequently cleaned), then a person can become susceptible to penile candida infection. Therefore, cleaning of smegma should be adequately done (maybe 2-3 times a week).



Picture: depicting white colour smegma under the prepuce (over glans penis)

**Q) What is ‘Morning Erection’ or erections during sleep?**

A) When a boy is sexually excited, his penis becomes hard and ‘stands up’. This is known as an erection or a ‘hard-on’ and occurs because of increased blood flow to the penis. This is a normal phenomenon. Erections sometimes occur on their own, without any sexual stimulus. During the sleep, there is some change in the nervous system of the body causing erection of the penis during the morning or in sleep. This is perfectly natural and normal. It does not mean that a man is ‘over-sexed’.

**Q) What is semen?<sup>22</sup>**

A) Semen is a white, thick liquid containing sperms mixed with secretions of epididymis and prostate. It is made up of sperms, sugar, water, enzymes & protein. The normal quantity of semen per ejaculation is 1.5 to 4 ml, containing about 20 to 80 million sperms/ml. Emission of the semen during the masturbation or during erection is completely normal, there shouldn’t be any guilt or bad feeling about it.

Production of sperm is a continuous process it doesn’t stop.

**Q) What is the normal semen colour?**

A) Normal semen colour is white-grey in colour. It can have yellowish tinge sometimes, when there is prolonged abstinence (from masturbation or sex), it is due to carotene pigment, and sperm oxidation causes odour.<sup>20</sup> If a person ejaculates frequently (e.g. too many times in a day), then the colour may be watery (mild transparent), which is a temporary condition and normal.

The colour of semen may change due to fresh blood (red), drugs (pyridium), jaundice (dark yellow), contamination of semen with urine (e.g. in bladder neck dysfunction). A person needs to consult a doctor if there is any abnormal semen colour (red, dark yellow, brown, green, etc).

**Q) What is ‘nocturnal emission’ or ‘nightfall’ or ‘wet dreams’?**

A) It is the spontaneous ejaculation of semen during the sleep, also called as ‘wet dreams.’ Many adolescents get scared when it occurs first. It is a normal physiological process. It occurs after reaching the puberty. It doesn’t lead any weakness or impotence.

**Q) If a man doesn’t have nocturnal emission, does this mean he has some deficiency?**

A) No, if a man never had nocturnal emission it doesn’t mean that he has any abnormality.

**Q) Does woman also have nocturnal emission?**

A) Sometimes women may also get erotic dreams in sleep and some vaginal secretions may be released, which can be compared to a nocturnal emission.

**Q) Can semen loss occur with urine?<sup>24</sup>**

A) It can be seen in rare case of retrograde ejaculation (in which semen comes out with urine just after every orgasm). Research shows that normal people who are very much frightened about the semen loss may also report it, due to the anxiety/depression or sexual dysfunction (As they think semen as extremely precious body element). It is often even called as ‘Dhat Syndrome’. The management includes sex education for the

misconception, counselling, relaxation therapy and some anti-anxiety medications (if needed).

**Q) What is normal penis size in adults?**

A) Normal adult penis size should be more than 3 cm in the flaccid state. While in an erect state it can range from 3 to 6 inches. The erect penis should be long enough to reach the vagina for sexual intercourse. The size of the penis depends mainly on the race (genetics), it can't be changed. Men are generally obsessed with penis size. Research has shown that the size and width of the penis have nothing to do with the sexual performance in males. Sexual performance depends on the mood, correct technique and intimacy with the partner. Generally for a woman, sexual intimacy(passion/love) and foreplay with the partner matters more than the penetration.

*Remember, size doesn't matter but your character does.*

**Q) Can penis size be increased by any medication, oil, exercise or device<sup>25</sup>?**

A) No, till now there is no adequate scientific data to prove any method or medication can increase the penis size. These methods may falsely claim to sell their products or technique. However, some surgeries are possible to increase the length or girth of the penis but it can be dangerous, as they have certain complications.

**Q) Is it common to have a curved/tilted penis<sup>26</sup>?**

A) It is common/normal to have a slightly curved/tilted penis to right or left in an erect penis. But if it is significantly bent and causes pain or difficulty in sex/urination, then it could be Peyronie's disease. You may have to consult a doctor for further evaluation.

**Q) Can a penis be fractured<sup>27</sup>?**

A) Penis does not have a bone, it has only muscles (corpus cavernosum and corpus spongiosum covered by tunica albuginea). Sometimes 'penile fracture' term can be used

as in a hospital emergency as tear in the tunica albuginea of the penis often due to forceful manipulation, vigorous vaginal or anal intercourse or masturbation, gunshot wounds, or any other mechanical trauma that causes forcible bending of an erect penis. Less common causes include: turning over in bed, a direct blow, forced bending, or hastily removing or applying clothe when the penis is erect. The most common mechanism of injury is during sexual intercourse when the penis slips out of the vagina and strikes against the symphysis pubis or perineum.

**Q) Are hair present on the penis?**

A) Usually after the puberty, hair starts growing on the scrotum, perineal and pubic region. Sometime it is normal that hair may even grow on the lower shaft of the penis (not till the tip of the penis).

**Q) Why sometime scrotum is itchy? what is 'Jock itch' <sup>12</sup>?**

A) Normally scrotum is not itchy. It is mostly due to the fungal infection (Dermatophytes) in the groin called 'Tinea cruris'. It is due to the accumulation of moisture due to wet undergarment or sweat.



Ways to deal with it

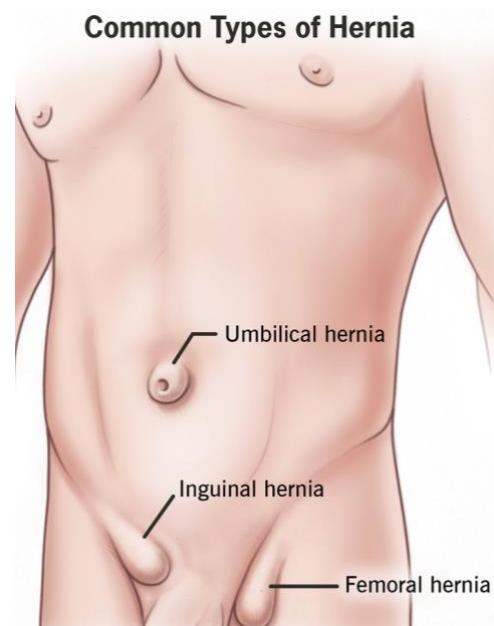
1. Wear loose underwear like boxers, etc.
2. Keep the groin dry after the bath, wear dry underwear.
3. Use anti-fungal creams like clotrimazole, etc.
4. If needed, then remove pubic hairs, so the medications can be applied easily and the groin remains dry for the longer duration

5. Don't share a towel or undergarment.
6. Feel free to consult a doctor as soon as possible.

**Q) What is 'hernia'?<sup>28</sup>**

A) It is the bulging out of the abdomen content through a small defect in the muscle/tissues. It could occur in the abdomen or in the groin (inguinal). A groin hernia is more common in males. It could be present since birth (congenital) or after any abdomen surgery (incisional). The risk factors are- old age, obesity, collagen vascular disorder, illness increasing the abdomen pressure (chronic constipation or cough), weight lifting.

People with hernia complaints of bulging mass in the abdomen or in the groin (e.g swelling in the scrotum) with dull/dragging type pain. They are reducible in the size (by manual manipulation or by lying down) in the initial stages. In the later stage (strangulation of the content) it can become irreducible with severe pain and may need emergency surgery.



Medicines don't play any role in hernia treatment. Hernia needs to be surgically operated for treatment.

**Dr Facto<sup>28</sup>**

**Q) What is 'hydrocele'?<sup>29</sup>**

A) It is swelling or swelling in the scrotum (around testes), due to accumulation of the fluid. It could be due to infections, congenital defect, associated with groin hernia, trauma and tumour. Treatment depends on the age and the cause of the hydrocele.

**Q) What is the prostate problem in old age (Benign Prostatic Hyperplasia)?<sup>30</sup>**

A) The prostate is a gland, which makes fluid for semen. This gland also surrounds the urethra at the neck of the urinary bladder.

With the increase in age the size of prostate increases due to hormones, genes, etc. It is called as 'Benign Prostatic Hyperplasia (BPH)'. Due to the growth of prostate, it compresses the urethra (blocks) causing symptoms like –

- Increased urinary frequency (urination eight or more times a day)
- urinary urgency (the inability to delay urination)
- trouble starting a urine stream
- a weak or an interrupted urine stream
- dribbling at the end of urination
- nocturia (frequent urination during sleep)
- urinary retention
- urinary incontinence (the accidental loss of urine)
- pain after ejaculation or during urination
- urine that has an unusual color or smell

A person needs medical help. It can be treated or controlled using medicines or/and surgery.

**Q) Myths about masculinity or manhood**

A) Here are a few myths (misconceptions) about masculinity–

Myths (Misconception)	Truth
Men don't cry	Crying is a natural scientific phenomenon. Irrespective of gender, everyone cries during their lifetime.
Men never hold babies	Anyone can hold babies. A single parent (father) have to do everything for the baby

Men never wear a pink	Pink is just a colour. It shouldn't be associated with any gender.
Men drink alcohol and smoke	Even a female can also drink alcohol and can smoke. It is always advised to avoid alcohol and smoking as they are injurious to health.
Real man needs to be muscular and macho	Not all men are muscular. They are great men who were lean and thin. <u>Muscle mass does not matter but intelligence does.</u>
Men never enter into the kitchen	Cooking is one of the essential skills, which every human being should learn for survival.
A Real man never sits behind a girl in a ride (scooty/bike/etc)	Sitting has nothing to do with masculinity. A lot of men do not know how to drive a bike.
A man can't be home-maker	This was very old and a socio-cultural saying but these days you can see a lot of men are choosing to be a homemaker and wife are taking up jobs outside the home.
Singing/dancing is never made for men	This is not true. If you see in the world there are lots of great musicians and dancers who were male and have a great fan following.
A real man has moustaches/ beard	Now, clean shave is also a new fashion trend among men. People working in the food industry should be cleanly shaved for hygiene purposes
Men like Cricket or Football	This is also not true, a lot of people may not like sports. Every individual is different and has different preferences.
Real man is abusive and aggressive	Abuse and aggression are not related to manliness.

	As a human being everyone should be humble and nice to people.
--	--

**The actual truth is that real men always respect women,  
Takes a stand for a right cause,  
A real man never bullies or rape.**

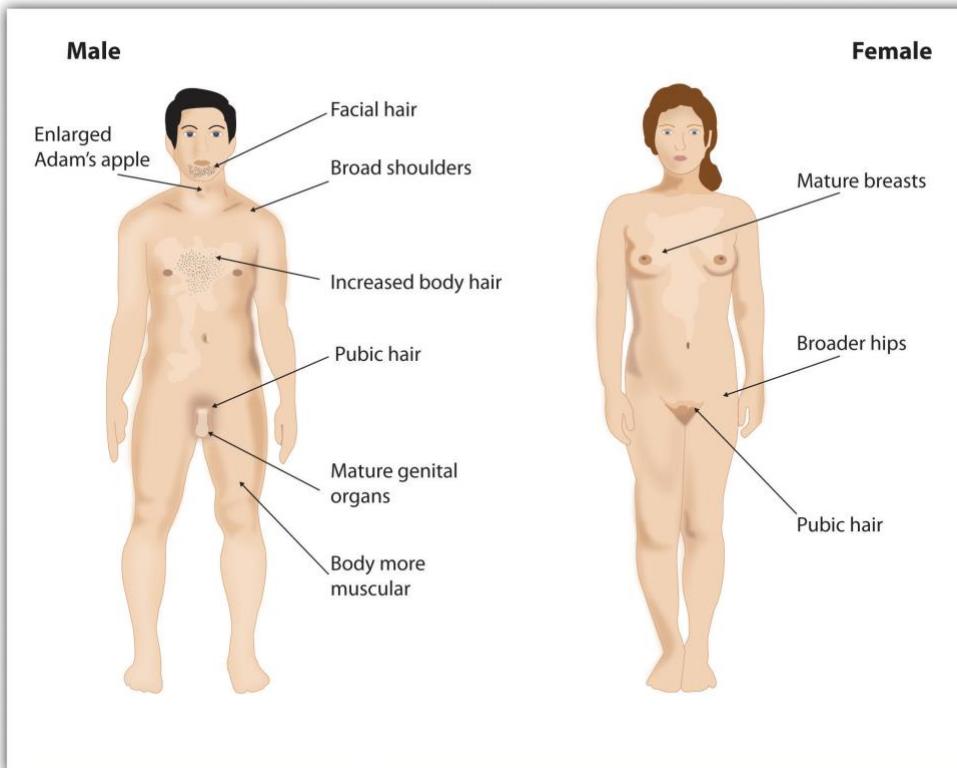
## PUBERTY AND COMMON DOUBTS

The World Health Organization (WHO) defines puberty as “the period in life when a child experiences physical, hormonal, sexual, and social changes and becomes capable of reproduction.”<sup>5</sup> It is associated with rapid growth and the appearance of secondary sexual characteristics. This might be exciting as well as stressful during the adolescence. However, for boys, the shift of puberty is much more explicitly linked to sexual feelings in a positive way, whereas for girls this moment often marks the beginning of conflicting messages about sexuality, virginity, fertility, menstruation and womanhood. Puberty, with its associated physical and psychological changes, can be a particularly challenging period for adolescents who are intersex or questioning their gender identity or expression.

### Q) Puberty changes (secondary sexual characters) in girls and boys<sup>31</sup>

Girls	Boys
<ul style="list-style-type: none"> <li>- Appearance of breast buds (between 8 and 12 years of age), followed by breast development (13-18yr)</li> <li>- Development of pubic hair (11-14yr)</li> <li>- Growth spurt begins (average age- 10yr), which adds inches to height and hip circumference</li> <li>- Menses begins (average age – 12yr, normal age range between 9 and 16yrs)</li> <li>- Enlargement of ovaries, uterus, labia, and clitoris; thickening of the endometrium and vaginal mucosa</li> <li>- Appearance of underarm hair (13-16yr)</li> </ul>	<ul style="list-style-type: none"> <li>- Testicular enlargement, beginning as early as 9-12 years of age</li> <li>- Appearance of pubic hair (10-15 yrs.)</li> <li>- Onset of spermarche, or sperm found in the ejaculate (erection and wet dreams)</li> <li>- Scrotal thickness and darkens</li> <li>- Lengthening of genitals (11-14)</li> <li>- Rapid enlargement of the larynx, pharynx and lungs, which can lead to alterations in vocal quality (i.e., voice cracking)</li> <li>- Changes in physical growth (average age, 14), first seen in the hands and feet, followed by the arms and legs, and then the trunk and chest</li> <li>- Weight gain and increases in lean body mass and muscle mass (11-16yr)</li> </ul>

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>- Dental changes, which include jaw growth and development of molars</li> <li>- Development of body odor and acne</li> </ul> | <ul style="list-style-type: none"> <li>- Growth of facial and body hair, which may not be completed until the mid-20s</li> <li>- Dental changes, which include jaw growth and development of molars</li> <li>- Development of body odor and acne</li> </ul> |
|---|---|



Picture: depicting some secondary sexual characteristics in males and females.

### Q) Puberty starts at what age?

A) Puberty typically starts for girls between ages 8 and 13, and for boys between ages 9 and 14, and may continue until age 19 or older. Hormones are released by the brain to start puberty.

### Q) What is Precocious puberty?

A) Puberty that begins before age 8 in girls and before age 9 in boys is considered as precocious puberty (early puberty). It could be due to underlying medical conditions in the body. So, consult a doctor as soon as possible.

**Q) Is it ok to feel bad about our bodies and the way we look, as we grow older?**

**A)** The way we feel about our bodies and our looks is called '*body image*'. It's what we see when we look in the mirror and how we feel inside our own skin. Some people accept themselves as they are (which is good), while others dislike just about everything to do with their looks and feel bad about it. What you have to understand is that each person is unique and special. We have to keep a positive attitude about our self. We also have to make sure to never body shame any person, this is a wrong thing.

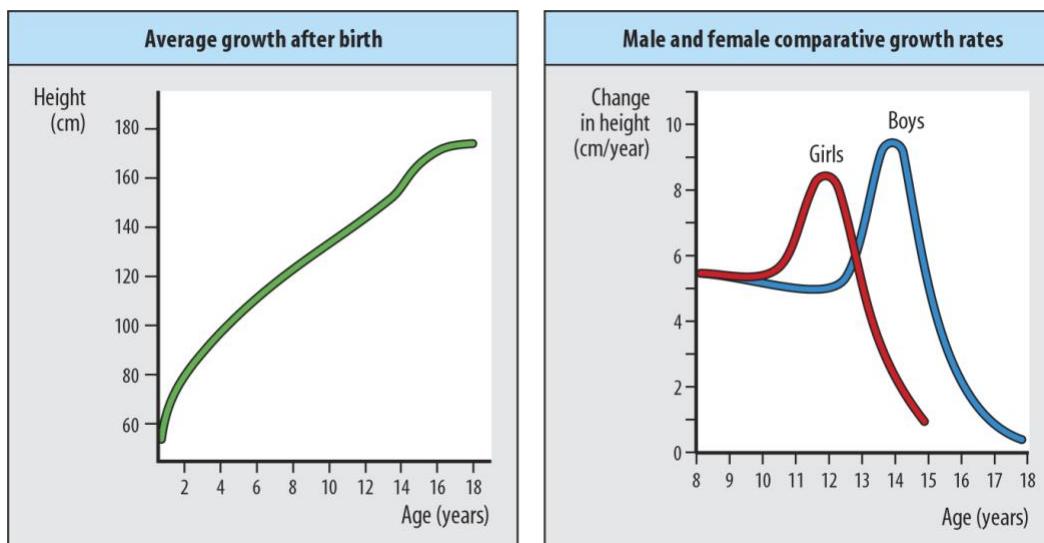
Body image	Self esteem
It is the view toward one's body- how one perceives one's body & appearance.	Self-esteem – it is how one thinks about oneself and how much one values oneself.

\*Body image & self-esteem are closely related; however, they differ.

**Q) Is there any difference between the rate of physical growth (puberty) of males and females?**

A) Yes, there is a lot of difference in the sequence and the rate of growth. Even among the same sex, there could be a difference. As growth depends on sex(male/female), genes, nutrition and other environmental factors. As everybody is unique and different.

James Tanner gave a scale (Tanner scale) describing the various stages of growth during puberty, if you are interested then you can read it on the internet.



### **Q) Pubic hair removal<sup>32</sup>**

A) Pubic hair removal is a more recent thing but increasingly common grooming practice and shows a great range of variability between different populations. Although carried out by both males and females. It is always a personal choice of a person to remove pubic hair or not.

Numerous reasons exist for removing pubic hair, including hygiene, comfort, aesthetic reasons, sex appeal, for oral sex, genitals may look bigger and clean, medical reasons (like a fungal infection, pubic lice infestation, before surgery, etc). A multi-billion-dollar industry has developed around the numerous methods and products available for hair removal. Products and techniques are available include shaving (most common method, performed with a razor/electric razor), trimmer, waxing, threading/plucking, trimming with scissors, hair removal cream, sugaring (use all-natural paste or gel), dyeing/bleaching, electrolysis and laser.

Pubic hair removal can result in adverse health events depending on the method used. These complications can include ingrown hair, cuts, injury, epidermal abrasion, folliculitis, vulvitis, or contact dermatitis. In more serious cases, genital burns can occur from waxing, and severe skin irritation from various products can lead to vaginal irritation or post inflammatory hyperpigmentation.

### **Q) Axillary hair and hygiene<sup>33</sup>**

A) The axillae are uniquely characterized by the presence of hair follicles and sweat glands. These glands secrete a clear, odourless substance, consisting primarily of water and salts. The process of body odour formation in the axillae was found to depend on the biotransformation of these odourless secretions into volatile odoriferous substances by commensal bacteria (*Corynebacteria* or *Staphylococci*) on the skin and hair surface.

Body odour, in particular axillary odour, is perceived as unpleasant by most cultures worldwide. Moreover, excessive sweating and the resulting unpleasant odour are reported to adversely affect self-confidence and self-esteem in both men and women. Reducing or eliminating body odour is an essential goal of many people's daily personal care routine.

Typical axilla hygiene practices include cleansing of the axillae, use of antiperspirants, application of an anti-perspirant or deodorant product and removal of underarm hair has become more commonplace in men for hygiene as well as aesthetic reasons.

Shaving of the axilla<sup>33</sup> is often accompanied by visible and/or sensory irritation, due to skin damage. Shaving can lead to dry flaky skin, irritation, physical damage (cuts/ nicks).



**Q) What is waxing?**<sup>34</sup>

A) Waxing is a technique of hair removal, which involves applying hot wax to an area of skin that is covered with cloth/strip (muslin). Then the cloth or strip is quickly removed, extracting the wax and the hair. It is relatively safe, but it can cause microtrauma to the skin and its underlying structures with reported complications that include folliculitis, local spread of infection, burns and syringoma development.

**Q) Is it normal if I have hair nearby my anus (peri-anal region)?**

A) We all have hairs in our body at various sites (some people can have it in ear also), they all have some role in the body. Hair growth near the peri-anal region is completely normal, as it occurs usually during the puberty.

**Q) Why do some males don't grow facial hair (beard) or moustache during the puberty?**

A) Facial hair(beard) growth depends mostly on genes and other factors. Some people grow a moustache or beard little late, it is completely normal.

Facial hair or a moustache is not a sign of masculinity.

**Q) Does shaving causes hair to grow faster, darker or coarser?**<sup>35</sup>

A) No, Strong scientific evidence disproves these claims. Shaving don't have any effect of hair growth, as it removes only the dead portion of the hairs.



*Never use a hair removal cream on face, as face skin is too soft for those chemicals.*

*You can use shaving cream and razor or electronic trimmer.*

**Q) Can females have facial hair (moustache or beard)?**

A) Presence of some amount of facial hair (few and thin) in a female is a common thing. But the presence of coarse and dense facial hair in females may be due to some hormonal imbalance conditions like – Polycystic ovary disease (PCOD), ovarian tumour, etc.

**Q) Why I have too many hairs on my body compared to other people? Is it normal?**

A) Body hair depends on the genetics, environment and other factors. So, don't worry about it, it is completely normal.



**Q) What causes acne (pimples)<sup>36</sup> ?**

A) Acne during the puberty is normal. As it typically starts at puberty and resolves slowly as the person reaches his/her 20s. Acne is a condition of the pilosebaceous unit of skin.

Blockage of sebaceous glands and colonisation with bacteria (*Propionibacterium acnes*) leads to acne. Acne can have multiple causes like: genetic factors, stress, androgens, drugs and excess sweating. They can also occur in medical conditions like polycystic ovary disease (PCOD) in females, etc.



Masturbation doesn't have any effect on acne



### Q) What is a sexual attraction?

A) **Sexual attraction** is a normal thing, it is an attraction on the basis of sexual desire or the quality of arousing such interest. It is a subjective measure dependent on another person's interest, perception, and sexual orientation. For example, a heterosexual person is sexually attracted to the opposite gender and a gay or lesbian person would typically find a person of the same sex to be more attractive than one of the other sexes.

### Q) Sexual fantasies

A) Sexual fantasies are usually associated with masturbation, but the two can occur independently. Sexual daydreams and fantasies are common—most people have them, not just teenagers and not just boys. Fantasies often differ between the males and females. Sexual aggression and dominance are recurring themes in young male fantasies and usually contain very specific and graphic sexual behaviours but little emotional involvement. For adolescent females, sexual fantasies often involve relating to others, and they are more likely to involve sexual activities with which the girl is already familiar. A teenage girl's fantasies are also typically about someone they know - a boyfriend, TV or music stars, friends, casual acquaintances

The important thing about sexual fantasies is that **they are just thoughts**. There is nothing to feel guilty or ashamed. It doesn't reflect about you being sick, weird, or wrong.

**Q) When you see a romantic song or movie it feels like something coming out in the underpants. Why does it happen?**

A) When you see something that is romantic or sexy or exciting it is absolutely natural to feel something happen in your body. Some people feel their heartbeat increasing, or feel sweaty, their pulse might race, they feel a tingle in some part of the body, girls might feel slight wetness in the vagina and boys might have an erection accompanied by semen coming out. During the teen years, the body is just getting used to these new sensations, sometimes you might find yourself reacting like this quite suddenly. With time, you will be more in control of these physical feelings.



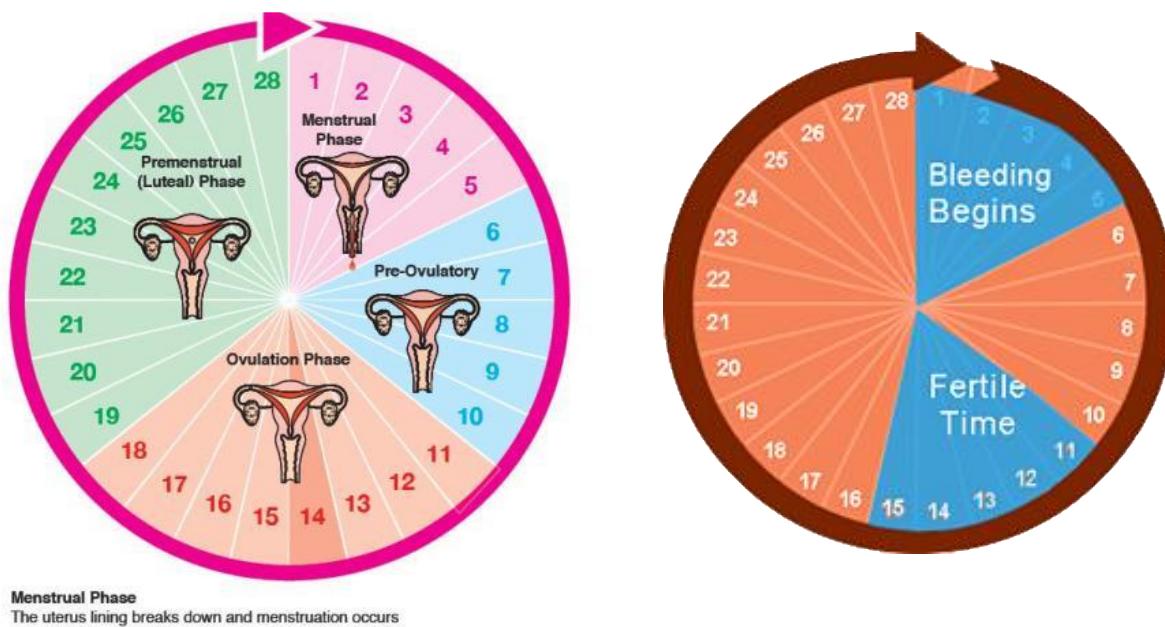
Whenever you have any doubt or concern about anything you should seek guidance from a knowledgeable person like parents, doctor or teacher. Friends may not be a good source

Miss Smarty

## MENSTRUATION (PERIODS), HYGIENE AND COMMON PROBLEMS

Menstruation commonly called ‘periods’ occurs only in females. It’s a regular shedding of the inner layer (endometrium layer) of the uterus. The menstrual cycle is regulated by hormones in the body. It is called a menstrual cycle as, after every 28 days, there is uterine bleeding which comes out through the vagina.

Many girls and boys are shy to acquire knowledge and to ask anybody about it. Lack of knowledge about menstruation can result in confusion and problems.



### Q) How do we count days in a menstrual cycle, how to predict the next period ?

- A) The date of menstrual bleeding (bleeding through the vagina) is noted in the calendar as ‘Day 1’ (first day of the cycle) and the bleed continues for 3-5 days. Then the release of the egg (ovum) from the ovary on the 14<sup>th</sup> day of the cycle and the next menstrual bleed occurs after 28-30days.

It is always good to maintain a diary/note of the period dates, so a girl can be prepared for her next period and it is also helpful in making future plans. There are also lots of mobile applications or online websites to calculate or to make a notes of it.

Example –

If the menstrual bleeding started on 10<sup>th</sup> January (day 1), then the ovulation date will be 28<sup>th</sup> January (14 day after) and the next menstrual bleed will occur around 7<sup>th</sup> February (28<sup>th</sup> day).

**Q) What is ‘fertile period’ in menstrual cycle (period)?<sup>40</sup>**

A) It is the time period of the menstrual cycle during which if unprotected sexual intercourse is done, then there is a higher chance of fertilisation of ovum with sperm *leading to pregnancy*. Ovulation occurs on the 14<sup>th</sup> day and lives for 3 days. Sperm has a life of 72 hours (3days). So, the fertile period ranges from 10<sup>th</sup> day till 17<sup>th</sup> day of the menstrual cycle.

A couple can use this knowledge for conceiving a baby. Use of this knowledge for contraception is not advisable due to the higher failure rate.



Only in 30% of women the fertile period is between 10<sup>th</sup> to 17<sup>th</sup> day. Most the women reach their fertile window earlier or later. This fertile period can be highly unpredictable, even if the menstrual cycle is regular.

**Dr Facto<sup>40</sup>**

**Q) At what age menstruation starts?<sup>37</sup>**

A) Menstruation starts usually starts by the age of 10 to 15 years (called as Menarche).

**Q) I am a 16 years old female and till now my period (menstruation) have not started, what should I do? Is it something to worry?**

A) If after 16 years also your menstruation doesn't start then you need to consult a doctor. There may be underlying causes like – imperforate hymen, absent or anomalous uterus, hormonal disorder, etc.

**Q) Why the menstrual cycle (periods) occur?**

A) It occurs due to hormonal changes. As soon the bleeding from the uterus stops, the body starts preparing for the pregnancy with a hope that in the next cycle, pregnancy will occur (by fertilisation with sperm) and the thickness of the inner layer of uterus increases. When the ovum doesn't meet sperm during the fertile period, the inner thickened lining (endometrium) of the uterus starts shedding and comes out in the form of blood through the vagina.

### **Q) What are the symptoms of menstruations?**

**A)** The primary sign of menstruation is bleeding through the vagina (may present as spotting also). Additional symptoms include:<sup>38</sup>

1. Abdominal or pelvic cramping
2. Lower back pain
3. Bloating and sore breasts
4. Food cravings
5. Mood swings and irritability
6. Headache
7. Fatigue

### **Q) Normal Menstrual cycle**

A) Every human being has a unique body response. Here are some normal variations of the menstrual cycle as -

- Normal cycle days ranges 21 to 35 days
- Bleeding days can be from 3 to 7 days
- Amount of blood loss ranges from 20 to 60ml
- There are no clots in the blood (clot means excessive bleeding)
- It may or may not be associated with pain/cramps

### **Q) Common menstrual disorders**

A) If any female has any of the following problems during her menstrual cycle, then she needs to consult a doctor.

<b>Disorders</b>	<b>Definition</b>
Amenorrhea	Absence of menstrual bleeding (period). Girls usually do not get her period till 15-16 year of age.
Menorrhagia	Cyclic bleeding which is either prolonged (>8days) or heavy bleed (>80ml).
Polymenorrhea or Epimenorrhea	Cyclic bleeding where the cycles are less than 21days.
Epimenorrhagia or Polymenorrhagia	Frequent cycle with excessive or prolonged bleeding.
Metrorrhagia	Irregular cycle, acyclic bleeding forms the uterus.
Menometrorrhagia	Irregular cycle + excessive bleeding
Oligomenorrhea	Infrequent cycle >35days.
Hypomenorrhea	Menstrual bleeding is scanty(<15ml) and lasts for < 2days.
Dysmenorrhea	Severe abdomen pain /cramps during or before the periods.

#### **Q) Causes of delayed/missed period (secondary amenorrhea)**

A) There could be any of the following reasons:

1. Normally periods can be delayed up to 5-6 days. If there are more than 7 days of delay then you have to consult your doctor regarding this.
2. Pregnancy – It could be the most common reason, if the female is sexually active.
3. Stress

4. Thyroid disorder
5. Polycystic ovary disease (PCOS)
6. Drugs/medications
7. Malnutrition
8. Tuberculosis/ infection
9. Endocrine disorder
10. Sudden weight loss
11. Overweight /obesity
12. Extreme over exercising

**Q) What is Pre-menstrual syndrome (PMS)?<sup>39</sup>**

A) It is a set of physical and psychological symptoms that start anywhere from a few days to two weeks before a woman gets her monthly period (menstruation), also called as “premenstrual syndrome” (PMS). The causes of PMS are not completely clear. But it is thought that hormonal fluctuations during a woman’s monthly cycle play a role.

Many women experience breast tenderness and abdominal pain, for instance. Other symptoms include headaches, back pain and joint or muscle ache. Water retention, sleep problems or digestion problems, skin blemishes and food cravings may occur too.

Women who have PMS often feel exhausted, insecure, down, listless, irritable or angry in the days leading up to their period. Some have problems concentrating and experience mood swings. They might feel like they are losing control over their body and emotions. Severe PMS can really affect everyday life and relationships with friends, family, partners and colleagues.

**How to deal with PMS?**

- Get enough exercise and sports
- Use relaxation techniques and meditating
- Do not smoke

- Drink less alcohol and caffeine
- Eat less salt
- Medications can be also used
- For severe PMS symptoms, feel free to consult a doctor

**Q) What are the common myths (misconceptions) regarding menstruation?**

A) Here are the common myths about menstruation in India, which are not true <sup>41</sup>

1. Women can't go to work during menstruation. They have to take rest only.
2. Women become impure during menstruation, so women are prohibited from participating in normal life while menstruating. She must be "purified" before she is allowed to return to her family and day to day chores of her life.
3. During menstruation, women are not allowed to go to temple, kitchen or touch holy books.
4. Menstruating women are unhygienic and unclean, hence the food they prepare or handle is contaminated.
5. In some cultures, women bury their clothes used during menstruation to prevent them from being used by evil spirits.
6. Menstrual blood is believed to be dangerous, and a malevolent person can do harm to a menstruating woman or girl by using black magic
7. Strict dietary restrictions are also followed during menstruation such as sour food like curd, tamarind and pickles are usually avoided by menstruating girls
8. If a girl or women touches a cow while she is on her period, that the cow will become infertile
9. She is not allowed to touch water or other people.

Some myths	Facts
Periods are some kinds of disease	Periods are normal and natural for women. It happens to every girl
Menstrual blood is impure	Menstrual blood is a mixture of blood and tissues of one's own body

It is wrong to have bath and wash hairs during periods	One should rather be more careful during these days so that one remains clean and dry
It is bad to eat pickles during these days	It is okay to eat all kinds of foods including pickles during periods
One should not enter kitchen	As long as one is clean and is not having pain one can do whatever one wants to do
Our bodies emit bad odour	Bad odour at times during periods, may be due to lack of personal hygiene
One should eat separately from the family members	One is perfectly normal during these days and isolation is not required
Games should not be played one these days	One can play even exercise on these days but undue pressure on abdomen should be avoided



Menstrual cycle (period) is a normal biological process, which every girl faces. A menstruating woman is not impure. There is no need of any dietary or movement restrictions. She has full freedom to work and cook, as long she is comfortable and maintains hygiene.

Dr Facto

#### Q) Menstrual Hygiene practises and other advice

A) Following are the menstrual hygiene practices to be followed -

1. Always use a clean sanitary pad or tampon or menstrual cup to absorb the blood. If a cloth is used, then it should be neat and clean and prefer cotton cloth. As synthetic cloth may cause skin reactions.

2. Sanitary pad/cloth needs to be changed frequently (at least every four to six hours) in order to prevent bad odour or infections.
3. If you are using a cloth which is to be reused, it should be washed thoroughly and disinfected by drying in the sun. As sunlight kills the germ.
4. Keep yourself and your genitals clean during the periods. Don't put water /soap/deodorant inside the vagina.
5. Take bath or shower at least once a day. Change the undergarments regularly
6. Wash the genital area from outside with plain water (no soap) after each use of toilet or urination.
7. Keep the area between legs dry, otherwise chaffing or sores may develop.
8. Eat a healthy diet, iron-rich diet like green leafy vegetables.
9. Always carry an extra sanitary napkin with you, whenever going out.
10. After using the sanitary napkin(pad), wrap it in paper and dispose of in a closed lid dustbin. Never dispose of the sanitary pad in an open place or in the toilet.
11. Exercise can help in relieving the symptoms like premenstrual syndrome, dysmenorrhea and relieve bloating. Exercise also causes the release of serotonin, making one feel much happier.
12. If feeling tired then rest can be taken. Drink adequate water and be hydrated.
13. A heating pad/hot water fomentation can be applied over the abdomen (tummy) to relieve the pain/cramps. For cramp and back pain, simple painkillers like paracetamol, mefenamic acid can be also taken.
14. Maintain a calendar/diary, so you are prepared for the next cycle.



Picture: Depicts the things to be followed for a good menstrual hygiene.



*Lack of menstrual and personal hygiene is the most likely cause of genital and urine infections among girls/women*

Dr Facto

### Q) How to use a sanitary pad?

A) Here are the steps to use a sanitary pad <sup>42</sup>

1. Choose a pad of the appropriate thickness, absorbency, shape and style.

Two types of the pad are: with and without wings. "Wings" are those sticky little pieces that adhere to your underwear. They keep your pad from lodging to the side and feels

like a diaper. In short, unless they irritate your skin or something, they're your friend. Avoid scented pads.

## 2. Get in position

It'll be easiest if you're sitting down and your undies are around your knees.

Standing is fine, too; you just want everything in an arm's reach.

3. Remove any wrappers or boxes from the pad.
4. Fold out the flaps, or wings, and take off the long, center backing that covers the adhesive on the center. Expose the adhesive on the wings too.
5. Stick the adhesive part to your panties. You want the pad to be directly beneath your vagina.
6. Wear the panties as usual. Done! If your pad is itchy or irritating your skin at all, remove it and use a different kind of pad.
7. Make sure to wash your hands before and after changing the pad



## Q) What are the other ways to deal with menstrual bleeding?

- A) There are – sanitary pads, tampons, menstrual cups. Commonly sanitary pads are used.



**Q) Can menstruation be delayed (postponed)?**

A) Yes, with the help of medicine menstrual periods can be delayed up to 1-2 weeks. For this, you need to consult your doctor. Frequent use of medications or use of medication for longer duration can result in side effects of medications and can affect the hormone regulation.

**Q) What is ‘Vaginal Douching’?**

A) Vaginal douching is the process of intravaginal cleansing with a liquid solution or water. Some women do it after menstruation or after sex. Douching can change the necessary balance of vaginal flora (good bacteria live in the vagina) and natural acidic environment in a healthy vagina. Douching can lead to bacterial vaginosis, Pelvic Inflammatory Disease (PID), problems during pregnancy (ectopic pregnancy, preterm) and other problems.

Actually, vagina cleans by itself. Therefore, it is advised not to do douching.

**Q) At what age menstruations stop?<sup>43</sup>**

A) They usually stop by 50 years of age (called as Menopause). In some cases, they may stop quite early or late. The age of menopause may depend on genetics and lifestyle (smoking, obesity, physical activity and diet).

**Q) What is 'menopausal transition' or 'perimenopause'<sup>44,45</sup>?**

A) It is the time period before the menopause (approx. 40 to 50yrs) of age. In this period there are hormonal and emotional changes. These symptoms vary from person to person, from mild to severe.

This period is characterized by -

- Menstrual irregularities (periods may come very close together, heavy bleeding, spotting, irregular periods, episodes of amenorrhea)
- Vasomotor symptoms like -red blotches, hot flushes (sudden feeling of heat not only disturb women at work and interrupt daily activities, but also disrupt sleep)
- Vaginal dryness, sexual dysfunction
- Mood changes, some may have depression and irritation

These symptoms can be easily managed by counselling, mental preparation, avoiding coffee and some mild measures. If a woman feels problematic to handle then please feel free to consult your doctor for medications.

## MASTURBATION AND COMMON DOUBTS

### Q) What is masturbation?

A) Masturbation is sexual self-stimulation, usually achieved by touching, stroking, or massaging the male or female genitals until this trigger an orgasm. Masturbation is very ordinary - even young children have been known to engage in this behaviour. As the bodies of children mature, powerful sexual feelings begin to develop, and masturbation helps to release sexual tension. For adolescents, masturbation is a common way to explore their erotic potential, and this behaviour can continue throughout adult life.<sup>31</sup>

It usually starts by exposure to pornographic literature/video or self-experimentation or hearsay from peers. Usually, males stimulate the penis and female stimulate clitoris or vagina. The desire for masturbation is comparatively higher in men than women.<sup>46</sup>

### Q) Is masturbation a wrong thing or a sinful act?

A) Masturbation is not a wrong thing or a sinful act. Scientifically it is a safe, normal, healthy and acceptable act. It is a common practice, done by everyone. Often people are shy or guilty to accept it in public, as it has been condemned in most of the cultures. It's about getting comfortable with their own body. Most of the people even believe that it is the best method of achieving orgasm than sexual intercourse (which may not be safe). Be safe, don't harm/injure yourself. Think before trying any new method to avoid trauma to your body.



Masturbation is a healthy thing, practiced by males & females.

There are no side-effects of masturbation.

Never feel guilty about it. It's part of life, accept it.

Dr Facto

### Q) Why do I feel bad or guilty after masturbation?

A) This may usually happen if you think masturbation is a sinful act or a wrong thing. When you explore more about it in a scientific way, then you may start enjoying it and start feeling relaxed.

**Q) When can a person start masturbation?**

A) It can be done after a person attains his/her puberty. It totally varies from person to person, mostly done when a person is comfortable with his body and feels to be ready for it. It is never to be pressurized and it should be practiced safely, without causing any trauma or injury to self. Masturbation is a personal thing done in a private space.



There is no hurry for it. Take your own time and can even discuss about it with a responsible and a trustworthy adult.

Miss Smarty

**Q) What is a ‘refractory period’?**

A) Most of the men are incapable of another erection for a period of time after one ejaculation. This is called ‘refractory period’ which varies between men and at different time and ages. It may vary from a few minutes to a few hours.

**Q) Myths about Masturbation**

A) Here are the misconceptions (myths) about masturbation -

Myths (misconception)	Truth
It's a sinful act	It's a normal, scientific and healthy practice.
Masturbation leads to weakness of body	Masturbation doesn't lead to any weakness

Masturbation causes acne on face	Mostly it is due to hormonal changes during the puberty. <b><u>Masturbation doesn't cause acne</u></b> <sup>36</sup>
Masturbation affects eye power (increases refractive errors)	Masturbation doesn't have any effect on eyes.
Masturbation can grow hair on hand	Masturbation doesn't have any effect on hand
Masturbation leads to curvature of penis	Masturbation don't affect curvature of penis. It is a myth that an erect penis should be at right angles. A little or moderate curvature is common and doesn't affect the process of sexual intercourse
A drop of semen is made from 20 drops of blood. Hence, loss of semen leads to weakness.	Semen is produced by secretion of various glands. Semen has no relation to blood and its loss don't lead to weakness in the body.
It can lead to devitalisation of a man	It doesn't lead to weakness, devitalisation, aging or blackness around the eye
It can stop the sperm formation	Sperms are manufactured continuously & it is meant to be secreted not stored
It can lead to impotence or erectile dysfunction (reduces sperm count)	<p>It don't have any effect on impotence / erectile dysfunction.</p> <p>Low sperm count (impotence) is more with the smoking &amp; alcohol (stay away from them).</p>

### Q) Are there any benefits or use of masturbation?

A) Studies and people claim the following benefits of masturbation -

1. Brings self-satiety of sexual desire, controls the sexual response
2. Relieves anxiety and tension

3. Results in good sleep
4. Maintains better physical & mental health
5. Prevention of the subjects to go to sex workers
6. Prevention of STDs and unwanted pregnancy

**Q) How frequently one can masturbate?**

A) It totally varies from person to person depending upon his age, time, etc. Mostly teenagers do it very frequently than elderly. There is no problem with frequent masturbation. Only thing is that it shouldn't interfere with daily activities and shouldn't become one's obsession.

**Q) What will happen if a man never masturbates in his life ?**

A) Usually if a man don't masturbates for a prolonged duration (few months), then his semen comes out in the form of nightfall (wet dreams). It is very rare to find a man who never masturbated in his whole life. Masturbation or sexual intercourse is a normal and healthy thing. Till now there is no such valid research on advantages or disadvantages of no masturbation/sex .

**Q) Does married people also masturbate ?**

A) Yes, especially during separation, illness of a partner or when one partner can't cope, etc. Masturbation is a healthy & normal practice. There is nothing wrong in it.

**Q) When masturbation is a problem?**

A) It becomes a problem only when any one of the following is present-

1. When a person becomes obsessed with it (causing addiction)
2. When it inhibits sex with the partner
3. When it is done in public
4. When it interferes with daily life activity or social life

5. When there is a chance of causing harm/injury to the body
6. When there is the presence of irritated genitalia
7. When it causes psychological problems

**Q) What to do if you see someone masturbating or two people having sex in their private zone?**

A) You have to provide privacy and space. As it's their body and choice. They have full freedom for whatever they want to do in their personal life. So, you just move on. Don't scold them, don't take their picture or video, don't make fun of them.

**Q) How to deal with obsession of masturbation (addiction)?**

A) Here are the tips to deal with it –

1. Engage in physical activities like – gym, sports, swimming, yoga, meditation, etc.
2. Take a break from the internet, mobile and computer. Gradually increase the duration of this break.
4. Religious or spiritual involvement can significantly help. Especially, before going to bed for sleep, offer a prayer to God.
5. Consider masturbation without the use of pornography. Consider even deleting all the pornographic material and staying away from the friends who deliver it to you.
6. Avoid being in alone, try to stay with groups or family as much as you can.
7. Discuss it with your friends or can even take a help from professionals

**Q) What is ‘handjob’ and ‘fingering’?**

A) Both are the form of masturbation. A handjob is the manual stimulation of the penis by another person to induce sexual pleasure, sometimes resulting in orgasm. Fingering is the manual stimulation of the vagina, clitoris or rest of the vulva.

**Q) What is G-Spot in females<sup>47,48</sup>**

A) The G-spot is a current and controversial issue, and it now attracts interest in female sexuality because it involves a market share in genital esthetics with interventions such as its augmentation. Ernst Grafenberg was the first to describe the G-spot in 1950 as an extremely sensitive area (erogenous zone) approximately 0.5 cm in size, on the anterior wall of the vagina. G-spot is self-reported in around or less than 50% of females. During orgasm, this area is pressed downwards like a small cystocele protruding into the vaginal canal. Whether it is really anatomically present or a scientific deception still awaits an answer and publications are contradictory.

**Q) What is ‘squirting’? female ejaculation?**<sup>49,50</sup>

A) Squirting is still one of the controversial topics but studies claim that 10-40% of female experiences ejaculation of a small amount of secretory fluid produced by Skene's/ Bartholin's gland (also known as female prostate). Most of the studies claim that squirting is the involuntary ejaculation of urine, which could be due to a medical condition called 'urine incontinence'. A person with urine continence should seek for medical help and treatment. The concept of squirting is usually hyped by pornography.

**Q) Premature ejaculation (PE) in males** <sup>51</sup>

A) It is the ejaculation of semen in males, at the beginning of sex that is within 1 minute before or after the penetration with a complete lack of control. Every male can experience this at some point in his life. It could be due to psychological problems or physical disease.

The etiology of PE is still under research but the common speculated causes of premature ejaculations are –

- Most common is **Stress**
- Anxiety about sexual performance
- Conditioning and early experience
- Hypersensitive penis
- Lower urinary tract infections

Ejaculation could be delayed using squeeze technique, start and stop maneuver, local anaesthetic cream. With the help of medications, counselling and therapies it can be managed and treated.

**Q) Can delayed ejaculation be a problem ?**

A) yes, sometime after the sufficient sexual stimulation, there could be delayed or complete inability to achieve the orgasm. It can lead to distress. It is called as delayed ejaculation when there is delay more than 20 or 30 minutes. The causes could be retrograde ejaculation, too frequent and too many ejaculations, surgeries, endocrine problems, etc.

The main management includes taking a break from masturbation or sex, communicating the fantasies and sexual positions with the partner, practice mindfulness and sensate focus exercise.

## PORNOGRAPHY

Pornography is a type of sexual amusement based on sexual pictures, videos, audios, and written materials and can be sourced through an electronic/digital medium like television, radio, DVDs, print media (magazine), mobile, laptop and the internet.

With the advent of mobile and internet accessibility, it has become impossible for anyone to completely ignore it. Even in movies and TV sexually explicit content is shown. Pornography has become an entertainment business. They acquire consumer from every part of the world and of almost every age group through various modes. To increase the consumer base, they show unrealistic sexual act and create false expectations/imagination. The Porn industry is all about making money and unreal acting.



### Q) What is the problem (bad things) about porn

A) Here are the bad things about porn -

1. It portrays women as an object rather than a human being
2. It shows unrealistic or abnormal sex organs and behavior
3. It creates a false image of sex and builds unrealistic expectations
4. It contributes to unrealistic expectations about men, women, sexual behavior, sexual response and body appearance
5. It lacks an emotional connection between two people. Most of the things are fake in it, as it's all about acting fake and making money.

6. It hampers the concentration skill and with the thought process.

**Q) Side-effects of watching excessive porn /porn addiction**

A) Here are the possible side-effects of porn addiction

- It kills the real love and romance
- It creates a false expectation about sex, which can hamper the marriage /romantic relationship
- It can mess up with your thought process,
- Hampers concentration leading to poor academic performance
- It causes social isolation and loneliness
- It can result in high-risk behaviour (more partners, paid sex, etc)

Addiction to porn is comparable to an addiction of drugs like cocaine or heroin.

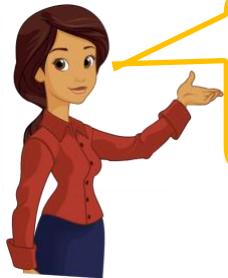
**Q) How to deal with porn addiction?**

A) If you notice porn having a negative impact on your life but find yourself having difficulty cutting it out, you may need to go to greater lengths to get your problem under control. By replacing your negative behaviour with positive ones, you can beat this habit.

Here are the tips to deal with it—

1. Engage in physical activities like – gym, sports, swimming, etc.
2. Take a break from the internet, mobile and laptop.
3. Use mobile applications or software to block the pornographic content in mobile and laptop. Restrict access to it.
4. Discuss it with your friends or can even take a medical consultation
5. Religious or spiritual involvement can significantly help
6. Consider masturbation without the use of pornography.
7. Avoid staying alone, spend most of the time with family and friends.
8. Engage in some activities like singing, dancing, painting or writing.

9. Think of pornography addiction just like any other kind of addiction (i.e., alcohol, drugs, food). Strategies to manage other addictive behaviours can be applied to pornography too.



***Each action has an impact;***  
**Choose wisely the impact you want to have**

Miss Smarty

## SEXUAL INTERCOURSE AND COMMON DOUBTS

### Q) What is sexual intercourse / sexual act?

A) Usually people call it as '**sex**'. The sexual act is usually performed *between two mature adults with consent*, who are legally married or in a romantic relationship. It can be divided into coitus and non-coital sex. Coitus sex is the penile insertion into the female's vagina. Non-coital sex is hugging, kissing (cheek, body or on the mouth), touching, stimulating and masturbation.

### Q) Is sexual intercourse natural?

A) Yes, it is a natural biological function like respiration, eating and defecation. Healthy individuals have sex for reproduction or pleasure or for body need.

### Q) Do I have to have sex when I grow up? Isn't it dirty and wicked?

A) You don't have to do anything if you don't want to do. Sex is something that is enjoyed only if it is done out of free choice. Right now, it might seem quite strange to you but later you might change your mind. That's ok. Sex is a way of expressing ourselves and our feelings. It is not dirty or wicked.

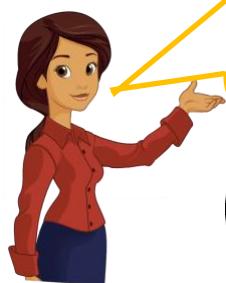
### Q) What is 'consent' for a sexual act?

A) **Sexual consent** is an agreement to participate in sexual activity. It could be in *verbal (communicated) or in written form*. Consent is *never in the form* of physical gestures, body signs, objects, indirect signals, actions, dress, etc. Consent is *never implied* based on past behavior/ activity or on the dress. Valid consent is without any pressure or threat, without any influence of drug or alcohol. Consent is *always reversible* at any point of time and it has to be very specific for every step or activity. Consent is required before every sexual act in life, even if you are a married couple or your partner is a sex worker.

A sexual act without consent is always wrong and considered as rape, which is a punishable crime.

*Legally in most of the countries (including India), a girl less than 18yr old is not allowed to give consent for sex.*

Everyone has the right to be in control of what they will and will not do with their body. Consent is a very important thing for a healthy, pleasurable relationship and consensual sexual behavior with a partner. Consent should be actively communicated and recognized by their partners.



A person is free to say 'NO' to any sexual advance or act at any point of time.

Valid consent is without any pressure or threat, without any influence of drug or alcohol.



Miss Smarty

#### **. Q) How does it feel when you have sex?**

A) If you have sex when you are ready for it, with someone you care about and who cares about you, it feels good in your body and in your mind. But if you are scared or unwilling or not ready for it, it may be the worst experience. Doing any of the sexual act because of pressure from someone else can make sex feel quite horrible. People describe sex as - excited, warm, tingly, thrilled, pleasurable, gentle, loved, wanted, special, happy.

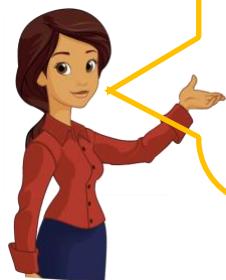
#### **Q) When and with whom a person can have sex?**

A) All society accept sex between two lawfully married adults as safe and normal. Sex is a personal thing, which is always done in private and with the consent of the partner. It should never be forced. A person can always freely choose the time he/she wants to have sex. It also depends on the cultural, religious and personal moral values. Most people wait for the correct time when they are emotionally, mentally and physically mature enough. Some people may choose to never ever have sex in their whole life like nuns, bharamacharits, etc. While some people might be sexually active at a quite early age.

**Q) How to know whether if you are ready for sex?<sup>52</sup>**

A) No matter what you've heard, read, or seen, **not everyone your age is having sex in any form.** Most of the teens choose to wait until they're older to have sex. If you have already had sex but are unsure if you should have it again, then wait before having sex again.

Being physically attracted to another person and trying to figure out how to deal with these feelings is perfectly normal. Kissing and hugging are often accompanied by really intense sexual feelings. These feelings may tempt you to "go all the way."



Before things go too far, try asking yourself the following questions:

- Do I really want to have sex?
- Is this person pressuring me to have sex?
- Am I ready to have sex?
- What will happen after I have sex with this person?

**Miss Smarty**

Remember, you can show how you feel about someone without having sex (being abstinent) with him or her. You can be sexual without having sex by spending romantic time together, holding hands, kissing, or cuddling.

Ask yourself the following questions:

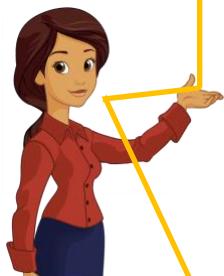
- 1) How do you feel when you are with this person?
- 2) Is this person kind and caring?
- 3) Does this person respect you and your opinions?
- 4) Have you talked together about whether to have sex?
- 5) Have you talked together about using some form of protection like condoms to prevent infections, and using condoms or other forms of protection to prevent pregnancy?
- 6) Will you stay together even if one of you does not want to have sex?

- 7) Do you know if your partner has ever had sex with other people?
- 8) Do you feel pressured to have sex just to please your partner?

If you and your partner find it hard to talk about sex, it might be a sign that you are not ready to have sex. Open and honest communication is important in any relationship, especially one that involves sex. It's normal for teens to be curious about sex, but deciding to have sex is a big step.

Some things to think about before you have sex are -

- What would your parents say if you had sex?
- Are you ready to be a parent?
- Could you handle being told that you have an STI?
- Do you know where to go for birth control methods?
- How would you feel if your partner tells you it's over after you have sex?
- How would you feel if your partner tells people at school the two of you had sex?
- How would you handle feeling guilty, scared, or sad because you had sex?

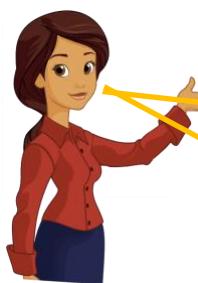


Miss Smarty

If you don't want to have sex, set limits before things get too serious. Never let anyone talk you into doing something you don't want to do. Boys and girls need to understand that forcing someone to have sex is wrong.

If you don't know what to say, here are some suggestions.

- "I like you a lot, but I'm just not ready to have sex."
- "You're really fun to be with, and I wouldn't want to ruin our relationship with sex."
- "You're a great person, but sex isn't how I prove I like someone."
- "I'd like to wait until I'm older before I make the decision to have sex."



Remember "no" means "no" no matter how far you go.  
If you feel things are going too far sexually, tell your partner to stop.

Miss Smarty

**If you choose to wait, then follow these things -**

- Avoid being alone with the same person too often. Spending time with your other friends is important too.
- Avoid giving someone the wrong idea. Stick to your limits. It's also not a good idea for you to kiss a lot or go too far sexually if you don't really want to have sex.
- Avoid using alcohol or drugs. Both of these *affect your judgment*, which may make it hard to stick to your decision not to have sex.
- Avoid giving in to the pressure. It may be tempting to keep up with the crowd, but keep in mind that they may not be telling the truth.

**People who wait until they are older to have sex usually find out that it is -**

- More *special*
- More satisfying
- Less risky to their health
- Easier to act responsibly and take precautions to avoid infections and pregnancy
- More accepted by others

*Be patient.* At some point, you will be ready for sex. Move at your own pace, not someone else's.

**Q) Why waiting for the correct age and time for sex make sense?**

A) Here are the 3 reasons -

1. **Sex can lead to pregnancy.** So, ask these questions before any sexual act - Are you ready to be pregnant or become a teenage parent? It's a huge responsibility. Are you able to provide food, clothing, and a safe home for your baby?
2. **Sex has health risks.** A lot of infections can be spread during sex. Sexually transmitted infections include chlamydia, gonorrhoea, hepatitis B, herpes, HIV (the virus that causes AIDS), human papillomavirus (HPV), or syphilis.
3. **Sex can lead to emotional pain and distractions.** You may feel sad or angry if you let someone pressure you into having sex when you're not really ready. You also may feel sad or angry if you choose to have sex but your partner leaves you. Your partner may even tell other people that you had sex with him/her.



**Better be safe than sorry**

Miss Smarty

**Q) How frequently people have sex?**

A) Generally, when people are new to sex (like newly married couple), they may have sex very frequently from many times a day to every day. With the advance in age, the frequency of sex decreases continuously.

**Q) Do people have sex on the marriage night called 'suhaag raat /first night of marriage'?**

A) Sometimes they do, and sometimes they wait till they get to know each other a little better.

**Q) What is honeymoon?**

A) It is a small vacation taken by a newlywed couple to celebrate their marriage.

**Q) What is pre-marital sex?**

A) It means sex before marriage. Socially it may be considered as wrong, as depends on the culture and individual's belief.

**Q) Why don't people have a baby every time they have sex?**

A) People don't have babies every time they have sex because the egg (ovum) and the sperm do not always meet and mix. As most of the couple use something called a '**contraception**', to prevent having a baby. You will read about contraception in details in the upcoming chapter.

**Q) Who is a virgin?**

A) A virgin is anyone (male or female) who did not have intercourse.

**Q) Is it wrong to be a virgin?**

A) No, it is not wrong. Being a virgin is totally normal as a person is free to decide about his life and body. Most of the people wait for the right person and the right time to start their sexual life. Choosing right person and time is always a crucial part of making the right decision in life. As early exposure to sex may sometime lead to mental and physical trauma and complications.

**Q) What is the first-time sex is like?**

A) Usually, people don't have a good experience with first-time sex, as they are inexperienced, shy, uncomfortable and lack knowledge. Being comfortable with the partner and environment can lead to good sex. Sex with a stranger or under the pressure/influence may be traumatic. Most of the time people aren't aware of how to provide or receive a sexual stimulation for sexual satisfaction.

**Q) Why the first the time sex may be painful for a woman?**

A) Not for all the woman sex is painful. There may be some reasons for feeling pain. Here are some –

- Mostly it could be due to the rupture of the hymen, which may cause minute bleeding (mild painful). Remember, most of the times hymen may not be present or don't bleed. Presence of hymen is not a sign of virginity. Second or subsequent time of sexual intercourse it may bleed or cause pain.
- Most of the females may not know about how to relax their vaginal and pelvic muscles.
- Due to anxiety and fear of penetration
- Due to vaginismus or pain disorder.
- Vagina may not be fully lubricated

**Q) What is 'vaginismus' in female<sup>53,54</sup>?**

A) It is a penetration disorder in which any form of vaginal penetration such as tampons, digit, vaginal dilators, gynaecologic (GYN) examinations, and intercourse is often painful or impossible. It is due to recurrent or persistent involuntary spasm of the musculature of the vagina, which can interfere with coitus and causes distress, depression. It can be also there due to fear and anxiety to penetration.

Vaginismus treatment include -

- Counselling to relieve the anxiety and fear
- Use of adequate lubrication
- Use of local anaesthetic cream (like lignocaine)
- use of vaginal dilators, Kegel's exercise
- use of medications and some procedures

**Q) What is a kiss?**

A) A kiss is an expression of love, warmth and affection toward loved ones. A kiss is a quick touching of lips to another's body part like on cheek, lips, forehead, hands, etc. Depending upon the location of kiss, there are different connotations are implied. Kiss on cheek or forehead or on lips with closed mouth is considered as friendly and is universally accepted among loved ones like parents, family members, lovers, etc.



*Kissing on cheek/forehead and hugging a family member or friend is not a part of sex.*

**Q) what is 'smooch' and 'French kiss'?**

A) Smooch is lip to lip kiss with open mouthed but without tongue. French kiss is a deep kiss where a person explores another partner's mouth with tongue. Smooch and French kiss induce sexual arousal and are shared with someone you love and sexually drawn too. These are done with clean mouth and fresh breath.

**Q) Is there any harm in deep kissing like smooch or French kiss?**

A) There is no harm in deep kissing as long as both partners are clean, do not have any infection, especially in the mouth and done with consent. Exchange of saliva during deep kiss can transmit the infections, if the partner is suffering from any open wound or infection in the oral cavity.

**Q) How a person responds to a sexual act / sexual response cycle?<sup>55</sup>**

A) Sexual response cycle refers to the sequence of physical and emotional changes that occur as a person becomes sexually aroused and participates in sexually stimulating activities, including intercourse and masturbation. Sexual responses in males and females are divided into 4 identifiable phases. Both men and women experience these phases, although the timing usually is different. For example, it is unlikely that both partners will reach orgasm at the same time. In addition, the intensity of the response and the time spent in each phase varies from person to person. Understanding these differences may help partners better understand one another's bodies and responses, and enhance the sexual experience.

Phases	Details

Excitement phase	It is accompanied by visual, audio or physical arousal.
Plateau phase	There is a change in the size and shape of sex organs. Breathing rate and heart rate also increases
Orgasmic phase	At the sexual climax, there is an intensely satisfying sensation/feeling called an orgasm
Resolution phase	Sex organs return to their normal sizes and shape and also the feeling subsides, heart rate and breathing rates comes to normal

**Q) What is an orgasm?**

A) It is an explosive feeling of sudden and intense pleasure, a physiological result of heightened sexual excitement followed by relaxation of sexual tension and body muscles.

It can be achieved by Masturbation or sexual Intercourse. Its duration can be of 4 to 6 secs. Orgasm can be marked by –

Females	Males
<ul style="list-style-type: none"> <li>• A feeling of intense pleasure</li> <li>• Flushing of skin</li> <li>• Vagina is profusely lubricated (increased secretions)</li> <li>• Engorged breasts &amp; vulva</li> <li>• Erected nipples</li> <li>• Spasm of pelvic muscles</li> <li>• Rhythmic vaginal contractions</li> <li>• Involuntary vocalization</li> </ul>	<ul style="list-style-type: none"> <li>• Feeling of intense pleasure</li> <li>• Ejaculation</li> <li>• Flushing of skin</li> <li>• Spasm of pelvic muscles</li> <li>• Involuntary vocalization</li> </ul>

**Q) How long it takes to reach an orgasm?**

A) Generally, males reach orgasm within 4 to 8 minutes. Females may take a little longer time to reach orgasm (takes 10 to 20 mins) and can have multiple orgasms simultaneously.

**Q) How male orgasm can coincide with female?**

A) Generally, it takes more time for female to reach an orgasm. Male partner should learn to stimulate the female partner appropriately and adequately even before the initiation of penetrative intercourse so that orgasm in both arrive together. The partners need to adjust to each other's physical and emotional needs to bring at once their orgasms. Conversations regarding the fantasies/positions/activities are helpful and guiding the partner during the sexual activity is very important in coinciding the orgasm.

The sexual act is more an art than science.

**Q) What is a fake orgasm?**

A) A fake orgasm occurs when a person pretends to have an orgasm without actually experiencing one. It can be faked for various personal reasons. Mostly it is difficult for a male to fake an orgasm as an ejaculation of semen is strong evidence for orgasm. For females, it is easy to fake an orgasm.

**Q) Why some female may find difficulty in achieving orgasms ?**

A) Most of the women may achieve orgasm but some find difficulty in achieving it. As the understanding of female orgasm is very poor. Most of the research studies shows that females can achieve orgasm more easily through the clitoris stimulation (and foreplay) than vaginal penetration.

The reasons for not able to achieve orgasm in females could be – lack of foreplay, lack of emotional connection/love, improper stimulation, stress, anxiety, etc.

Generally it is advised for such females to explore their own body for the pleasure points (stimulus) and activities (e.g masturbation, etc), which is later conveyed to their sexual partner. Communication about sexual positions/activities/fantasies with the partner and guiding him plays an important role in the achieving the orgasm.

**Q) What is foreplay?**

A) It is part of a sexual act, where before the sexual intercourse hugging, kissing, petting cuddling, touching, etc. is being done as a part of sexual stimulation. Generally, for females, it is the most important part of sexual arousal and helps in reaching orgasm early.

**Q) What is 'oral sex' <sup>56</sup>?**

A) Oral sex refers to sexual activities involving the stimulation of the genitalia by the use of the mouth, tongue, teeth, mouth or throat. Oral sex is now very common in both heterosexual and homosexual couples. People may involve in oral sex as part of foreplay before sexual intercourse, or during or following intercourse. Oral sex may be practiced by people of all sexual orientations.

The various types of oral sex performed are:

1. **Cunnilingus** (Oral-Vaginal Contact): Oral stimulation of a woman's vagina and/or vulva, especially her clitoris, by her partner's lips and tongue.
2. **Fellatio** (Oral-Penile Contact): Stimulation of a man's penis by his partner's mouth—usually by licking or sucking. This is called also called as '*blowjob*' in slang terms.
3. **Analingus** (Oral-Anal Contact): Stimulation of the partner's anus with tongue or lips. In slang terms, it is called as '*rimming*'.



Oral sex is an efficient mode of transmission for infections like syphilis, gonorrhoea and herpes, HIV, Chlamydia, and HPV, can also be transmitted through oral sex.

Dr Facto<sup>56</sup>

**Methods of preventing infection during oral sex –**

1. Use physical barriers like condoms (for fellatio), plastic wrap (for analingus), dental dams/ latex square (for cunnilingus)
2. Avoid any form of sex if your partner has any sign of Sexually Transmitted Diseases (STDs)
3. Avoid oral sex if the woman is menstruating
4. Make sure that the genitalia and surrounding areas are thoroughly washed and cleaned
5. Limit the number of sexual partners
6. Avoid sex with an unknown or unfamiliar partner
7. Avoid oral sex after recent dental treatment or periodontal therapy
8. Rinse your mouth with antibacterial mouth wash
9. Maintain good oral hygiene by frequent brushing and flossing.
10. Regular health check-up and screening

**Q) What is ‘sodomy’ or ‘anal sex’?**

A) It is a sexual act in which a male thrust his penis into the anus of another male or female. It may be considered a sexual offence under certain circumstances. Many people claim that they get erotic reaction to anal stimulation. Anal sex is painful to the receptor and can lead to tears of delicate anal mucosa. It is a contributory factor for fecal incontinence.<sup>57</sup> Anal intercourse is a highly efficient mode of HIV transmission than vaginal intercourse and it can also transmit other sexually transmitted diseases (STDs) like Gonorrhoea, syphilis, etc.<sup>58,59</sup>

**Q) Can oral sex or anal sex can lead to pregnancy?**

A) Oral sex or swallowing of semen (containing sperm) doesn’t lead to pregnancy. Anal sex also doesn’t lead to pregnancy. For pregnancy, semen needs to be ejaculated inside the vagina only.

**Q) Is sex with animal carried out?**

A) It is unethical and illegal to have sex with an animal. It could be very dangerous and harmful also. It is called as ‘bestiality’ and it is a punishable crime under the law.

**Q) What are safe sex practices?**

A) 'Safe sex' refers to those practices that enable people to reduce their sexual health risks and lower the likelihood of infection with HIV and other sexually transmitted diseases (STDs). Safe sex practices include:

1. Staying in a mutually faithfully relationship where both the partners are not infected.
2. Using a condom/contraception for sexual intercourse
3. Avoid sex when either partner has open sore or any STD
4. Abstinence can be one of the best protection against sexual transmission of HIV infection

**Q) What are safe and unsafe lubricants for sex?**

A) Generally, during sexual intercourse, natural lubricants are released from the vagina and penis. But still, lubricants may be used to decrease in friction in case of vaginal dryness, anal sex, etc. Inadequate lubrication can lead to a painful sexual experience.

Safe lubricants are water-based lubricants which can be easily washed off and works well with a condom also.

Unsafe lubricants are products containing harmful chemicals for an internal organ like mustard oil, shampoo, soap, skin lotion, etc. Saliva is also a poor option as it spread certain serious infections /STDs. Oil-based lubricants can result in failure of condoms.

**Q) Is it safe to have sexual intercourse(sex) when a woman is menstruating (having periods)?**

A) It actually varies from person to person depending on the choice and experience. Some people find sex as helpful during menses and while some faces increased menstrual blood flow. As sex during menstruation can be messy with blood and may smell, this could be a turnoff.



If unprotected sex is done during the menstruations then there are still chances of pregnancy, which can't be ignored.

Dr Facto<sup>60</sup>

**Q) What is a 'hickey' or love bite?**

A) Love bite or hickey is a small bruise caused by repeated kissing, sucking or biting of skin. These bruises appear easily on sensitive areas like neck, cheek, breast, etc. It is due to burst of small superficial blood vessels of the skin. A person has to ask the permission before giving hickey about the site as it can embarrass the receiver. Some people like getting a hickey as they like to flaunt about their passionate session of lovemaking. They like to conceal the hickey by applying ice or makeup over it. While some people don't like hickey, as it can be dangerous and can cause a little pain. If hickey is directly given over a blood vessels (major artery), then it can form a clot (embolism) causing stroke<sup>61</sup>. Hickey can also transmit certain infections.

**Q) What is a sex toy<sup>62</sup>?**

A) These are adult toys used for sexual satisfaction during masturbation or sexual intercourse. There are various sex toys in the market depending upon the gender and choice. Most common sex toy for females are vibrators or dildos (in shape of the penis). One has to be very careful while using sex toys as they can be dangerous if not used properly, as they can get stuck or can cause injury to the genitals. Hygiene has to be also maintained to avoid any infection.

**Q) What are 'sex positions'?**

A) Sex positions are the positions of the body that people use for sexual intercourse or other sexual activity. There are numerous and endless positions based on the type of sexual intercourse or activity like - man on top (missionary), woman on top (cowgirl), men from back (doggy), sixty-nine, etc. The choice of the sex position depends on the

comfort and personal interest of the people performing the act. There need to be a proper communication, consent and understanding between the partners before trying any sex position. As sometime it may cause trauma or injury to the body or genitals.

**Q) What is Kamasutra<sup>63</sup>?**

A) It is a book written by Indian philosopher Vatsyayana during 1<sup>st</sup> to 4<sup>th</sup> century A.D. It is the world's most famous book on sexuality. This is a guide to 'art of living' and it encompasses philosophy of love, various sex positions, sensuality, seduction, courtship, marriage, wifely duties & conjugal happiness. This work left impressions in art and found in Konark, Khajuraho, Belur, Halebidu, etc.

**Q) What happens to sex life in old age<sup>64 65</sup>?**

A) Human beings are actually never too old to enjoy a happy and healthy sex life. Usually, sexual activity decreases with age but there are people who remains sexually active in the old age, which is a normal thing. For the elders, the ability to remain sexually active is a major concern in their lives. Fear about the loss of sexual prowess in older males is common. Older women also express sexual desire but may fear their interest is undignified and disgraceful.

Elders may experience sexual dysfunction due to boredom, fear, fatigue, grief, or other factors (e.g., intrinsically low sexual desire, physical disability). Normal ageing brings physical changes in both men and women. These changes sometimes affect the ability to have and enjoy sex.

A woman may notice changes in her vagina like shortening & narrowing of the vagina, hot flashes, vaginal dryness (causing pain during penetration). As men get older, impotence (also called erectile dysfunction) becomes more common. Some illnesses (like arthritis, diabetes, stroke, depression, incontinence, heart disease, dementia), disabilities, medicines, alcohol and surgeries (hysterectomy, *Prostatectomy*) can affect the ability to have and enjoy sex.

**Q) What is the 'Erectile dysfunction' in men?<sup>66</sup>**

A) It is defined as the inability to achieve and maintain an erection sufficient to permit satisfactory sexual intercourse. It may result from psychological, neurologic, hormonal,

arterial, or cavernosal impairment or from a combination of these factors. Mainly the treatment include to be little kind on himself (by not blaming or stressing himself), to do some physical activity (sports/exercise), avoid alcohol and smoking, control his blood sugar/cholesterol/blood pressure. There are various medications, procedure and treatment available depending upon the cause.



Dr Facto

It is very important for a man to know that **no one can have an erection on demand** and he need to stop judging himself.

#### **Q) What is 'Viagra' and its side-effects<sup>67</sup>?**

A) Viagra is the brand name of a drug called '**Sildenafil**'. It is used in the treatment of erectile dysfunction, as it increases blood to the penis resulting in increased duration of penile erection in men. It can cause – headache, flushing, syncope(fainting), blue vision, cardiac problems, indigestion, etc. Therefore, it is strictly advised to consult your doctor before taking such medications. It is not effective in patients with endocrinal impotence, loss of libido, premature ejaculation or infertility.

#### **Q) Can a person be bored of sex?**

A) Yes, it is highly possible and many of the couple of middle age goes through this. It could be due to various reasons like stress, mid age crisis, loss of interest, depression, repetitiveness, etc. Generally, it is advised to take a break from sex and spend some time in non-sexual activities. To develop the interest again people may even go for a sex therapy, sensate focus, sex toys, discovering new positions, etc.

#### **Q) Features of a good sexual intercourse**

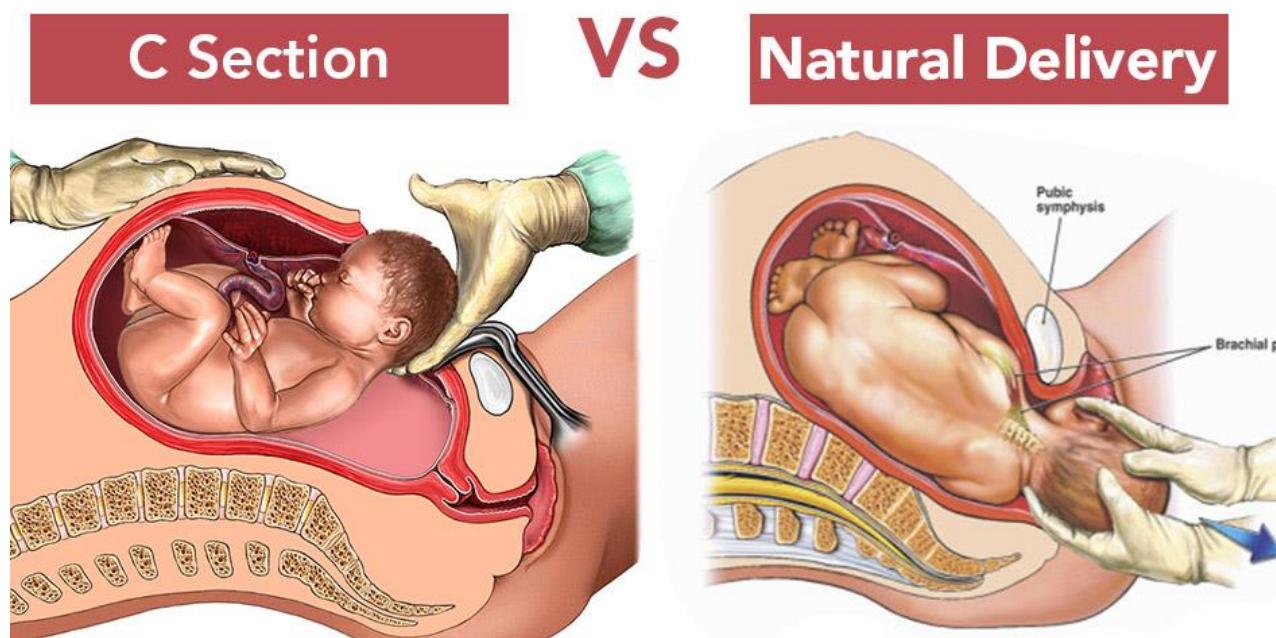
A) It should be consensual, non-demanding, without any pressure. There should be no expectations of for orgasm (as orgasm can be optional always). It shouldn't involve judging or rating the partner. It is always healthy to discuss and converse regarding sexual positions/activities/fantasies with your partner to improve the experience better for each other.

## PREGNANCY, ABORTIONS – COMMON DOUBTS

### Q) How babies are born?

A) Married couple perform sexual intercourse (people usually call it ‘sex’). During this, a male inserts his penis into the vagina and the penis ejaculate semen (contains sperms) into the female’s vagina. This results in fertilization (meeting) of the female’s ovum by male’s sperm. This fertilization leads to conception of the product in the uterus. After 9 months (40 wks) of this fertilization, a baby is born either through normal vaginal delivery or through the abdomen by an obstetrician (called ‘caesarean section’).

People do not want to keep having babies every time they have sex. So, they use certain things to prevent the sperm and the egg from meeting. These things are called **contraceptives** (explained in details in a later chapter).



### Q) How to calculate the expected date of delivery of the baby?<sup>68</sup>

A) There are various methods, but the common one is by using the patient's last menstrual cycle. The patient must be sure of the first day of their last menstrual period to use this method in establishing the due date. Adding seven days and then nine months to the patient's last menstrual period (or 280 days) will give an estimated delivery date. This technique assumes that the patient has a normal 28-day menstrual cycle and

ovulates on day 14 of that cycle. Currently, there are various smartphone applications and online software available to calculate it for you.



Only 4% of the woman deliver exactly on the date of expected delivery (280 days).

Dr Facto<sup>69</sup>

#### **Q) What is ‘test tube baby’?**

A) If for some reason the sperm and the egg cannot meet inside the woman’s body after repeated attempts but the couple wants to have a baby, they can have a test-tube baby. Test tube babies are made by taking the woman’s egg and the man’s sperm and making them meet outside the body, in a laboratory (but not in a test tube, as the name suggests). Then the fertilized egg is put inside the woman’s uterus where it grows like any other baby and is born after nine months.

#### **Q) Who will decide that a baby born will be a boy or a girl?**

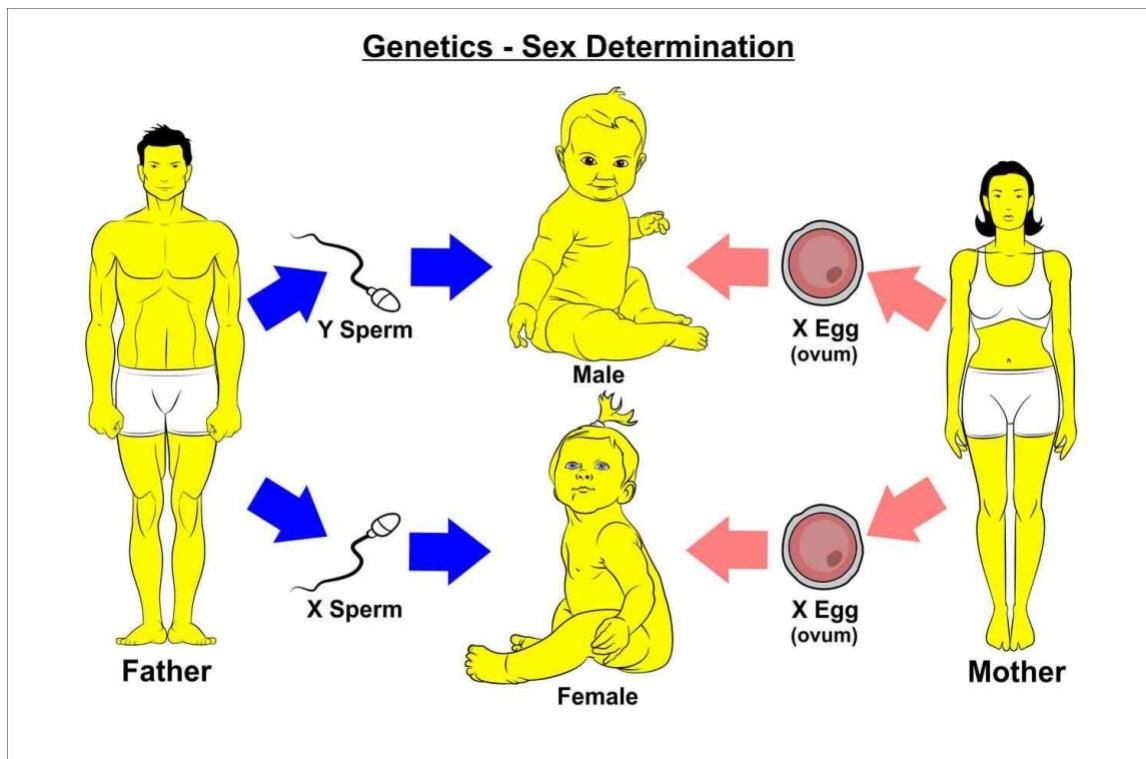
A) Chromosomes decide whether the baby will be a girl or a boy. Women have only one type of chromosome – ‘X chromosome’ in the ovum. Men have two types of chromosomes – ‘X’ and ‘Y’ chromosomes.

So, if a sperm with an X chromosome fertilizes the egg (which has X chromosomes), the baby will be a girl. If a sperm with the Y chromosome fertilizes the egg, the baby will be a ‘boy’.



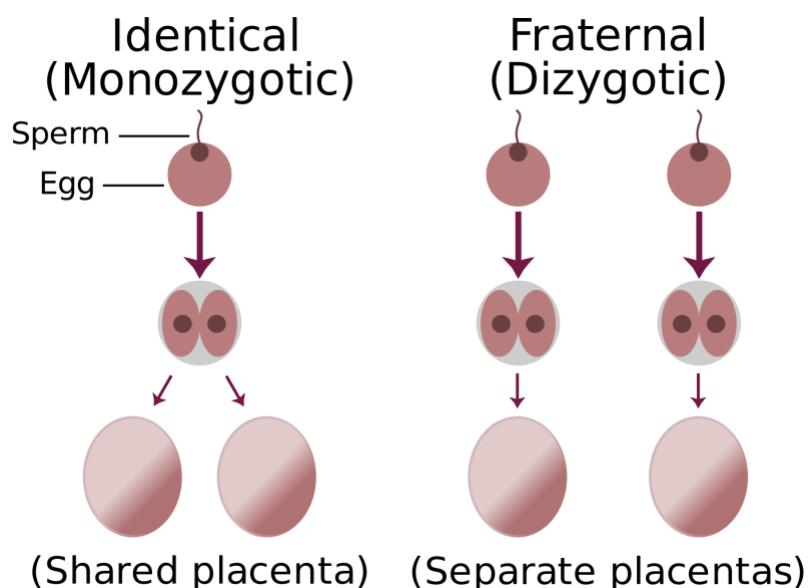
No one can control or decide which sperm will meet the X chromosome of the female’s ovum.

Dr Facto



### Q) How twin babies are formed?

A) Twins means two babies born in a single pregnancy. They could be identical (look-alikes) or non-identical twins. The identical twins are formed through division of one fertilized ovum/egg (zygote) into two, that's why scientifically also called as monozygotic twins. The non-identical twins are formed due to fertilization of 2 separate ovum/eggs with 2 sperms, they are also called as zygotic twins (fraternal twins).



**Q) Can a 13-year-old girl become pregnant?**

A) A girl who has started having her periods can become pregnant if semen enters her vagina. Also, if a girl, who has not yet begun to get her periods but will start having her periods from that month onwards, she can become pregnant if semen enters her vagina.

**Q) Can kissing lead to babies?**

A) No

**Q) Will a girl become pregnant if semen is ejaculated outside the vagina (nearby vulva or groin)?**

A) No, she can't become pregnant unless semen (contains sperm) is ejaculated inside the vagina. However, pre-ejaculatory secretions from the penis, which are released during the sexual intercourse for lubrication may contain some sperms which can lead to pregnancy. Therefore, it is always advised to use some form of contraception.

**Q) Can a female become pregnant, if there is no vaginal penetration?**

A) No, a woman cannot become pregnant if there is no vaginal penetration by a penis.

**Q) How does a woman know that she is pregnant?**

A) A woman who has been having regular periods stops having her periods when she is pregnant. So, if a woman who has sex does not get her period on time might be a sign that she is pregnant. To be sure that she is pregnant she needs to have a pregnancy test, as periods can also stop because of illness or tension also.

Here then are some signs and Laboratory test for pregnancy -

<b>Early signs of pregnancy</b>	<b>Late signs of pregnancy</b>
---------------------------------	--------------------------------

Delayed menstrual periods (1-2 wks beyond the expected date)	Breast becomes enlarged
Nausea (vomiting sensation)	Nipple becomes darker
Tired, mood swings	Increased vaginal discharge
Pica (preference for pickle, sour food, earth pellets)	Feeling the movement of a baby (usually starts around 5 <sup>th</sup> month)
Increased frequency in urination	Enlarged abdomen

- Uterus is a pelvic organ till 12<sup>th</sup> week, it reaches till umbilicus at 24<sup>th</sup> weeks of gestation and reaches till xiphoid at 36<sup>th</sup> week. After 36<sup>th</sup> week, uterus starts coming down toward umbilicus with flanks start becoming full.
- Most conclusive clinical sign of pregnancy is fetal heart sound (FHS), which become evident clinically by 18-20<sup>th</sup> week of pregnancy.

#### **Q) Laboratory tests for pregnancy -**

A) Laboratory tests can detect the pregnancy early and can confirm it –

1. Urine pregnancy test (UPT)
  2. Ultrasound (USG) – confirmatory test
- Detection of hCG in maternal serum or urine can be done as early as 8-11 days of conception.

#### **Q) How long does it take for a woman to know she is pregnant?**

A) For most women, that's as early as five or six weeks into pregnancy and only 1 or 2 weeks after a missed period.

#### **Q) How to use a urine pregnancy kit/test?**

A) Urine pregnancy kits are available at the pharmacy and general store. Anyone can avail it. Here are the steps to use UPT kit-

1. The Urine Pregnancy Test (UPT) can be performed at any time of the day; however, testing first-morning urine is preferable.

2. Urinate into a clean, dry cup or a container.
3. Remove the testing device from the foil pouch by tearing at the notch. Take out the device /card (see image below) and place it on a flat surface.
4. Draw out a little urine with a dropper (provided with the kit) and put just two drops in the circular test well that is usually marked 'S' (sample). Do not spill urine on the reading strip.
5. Wait for three to five minutes (depending on the manufacturer's instructions) and then read the test results. Trying to read the results before the stipulated time or waiting too long, can both lead to inaccurate readings.



Positive(pregnancy)



Negative(not pregnancy)



Weak positive

**Q) How to interpret a urine pregnancy test (UPT)?**

1. Look at the regions marked 'C' and 'T' on the test card. 'C' indicates a control. This band must always appear because this is the comparison band. 'T' indicates the test sample.
2. If *only one pink/purple band* appear in the region marked 'C', it means that the test is negative for pregnancy.
3. If *two pink/purple bands* appear, one in the region marked 'C' and the other in the region marked 'T', it means that the test is positive for pregnancy
4. In case no bands appear, then the test is invalid. Repeat the test with a new pack of urine pregnancy test after 72 hours.
5. If the line formed in region 'T' is faint, this could be due to low levels of hCG hormone. It is said that it is weakly positive but better to repeat the test with a new pack card after 72 hours.

**Q) Is sexual intercourse safe during pregnancy?<sup>70</sup>**

- A) Sex during pregnancy is normal and safe. A woman can have a normal sex life. Abstinence from sex is recommended only for women who are at a higher chance (risk) for preterm labour, miscarriage/ abortions, antepartum haemorrhage. Some research shows that sex can be avoided in the last 3 months (3<sup>rd</sup> trimester) of the pregnancy, as it can result in pre-term labour (early delivery). It is always advised to consult your doctor, when in doubt.

**Q) After how many days a woman can have sexual intercourse after pregnancy (after delivery of the baby)?<sup>70</sup>**

- A) Generally, it is often advised that a women should avoid sexual intercourse until 4 to 6 weeks after vaginal or caesarean delivery. Following childbirth, a woman's body enters a healing phase when bleeding/lochia stops, episiotomy tears heal and the cervix closes. She can have intercourse when she feels comfortable and healthy for it. A woman may experience little pain or discomfort during sexual intercourse but it subsides with time and proper lubrication.

**Q) Can women become pregnant if she is having unprotected sexual intercourse after delivery of the baby(during post-partum period)?**

A) Yes, it is possible to become pregnant very soon after having a baby. Using a birth control method in the weeks after having a baby (during the postpartum period) helps to avoid an unintended pregnancy.

**Q) Weight gain in pregnancy**

A) average weight gain in pregnancy is around 11kg. 1kg in 1<sup>st</sup> trimester, 5 kg in 2<sup>nd</sup> trimester, 5kg in 3<sup>rd</sup> trimester.

Ideally Total Weight gain should be according to BMI (weight measured before pregnancy) <sup>71</sup>-

BMI	Total Weight gain in pregnancy
<18.5 (underweight)	12.5-18 Kg
18.5 – 24.9 (normal)	11.5 – 16 Kg
25-29 Overweight)	7- 11.5 Kg
≥30 (Obese)	5-9 Kg

- Abnormal weight gain is >500gm in a week or more than 2.2 kg in a month.  
Consult a doctor if suspected.



There is increased demand for calorie, protein and iron during the pregnancy for a healthy baby

Dr Facto

**Q) Advice to be followed during pregnancy**

1. The diet should be light, nutritious, easily digestible, rich in protein, minerals & vitamins.
2. Folic supplements (0.4mg/day) need to be started as soon as possible (can be started before pregnancy also) till the 12<sup>th</sup> week of pregnancy. It is given to prevent Neural Tube Defects (NTDs).

3. Iron tablets need to be started on 4<sup>th</sup> month onwards up to 6 months of post-delivery. It can be taken with lemon juice, as vitamin C increases absorption of Iron.
4. Try to eat a diet rich in iron like – green leafy vegetable, egg, meat, beans.
5. A pregnant woman needs to take 8 hours of sleep in night & 2 hours of sleep in the day (post lunch, in left lateral position).
6. A pregnant woman can travel, but prolonged sitting is avoided. Advised to take a break after every 2 hours (walk and move in between a prolonged journey). In cars, the seat belt should be under the abdomen. Generally, the rail route is preferred.
7. Aircraft travel is safe up to 36 weeks only. In multiple pregnancy, it is safe up to 34 weeks.
8. Avoid smoking & alcohol. Reduce the intake of tea and coffee also.
9. Maintain good hygiene (oral, dental, hand, genitalia).
10. For back pain, diclofenac gel or paracetamol tablet and hot water fomentation can be done.
11. Constipation is common, so it is advised to have lot of fluids & fibres in the diet. E.g.- salads, vegetables, fruits.
12. Vigorous exercise, sitting on ground & weight loss need to be avoided. However, evening walks or mild upper limb exercises can be done.
13. Don't miss any meal, always carry some food while travelling or meeting.
14. Take small meals but frequently
15. Consult your doctor before taking any medications and keep all the health records safe.

#### **Q) Important key danger signs during pregnancy**

A) Following are the key dangers signs during pregnancy,<sup>72</sup> if any sign present then consult a doctor.

<b>Key Danger signs during pregnancy</b>	<ul style="list-style-type: none"> <li>- Severe vaginal bleeding,</li> <li>- Swollen hands/face,</li> <li>- Blurred vision,</li> <li>- Signs of gestation hypertension</li> </ul>
--	---

<b>Key Danger signs during labour &amp; childbirth</b>	<ul style="list-style-type: none"> <li>- Severe vaginal bleeding,</li> <li>- Prolonged labour,</li> <li>- Convulsions,</li> <li>- Retained placenta,</li> </ul>
<b>Key Danger signs during post-partum period</b>	<ul style="list-style-type: none"> <li>- Severe vaginal bleeding,</li> <li>- Foul smelling vaginal discharge,</li> <li>- High fever</li> </ul>
<b>Key Danger signs in the new born</b>	<ul style="list-style-type: none"> <li>- Convulsions /spasms/ rigidity,</li> <li>- Difficult/ fast breathing,</li> <li>- Very small baby,</li> <li>- Lethargy / unconsciousness.</li> </ul>

**Q) What is the depression after delivery (postpartum depression)?<sup>73</sup>**

A) Postpartum depression is a mood disorder that can affect women after childbirth. Mothers with postpartum depression experience feelings of extreme sadness, anxiety, and exhaustion that may make it difficult for them to complete daily care activities for themselves or for others. Postpartum depression does not have a single cause, but likely results from a combination of physical and emotional factors. Only a health care provider can diagnose a woman with postpartum depression as symptoms of this condition are broad and may vary between women. The condition, which occurs in nearly 15 percent of births, may begin shortly before or any time after childbirth, but commonly begins between a week and a month after delivery. Because of the severity of the symptoms, postpartum depression usually requires treatment. It can be treated with counselling and medications.



**Q) What are ‘baby blues’?**<sup>73</sup>

A) The “baby blues” is a term used to describe the feelings of worry, unhappiness, and fatigue that many women experience after having a baby. Babies require a lot of care, so it’s normal for mothers to be worried about, or tired from, providing that care. Baby blues, affects up to 80% of mothers, includes feelings that are somewhat mild, last a week or two, and go away on their own.

**Q) Abortion**

A) Abortion is the medical termination of pregnancy (MTP) before 20 weeks of gestation.

The 4 common Indications for abortions (MTP) are

- 1) Therapeutic (for cure)
- 2) Eugenic (child with defects)
- 3) Failure of contraception
- 4) Danger to mother health

Female above the age of 18 years can give consent for abortion, without the consent of her husband or caregiver.

In India, abortions are not allowed after 20 weeks (5<sup>th</sup> month) of the pregnancy.

**Q) Is abortion a bad thing?**

A) Abortion is not a bad thing but it should be always carried out safely and legally.

**Q) What is safe and unsafe (criminal) abortion**

A) Abortion can be done safely by a trained certified doctor or unsafely by a quack.

<b>Safe abortion</b>	<b>Unsafe/criminal abortion</b>
It is an abortion that is done with appropriate and safe methods during the appropriate duration of pregnancy	It refers to abortion provided by untrained unauthorized individuals or/and by using dangerous methods

<p>and is done by a trained health-care provider (who is legally authorized). There are medical (tablets) and surgical methods (vacuum aspiration, dilatation and evacuation) available.</p>	<p>or/and after the legal duration of pregnancy. There are punishments under the law for criminal abortions.</p>
--	--

### Q) What are the health consequences (complications) of unsafe abortions?

A) Following are the consequence:

Immediate medical complications	Late medical complications	Psychological and other consequences
<ul style="list-style-type: none"> <li>- Excessive vaginal bleeding</li> <li>- Infection</li> <li>- Injury to organs</li> <li>- Shock causing Death of the patient</li> </ul>	<ul style="list-style-type: none"> <li>- Subsequent spontaneous abortions</li> <li>- Secondary infertility</li> <li>- Pre-term labour</li> <li>- Chronic pelvic infections (PID)</li> <li>- Increased risk of tubal pregnancy</li> </ul>	<ul style="list-style-type: none"> <li>- Depression</li> <li>- Social withdrawal</li> <li>- Sexual dysfunction</li> <li>- Financial burden</li> <li>- Lost working capacity</li> </ul>

### Q) What is infertility? Why some married couple are unable to conceive a baby?

A) Infertility is a condition when a married couple is unable to conceive a baby through unprotected vaginal sex for 1 year. In an infertile couple it is recommended that first a husband should undergo the tests (investigations), as investigations for men (like semen analysis, scrotal ultrasounds) are cheaper and non-invasive than investigations for females.



*Infertility has multiple causes, out of which 40% are due to male factors and 40% are due to female factor and 15-20% are due to unknown causes.*

Dr facto<sup>74</sup>

**Q) Lifestyle changes that may boost fertility**

A) Here are the following tips<sup>75</sup> –

1. Quit smoking
2. Reduce alcohol consumption
3. Maintain a healthy weight according to your height
4. Don't consume drugs and marijuana
5. Have a healthy diet rich in fruits and vegetables
6. Caffeine has a negative impact on woman's fertility, so reduce its amount
7. Avoid exposure to overheat and radiation
8. Do a regular physical activity
9. Try to avoid stress and learn to manage it

## CONTRACEPTION, CONDOMS

Contraception is the intentional prevention of pregnancy by artificial or natural means. Contraception allows people to attain their desired number of children and to determine the spacing of pregnancies by delaying or preventing childbearing. Numerous contraceptive options, designated by duration and context of use (long-acting, permanent, short-term, emergency) and by the method of operation (hormonal, non-hormonal, barrier, fertility awareness-based).<sup>76</sup>



WHO and other international organization recommend waiting of 2 to 3 years between two pregnancy to reduce deaths of babies and to benefit mother's health. Research shows that spacing of 3 to 5 years is more advantageous.

Dr Facto<sup>77</sup>

### Q) Why adolescents should know about contraception? Problems with adolescent pregnancy?

- A) Some adolescents may choose not to be sexually active, some may choose to be sexually active. Here are the problems<sup>76</sup> -
- 1) Pregnancy at an early age can result in complications (like eclampsia, puerperal endometritis and systemic infections, low birth weight, preterm delivery), which can also cause the death of the mother or child or both.
- 2) Unsafe abortions among young girls can cause death complications and death.
- 3) Unmarried pregnant adolescents may face stigma, rejection or violence by partners, parents and peers
- 4) Girls who become pregnant before the age of 18 years are more likely to experience violence within a marriage or partnership
- 5) Adolescent pregnancy may also jeopardize girls' future education and employment opportunities

### Q) Methods of contraception

A) The methods could be broadly divided into natural, temporary and permanent methods -

Natural methods	Temporary methods	Permanent methods
<ol style="list-style-type: none"> <li>1. Abstinence from sex especially during the fertile period (10<sup>th</sup> to 17<sup>th</sup> days of the menstrual cycle)</li> <li>2. Withdrawal or coitus interruptus (the male partner withdraws his penis from the vagina just before ejaculation)</li> <li>3. Lactational amenorrhea is a method based on the fact that ovulation is absent post the delivery of baby (maximum till first 6 months), if the baby is regularly breastfed.</li> </ol>	<ol style="list-style-type: none"> <li>1. Barrier methods like condoms (male condom), femidom (female condom), Diaphragms, cervical caps and vaults</li> <li>2. Intra Uterine Devices (IUDs) like copper-T</li> <li>3. Injectables Implants,</li> <li>4. Injections (DMPA)</li> <li>5. Oral Contraceptive pills (OCP) it also has many benefits in the treatment of menstrual abnormalities.</li> </ol>	<ol style="list-style-type: none"> <li>1. Vasectomy (Vas Deferens is cut in males). It is simpler and easier than tubectomy.</li> <li>2. Tubectomy (Fallopian tubes is cut in females)</li> </ol>



Natural methods have higher chances of failure compared to the temporary and permanent methods.

Dr Facto<sup>78</sup>

Q) Emergency contraception

A) Emergency contraception is NOT a regular method of birth control. Emergency contraception can be used after unprotected sexual intercourse, or if the birth control method failed (such as if a condom broke).

1. **Copper IUD**—Women can have the copper-T IUD inserted within five days of unprotected sex.

2. **Emergency contraceptive pills**—Women can take emergency contraceptive pills up to 3 to 5 days after unprotected sex. The sooner the pills are taken, the better they will work. They can be availed in the pharmacy or general stores in the name of Ezy pill, i-pill, unwanted 72, plan-B, morning after, etc. Frequent use of emergency pills to be avoided as they can hamper the menstrual cycles and can cause hormonal imbalance.

If there is a frequent need for emergency pills, then one needs to shift to other contraceptive methods like oral contraceptive pills (OCP), intrauterine devices (IUCD) like copper T or injectable contraceptive.

**Q) What will happen if a male takes an oral contraceptive pill or emergency pill?**

A) Mostly, nothing much will happen to a male but it is advised for not to do so.

**Q) By mistake we had unprotected sexual intercourse, now what to do?**

A) If the sexual intercourse was done in the last 72 hours then a female can take an emergency contraceptive pill. A married woman can even choose for intrauterine copper T (which is effective within 5days of unprotected sex). If it is more than 72 hours (3days) of unprotected sexual intercourse, then you can wait for the girl's next period (As every sexual intercourse may not lead to pregnancy). If her next period is missed then she may undergo a pregnancy test and an abortion through pills by contacting a qualified doctor. Therefore, is always advised to use a protection.

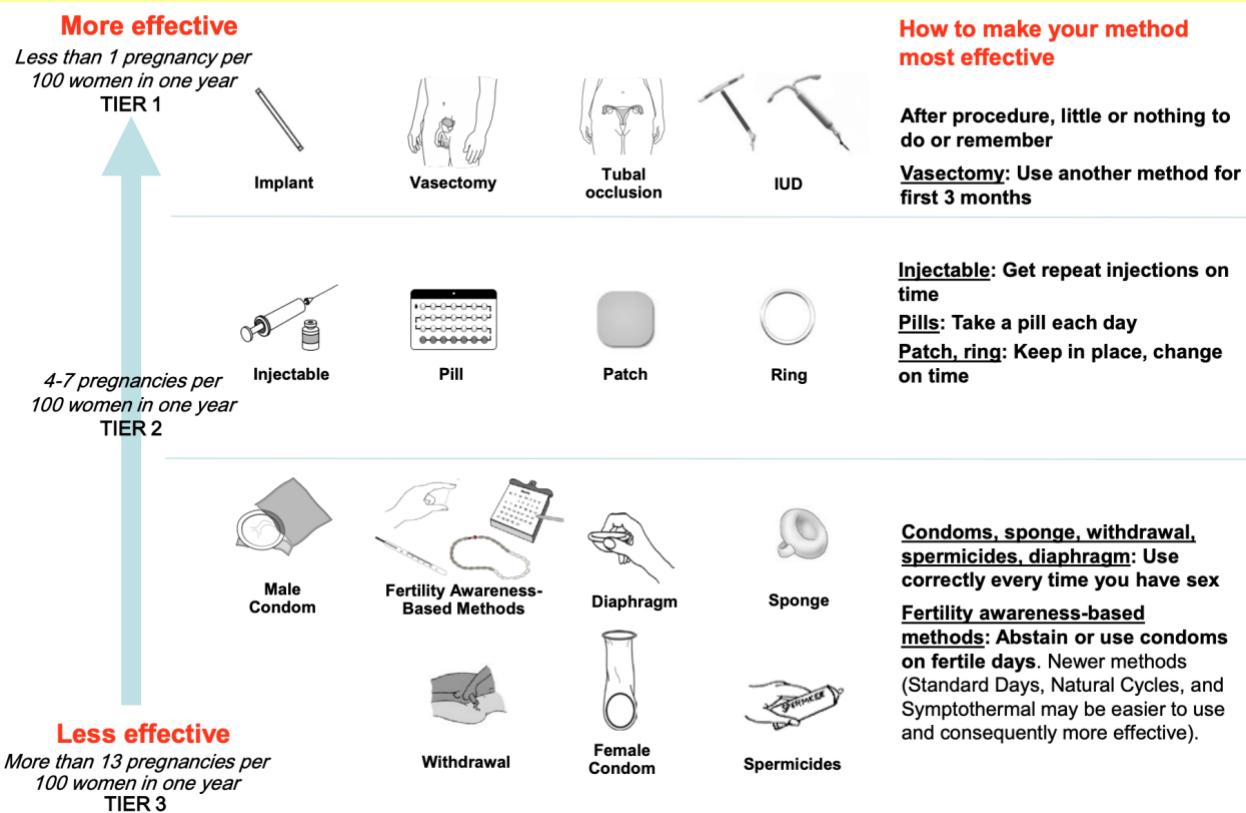
**Q) Can emergency pill be taken before sex?**

A) There is no data available for how much time before it can be taken. Mostly it can be taken just before the intercourse.

### Q) How effective are various contraceptive methods?<sup>78</sup>

A) The least effective are natural methods. Therefore, it is always advised to avoid using natural methods, as there is a high chance of failure.

**Figure 3-1 Comparing typical effectiveness of contraceptive methods**



### Q) How effective are condoms?

A) Condoms provide protection against sexually transmitted disease (STDs), approx. 80% protection. Condoms have a high failure rate as 12%, if it is used properly then the failure rate can be reduced to 3%. They can fail due to slippage, breakage, etc.

### Q) What to do if a condom breaks or slips?

A) Don't panic. You can use emergency contraception or else you can wait for the next menstrual cycle. If there is a delay of menstrual cycle beyond 1 week, then contact a doctor for further evaluation and management.

**Q) DO's and Don'ts' for condom use<sup>78</sup>**

<b>Do's for condom use</b>	<b>Don'ts for condom use</b>
<ul style="list-style-type: none"> <li>• DO use a condom every time you have sex.</li> <li>• DO put on a condom before having sex.</li> <li>• DO read the package and check the expiration date.</li> <li>• DO make sure there are no tears or defects. DO store condoms in a cool, dry place.</li> <li>• DO use latex or polyurethane condoms.</li> <li>• DO use water-based or silicone-based lubricant to prevent breakage.</li> </ul>	<ul style="list-style-type: none"> <li>• DON'T store condoms in your wallet as heat and friction can damage them.</li> <li>• DON'T use nonoxynol-9 (a spermicide), as this can cause irritation.</li> <li>• DON'T use oil-based products like baby oil, lotion, petroleum jelly, or cooking oil because they will cause the condom to break.</li> <li>• DON'T use more than one condom at a time. It may cause friction and can lead to breakage of condom</li> <li>• DON'T reuse a condom.</li> <li>• DON'T wash a condom</li> <li>• DON'T use latex condom, if you are allergic to latex</li> </ul>

**Q) How to wear a condom? steps**

A) Condoms are stored in dry and cool places. Steps to wear and use the condom is also given in the instruction manual available with the condom packet.

**Step1.** check the expiry date of the condom, as an expired condom can break easily. Open the condom carefully, don't use your nails or sharp items which can damage it.

**Step2.** Place condom on the head of the erect and hard penis. If uncircumcised penis, pull back the foreskin first.

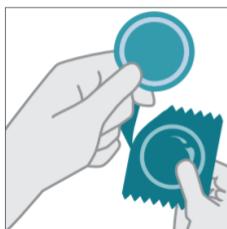
**Step 3.** Pinch air out of the tip of the condom. If air is present then, there is a high chance of breakage.

**Step 4.** Unroll condom all the way down the penis. After this, penis can be inserted into the vagina. Don't use any lubrication, as condoms are pre-lubricated and vaginal secretions also act as lubricants.

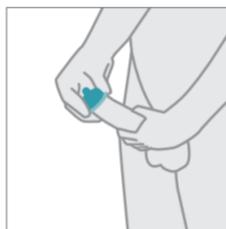
**Step 5.** After sex before pulling out the penis, hold the condom at the base. Then pull out, while holding the condom in place. Withdrawal the penis, while the penis is still erect. Take off the condom without spilling semen on the vagina.

**Step 6.** Carefully remove the condom, tie a knot at the open end of the condom, cover it in a wrapper or paper and throw it in the dustbin. Never reuse them.

### — How To Put On and Take Off a Male Condom —



Carefully open and remove condom from wrapper.



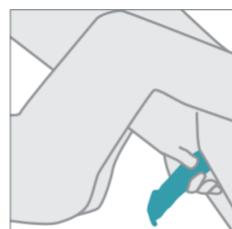
Place condom on the head of the erect, hard penis. If uncircumcised, pull back the foreskin first.



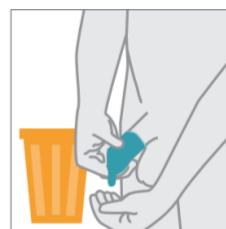
Pinch air out of the tip of the condom.



Unroll condom all the way down the penis.



After sex but before pulling out, hold the condom at the base. Then pull out, while holding the condom in place.



Carefully remove the condom and throw it in the trash.



The Original condoms were made from intestines of animals. The First rubber condom was produced in 1855 after rubber vulcanization process was invented by Charles Goodyear.

Dr Facto<sup>79</sup>

**Q) What are flavoured condoms? what's their use?**

A) They are sugar-coated condoms usually used for oral sex (where a penis is involved). They shouldn't be used for vaginal-penile sex, as sugar can lead to secondary infections in the vagina. Also, vagina and anus don't have any taste buds.



**Q) Can I use a plastic sheet or anything else, If I don't have a condom?**

A) No, never use any plastic sheet or anything except condom, as they may break or slip easily causing Pregnancy. Also, introducing any unsterile thing into the vagina can cause infections and the irregular surfaces can cause trauma or injury.



Condoms are easily available across most of the pharmacy and general shops. They are also freely distributed by the government through various modes.

Miss Smarty

## SEXUALLY TRANSMITTED INFECTIONS/DISEASES (STI/STDs)

Sexually transmitted infections (STIs or STDs)<sup>80</sup> are infections caused by bacteria, viruses and parasites transmitted through sexual contact, including vaginal, anal and oral sex. Some STIs may also be spread by skin-to-skin sexual contact or through non-sexual means, such as from mother to child during pregnancy and childbirth.

There are more than 30 known bacteria, viruses and parasites that cause STIs. 8 of these pathogens are linked to the greatest incidence of sexually transmitted disease.

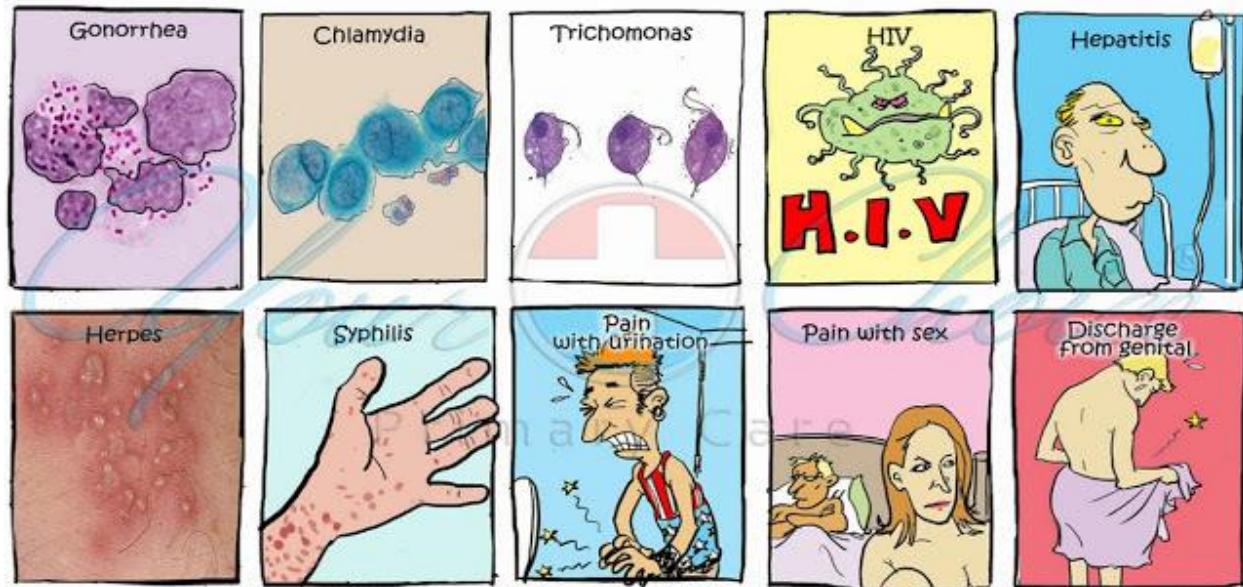
### Q) What are the common STDs?

A) There are common 8 infections

- Out of which 4 are currently **curable**: syphilis, gonorrhoea, chlamydia and trichomoniasis.
- The other 4 are viral infections and are **incurable**: hepatitis B, Herpes Simplex Virus (HSV), Human Immunodeficiency virus (HIV), and human papillomavirus (HPV).

Safe and highly effective vaccines are available for 2 STIs: hepatitis B and HPV. HPV causes cervical cancer in females and penile cancer in males.

## SEXUALLY TRANSMITTED DISEASE



**Q) What are the symptoms of STDs?**

A) Symptoms may vary according to the gender, severity and type of STDs

STD in Males	STD in Females
Pus/discharge from the penis	Pus/white, smelly discharge from the vagina
Ulcer on penis or scrotum	Itching or ulcers around the vagina
Pain or burning sensation on urination	Pain or burning sensation on urination
Swollen or painful testis	

**Q) Who are at the risk for STD?**

A) any person who indulges in sexual activity is at risk. One person can get multiple STDs at the same time also. People at higher risk are –

1. Who has multiple sexual partners
2. Who has sex with commercial sex workers (prostitutes/sex workers)
3. Homosexual males (as anal sex has a higher risk of HIV transmission compared to vaginal sex).
4. Those who don't follow 'safe sex practices.

**Q) Who are commercial sex workers/prostitutes?**

A) They are the people who offer sex in exchange for money or other benefits. They sell sex for their livelihood. They could be male (gigolo), female or transgender. Most of them are forced to do so. They are more prone to drug abuse, physical abuse and STDs.

**Q) How to avoid (prevent) STDs -**

A) The only guaranteed way is to abstain from sexual activities. The other ways as follows-

- (i) Avoid sex with unknown partners/multiple partners.

- (ii) Always use condoms during coitus.
- (iii) In case of doubt, go to a qualified doctor for early detection and treatment
- (iv) Get vaccinated against hepatitis B and HPV.

**Q) By immediately cleaning genitals with soap/antiseptic lotion after having sex, can I avoid STDs?**

A) The risk may be little reduced but can't be eliminated. This is not applicable to HIV/AIDS.

## HUMAN IMMUNODEFICIENCY VIRUS (HIV) / AIDS

Human immunodeficiency virus (HIV)<sup>81</sup> is a virus that targets the immune system and weakens the body's defense systems against infections and some types of cancer. The most advanced stage of HIV infection is Acquired Immunodeficiency Syndrome (AIDS), which can take from 2 to 15 years to develop depending on the individual. AIDS is defined by the development of certain cancers, infections, or other severe clinical manifestations.

There is **currently no cure or vaccine for HIV or AIDS.** However, effective antiretroviral (ARV) drugs can control the virus and help prevent transmission so that people with HIV, and those at substantial risk, can enjoy healthy, long and productive lives.



**There are approx. 21.4 lakh people living with HIV in India (2017)**

Dr. Facto<sup>82</sup>

### Risk factors for HIV

Behaviours and conditions that put individuals at greater risk of contracting HIV include:

1. Having unprotected anal or vaginal sex;
2. Multiple sexual partners or sex with sex workers
3. Sharing contaminated needles, syringes and other injecting equipment and drug solutions when injecting drugs;
4. Receiving unsafe injections, blood transfusions, tissue transplantation, medical procedures that involve unsterile cutting or piercing; and
5. Experiencing accidental needle stick injuries, including among health workers.

### Signs and symptoms of HIV

The symptoms of HIV vary depending on the stage of infection. Though people living with HIV tend to be most infectious in the first few months, many are unaware of their status until later stages.

The symptoms may be

- fever for more than 3 weeks,
- cough or diarrhoea of more than 3 weeks which don't get treated with routine treatment
- weightless despite a good diet
- extreme weakness
- small multiples swellings in neck, armpits or groin
- Reddish rash on skin or white patches on mouth

Without treatment, they could also develop severe illnesses such as tuberculosis, cryptococcal meningitis, severe bacterial infections and cancers such as lymphomas and Kaposi's sarcoma.

### **Transmission/spread of HIV**

HIV can be transmitted via the exchange of a variety of body fluids from infected individuals, such as blood, breast milk, semen and vaginal secretions.



Individuals cannot become infected through ordinary day-to-day contacts such as kissing, hugging, shaking hands, or sharing personal objects, food or water.

Dr Facto<sup>58</sup>

5 Major routes of HIV transmissions are –

1. Unprotected sexual intercourse with HIV infected person
2. Getting transfusion of HIV infected blood
3. Contaminated syringes and needles
4. Piercing of ears, nose or tattooing with contaminated instruments
5. May spread from HIV positive mother to her baby

The most common methods of transmission of HIV are:



Unprotected sex with an infected partner



Sharing needles with infected person

Almost eliminated as risk factors for HIV transmission are:



Transmission from infected mother to fetus



Infection from blood products

### Q) How HIV doesn't spread?

A) HIV doesn't spread via the following modes/methods –

1. Don't spread by hugging
2. Don't spread by Shaking hands
3. Don't spread by kissing on cheek /forehead
4. Don't spread by coughing or sneezing
5. Don't spread by insect bites /mosquitoes
6. Don't spread by sharing a towel, mobile, transport vehicle, toilets, swimming pool
7. Don't spread by sharing food or crockery

**YOU CAN'T GET HIV FROM...**

**AVERT.org**



KISSING



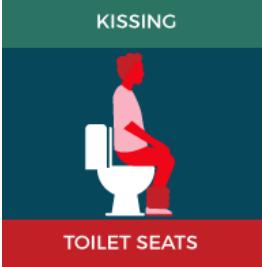
HUGGING



SHARING FOOD



INSECT BITES



TOILET SEATS



BATHING



SNEEZES AND COUGHS



SWEAT

### Q) Can kissing spread HIV ?

A) The concentration of HIV virus in saliva, tears, urine and sweat is very low. Therefore, kissing on cheek /forehead/hand won't spread the HIV. If a person is having an open mouth kiss and has oral ulcer or bleeding gums then there are certain chances of HIV transmission.

Some potential source of HIV transmission are – sharing razor/blade and toothbrush.

### Prevention of HIV

1. Correct and consistent use of male condoms during vaginal or anal penetration can protect against the spread of sexually transmitted infections, including HIV.
2. Mutually faithful sexual relationship with only one partner
3. Never reuse any needle or syringes
4. Be careful with any transfusions, piercing or cut.



Evidence shows that male condoms have an 85% or greater protective effect against HIV and other sexually transmitted infections (STIs).

Dr Facto<sup>83</sup>

### Testing of HIV<sup>81</sup>

HIV infection is often diagnosed through rapid diagnostic tests (RDTs), which detect the presence or absence of HIV antibodies. Most often these tests provide same-day test results, which are essential for early treatment and care.

Most individuals develop antibodies to HIV within 28 days of infection and therefore antibodies may not be detectable early, during the so-called **window period**. This early period of infection represents the time of greatest infectivity; however, HIV transmission can occur during all stages of the infection.

Scientists identified a type of chimpanzee in Central Africa as the source of HIV infection in humans



Dr Facto<sup>58</sup>

### Q) Can HIV be cured?

A) No, till now there is no cure for HIV.

**YOU CAN'T PREVENT OR CURE HIV BY...** **AVERT.org**

The infographic features a grid of six panels, each illustrating a method that does not work for HIV prevention:

- WASHING AFTER SEX:** An illustration of a green faucet with a single drop falling.
- SEX WITH A VIRGIN:** An illustration of a red pair of underwear with a padlock on it.
- PULLING OUT METHOD:** An illustration of a teal hourglass next to a teal hand making a peace sign.
- SPELLS AND HERBAL MEDICINE:** An illustration of a red bowl containing green leaves and stars.
- USING THE CONTRACEPTIVE PILL:** An illustration of a pink blister pack containing white pills.
- Condoms and PrEP used correctly and consistently protect you from HIV transmission during sex.** This panel contains the main message in bold red and teal text.

### Q) 3 Important Rights in HIV<sup>84</sup>

A3) Three of the most important rights in the HIV scenario include:

<b>Right to Informed Consent</b>	Testing for HIV requires specific and informed consent of the person being tested and for any research and information sharing.
<b>Right to Confidentiality</b>	A person has the right to keep information on HIV status confidential. However, they can take the help of Suppression of Identity under a pseudonym.
<b>Right against Discrimination</b>	A person has the right to be treated equally as per the fundamental rights covered under law and constitution.



*Please don't look at any HIV patient with contempt or any judgement.  
Treat them normally and affectionately. They deserve to be respected.*

Miss Smarty

## SEXUALITY, LGBTQ AND COMMON DOUBTS

Sexuality is not just based on the body or the body parts alone. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships.

### Q) Biological sex and sexuality?<sup>3</sup>

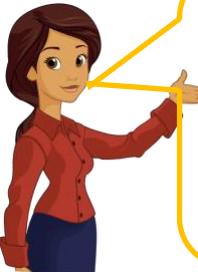
Biological Sex	Sexuality (Gender)
<p>It refers to the biological characteristics that define humans as female or male. For example, based on the genitalia a boy (male) have a penis and a girl (female) have a vagina.</p>	<p>It is a central aspect of being human throughout life and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. It can be other than male and female also.</p>
<p>It is influenced by biological factors (genes, hormones) only.</p>	<p>It can be influenced by the interaction of biological and <i>external factors</i> (psychological, social, economic, political, cultural, ethical, legal, historical, religious and spiritual factors).</p>

Sexuality (gender identity) is person's internal, deeply felt sense of being male, female, other, or in between. Everyone has a gender identity.

### Q) What is sexual orientation and sexual behaviour?

Sexual Orientation <sup>85</sup>	Sexual Behaviour <sup>86</sup>
<p>It refers to whether a person is sexually attracted (aroused) to a person of the same sex or different sex or gender. One does not have to be sexually active to have a sexual orientation.</p>	<p>It is the manner in which humans experience and express their sexuality.</p>

Established preference	Sexual action
------------------------	---------------



Sexual orientation develops as you grow and experience new things. It may take time to figure it all out. So, don't worry if you're not sure. If over time your attraction to members of the same sex continues to grow, it's not a bad thing, it's just who you are.

Miss Smarty

#### **Q) What is homosexual (homo) and heterosexual (straight)?**

Homosexual (homo)	Heterosexual (straight)
<p>People who have sexual or romantic feelings for people of the same sex. Example - Men are attracted to men and women are attracted to women. Sometime people use the term 'gay' for homosexual.</p>	<p>People who have sexual or romantic feelings for people of the opposite gender. Example - Men are attracted to women and women are attracted to men.</p>

Some estimates say that about 10% of the population is homosexual. There are homosexual people of every race, age, family background, and body type. You can't tell just by looking at someone that he or she is homosexual.



*Just because a boy has some feminine qualities or a girl acts a little masculine does not mean that he or she is homosexual.*

Dr Facto

#### **Q) What is LGBTQ and intersex?**

A) LGBT stands for Lesbian, Gay, Bisexual, Transgender and Queer. Here are the meanings of these words -

<b>Lesbian</b>	Woman attracted to another woman. ( <u>Homosexual woman</u> )
<b>Gay</b>	Commonly term 'gay' is used to describe <u>homosexual man</u> .
<b>Bisexual</b>	People who have sexual or romantic feelings for both men and women.
<b>Transgender</b>	Transgender an umbrella term which includes all those that sit outside the realm of 'traditional' ideas of gender, which includes trans men, trans women, people who go through gender reassignment, people who choose not to, people who do not wish to identify as male or female and people who wish to identify as both.
<b>Queer</b>	Queer is an umbrella term for people who are not heterosexual and/or do not conform to gender norms. For example, transgender people, bisexual people and homosexual people.
<b>Intersex</b>	Intersex is a term that is used for people whose biological sex cannot be clearly categorised as either male or female, they have ambiguous genitalia. Intersex individuals should have full control over any medical procedures they may wish to undergo and should not be subjected to medically unnecessary gender normalising procedures. It is important that intersex individuals get to determine their own sex and gender, just like everyone else



The two most-recognized international LGBT symbols are pink triangle & rainbow flag.



Gender reassignment is a process(surgery) in which some people go through to change their bodies in line with their gender identity.

### **Q) Is homosexuality a disease or disorder?**

A) **Homosexuality is not a disease or a disorder.** All of the major medical organizations, including The American Psychiatric Association, The American Psychological Association, and the American Academy of Paediatrics agree that homosexuality is not an illness or disorder, but a form of sexual expression.

No one knows what causes a person to be gay, bisexual, or straight. There probably are a number of factors. Some may be biological. Others may be psychological. The reasons can vary from one person to another.



The fact is that you do not choose to be gay, bisexual, or straight.

Dr Facto

### **Q) Problems faced by LGBTQ youth**

A) Many lesbians, gay, bisexual, transgender and Queer (LGBTQ) adolescents are happy and thrive during their teenage years. However, as a group they are more likely than their heterosexual peers to experience difficulties: LGBT adolescents are at increased risk for suicide attempts, homelessness, alcohol use, and risky sex.

The way parents respond to their LGBT adolescents can have a tremendous impact on their children's current and future mental and physical health. Supportive reactions can help adolescents cope and thrive.<sup>87</sup>

Don't Judge people, It's their choice and Life



Dr Facto<sup>88</sup>

On 6<sup>th</sup> September 2018, the Supreme Court of India ruled unanimously that section 377 of the Indian penal code was unconstitutional.

The historic judgement, which decriminalised sexual acts between consenting adults of the same sex, was hailed as a landmark decision for LGBTQ rights in India.

**Q) What is ‘hypersexuality’ or ‘hypersexual disorder’<sup>89</sup>?**

A) Hypersexual disorder refers to exhibiting unusual or excessive concern with or indulgence in sexual activity. It is called ‘satyriasis’ among males and ‘nymphomania’ in females.

**Q) What is ‘asexuality’?**

A) Asexuality<sup>90</sup> is usually defined as having no sexual attraction to a partner of either sex. It is mostly self-identified based on lack of sexual attraction or lack of sexual behaviour. Sometime it may overlap with hypoactive sexual desire disorder (HSDD), which is defined as persistently or recurrently deficient (or absent) sexual fantasies and desire for sexual activity. Asexuality and HSDD is one of the grey area, which is difficult to define.

**Please try to complete the following sentences –**

To be a man is.....

To be a woman is .....

A man’s role in family is .....

A woman’s role in family is.....

A man’s role in society is .....

A woman’s role in society is.....

100 years ago a woman couldn’t .....

100 years ago a man couldn’t .....

20 years from now, a woman may be able to.....

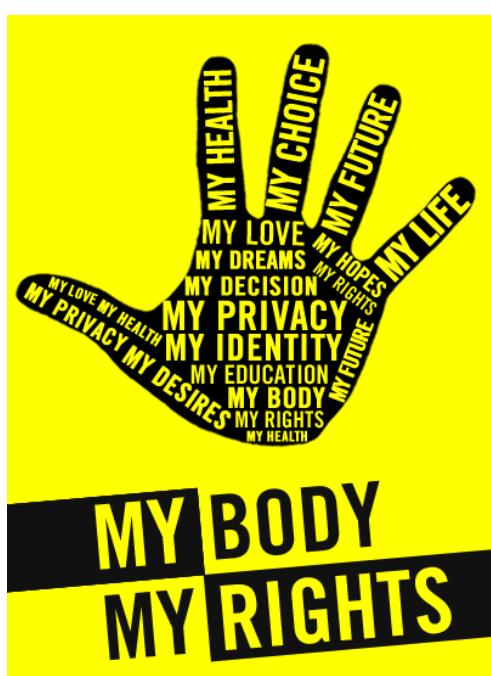
20 years from now, a man may be able to.....

## SEXUAL RIGHTS

Sexual rights embrace certain human rights that are already recognized in international and regional human rights documents and other consensus documents and in national laws.<sup>5</sup>

### Rights of sexual health include:

1. The rights to Life, Liberty, Autonomy and Security of the person
2. The rights to equality and non-discrimination
3. The right to be free from torture or cruel, inhuman or degrading treatment or punishment
4. The right to privacy
5. The rights to the highest attainable standard of health (including sexual health) and social security
6. The right to marry and to found a family and enter into marriage with the free and full consent of the intending spouses, and to equality in and at the dissolution of marriage
7. The right to decide the number and spacing of one's children
8. The rights to information, as well as education
9. The rights to freedom of opinion and expression, and
10. The right to an effective remedy for violations of fundamental rights.



## CYBER BULLYING & CYBERSTALKING

### **Cyberbullying<sup>91</sup>**

Cyberbullying involves posting or sending electronic messages (sometimes anonymously), including text, pictures or videos, aimed at harassing, threatening or spreading rumors, sexual remarks on another person via a variety of digital platforms such as online social networks, chat rooms, blogs, instant messaging and text messaging.

Cyberbullying has increased with the increased use of the social media sites, the Internet, e-mail, and mobile devices. Unlike more traditional bullying, cyberbullying can be more anonymous and can occur nearly constantly. A person can be cyberbullied day or night, such as when they are checking their e mail, using Facebook or another social network site, or even when they are using a mobile phone.



Cyber-victimization has been associated with depression, anxiety, stress, low self-esteem and behavioral problems.

Dr Facto

### **Q) Cyberstalking<sup>10</sup>**

A) Technology gives youth new chances to be stalked by a current or former dating partner. Cyberstalking includes:

1. Unwanted, frightening, or offensive emails, text messages, or instant messages (IMs)
2. Harassment or threats on social media
3. Tracking computer and internet use
4. Using technology such as GPS to track a person



### **Q) Signs that a child is a victim of cyber-bullying**

- 1) Drastic change in their use of devices (sudden increase or decrease)
- 2) Begins to avoid several social situations
- 3) Displays extreme sadness, loss of interest and isolation of people and activities.
- 4) Starts to become secretive by hiding their screens when others are near.
- 5) Sudden shut down of social media accounts or the creation of new ones.

### **Q) Ways to avoid cyberstalking and predators**

A) Here are the following methods to be safe from cyberbullying -

1. Never put up your personal details on the internet /social media like full name, address, cell phone number, specific places they hang out, financial information, ethnic background, school, or anything else that would help someone locate you.
2. In cyberspace, there's no such thing as an "erase" button—messages, photos, rants, and musings can and do hang around forever. Information that may seem harmless now but it can be used against you at any time—may be in the future when you are applying to college or looking for a job. Photos posted on the sites should not reveal too much personal information.
3. Shut down a personal website or blog if there is even a small threat to bullying or flaming. If necessary, get a new email address and instantmessaging (IM) identity.

4. Never become friends with any strangers online, as they may have other intentions like kidnapping, human trafficking, assault, etc.
5. Never save the password in any of the websites.
6. Be careful with the location services of the mobile or laptop.
7. You can always choose to discuss social media post/profile with your friends and parents, to be safe.
8. Never trust anyone whom you met online. There are a lot of fake profiles. Never try to go and meet them. Always inform your parents.
9. Keep your webcam on laptop or computer always disconnected. As these can be easily hacked and can record your personal details. Be safe with mobile as well.
10. Keep the laptop/computer at the common place (avoid keeping in bedroom or at personal space)



Always feel free to complain about cyberbullying or cyberstalking to police and parents/care-taker.

Miss Smarty

## SEXUAL ABUSE, HARASSMENT, RAPE

A sexual assault<sup>92</sup> is any sexual act that a person did not consent to, or is forced into against their will. It is a form of sexual violence and includes rape, or other sexual offences, such as groping, forced kissing, child sexual abuse or the torture of a person in a sexual manner.

Sexual violence or assault can happen to anyone of any age: men, women and children. Most young people who have been abused have been abused by someone they know e.g. a neighbor, a driver, a relative, a family member, or a domestic helper.



Miss Smarty

If it has happened to you, **remember that it is not your fault**; it is the abuser who did wrong, not you; it does not have to spoil your life. Look for help if you are feeling confused or bad. If you are in a situation that you feel might be abused, speak to someone you trust; try getting out of the situation if you can; try not to be alone with the abuser, and seek help soon.

**Your body is your own. It is your 'private property'.** If someone touches you or clicks picture or records video in a way that you do not want or do not like, it is wrong. You have to report this to your parents or responsible adults.

Sexual abuse takes many forms and does not always involve direct physical contact. If a person is forced to have sex when they do not want to, it is called **Rape** (an assault involving penetration of the vagina, anus or mouth). When someone is sexually abused by a relative, it is called **incest**.

Abuse involves trust being broken and can make a person feel horrible or angry or scared or all of these feelings and more.

### Q) Why adults may molest or assault young children?

A) Adults may sexually molest young children as they may think –

- It is easier to approach
- Rejection is less damaging
- A sexual encounter is less threatening
- Wrong beliefs



***When you are young, no matter how much or how little you know about sex, it is not right for an adult to be sexual with you – it is called sexual abuse. It must be reported to Parents or Police.***

Miss Smarty

### Q) Child sexual abuse

A) It may include touching and non-touching activity –

Touching activity	Non-touching activities
<ul style="list-style-type: none"> <li>- Touching a child's genitalia (private part) for sexual pleasure.</li> <li>- Making a child touch someone's genitals or to play a sexual game or to have sex.</li> <li>- Putting any object or any body part (finger, tongue, etc.) inside vagina or mouth or anus for sexual pleasure.</li> </ul>	<ul style="list-style-type: none"> <li>- Deliberately exposing an adult's genitals to a child</li> <li>- Inappropriately watching undress or while using the bathroom</li> <li>- Showing pornography to a child</li> <li>- Photographing a child in sexual poses</li> <li>- Encouraging a child to watch or sexual acts</li> <li>- Showing/ flashing genitals to a child</li> </ul>



**Q) What to do if someone on road or on the bus is showing you his penis?**

A) Don't stare at him but just look away, keep walking, do not show him that you are shocked or angry although you may feel it; tell someone responsible elder or authority person (police or bus in-charge) about this, so they can do something to stop him from doing this to other children or another person; avoid taking that road /bus alone for a few days at least; if you are with friends make sure that none of you giggles or shows any interest in what he is doing because that will encourage him to do this again. Showing private parts in public is a punishable crime, you can report this to the police.

**Q) Rape definition under Indian law**

A) It is defined under section 375, It defines rape to include any or all of the following acts, by man against a woman

- (a) penetrates his penis, to any extent, into the vagina, mouth, urethra or anus of a woman or makes her do so with him or any other person;
- (b) inserts, to any extent, any object or a part of the body, not being the penis, into the vagina, the urethra or anus of a woman or makes her do so with him or any other person;
- (c) manipulates any part of the body of a woman so as to cause penetration into the vagina, urethra, anus or any part of the body of such woman or makes her do so with him or any other person;
- (d) applies his mouth to the vagina, anus, urethra of a woman or makes her do so with him or any other person,

under the circumstances falling under any of the following seven descriptions:

1. Against her will.
2. Without her consent.
3. With her consent, when her consent has been obtained by putting her or any person in whom she is interested, in fear of death or of hurt.
4. With her consent, when the man knows that he is not her husband and that her consent is given because she believes that he is another man to whom she is or believes herself to be lawfully married.
5. With her consent when, at the time of giving such consent, by reason of unsoundness of mind or intoxication or the administration by him personally or through another of any stupefying or unwholesome substance, she is unable to understand the nature and consequences of that to which she gives consent.
6. With or without her consent, when she is under eighteen years of age.
7. When she is unable to communicate consent.

#### **Q) What is ‘Marital Rape’?**

A) It is an act of sexual intercourse with one’s spouse without the consent. Some countries have criminalised the marital rape, while some countries have not.

#### **Q) Things a rape victim can do <sup>92</sup>**

1. Don’t be scared, directly file a police complaint or tell it to your parent or someone responsible adult whom you trust.
2. Before the collection of medical evidence by a forensic team (police) - don’t take bath, don’t change clothes, don’t wash the vagina or anus or mouth, don’t cut nails. As they contain certain forensic evidence which may get destroyed.
3. Don’t be scared of any call threat or blackmail. Because once you get scared, then it will boost the confidence of the perpetrator and he may repeat the assault again.
4. If you don’t feel like going to the police station on the same day. Take your time and then file a written or online complaint.

5. Your identity will not be revealed in public or media in any form. As revealing the identity of the rape victim is a punishable crime under the Law.

6. If needed then avail the government facilities for counselling, contraception, legal and social matters.

**Q) What to be done if you meet a rape victim<sup>92</sup>**

1. Someone who has been abused needs your support. They also need you to respect their wishes.
2. Never reveal to anyone about what has happened to them.
3. If you know someone who abuses others, do not protect them; abusers are a danger to other people.
4. Don't judge them, don't blame them. A sexual assault is never the fault of the person who is abused.
5. Listen to the person, but don't ask for details of the assault. Don't ask them - why they didn't stop it. This can make them feel as though you blame them.
6. Offer practical support, such as going with them to appointments. Respect their decisions.
7. Bear in mind they might not want to be touched. Even a hug might upset them, so ask first. If you're in a sexual relationship with them, be aware that sex might be frightening, and don't put pressure on them to have sex.
8. Don't tell them to forget about the assault. It will take time for them to deal with their feelings and emotions. You can help by listening.

**Q) Myths and facts about sexual abuse**

Myths	Facts
Only girls are vulnerable to child abuse	Both boys & girls are vulnerable to sexual abuse

Abusers are mostly strangers	It is seen that mostly abusers is someone who knows or is related to the children they abuse
Child abuse is only in form of contact abuse	It could be in form of non-contact also like forced to see or listen to inappropriate videos or talks, sending vulgar messages, etc.
Children with disability aren't abused	Children with disability are more vulnerable as they can't move away from the abuser and may not be able to report it.
Children will always complaint about the abuse	Children who are sexually abused may not tell others for many reasons and even deny the abuse. As they may lack vocabulary to describe or scared or may feel shame/blamed, etc.
Playing doctor-doctor is a form of abuse	Name of the game is not the type of sexual abuse. Sexual abuse has to do more with activities and exertion of the power.
Child sexual abuse most often occurs in lower class families	Child sexual abuse occurs in all socio-economic classes. Education and social class are no guarantees against abuse. They all share the same profile and characteristics.
Abused children forget about their abuse when they become adults. It is better to forget about the abuse anyway.	Everyone react in a different ways. Some people may be able to forget it, while some may not be able to forget it and become depressed.

**\*Remember that children abused need to be reassured that the abuse was not their fault.**



Remember that children don't 'make up' stories about sexual abuse. Listen to their every word carefully and take them seriously.

## FINDING HELP AND SUPPORT IN INDIA

Friends, family, teachers, religious leaders and community members can help each other. It's important to assess sources of help and support, including services and media sources, in order to access quality information and services. People also need support for counselling, testing and treatment for STIs/HIV. Everyone has the right to affordable, factual and respectful assistance that maintains confidentiality and protects privacy.

Here is the list of some agencies/source from where you can access any help and support in India. You can find more in your nearby area through the internet or friends.

1. National Commission for Women (India) –

Telephone - 011 - 26944880, 26944883

Email - complaintcell-ncw[at]nic[dot]in

Online link for complaint - <http://ncw.nic.in/onlinecomplaintsv2/frmHome.aspx>

2. Child Helpline number (India) – 1098

3. Police helpline number (India) – 100

4. Online crime reporting (Digital police) -

<https://digitalpolice.gov.in/ncr/login.aspx>

5. Child Line, New Delhi (For people under 18 years) Phone: 011-24324503

6. TARSHI, New Delhi (For sexuality issues) Phone: 011-24372229

7. Depression helpline – AASRA 91-22-27546669

8. Saathiya helpline – 1800-233-1250

## LAWS IN INDIA AGAINST SEXUAL ABUSE

### Q) Protection Of Children from Sexual Offences (POCSO) Act

A) Introduced in 2012, POCSO was enacted with the aim of protecting children, below the age of 18. It provides a robust legal framework for the protection of children from offences of sexual assault, sexual harassment and pornography, it also criminalizes acts of immodesty against children too. It criminalizes even watching or collection of pornographic content involving children. The framing of the Act seeks to put children first by making it easy to use by including mechanisms for child-friendly reporting, recording of evidence, investigation and speedy trial of offences through designated Special Courts.

The Act also criminalises consensual sexual intercourse between two people below the age of 18. Age for consent for sexual intercourse is 18 years of Age

Under this Act, if any girl under 18 is seeking abortion the service provider is compelled to register a complaint of sexual assault with the police.

Punishment under POCSO ranges from 3 years imprisonment to life imprisonment with or without fine.

### Q) Why a girl should marry after 18 years only?

A) Before the age of 18 years, girls are immature physically, mentally and emotionally. Any form of marriage (social /informal) among before the age of 18 years in female and 21 years of age in males is called **child marriage**, which is an illegal and punishable crime under the law of India.

**Q) Important Indian Penal code (IPC) for sexual assault and punishment under India law.**

<b>IPC</b>	<b>Offence</b>	<b>Punishment</b>
294	Singing lewd songs directed at women in public spaces	Imprisonment up to 3 months or fined or both
354 A	Demanding sexual favors despite the indication of disinterest is a crime (unwelcome physical contact or colored remark)	Imprisonment ranging from 1 – 3 year or fined or both
354 B	Disrobing a woman	Imprisonment ranging from a 3-5 year or fined or both
354 C	Voyeurism (man who watches, or captures the image of a woman engaging in a private act in circumstances)	Imprisonment ranging from a 1 -3 year with or without fine
354 D	Stalking a woman (physical or digital)	Imprisonment ranging from 3-5 years
503	threatens another with any injury to his person, reputation or property, or to the person or reputation of anyone in whom that person is interested, with intent to cause alarm to that person, or to cause that person to do any act which he is not legally bound to do, or to omit to do any act which that person is legally entitled to do, as the means of avoiding the execution of such threat, commits <b>criminal intimidation</b>	Imprisonment up to 2 years or fine or both
499	Defamation (includes morphing of pictures)	Imprisonment up to 2 years or fine or both
67 A	Punishment for publishing or transmitting of material containing sexually explicit act, etc., in electronic form.	Imprisonment up to 2 years with or without fine
509	Insult to outrage the modesty of a woman (by words or gesture). Eve teasing.	Imprisonment up to 3 years with or without fine

## MENTAL HEALTH

### Q) Depression<sup>93</sup>

A) Depression is due to multiple factors resulting from complex mechanisms; there can be no single identifiable cause. However, there is conclusive evidence to reveal that several biological (genetical), social, economic, cultural and environmental factors operate in leading to depression. Common causes are – endogenous (biological), stress, disease, old age, love failure, post-delivery, poverty, social conflicts, etc.



Dr Facto<sup>93</sup>

The overall prevalence rates of childhood depression in India vary anywhere between 0.3% to about 1.2%. The NMHS (2015-16) reported a prevalence rate of 0.8% for depression among 13–17 year-old children.

Depression can range from mild to severe based on the symptoms. Following are the signs and symptoms of depression -

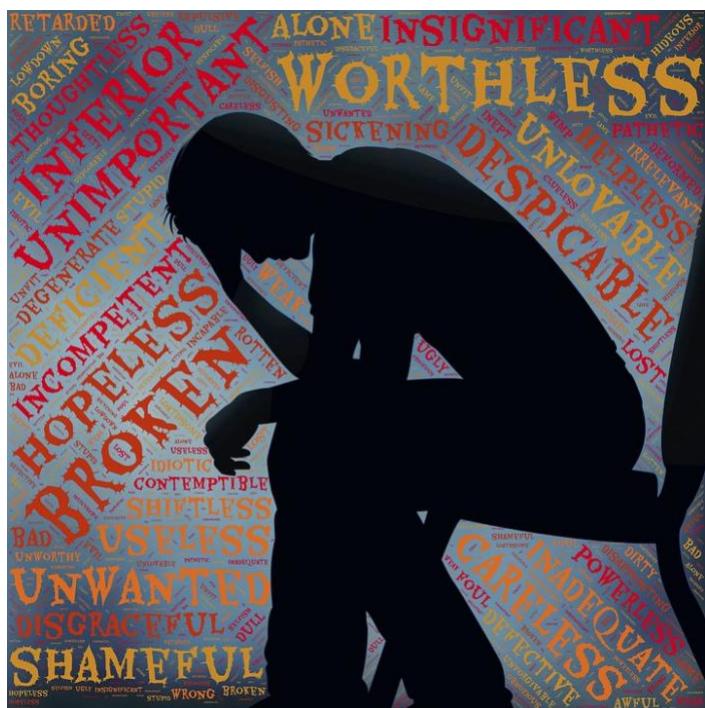
1. Frequent sadness, tearfulness, crying
2. Decreased interest in activities or inability to enjoy formerly favorite activities
3. Hopelessness
4. Persistent boredom, low energy
5. Social isolation, poor communication
6. Extreme sensitivity to rejection or failure
7. Increased irritability, anger, or hostility
8. Difficulty with relationships
9. Frequent complaints of physical illness such as headaches or stomachaches
10. Frequent absences from school or poor performance in school
11. Poor concentration
12. Feeling overwhelmed easily or often
13. A major change in eating and/or sleeping patterns
14. Talk of or efforts to run away from home
15. Thoughts or expressions of suicide or self-destructive behavior

**Treatment** –There are various forms of treatment available from counselling to medications. Depression is largely preventable and treatable.



**Depression is not a sign of weakness.** Please feel free to seek medical and to talk about it to your friends.

Dr Facto



### Q) Stress management skills for young people and adults

A) Here are the tips for stress management -

1. Talk about problems with other trusted peoples like friends, parents, teachers, etc.
2. Take deep breaths, accompanied by thinking or saying aloud, “I can handle this”.
3. Perform progressive muscle relaxation, which involves repeatedly tensing and relaxing large muscles of the body. You can count from 10 to 1 (reverse counting).
4. Set small goals and break tasks into smaller, manageable chunks.

5. Exercise and eat regular meals. Involve in outdoor sports and be physically active.
6. Get proper sleep, at least 6-7 hours per day.
7. Break the habit of relying on caffeine or energy drinks to get through the day.
8. Focus on what you can control (your reactions, your actions) and let go of what you cannot (other people's opinions and expectations).
9. Work through worst-case scenarios until they seem amusing or absurd
10. Lower unrealistic expectations.
11. Schedule breaks and enjoyable activities.
12. Accept yourself as you are; identify your unique strengths and build on them.
13. Give up on the idea of perfection, both in yourself and in others.

## PEER INFLUENCE, DECISION MAKING

### Peer pressure<sup>8</sup>

Friends can influence an adolescent's attitudes and behaviours in ways that matter across multiple domains of health and well-being, well into adulthood. We often hear about this in the form of peer pressure, which refers more explicitly to the pressure adolescents feel from their friends or peer group to behave in certain ways, good or bad. It can take the form of encouragement, requests, challenges, threats, or insults. Sometimes, peer pressure is unspoken and an adolescent may feel pressured to do something simply because their friends are doing it.

Research shows that friends and peer groups are linked to adolescents' positive and negative:

1. Health behaviours, including their diet and level of physical activity
2. Risk behaviours, including tobacco use, marijuana use, alcohol use, and use of other drugs;
3. School engagement, including their GPA and attitudes towards school;
4. Tastes in clothing and entertainment;
5. Dating behaviours and the formation of sexual identities and romantic partnerships.

Generally, young adolescents are the most susceptible to peer pressure, and recent research indicates that popular adolescents may be under higher pressure than other youth to conform to peer behaviours. While popular adolescents often possess a wider range of social skills and better knowledge about themselves than other youth, popularity can be associated with higher rates of alcohol and substance use, vandalism, and shoplifting.



***Everyone deserves to make their own decisions and all decisions have consequences.***

Miss Smarty

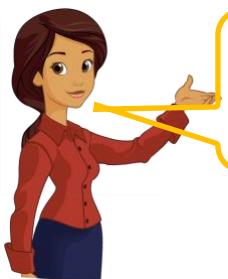
**Q) How should one deal with the peer-pressure?**

A) There are lots of techniques to deal with a peer-pressure.

1. First of all, one has to know what is good and bad for him, if unaware then must talk to parents or to a responsible adult about it.
2. You have to understand that peer-pressure is long term or lifelong thing. You have to take a stand, deal and speak about it. Be assertive by speaking out when someone is being bullied or pressured into making a sexual decision that they don't want to take.
3. Be smart and patient, never act in the heat of the moments. Plan for it and try to find ways to deal with it in a subtle and smart way.
4. Best is to discuss with the people you trust like your parents, teachers or any responsible adults. They may be able to give you better ways/tricks to get away with it.

**Q) How to resist sexual pressure?**

A) The process of making decisions about sexual behaviour includes consideration of all positive and negative potential consequences. Decisions about sexual behaviour can affect people's health, future and life plan. There are factors that can make it difficult to make rational decisions about sexual behavior like - range of emotions, alcohol and drugs, poverty, gender inequality and violence.



**Decision-making is a skill that can be learned and practiced**

Here are the words for fending off unwanted sexual advances -

<b>Hook (provoke)</b>	<b>Sinker (way to refuse)</b>
“Aw c’mon, everybody does it!”	“I don’t care, I’m not everybody. And besides, not everybody ‘does it,’ including some of the kids who say they do.”
“If you loved me, you’d go to bed with me.”	“If you loved me, you wouldn’t pressure me into doing something that I’m not ready to do.”
“If you don’t have sex with me, I’ll break up with you.”	“If being your girlfriend means that I have to sleep with you, then I guess I don’t want to be your girlfriend.”
“Why won’t you have sex with me?”	“Because I don’t want to.” No further explanation needed.”
“We had sex before; why are you turning me down now?”	“I’m entitled to change my mind. It’s my body and my life, and I want to wait until I’m older before I have sex again.”
“Yo, let’s do it. You know you want to!”	“No. No. No! What part of ‘no’ don’t you understand?”
“Your parents are out all night; let’s go back to your house.”	“Go back to my house? We can’t. My parents won’t let me have boys over when they’re not home.”

## TIPS AND ADVICES FOR PARENTS OR GUARDIANS

### **Q) Things a parent or guardian should do**

A) Here are things a good parent/guardian should follow–

1. Never deny or ignore the questions of kids, answer them always with truth and logic. Kids are smart and intelligent. Don't underestimate them.
2. Never lie to a kid, as it leads to loss of trust and faith
3. Get their trust. So, in case of trouble or problem, they should come first to you with ease.
4. Never simply say 'Don't do' or 'that is bad'. Instead, always explain the real scientific reason for not doing so.
5. Always be careful with the words you use in fronts of kids. They listen, observe and remember everything. They may learn bad things or bad words from you.
6. Never cross dress them when they are young. Example - never dress a boy as a girl, this may later impact him psychologically.
7. Never undress them in front of outsiders or unknown people. Give them full privacy and respect.
8. Teach them about good and bad touch.
9. Never force a kid if he/she is uncomfortable in hugging, kissing or in sitting in the lap of someone.

### **Q) Successful teen-parent conversation about sex**

A) Here are the advices -

1. Engage children in open, honest discussions regarding appropriate dating behavior, emotional and sexual intimacy, sexual identity, and emotional commitment.
2. Discuss responsibilities regarding commitment and intimacy in romantic relationships.
3. Discuss responsibilities regarding avoiding pregnancy, STIs, and HIV.
4. Teach teens not to exploit other people socially, emotionally, or sexually.
5. This is impossible to teach if it is not also modelled. Similarly, teach teens how to recognize abusive and exploitative relationships.

6. Set appropriate limits regarding dating, such as the age at which dating will be allowed, curfews, and the age of person your child may date.
7. Since teens may be embarrassed to talk with their parents about sex and relationships, try to provide access to other trusted adults (church members, counsellors, relatives, teachers, etc.).
8. Be open to questions and values expressed by the teen.

**Q) How to support healthy identity formation in children**

1. Accept the adolescent for who she or he is.
2. Respect the differences between the two of you.
3. Negotiate with teenagers, especially when establishing limits, and explain your reasoning.
4. Practice consistency in enforcing rules.
5. Encourage a young person's self-expression.
6. Take the teen's point of view into account when reasoning with him or her.

**Q) Dealing with powerful media images of youth**

1. Explain that media images do not reflect the average person here is wide diversity in physical appearance and rate of development.
2. Point out how body sizes, shapes, and faces are altered in magazines and photographs using software programs like Photoshop. Waists and thighs are whittled, cheekbones sharpened and lips plumped for women. Muscles are pumped up and defined, and complexions smoothed for men.
3. Encourage critical thinking about the media and the nature of our consumer culture. Now is the perfect time to help teens develop their critical thinking skills - help them question what is "normal."
4. Turn to resources that reflect realistic, diverse appearances of actual people.
5. Encourage activities that focus on attributes other than physical appearances, such as academics, sports, music, the arts, writing, or crafts.
6. Reinforce these messages regularly.

### **Q) Teaching decision-making strategies to children**

A) Adolescents need opportunities to practice and discuss realistic decision-making.

Here are some ways adults can facilitate the process:

1. Get youth actively practicing decision making through role-playing and group problem-solving exercises.
2. Take a look at how you make decisions and then lead by example.
3. Demonstrate to teens how to choose between competing pressures and demands.
4. Many adolescents live in the now. Show them the benefits of future thinking by anticipating difficult situations and planning in advance how to handle them.
5. Encourage adolescents to spend time with friends who share their values.

### **Q) Warning signs of bullying**

1. Damaged or missing clothing and belongings
2. Unexplained cuts, bruises, or torn clothes
3. Lack of friends
4. Frequent claims of having lost pocket money, possessions, packed lunches, or snacks
5. Fear of school or of leaving the house
6. Avoidance of places, friends, family members, or activities teens once enjoyed
7. Unusual routes to and from school or the bus stop
8. Poor appetite, headaches, stomachaches
9. Mood swings
10. Trouble sleeping
11. Lack of interest in schoolwork
12. Talk about suicide
13. Uncharacteristic aggression toward younger siblings or family members

### **Q) Signs of child abuse**

**A)** signs depend on the type of abuse like physical abuse and sexual abuse

I) Signs for physical abuse

What to look for on the body	What behavior/s to look for
<ul style="list-style-type: none"> <li>- Bruises</li> <li>- Welts</li> <li>- Burns</li> <li>- Fractures</li> <li>- Lacerations/cuts</li> </ul>	<ul style="list-style-type: none"> <li>- Extremes in moods, overly happy or sad</li> <li>- Frightened of you, or other family or friends</li> <li>- Doesn't want to be touched</li> <li>- Gets upset when another child cries</li> <li>- Tells you someone hit him/her</li> </ul>



II) Sexual abuse signs

What to look for physically	What behavior/s to look for
<ul style="list-style-type: none"> <li>- Torn, stained, bloody undergarments</li> </ul>	<ul style="list-style-type: none"> <li>- Withdraws or engages in infantile behavior</li> </ul>

<ul style="list-style-type: none"> <li>- Pain or genital itching</li> <li>- Bruises, bleeding or swelling of genitals</li> <li>- Has acquired a sexually transmitted school</li> <li>- Disease</li> <li>- Has semen on mouth or genitals</li> <li>- Is pregnant</li> </ul>	<ul style="list-style-type: none"> <li>- Poor peer relationships</li> <li>- Does not want to do any physical activity</li> <li>- Hides in his/her room or does not want to go to</li> <li>- Trying to tell you something but does not</li> </ul>
--	--

**Q) Factors associated with the occurrence of adolescent (teenage) pregnancy**

A) Following factors may be responsible for teenage pregnancy –

1. Early marriage
2. Physical and psychosocial changes leading to early sexual activity
3. Social media, TV, print media giving a conflicting message and idolize certain sexual behavior
4. Experimentation with sex
5. Lack of information on contraception
6. Social barriers to access family planning services
7. Lack of negotiating skills on the part of adolescents

**Q) What to do if a child uses bad words or abusive words in his language?**

A) Here are a few advice, you can use any of the tips –

1. Be careful about the language you use in front of your child.
2. Be firm and tell him that such language is not acceptable.
3. Most of the times kids use bad words by overhearing someone and starts using them without knowing the meaning. So first find out what all words do he uses and ask him the meaning. If he doesn't know the meaning but can understand some, then explain him the meaning. He starts thinking twice before using such words.
4. Find out his source of learning and cut that source out.

5. Don't laugh and discourage your friends and family from laughing when he says a bad word. He will interpret laughter as encouragement. Try not to react at all. Maintain a poker face. If he can't get a rise out of you, he will soon tire of these antics.
6. Use the reward and punishment method
7. You can provide them with different words for replacements

**Q) Things that can cause stress among teenagers/adolescents**

A) Here are the following causes

1. School pressure and career decisions
2. After-school or summer jobs
3. Dating and friendships
4. Pressure to wear certain types of clothing, jewellery, or hairstyles
5. Pressure to experiment with drugs, alcohol, or sex
6. Pressure to be a particular size or body shape. With girls, the focus is often weight. With boys, it is usually a certain muscular or athletic physique.
7. Dealing with the physical and cognitive changes of puberty
8. Family and peer conflicts
9. Being bullied or exposed to violence or sexual harassment
10. Crammed schedules, juggling school, sports, after-school activities, social life, and family obligations

**Q) Signs an adolescent is overloaded**

A) Here are the signs -

1. Increased complaints of headache, stomachache, muscle pain, tiredness
2. Shutting down and withdrawing from people and activities
3. Increased anger or irritability; i.e., lashing out at people and situations
4. Crying more often and appearing teary-eyed
5. Feelings of hopelessness
6. Chronic anxiety and nervousness
7. Changes in sleeping and eating habits, i.e., insomnia or being "too busy" to eat
8. Difficulty concentrating

### **Q) Potential unhealthy responses to physical changes<sup>31</sup>**

**A)** It is normal for young people to feel self-conscious and fret about their appearance. Once in a while, more serious difficulties arise as teens deal with physical changes. These include:

1. Fear, confusion, or withdrawal, especially during early adolescence, ages 10-14yr
2. Obsessive concern about appearance
3. Excessive dieting or exercise
4. Early-maturing teens being exposed to social situations they may not be ready to handle (e.g., being invited to parties with older teens)
5. Experiencing depression and eating disorders
6. Being bullied, teased, or excluded

### **Q) Life skills for adolescents -**

<b>Thinking skill</b>	<b>Social skill</b>	<b>Negotiating skill</b>
<ul style="list-style-type: none"> <li>- Self-awareness</li> <li>- Raising self esteem</li> <li>- Self confidence</li> <li>- Empathy</li> <li>- Goal setting</li> <li>- Problem solving</li> <li>- Decision making</li> </ul>	<ul style="list-style-type: none"> <li>- Positive relationships</li> <li>- Value others way of thinking</li> <li>- Good listener</li> <li>- Good communication skill</li> <li>- Able to Judge correctly</li> </ul>	<ul style="list-style-type: none"> <li>- Coping effectively with stress</li> <li>- Learning to say 'No' to oneself</li> <li>- Say 'No' to peer pressure</li> <li>- Be assertive and not aggressive or passive</li> <li>- Making mutual compromises</li> </ul>

### **Life skills and examples of life skill activity -**

<b>Skill</b>	<b>Examples of life skill activity</b>
Decision making and problem solving	For example, A group of young boys try to threaten 2-3 young girls in the evening time. The girls have to work out whose help to seek if this happens again
Critical thinking and creative thinking	A young girl is able to assess the risks involved in accepting a car lift/bike lift at late evening from a male stranger
Communication and interpersonal relationships	A child is able to resist peer pressure when his friends ridicule his refusal to drink alcohol or smoke cigarette
Coping with stress and emotion	A youngster learns how to cope with the conflicting pressure of marks in school
Self-awareness and empathy	A young boy develops an awareness of his sexual feelings can “take over” sensible decisions. This awareness helps him avoid situations where he might risk unsafe sex either with his girl friend

### EXTRA Q & A

**Q) Why the pH of vagina is acidic?<sup>94</sup> How sperm is able to survive in the acidic medium of vagina?**

A) The normal vaginal pH is 3.8 to 4.5 (acidic), it is due to the presence of lactobacillus bacteria (produces lactic acid). The acidic medium of vagina kills sperms and microbes (protects against infections). The optimum pH of sperm viability is 7 to 8.5. During the sexual intercourse, vagina pH is neutralised by the secretions of cervical mucus and seminal fluid for the passage of sperms into uterus without any damage.

**Q) Which testicle is lower in men?**

A) In most of the men, the right testicle is a little bigger than the left. The left testicle hangs lower compared to the right. These could be subjective finding or may be vice-versa in some people, which is may be normal.

**Q) What physiological changes causes morning erection?**

A) *Nervous system changes which occur during the sleep are –*

1. Overcome of Parasympathetic system in REM sleep over the sympathetic one.  
Stimulation of the parasympathetic system can cause a penile erection.
2. A full bladder can also stimulate the sacral nerve (parasympathetic system).

**Q) Nutritional requirement in pregnancy**

A) These values are in reference to Indian 55kg moderate female worker.

\*reference – National Institute of Nutrition, Hyderabad (India).

	In non-pregnant women	During pregnancy	0-6 <sup>th</sup> month of lactation	6-12 <sup>th</sup> month of lactation
<b>Calorie required</b>	2230Kcal /day	2580 Kcal/day	2830 Kcal/day	2750 Kcal/day
<b>Protein required</b>	55 gm	78 gm	74 gm	68 gm

- Calcium requirement in pregnancy is 1200mg/day.
- Total iron requirement in pregnancy is 1000mg (300mg for fetus & placenta, 500mg for mother, 200mg shed out).

## Q) Rate of HIV transmission through various modes

**Estimated Per-Act Probability of Acquiring HIV from an Infected Source, by Exposure Act\***

Type of Exposure	Risk per 10,000 Exposures
<b>Parenteral</b>	
Blood Transfusion	9,250
Needle-Sharing During Injection Drug Use	63
Percutaneous (Needle-Stick)	23
<b>Sexual</b>	
Receptive Anal Intercourse	138
Insertive Anal Intercourse	11
Receptive Penile-Vaginal Intercourse	8
Insertive Penile-Vaginal Intercourse	4
Receptive Oral Intercourse	Low
Insertive Oral Intercourse	Low
<b>Other^</b>	
Biting	Negligible
Spitting	Negligible
Throwing Body Fluids (Including Semen or Saliva)	Negligible
Sharing Sex Toys	Negligible

\* Factors that may increase the risk of HIV transmission include sexually transmitted diseases, acute and late-stage HIV infection, and high viral load. Factors that may decrease the risk include condom use, male circumcision, antiretroviral treatment, and pre-exposure prophylaxis. None of these factors are accounted for in the estimates presented in the table.

^ HIV transmission through these exposure routes is technically possible but unlikely and not well documented.

Source:

- Patel P, Borkowf CB, Brooks JT. Et al. Estimating per-act HIV transmission risk: a systematic review. AIDS. 2014. doi: 10.1097/QAD.0000000000000298.
- Pretty LA, Anderson GS, Sweet DJ. Human bites and the risk of human immunodeficiency virus transmission. Am J Forensic Med Pathol 1999;20(3):232-239.

**Q) Causes of erectile dysfunction<sup>66</sup>**

CATEGORY OF ERECTILE DYSFUNCTION	COMMON DISORDERS	PATHOPHYSIOLOGY
Psychogenic	Performance anxiety Relationship problems Psychological stress Depression	Loss of libido, overinhibition, or impaired nitric oxide release
Neurogenic	Stroke or Alzheimer's disease Spinal cord injury Radical pelvic surgery Diabetic neuropathy Pelvic injury	Failure to initiate nerve impulse or interrupted neural transmission
Hormonal	Hypogonadism Hyperprolactinemia	Loss of libido and inadequate nitric oxide release
Vasculogenic (arterial or cavernosal)	Atherosclerosis Hypertension Diabetes mellitus Trauma Peyronie's disease	Inadequate arterial flow or impaired veno-occlusion
Drug-induced	Antihypertensive and antidepressant drugs Antiandrogens Alcohol abuse Cigarette smoking	Central suppression
Caused by other systemic diseases and aging	Old age Diabetes mellitus Chronic renal failure Coronary heart disease	Decreased libido Alcoholic neuropathy Vascular insufficiency Usually multifactorial, resulting in neural and vascular dysfunction

## TO EXPLORE MORE

### Books and study material

1. For more details you can go through [the bibliography/references](#)
2. 'Red Book' and 'Blue book' by TARSHI <http://www.tarshi.net/index.asp?pid=9>
3. Books on sexual health are available in Hindi by TARSHI - <http://www.tarshi.net/index.asp?pid=239>
4. Saathiya (android application in Hindi by Govt. of India)
5. Discovery series: Human sexuality by Janell L. Carroll
6. 'A handy guide for good sex and family life' – a book by Dr. Bir Singh and Dr. V.P. Reddaiah
7. 'Know about HIV and AIDS' by Dr Bir Singh
8. Adolescent Health – Module for Basic Health Functionaries, IEC division, Ministry of Health and Family Welfare (2004)
9. Sexuality education for children and adolescents with developmental disabilities (Florida Developmental Disabilities Council, Inc)

### Videos /TV series/ Movies

1. 'Sex chat with Pappu and Papa' by YFilms, available in various languages (Hindi, Tamil, Telugu, Bengali, Kannada, Malayalam) in Youtube  
[https://www.youtube.com/playlist?list=PLEDnP0ud0ZBjwM\\_Nim8jLqlcTjQHn2XmY](https://www.youtube.com/playlist?list=PLEDnP0ud0ZBjwM_Nim8jLqlcTjQHn2XmY)
2. Sex sense 'Sex Education for Grown-ups' by Discovery channel
3. 'In the womb' by National Geographic (2005)  
<https://topdocumentaryfilms.com/national-geographic-in-the-womb/>
4. Sex-rated: The VICE guide to Sex in India  
[https://video.vice.com/en\\_in/show/sex-rated-the-vice-guide-to-sex-in-india](https://video.vice.com/en_in/show/sex-rated-the-vice-guide-to-sex-in-india)
5. 'Sex ed for adults' by TED.  
[https://www.ted.com/playlists/293/sex\\_ed\\_for\\_adults](https://www.ted.com/playlists/293/sex_ed_for_adults)
6. "Period – End of Sentence" Oscar winning documentary on menstruation in India (2019)
7. 'The Education of Shelby Knox' (2005)
8. Sex(Ed) the movie (2014)
9. 'Sex Education' TV drama series by Netflix (2019)

## REFERENCE / BIBLIOGRAPHY

1. Kacker L, Mohsin N, Dixit A, Varadan S, Kumar P. Study on child abuse: India, 2007. Ministry of Women and child development, Government of India; 2007.
2. Anthony D. The state of the world's children 2011-adolescence: an age of opportunity. United Nations Children's Fund (UNICEF); 2011.
3. WHO. WHO | Defining sexual health [Internet]. WHO. 2006 [cited 2018 Oct 24]. Available from: [http://www.who.int/reproductivehealth/publications/sexual\\_health/defining\\_sh/en/](http://www.who.int/reproductivehealth/publications/sexual_health/defining_sh/en/)
4. Tripathi N, Sekher TV. Youth in India Ready for Sex Education? Emerging Evidence from National Surveys. PLoS One [Internet]. 2013 Aug 9 [cited 2018 Oct 24];8(8). Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3739735/>
5. WHO. WHO | Sexual health and its linkages to reproductive health: an operational approach [Internet]. WHO. 2017 [cited 2018 Oct 24]. Available from: [http://www.who.int/reproductivehealth/publications/sexual\\_health/sh-linkages-rh/en/](http://www.who.int/reproductivehealth/publications/sexual_health/sh-linkages-rh/en/)
6. Sharma R. The Family and Family Structure Classification Redefined for the Current Times. J Family Med Prim Care [Internet]. 2013 [cited 2018 Nov 18];2(4):306–10. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4649868/>
7. Sharma I, Pandit B, Pathak A, Sharma R. Hinduism, marriage and mental illness. Indian J Psychiatry [Internet]. 2013 Jan [cited 2019 Feb 11];55(Suppl 2):S243–9. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3705690/>
8. Peer Pressure [Internet]. HHS.gov. 2018 [cited 2019 Feb 9]. Available from: <https://www.hhs.gov/ash/oah/adolescent-development/healthy-relationships/healthy-friendships/peer-pressure/index.html>
9. What Healthy Dating and Romantic Relationships Look Like | HHS.gov [Internet]. [cited 2019 Feb 9]. Available from: <https://www.hhs.gov/ash/oah/adolescent-development/healthy-relationships/dating/what-relationships-look-like/index.html>
10. Teenage Dating and Romantic Relationships Risks | HHS.gov [Internet]. [cited 2019 Feb 9]. Available from: <https://www.hhs.gov/ash/oah/adolescent-development/healthy-relationships/dating/teenage-dating/index.html>
11. Hegazy AA, Al-Rukban MO. Hymen: facts and conceptions. The Health. 2012;3(4):109–15.
12. Sahoo AK, Mahajan R. Management of tinea corporis, tinea cruris, and tinea pedis: A comprehensive review. Indian Dermatol Online J [Internet]. 2016 [cited 2019 Feb 17];7(2):77–86. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4804599/>

13. Lactation I of M (US) C on NSDP and Milk Volume [Internet]. National Academies Press (US); 1991 [cited 2019 Apr 12]. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK235589/>
14. Zelazniewicz AM, Pawlowski B. Female Breast Size Attractiveness for Men as a Function of Sociosexual Orientation (Restricted vs. Unrestricted). *Arch Sex Behav* [Internet]. 2011 Dec [cited 2019 Feb 17];40(6):1129–35. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3210352/>
15. WHO | Breast cancer: prevention and control [Internet]. WHO. [cited 2019 Feb 17]. Available from: <http://www.who.int/cancer/detection/breastcancer/en/>
16. Cervical-cancer [Internet]. [cited 2019 Feb 17]. Available from: <https://www.who.int/cancer/cervical-cancer>
17. Human papillomavirus (HPV) and cervical cancer [Internet]. [cited 2019 Feb 17]. Available from: [https://www.who.int/news-room/fact-sheets/detail/human-papillomavirus-\(hpv\)-and-cervical-cancer](https://www.who.int/news-room/fact-sheets/detail/human-papillomavirus-(hpv)-and-cervical-cancer)
18. Doshani A, Teo REC, Mayne CJ, Tincello DG. Uterine prolapse. *BMJ* [Internet]. 2007 Oct 20 [cited 2019 Apr 13];335(7624):819–23. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2034734/>
19. Morris BJ, Kennedy SE, Wodak AD, Mindel A, Golovsky D, Schrieber L, et al. Early infant male circumcision: Systematic review, risk-benefit analysis, and progress in policy. *World J Clin Pediatr* [Internet]. 2017 Feb 8 [cited 2019 Mar 23];6(1):89–102. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5296634/>
20. Malone P, Steinbrecher H. Medical aspects of male circumcision. *BMJ* [Internet]. 2007 Dec 8 [cited 2019 Feb 10];335(7631):1206–9. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2128632/>
21. Howe RV, Hodges FM. The carcinogenicity of smegma: debunking a myth. *Journal of the European Academy of Dermatology and Venereology* [Internet]. 2006 Oct 1 [cited 2019 Feb 10];20(9):1046–54. Available from: <https://onlinelibrary.wiley.com/doi/abs/10.1111/j.1468-3083.2006.01653.x>
22. Lawrentschuk N, Perera M. Table 1, The composition of human semen (adapted from Ganong (17)) [Internet]. 2016 [cited 2019 Apr 13]. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK279008/table/benign-prstate-dsrdr.colourwhit/>
23. Vasan SS. Semen analysis and sperm function tests: How much to test? *Indian J Urol* [Internet]. 2011 [cited 2019 Feb 17];27(1):41–8. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3114587/>
24. Prakash O. Lessons for postgraduate trainees about Dhat syndrome. *Indian J Psychiatry* [Internet]. 2007 [cited 2019 Aug 3];49(3):208–10. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2902096/>

25. Martin F. Penis enlargement. BMJ [Internet]. 2005 Feb 5 [cited 2019 Feb 11];330(7486):280. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC548174/>
26. Is it normal to have a curved penis? [Internet]. nhs.uk. 2018 [cited 2019 Feb 10]. Available from: <https://www.nhs.uk/common-health-questions/mens-health/is-it-normal-to-have-a-curved-penis/>
27. Mirzazadeh M, Fallahkarkan M, Hosseini J. Penile fracture epidemiology, diagnosis and management in Iran: a narrative review. Transl Androl Urol [Internet]. 2017 Apr [cited 2019 Feb 11];6(2):158–66. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5422687/>
28. Fitzgibbons RJ, Forse RA. Clinical practice. Groin hernias in adults. N Engl J Med. 2015 Feb 19;372(8):756–63.
29. Hydrocele - Symptoms, diagnosis and treatment | BMJ Best Practice [Internet]. [cited 2019 Apr 7]. Available from: <https://newbp.bmj.com/topics/en-us/1104>
30. Prostate Enlargement (Benign Prostatic Hyperplasia) | NIDDK [Internet]. National Institute of Diabetes and Digestive and Kidney Diseases. [cited 2019 Apr 17]. Available from: <https://www.niddk.nih.gov/health-information/urologic-diseases/prostate-problems/prostate-enlargement-benign-prostatic-hyperplasia>
31. The Teen Years Explained: Taking Everyday Action to Support Healthy Adolescent Development - Training Materials - Training/Consulting - Center for Adolescent Health - Centers and Institutes - Research - Johns Hopkins Bloomberg School of Public Health [Internet]. [cited 2019 Feb 9]. Available from: <https://www.jhsph.edu/research/centers-and-institutes/center-for-adolescent-health/training-consulting/training-materials/teen-years-explained/>
32. Rouzi AA, Berg RC, Turkistani J, Alamoudi R, Alsinani N, Alkafy S, et al. Practices and complications of pubic hair removal among Saudi women. BMC Womens Health [Internet]. 2018 Oct 22 [cited 2019 Feb 11];18. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6196448/>
33. Lanzalaco A, Vanoosthuyze K, Stark C, Swaile D, Rocchetta H, Spruell R. A comparative clinical study of different hair removal procedures and their impact on axillary odor reduction in men. J Cosmet Dermatol [Internet]. 2016 Mar [cited 2019 Feb 11];15(1):58–65. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4793925/>
34. Schmidtberger L, Ladizinski B, Ramirez-Fort MK. Wax on, wax off: pubic hair grooming and potential complications. JAMA Dermatol. 2014 Feb;150(2):122.
35. Vreeman RC, Carroll AE. Medical myths. BMJ [Internet]. 2007 Dec 22 [cited 2019 Mar 23];335(7633):1288–9. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2151163/>

36. Ayer J, Burrows N. Acne: more than skin deep. Postgrad Med J [Internet]. 2006 Aug [cited 2019 Feb 12];82(970):500–6. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2585707/>
37. Starting your periods [Internet]. nhs.uk. 2018 [cited 2019 Apr 13]. Available from: <https://www.nhs.uk/conditions/periods/starting-periods/>
38. Menstruation and Menstrual Problems [Internet]. <http://www.nichd.nih.gov/>. [cited 2019 Feb 10]. Available from: <http://www.nichd.nih.gov/health/topics/menstruation>
39. Information NC for B, Pike USNL of M 8600 R, MD B, Usa 20894. Premenstrual syndrome: Overview [Internet]. Institute for Quality and Efficiency in Health Care (IQWiG); 2017 [cited 2019 Feb 10]. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK279265/>
40. Wilcox AJ, Dunson D, Baird DD. The timing of the “fertile window” in the menstrual cycle: day specific estimates from a prospective study. BMJ [Internet]. 2000 Nov 18 [cited 2019 Mar 24];321(7271):1259–62. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC27529/>
41. Garg S, Anand T. Menstruation related myths in India: strategies for combating it. J Family Med Prim Care [Internet]. 2015 [cited 2019 Feb 10];4(2):184–6. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4408698/>
42. How to Use a Sanitary Napkin (Pad) [Internet]. wikiHow. [cited 2019 Feb 19]. Available from: [https://www.wikihow.com/Use-a-Sanitary-Napkin-\(Pad\)](https://www.wikihow.com/Use-a-Sanitary-Napkin-(Pad))
43. Gold EB. The Timing of the Age at Which Natural Menopause Occurs. Obstet Gynecol Clin North Am [Internet]. 2011 Sep [cited 2019 Apr 13];38(3):425–40. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3285482/>
44. Dalal PK, Agarwal M. Postmenopausal syndrome. Indian J Psychiatry [Internet]. 2015 Jul [cited 2019 Feb 17];57(Suppl 2):S222–32. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4539866/>
45. What Are the Signs and Symptoms of Menopause? [Internet]. National Institute on Aging. [cited 2019 Feb 17]. Available from: <https://www.nia.nih.gov/health/what-are-signs-and-symptoms-menopause>
46. PhD BDZ, PhD IC. Using Masturbation in Sex Therapy. Journal of Psychology & Human Sexuality [Internet]. 2003 Jan 23 [cited 2019 Mar 26];14(2–3):123–41. Available from: [https://doi.org/10.1300/J056v14n02\\_08](https://doi.org/10.1300/J056v14n02_08)
47. Kaya AE, Çalışkan E. Women self-reported G-spot existence and relation with sexual function and genital perception. Turkish Journal of Obstetrics and Gynecology [Internet]. 2018 Sep [cited 2019 Feb 11];15(3):182. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6127477/>
48. Pan S, Leung C, Shah J, Kilchevsky A. Clinical anatomy of the G-spot. Clin Anat. 2015 Apr;28(3):363–7.

49. Salama S, Boitrelle F, Gauquelin A, Malagrida L, Thiounn N, Desvaux P. Nature and origin of “squirting” in female sexuality. *J Sex Med.* 2015 Mar;12(3):661–6.
50. Pastor Z. Female ejaculation orgasm vs. coital incontinence: a systematic review. *J Sex Med.* 2013 Jul;10(7):1682–91.
51. McMahon CG. Premature ejaculation. *Indian J Urol [Internet].* 2007 [cited 2019 Mar 26];23(2):97–108. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2721550/>
52. American Academy of Pediatrics,. Deciding to Wait: Guidelines for Teens [Internet]. 2005 [cited 2019 Feb 9]. Available from: <https://www.healthychildren.org/English/ages-stages/teen/dating-sex/Pages/Deciding%20to%20Wait.aspx>
53. Harish T, Mulyala K, Murthy P. Successful management of vaginismus: An eclectic approach. *Indian J Psychiatry [Internet].* 2011 [cited 2019 Feb 17];53(2):154–5. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3136020/>
54. Pacik PT, Geletta S. Vaginismus Treatment: Clinical Trials Follow Up 241 Patients. *Sex Med [Internet].* 2017 Mar 28 [cited 2019 Feb 17];5(2):e114–23. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5440634/>
55. Sexual Response Cycle [Internet]. Cleveland Clinic. [cited 2019 Mar 26]. Available from: <https://my.clevelandclinic.org/health/articles/9119-sexual-response-cycle>
56. Saini R, Saini S, Sharma S. Oral Sex, Oral Health and Orogenital Infections. *J Glob Infect Dis [Internet].* 2010 [cited 2019 Feb 11];2(1):57–62. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2840968/>
57. Markland AD, Dunivan GC, Vaughan CP, Rogers RG. Anal Intercourse and Fecal Incontinence: Evidence from the 2009–2010 National Health and Nutrition Examination Survey. *Am J Gastroenterol [Internet].* 2016 Feb [cited 2019 Mar 26];111(2):269–74. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5231615/>
58. HIV Transmission | HIV Basics | HIV/AIDS | CDC [Internet]. 2018 [cited 2019 Mar 26]. Available from: <https://www.cdc.gov/hiv/basics/transmission.html>
59. Whitlow CB. Bacterial Sexually Transmitted Diseases. *Clin Colon Rectal Surg [Internet].* 2004 Nov [cited 2019 Mar 26];17(4):209–14. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2780056/>
60. Verma P, Singh KK, Singh A. Pregnancy risk during menstrual cycle: misconceptions among urban men in India. *Reprod Health [Internet].* 2017 Jun 12 [cited 2019 Apr 11];14. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5469003/>

61. Olsen S, Damhave LR, Kondziella D, Wojtek P. [Love bite on the neck resulted in an embolic stroke]. *Ugeskr Laeg.* 2014 Dec 8;176(50).
62. Quilliam S. Everything you ever wanted to know about sex toys but were too afraid to ask.. *J Fam Plann Reprod Health Care.* 2007 Apr;33(2):129–30.
63. Somasundaram O. SEXUALITY IN THE KAMA SUTRA OF VATSYAYANA. *Indian J Psychiatry [Internet].* 1986 [cited 2019 Feb 25];28(2):103–8. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3172543/>
64. Sexuality in Later Life [Internet]. National Institute on Aging. [cited 2019 Feb 25]. Available from: <https://www.nia.nih.gov/health/sexuality-later-life>
65. Kalra G, Subramanyam A, Pinto C. Sexuality: Desire, activity and intimacy in the elderly. *Indian Journal of Psychiatry [Internet].* 2011 Dec [cited 2019 Feb 25];53(4):300. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3267340/>
66. Lue TF. Erectile dysfunction. *New England Journal of Medicine.* 2000;342(24):1802–13.
67. SAINI J, GARG M. VIAGRA : IS IT A WONDER DRUG ? *Med J Armed Forces India [Internet].* 2001 Jan [cited 2019 Feb 17];57(1):44–6. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4925037/>
68. Morgan JA, Cooper DB. Pregnancy Dating. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2019 [cited 2019 Apr 13]. Available from: <http://www.ncbi.nlm.nih.gov/books/NBK442018/>
69. Mongelli M, Wilcox M, Gardosi J. Estimating the date of confinement: ultrasonographic biometry versus certain menstrual dates. *Am J Obstet Gynecol.* 1996 Jan;174(1 Pt 1):278–81.
70. Jones C, Chan C, Farine D. Sex in pregnancy. *CMAJ [Internet].* 2011 Apr 19 [cited 2019 Apr 7];183(7):815–8. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3080531/>
71. NICHD Research Weighs in on Weight Gain during Pregnancy [Internet]. <http://www.nichd.nih.gov/>. [cited 2019 Apr 13]. Available from: <http://www.nichd.nih.gov/newsroom/resources/spotlight/082813-pregnancy-weight>
72. WHO recommendation on birth preparedness and complication readiness | RHL [Internet]. [cited 2019 Apr 13]. Available from: <https://extranet.who.int/rhl/topics/improving-health-system-performance/who-recommendation-birth-preparedness-and-complication-readiness>
73. NIMH » Postpartum Depression Facts [Internet]. [cited 2019 Apr 7]. Available from: <https://www.nimh.nih.gov/health/publications/postpartum-depression-facts/index.shtml>

74. Infertility and Fertility [Internet]. <http://www.nichd.nih.gov/>. [cited 2019 Apr 11]. Available from: <http://www.nichd.nih.gov/health/topics/infertility>
75. Sharma R, Biedenharn KR, Fedor JM, Agarwal A. Lifestyle factors and reproductive health: taking control of your fertility. *Reprod Biol Endocrinol* [Internet]. 2013 Jul 16 [cited 2019 Apr 13];11:66. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3717046/>
76. WHO | WHO recommendations on adolescent sexual and reproductive health and rights [Internet]. WHO. [cited 2019 Feb 8]. Available from: <http://www.who.int/reproductivehealth/publications/adolescent-srhr-who-recommendations/en/>
77. Organization WH. Report of a WHO technical consultation on birth spacing: Geneva, Switzerland 13-15 June 2005. 2007 [cited 2019 Apr 13]; Available from: <https://apps.who.int/iris/handle/10665/69855>
78. Contraception | Reproductive Health | CDC [Internet]. 2019 [cited 2019 Feb 9]. Available from: <https://www.cdc.gov/reproductivehealth/contraception/index.htm>
79. Marfatia YS, Pandya I, Mehta K. Condoms: Past, present, and future. *Indian J Sex Transm Dis AIDS* [Internet]. 2015 [cited 2019 Feb 25];36(2):133–9. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4660551/>
80. Sexually transmitted infections (STIs) [Internet]. [cited 2019 Feb 8]. Available from: [https://www.who.int/news-room/fact-sheets/detail/sexually-transmitted-infections-\(stis\)](https://www.who.int/news-room/fact-sheets/detail/sexually-transmitted-infections-(stis))
81. HIV/AIDS [Internet]. [cited 2019 Feb 8]. Available from: <https://www.who.int/news-room/fact-sheets/detail/hiv-aids>
82. HIV Facts & Figures | National AIDS Control Organization | MoHFW | GoI [Internet]. [cited 2019 Feb 25]. Available from: <http://naco.gov.in/hiv-facts-figures>
83. Prevention | HIV Basics | HIV/AIDS | CDC [Internet]. 2019 [cited 2019 Apr 14]. Available from: <https://www.cdc.gov/hiv/basics/prevention.html>
84. Know Your Rights | National AIDS Control Organization | MoHFW | GoI [Internet]. [cited 2019 Feb 25]. Available from: <http://naco.gov.in/know-your-rights>
85. Adolescent sexual orientation. *Paediatr Child Health* [Internet]. 2008 Sep [cited 2019 Apr 14];13(7):619–23. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2603519/>
86. Fortenberry JD. Puberty and Adolescent Sexuality. *Horm Behav* [Internet]. 2013 Jul [cited 2019 Apr 14];64(2):280–7. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3761219/>
87. LGBTQ Youth | HHS.gov [Internet]. [cited 2019 Feb 9]. Available from: <https://www.hhs.gov/ash/oah/adolescent-development/healthy-relationships/lgbtq/index.html>

88. Supreme Court verdict on Section 377: 'Gay sex is not a crime,' says Supreme Court in historic judgement | India News - Times of India [Internet]. [cited 2019 Apr 11]. Available from: <https://timesofindia.indiatimes.com/india/gay-sex-is-not-a-crime-says-supreme-court-in-historic-judgement/articleshow/65695172.cms>
89. Dutta E, Naphade NM. Hypersexuality – a cause of concern: A case report highlighting the need for psychodermatology liaison. Indian J Sex Transm Dis AIDS [Internet]. 2017 [cited 2019 Feb 25];38(2):180–2. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6085926/>
90. Van Houdenhove E, Gijs L, T'Sjoen G, Enzlin P. Asexuality: A Multidimensional Approach. J Sex Res. 2015;52(6):669–78.
91. Protecting Children from Cyberbullying [Internet]. [cited 2019 Apr 14]. Available from: <https://www.unicef.org/egypt/protecting-children-cyberbullying>
92. Help after rape and sexual assault - NHS [Internet]. [cited 2019 Feb 12]. Available from: <https://www.nhs.uk/live-well/sexual-health/help-after-rape-and-sexual-assault/>
93. WHO. Depression in India.pdf [Internet]. 2017. Available from: [http://www.searo.who.int/india/depression\\_in\\_india.pdf](http://www.searo.who.int/india/depression_in_india.pdf)
94. Godha K, Tucker KM, Biehl C, Archer DF, Mirkin S. Human vaginal pH and microbiota: an update. Gynecol Endocrinol. 2018 Jun;34(6):451–5.

### **Other references -**

- 'A handy guide for good sex and family life' – a book by Dr. Bir Singh and Dr. V.P. Reddaiah
- 'Know about HIV and AIDS' by Dr Bir Singh
- 'The Red Book' by TARSHI
- NCERT textbook
- Adolescent Health – Module for Basic Health Functionaries, IEC division, Ministry of Health and Family Welfare (2004)
- Sexuality education for children and adolescents with developmental disabilities (Florida Developmental Disabilities Council, Inc)