

The Lantern Tribe
EDITION 19

THE
PLEASURE
IS
POLITICAL



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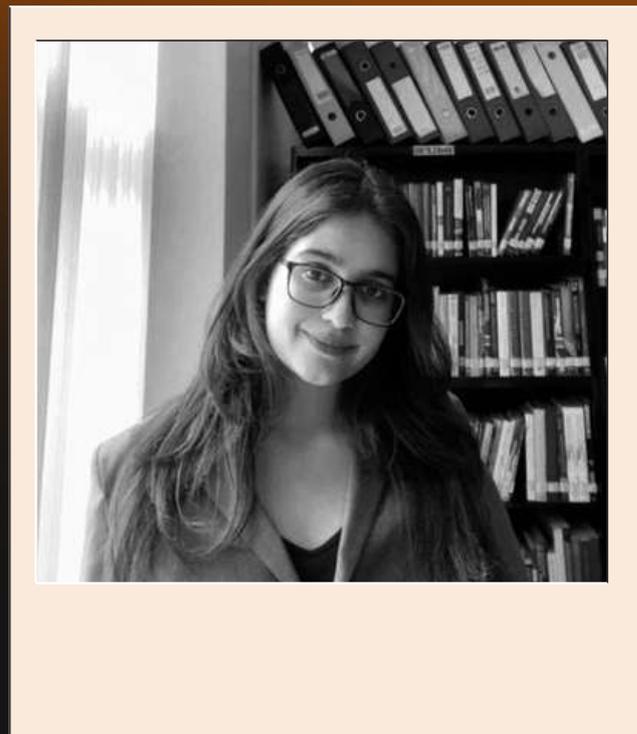
Dhanvi Kadian



From the

FOUNDER'S DESK...

Today, on 17th March 2026, The Lantern Tribe completes five years. It is difficult to put into words what this moment truly means. What started as a small idea has grown into a space that carries voices, questions, doubts, and hope. Over the years, this platform has become more than a publication. It has become a shared journey. These five years have been shaped by persistence, learning, and an unwavering belief in the power of thoughtful writing. The Lantern Tribe was created to engage with society honestly and to create room for conversations that matter. That purpose has remained constant, even as the world around us continues to change.



This edition would not exist without the people who give it its depth and direction. I am grateful to our Editor-in-Chief, *Jyotri Nandy*, for her dedication. Her editorial vision and commitment to integrity have guided this platform with care and responsibility. Heartfelt gratitude to *Vaishali Chaudhary*, our magazine designer, whose creative vision and thoughtful design have brought this and our previous editions to life. I would also like to thank the writers of this edition with genuine appreciation. *Isha Singh, Ojas Vijayavargeeya, Dhanvi Kadian, Urbi Bhandary, Kritika Bhatia, Panchmi Yadav, Jahnvi Borgohain, S K Meenakshi, Navya Kapoor and S Manasi* have each brought sincerity and thoughtfulness to these pages. Your work reflects not just effort, but belief in what this platform stands for.

As the Founder of The Lantern Tribe, I feel immense pride and gratitude today. This milestone belongs to everyone who has contributed their time, ideas, and trust to this journey. Five years on, the purpose remains the same. To listen. To question. To write with responsibility. And to keep the lantern glowing, even when the path ahead feels uncertain.

*With gratitude,
Vani Dhaka
Founder
The Lantern Tribe*

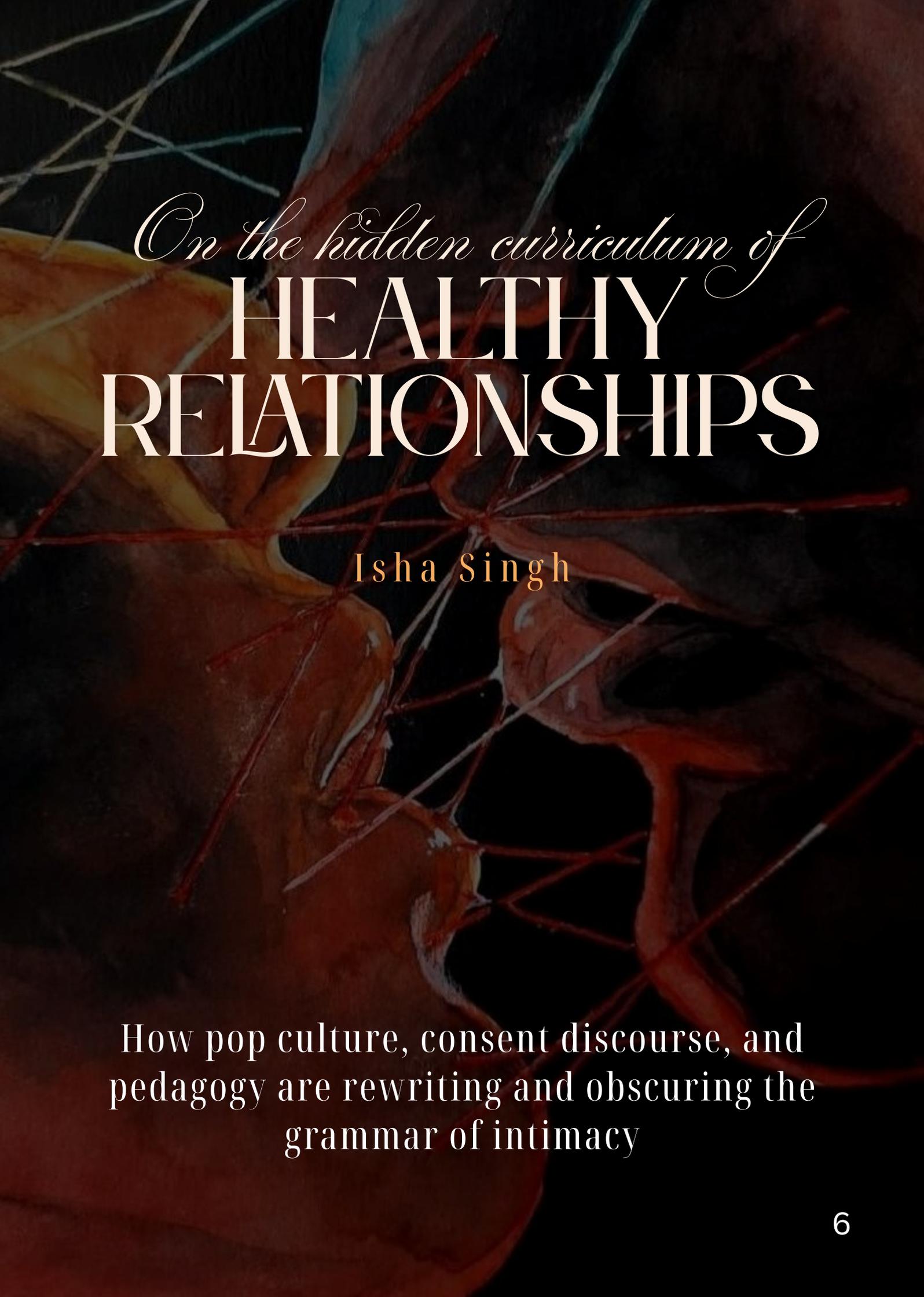
EDITOR'S NOTE...

S*x — a highly censored and profoundly offensive term when uttered in the “wrong context.” And in India, there appears to be no context that warrants a non-reactive response to this word or to anything even remotely associated with it. It is a taboo so deeply entrenched, that our culture has adapted, and at times invented, euphemisms to avoid calling a spade a spade. Across various Indian languages, not only are references to sexual activity rigorously policed, but every analogy or metaphor used to signify it has ultimately been reduced to a slur. An act performed by an overwhelming majority of people does not even possess a socially acceptable place in our vocabulary. Within such a sociological and cultural landscape, how crucial is sex education, and where does it currently stand?

Sex is an inevitable component of most romantic relationships. It is a biologically expressed yet sociologically constructed articulation of the self. Simultaneously intimate and political, it is heavily commodified—bought and sold, particularly within a capitalist economy—and constitutes a non-negotiable dimension of physical, mental, social, and emotional well-being. Despite its centrality, sex continues to be treated as an afterthought by most institutional systems, ranging from education to policy-making. The data only reinforces this neglect. Indian youth are observed to engage in high-risk sexual practices, marked by a deficient understanding of sexually transmitted infections, limited use of contraception, and multiple sexual partners. These challenges can be addressed directly through one of the most globally endorsed interventions: Comprehensive Sexuality Education (CSE).

This magazine examines sex through multiple lenses, with a primary focus on sex education. Our team of writers critically engages with the nuances of sex education and the CSE framework, exploring how each progressive step towards its implementation moves us towards a safer, more informed, and empowered society. We hope this edition not only foregrounds the urgent necessity of comprehensive sex education but also serves as a space for reflection, dialogue, and the unlearning of long-held silences.

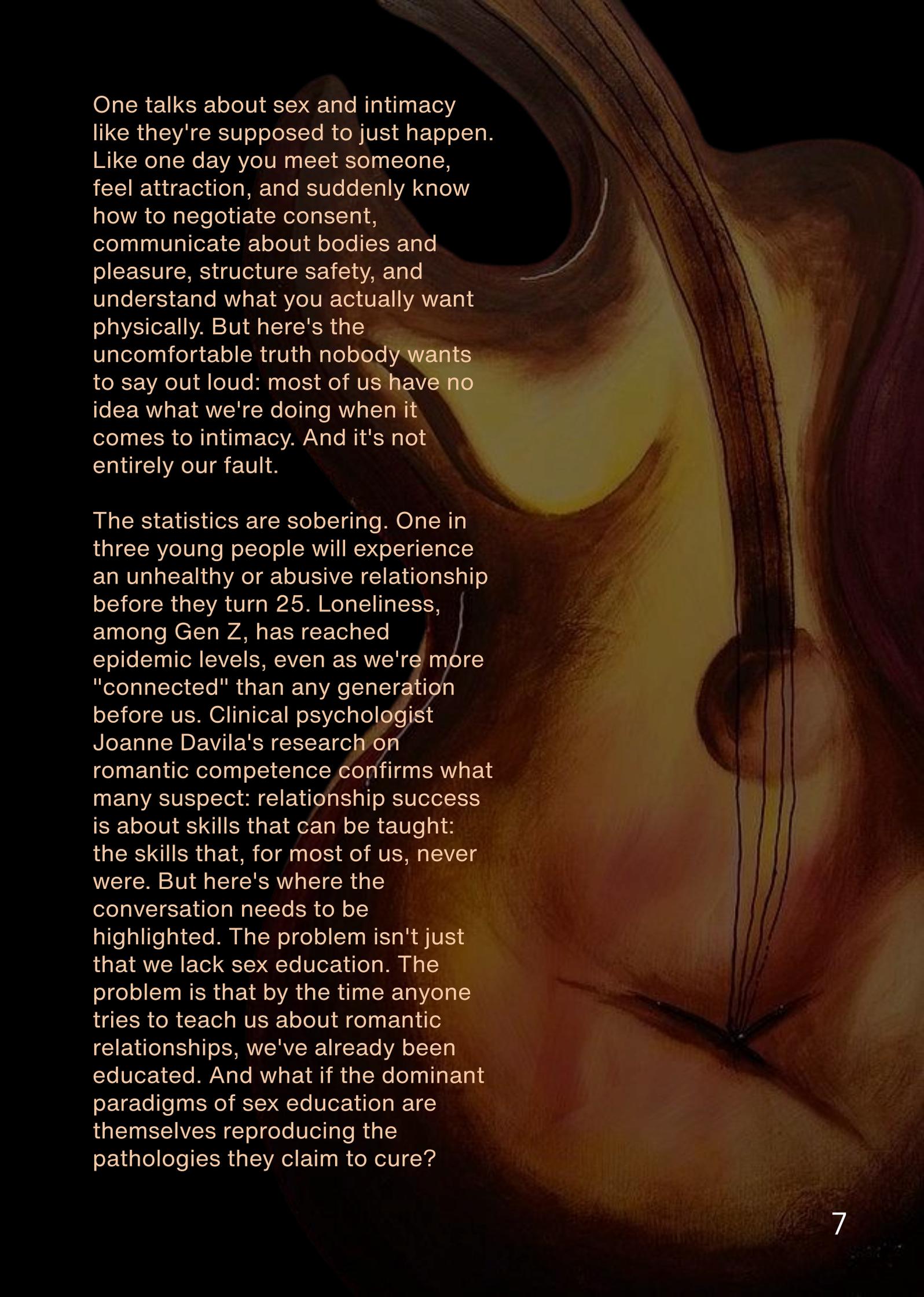
— Joyotri Nandy
Editor-in-Chief
The Lantern Tribe



On the hidden curriculum of
**HEALTHY
RELATIONSHIPS**

Isha Singh

How pop culture, consent discourse, and pedagogy are rewriting and obscuring the grammar of intimacy



One talks about sex and intimacy like they're supposed to just happen. Like one day you meet someone, feel attraction, and suddenly know how to negotiate consent, communicate about bodies and pleasure, structure safety, and understand what you actually want physically. But here's the uncomfortable truth nobody wants to say out loud: most of us have no idea what we're doing when it comes to intimacy. And it's not entirely our fault.

The statistics are sobering. One in three young people will experience an unhealthy or abusive relationship before they turn 25. Loneliness, among Gen Z, has reached epidemic levels, even as we're more "connected" than any generation before us. Clinical psychologist Joanne Davila's research on romantic competence confirms what many suspect: relationship success is about skills that can be taught: the skills that, for most of us, never were. But here's where the conversation needs to be highlighted. The problem isn't just that we lack sex education. The problem is that by the time anyone tries to teach us about romantic relationships, we've already been educated. And what if the dominant paradigms of sex education are themselves reproducing the pathologies they claim to cure?

The Pedagogy Problem: What Gets Taught When We Teach "Healthy"

Think about where you actually learned how to navigate sexual intimacy. Not the formal sex-ed class with its banana demonstrations and STI slideshows that never discussed pleasure, shame, or how to say what you want. Not the consent workshop that treated yes/no as simple when your body freezes and your voice disappears. Where did you really learn? Is it from social media's hypersexualised performances? From porn that became the default curriculum. From silence around bodies, desire, and the gap between what you're told sex should be and what it actually feels like.

This is the “hidden curriculum of relationships” : the informal, unexamined education about bodies, desire, and boundaries happening constantly in the background of our lives.

Most sex education curricula encode middle-class, heteronormative assumptions about bodies and desire. They assume everyone has the privilege of refusing sex without social consequences, of accessing contraception without parental control, and of expressing queer or trans sexuality without violence. Michel Foucault would recognise this as biopower, which is institutions managing not just health information but intimate bodily practice. We're taught that healthy sexuality should look a certain way, and when it doesn't, we've failed rather than questioning whose bodies and desires get centred.

Pop culture gives us contradictory sex education. Sex Education (the show) depicts diverse bodies, queer intimacy, and frank pleasure talk, while assuming that everyone has equal power to communicate openly. What it doesn't show: how porn shapes what you think you should want. How class determines healthcare access. Why 'just communicate' doesn't work when power is unequal.

Pop Culture as Counter-Curriculum: Learning Intimacy from Narrative

So how do we actually learn to relate? Pop culture teaches us the grammar of intimacy through repetition and identification, but often the wrong lessons.

Sally Rooney's *Normal People* became a cultural phenomenon because it showed what sex education doesn't: how class shapes what you're allowed to want sexually. Connell and Marianne have intense physical chemistry but can't talk about it. Connell's working-class masculinity won't let him name desire. Marianne's upper-class trauma makes her confuse sex with punishment. The show models something uncomfortable: sexual communication isn't just about saying yes or no, it's about having the class privilege, emotional safety, and language to articulate what your body wants in the first place.

The Feeling Rules: What We're Taught to Feel

But it's not just about what we learn. It's about what we're taught to want sexually. You're expected to want sex in certain contexts (committed relationships, mutual attraction) and not others (casual, queer, kinky). Healthy sexuality demands contradictory performances: be desiring but not slutty, boundaried but not prudish, experienced but not too experienced, all while making it look natural.

Take *Fleabag's* Hot Priest: their charged sexual tension, the confession booth scene. What makes it radical isn't the romance but the refusal: he chooses celibacy over desire. The scene teaches that sexual restraint can be agency, not repression. That wanting someone doesn't mean you must act on it. That the 'healthy' choice might mean walking away from physical chemistry because the context (his vocation, her patterns) makes it harmful.

The new right to fail at love !

Perhaps the most radical sex education would teach us how to exit sexual situations gracefully (before, during, or after). How to recognise when a sexual relationship has become coercive, even if it started consensually. How to end physical intimacy without ghosting or cruelty. How to survive sexual rejection or regret without pathologizing yourself or others. We need education that destigmatises saying 'I've changed my mind' , acknowledges that grief after sexual harm is real, and teaches how to apologise when you've crossed someone's boundaries and how to accept an apology without demanding they erase what happened.

The cultural fantasy persists: that good sex comes naturally if the attraction is strong enough. That the right person will magically know what you want without you saying it. This fantasy is dangerous. It keeps people in situations where they feel pressured to perform sexually but can't articulate discomfort. It prevents us from demanding comprehensive sex education: education that teaches negotiation, refusal, desire literacy, and the gap between what sex looks like in media and what it requires in practice: communication, awkwardness, and learnin

The education we actually need

Sexual literacy doesn't emerge spontaneously in adulthood. It's the cumulative outcome of years of education: formal sex ed classes, informal lessons from media and peers, conscious teaching and unconscious shame. If we want young people to have healthier sexual lives, free from coercion, rich in communication, grounded in bodily knowledge. We need to interrogate what we're actually teaching about sex, desire, and consent.

Starting early matters. Childhood is when we first learn about bodies, boundaries, and consent, which operate through play, curiosity, and how adults respond when we ask questions about difference and touch. We should treat pop culture as essential material, helping young people question the stories that shape what they want.

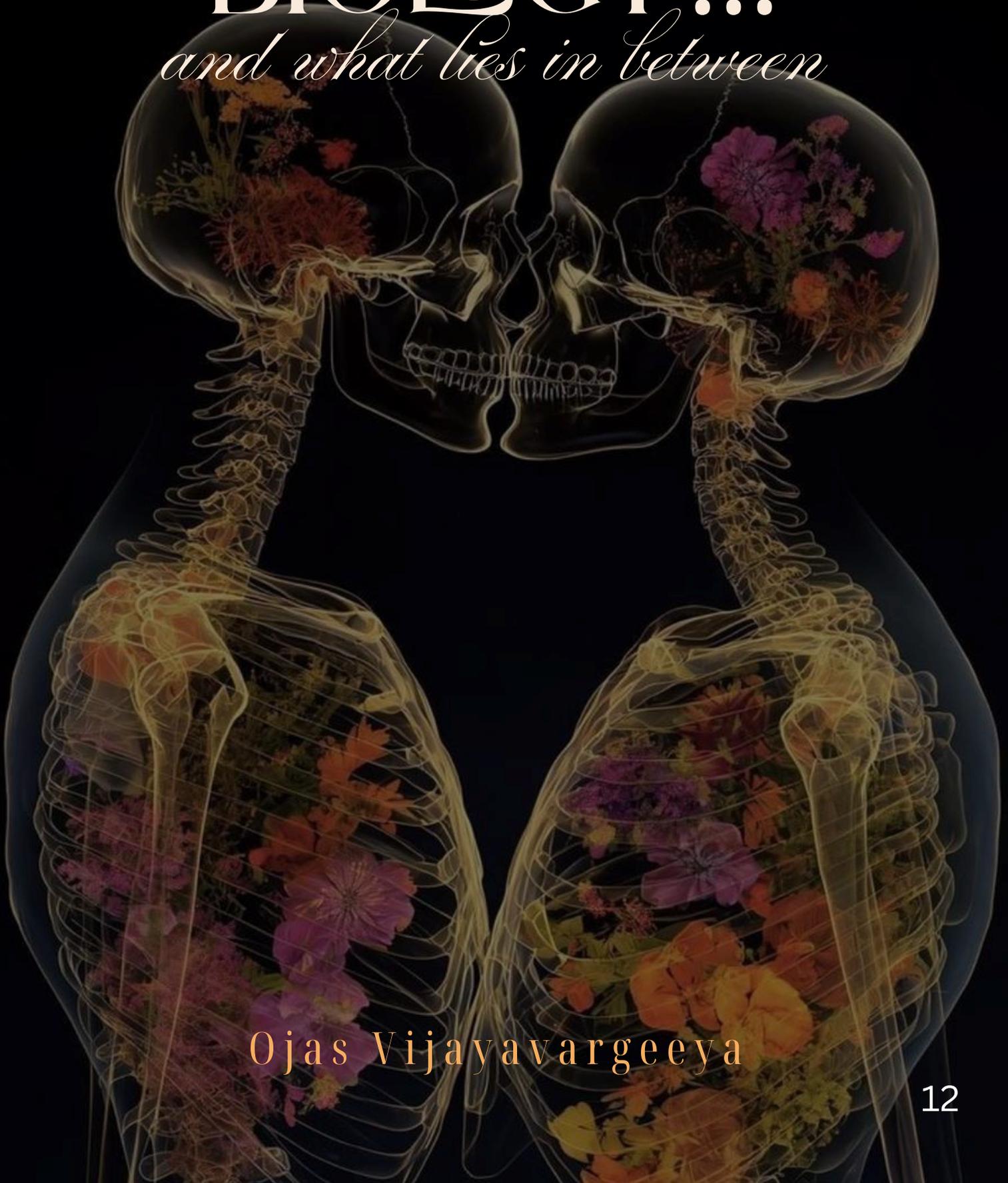
"Healthy" isn't some objective standard. It's loaded with assumptions, frequently used to make conformity seem normal. We need to ask which relationships get highlighted in what we teach and which ones get ignored. Above all, we should give up the idea that education can manufacture perfectly healthy relationships. What if we aimed for awareness instead of perfection? Not eliminating relational struggle but understanding its sources? Not teaching people how to love "correctly" but giving them the tools to recognise what love demands, costs, and offers and to decide for themselves what they're willing to give?

“Love is not merely felt. It is learned, narrated, practised, and too often, mis-educated.”

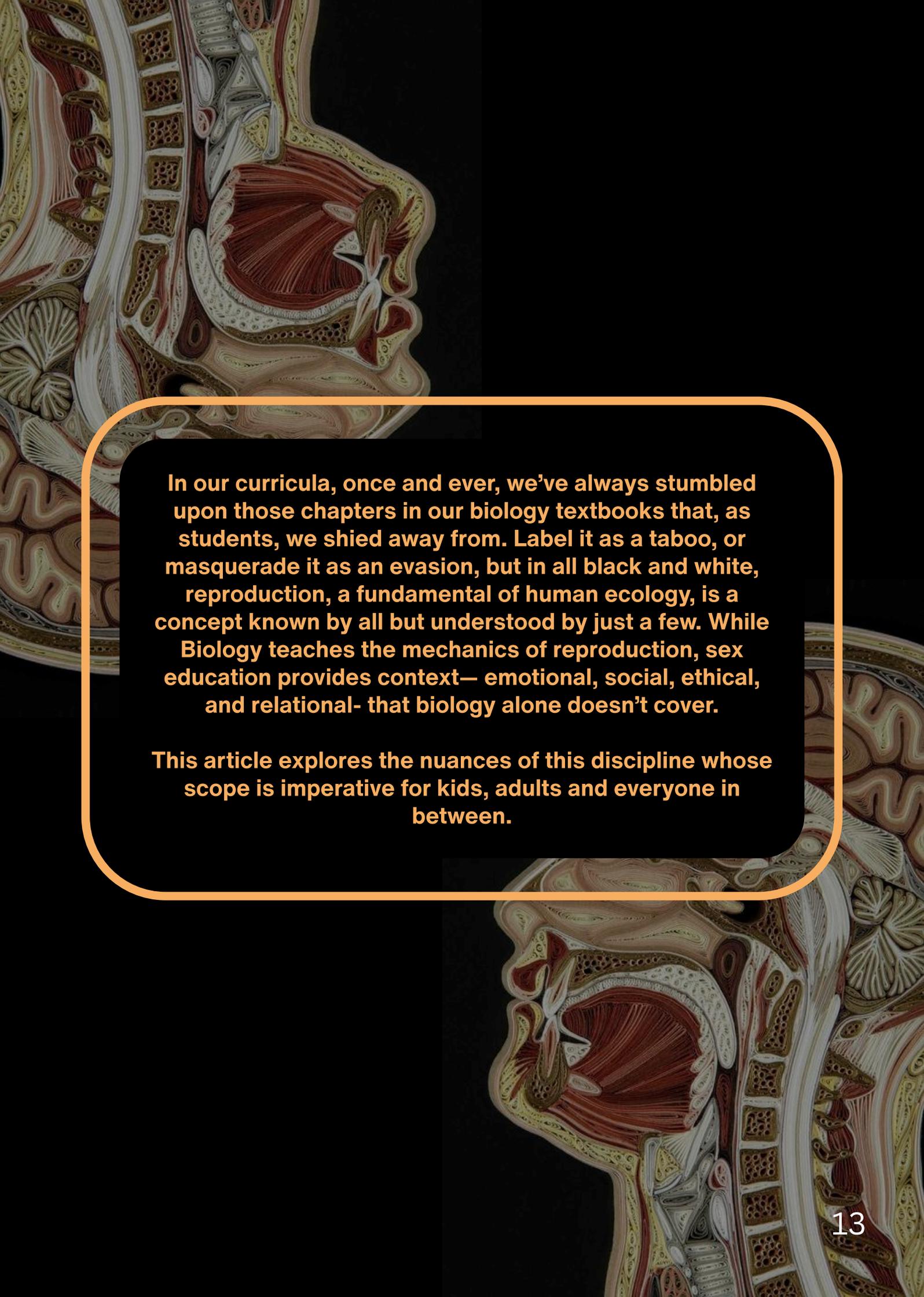
Contemporary relationship education operates through three paradoxes: it pathologises emotion while demanding emotional labour, it universalises “communication” while erasing cultural specificity, and it centres individual agency within systems designed to constrain it. If we're serious about healthy relationships, we need to start by examining the hidden curriculum, by interrogating the narrative structures, affective economies, and representational politics that shape how we learn to be intimate. We need education that doesn't just teach us what to do, but helps us understand what intimacy is, why it's so difficult, and how to keep choosing it anyways or how to walk away when we need to. Until the world unmutes the voices excluded from this conversation: queer youth, disabled people, survivors of assault, and those navigating sex across class and cultural lines. Until sex education addresses power, teaches bodily autonomy alongside anatomy, and centres liberation over compliance. Until then, every promise of sexual health will remain unfulfilled- we'll see bodies on screens but never learn to listen to our own.”

SEX... BIOLOGY...

and what lies in between



Ojas Vijayavargeeya



In our curricula, once and ever, we've always stumbled upon those chapters in our biology textbooks that, as students, we shied away from. Label it as a taboo, or masquerade it as an evasion, but in all black and white, reproduction, a fundamental of human ecology, is a concept known by all but understood by just a few. While Biology teaches the mechanics of reproduction, sex education provides context— emotional, social, ethical, and relational- that biology alone doesn't cover.

This article explores the nuances of this discipline whose scope is imperative for kids, adults and everyone in between.

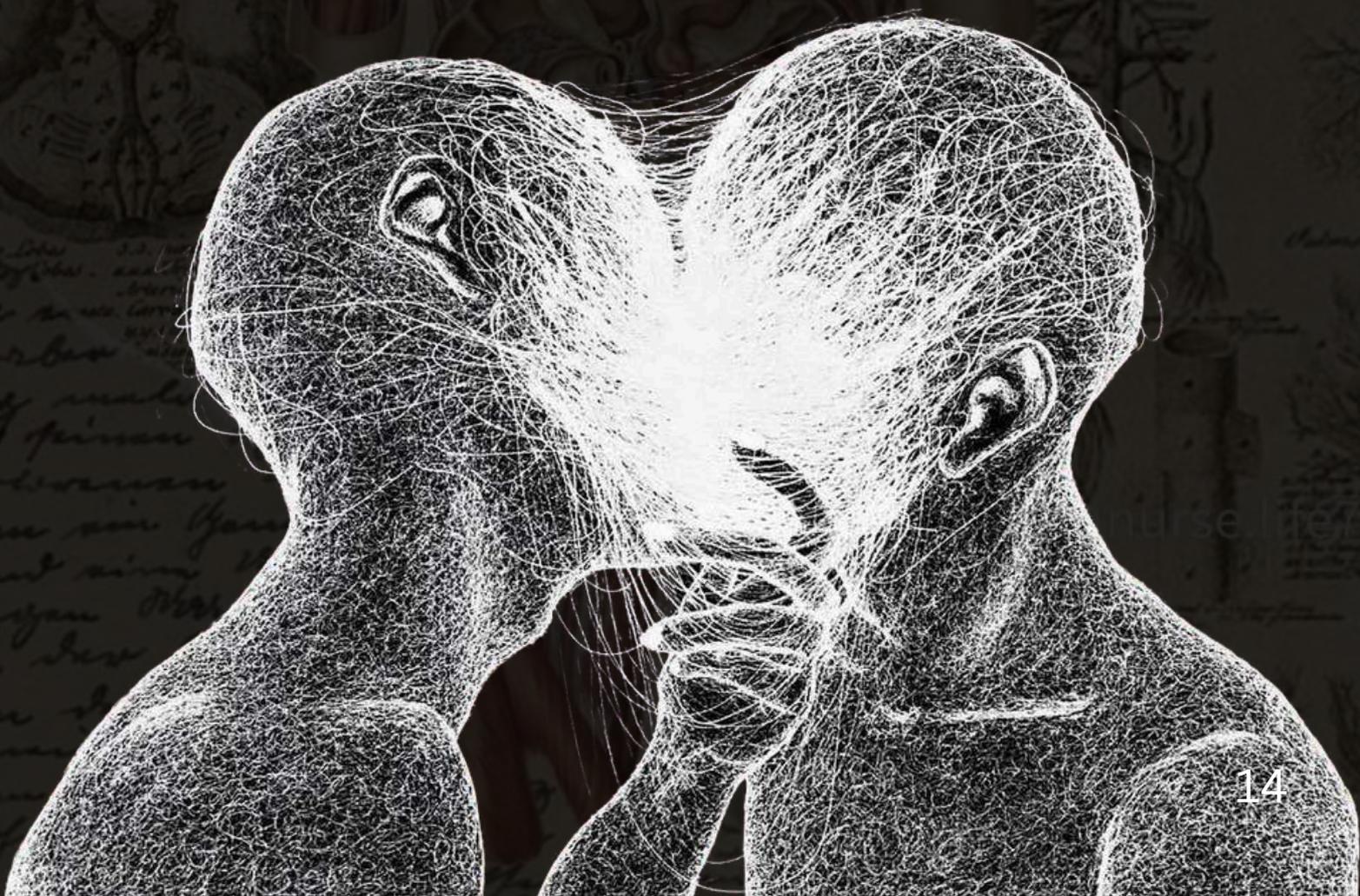
The Dilemma

Sex education has always been shadowed by misconceptions. Even though UNESCO defines comprehensive sexuality education as giving youngsters the knowledge, skills, values, and attitudes needed to make safe and informed decisions about their bodies and relationships, the topic continues to be treated like something provocative rather than protective.

Instead of empowering the young to navigate reality with confidence, silence often leaves them to stumble blindly through one of the most important aspects of life. This brings us to the first dilemma.

Silence replaces understanding

Many still hold onto the belief that avoiding conversations about sex keeps children innocent. But silence doesn't prevent questions; it only changes where the answers come from. Kids are the cradles of curiosity, but if this curiosity is channelled in the wrong way, it's a recipe for a disastrous life. Teens do not stop wondering; they simply turn to the sources available to them: friends, rumours, social media, porn, and half-baked truths circulating online.



tas también de cerdas en los bordes, dilatadas en los dos sexos, pues las cerdas del macho son encorvadas y muy fuertes. Las patas del macho son cortas y sencillas y tienen una espina larga en forma de látigo. Abdomen terminado por dos laminillas provistas de cerdas. Un corazon. Aparato copulador muy desarrollado. Comprende esta familia especies marinas agrupadas formando tres generos: *Conchocella*, *Halocypris*, *Halocyprida*.

HALOCIPRIS (del gr. "αλι", mar, y "κίπρις", m. Zool. Género de crustáceos entomostráceos del orden de los ostrácodeos, familia de los luficépridos. Se distingue este género por tener el carapacho muy dilatado y convexo, con escotadura poco marcada; tentáculo frontal encorvado en ángulo recto. Es notable la especie *H. concha*, que se halla en el Océano.

HALOCÍSTIDA (del gr. "αλι", mar, y "κίστη", utrículo, vejiguita): f. Bot. Género de algas de la familia de las Desmidiáceas constituido por una sola especie incluida por Kützinger en el género *Micrasterias*, y por Kützinger en otro género, quizá con más razón.

HALOCLOA (del gr. "αλι", mar, y "κλω", verde): f. Bot. Género de algas de la familia de las Halocloas y tribu de las asporangias, caracterizadas por tener fronde alargada, con base y hojas bien determinadas; los frondes son solitarios, pectinados. Cistocarpos en el extremo truncado u obtuso; los cistocarpos están situados en la periferia, pero los filamentos ramosos y sencillos pectinados, formando folíolos patentes.

- **HALOCLOA** Bot. Género de Gramíneas, muy afín del *Chloris* en sus caracteres, pero muy bien definido; la *Halocloa* tiene sus espigas a cilias aun.

HALOCLOAS (del gr. "αλι", mar, y "κλω", familia de algas).

fruto membranoso, que se rompe irregularmente; semilla lisa, completamente por el lado. El tallo que es macrópodo, con radícula gruesa y prominente en parte, en la anchura de la apertura formada por el cotiledón, constituyendo una especie de reborde anular. Se conocen tres especies que habitan los mares del Océano Índico y Pacífico; son las *Halocloa* con tallo delgado, radicante y con hojas de tres nervias, y *Halocloa* con tallo de un ramo muy corto y las hojas de tres nervias y sentadas en la periferia, y *Halocloa* con tallo espátulado.

HALOCLOA (del gr. "αλι", mar, y "κλω", verde): f. Bot. Género de algas de la familia de las Halocloas y tribu de las asporangias, caracterizadas por tener fronde alargada, con base y hojas bien determinadas; los frondes son solitarios, pectinados. Cistocarpos en el extremo truncado u obtuso; los cistocarpos están situados en la periferia, pero los filamentos ramosos y sencillos pectinados, formando folíolos patentes.

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HALOCLOAS (del gr. "αλι", mar, y "κλω", familia de algas).

po de los apoceros, familia de los fúngidos, subfamilia de los funginos. Se distingue por tener colonias muy convexas, libres, con calices distintamente radiados. Es notable la especie *Halomitra pileata*, que habita en los mares del Sur.

HALON: m. HALO.

HALONESO: Geog. Isla del Mar Egeo, sit. al N.O. de Esciros, entre Escopelos y Peparreta, hoy Kellidromia.

HALONIA (del gr. αλωσία, arca): f. Bot. Género de hongos esferiáceos, con periteco membranoso, que tiene un ostiolo corto; los esporos, provistos de tabiques, son fusiformes y curvados por lo general. Quelet ha descrito ocho especies que viven bajo la epidermis de las ramas de algunos árboles, como el sauce, saúco, aliso, etc., y Fris ha incluido en este género algunas especies que luego han sido referidas a otros distintos por la mayoría de los autores.

HALOPEPLIS (del gr. "αλι", sal, y "πέπλος", especie de enfiador): f. Bot. Género de Quenopodiáceas que pertenecen a las especies que presentan sus flores en la axila de las escamas de los árboles, que son alternos y con bráctea perianthial; el perianto es cuadrígono y está unido a los sépalos. Se conocen tres especies anuales ó bien perennes que habitan en el Mediterráneo, Caspio y Asia Menor.

HALOPEPLIS (del gr. "αλι", mar, y "πέπλος", pino): f. Bot. Género de algas pectináceas, que se caracterizan por tener una fronde filiforme, articulada, muy ramificada y compuesta, a partir del centro de la fronde, en ramificaciones secundarias, que son las mayores más grandes que las demás, y que se ramifican entre sí; cistocarpos laterales, terminados en globos y ovales, situados en la axila de las escamas; cistocarpos biserialmente alternos en un órgano bien desarrollado.

In fact, this isn't speculation; it's a measurable reality. A 2023 survey conducted by Allo Health, Hans India, with 8600 subjects across 530+ cities of India found that-

- 72.41% of respondents never received sex education in school or college
- 57.32% used pornography as a primary learning tool
- Only 7.93% trusted parents for such guidance
- 59.77% said they would rely on peers
- 58.33% would turn to home remedies or non-specialists instead of professional help when facing sexual health issues

These numbers show the cost of avoidance, that is, when institutions stay quiet, misinformation speaks loudly.

Secondly, Myths about "encouragement"

A major barrier comes from the belief that teaching adolescents about sex encourages them to experiment earlier. The reality is that knowledge doesn't accelerate behaviour; it protects choice. Comprehensive research reports by UNESCO and WHO show that students receiving comprehensive sexuality education are more likely to delay sexual activity, more likely to practise abstinence, and stay far better prepared to make safe choices when they do engage.

Thirdly, Biology alone can't prepare young people

Traditional biology classes teach bodies like machines, labelling reproductive organs through diagrams, objectively explaining vital processes like menstruation or coitus. But real life demands more than diagrams and labelling. Young people must navigate consent, boundaries, emotional readiness, coercion, gender identity, relationships, self-worth and safety; to be more prepared for the realities the world has to offer. These realities not only masquerade as needs of affection but also as the dangers of change. With the rise of AI, news around deepfake pornography is more evident than it has ever been. If the brain fog posed by our outdated curricula wasn't enough, the psychological change in perceptions offered by digital dangers is pushing the line of awareness further away. Evidently, ignoring these realities leaves students vulnerable in both physical and virtual worlds. The use of the internet can be a game-changer if used in the right way, so vigilance around its use can be stronger, so that digital spaces can offer a room for awareness instead of insecurities.



Where solutions are emerging.

The need of the hour is to accept that 'ignorance is not always bliss'. Only an informed populace can tackle the evils brought by staying aloof. Sex education is therefore necessary and must be projected in all its manifestations.

Start earlier and teach differently

Global UN guidelines endorsed by WHO suggest that sex education can begin at age 5, not by discussing intercourse, but by teaching:

- About body parts
- About good and bad touch
- About personal boundaries

Yet perception lags behind science, as according to the same Hans India survey, 48.02% believe sex education should only begin after age 10, highlighting the disconnect between comfort and best practice.

Teach life skills, not just anatomy

Effective sex education blends knowledge with respect and values. Instead of focusing on merely explaining body organs, emphasis can be laid on maintaining sexual health and providing counselling to those suffering from the changes of puberty, which conversations of households cant navigate effectively.

- Conversations around menstrual health

According to a study on period poverty by Anagha BP in 2023, only 36% of fecund women in India use hygienic products like sanitary pads, while a vast majority of women still resort towards using improvised materials, which are highly unsafe and the leading cause for UTIs and other infections, including HIV. Henceforth, we must normalise conversations about menstrual health not only for women but for men as well. If accessibility to menstrual products can be promoted at affordable prices, devoid of any pink tax, we can ensure that every woman out there would not shy away from a process, innate to the very essence of womanhood.

- Conversations around infections

It's a no-brainer that at some point in time, almost all of us must have suffered from infections we shy-ed to tell anyone. This not only delays treatment but can lead to fatalities as well. Infections like jock itch, ringworms, PCOS and most notably AIDS, are far more common than we think. If knowledge of these diseases can be inculcated in our curricula right from the primary stage until adult education programs, we can ensure that no more lives are lost to the mere fear of societal judgment.

Learning can happen beyond classrooms

Where schools hesitate, the world adapts. The counsel of sex education must spread into spaces we shy away from talking in, right from our homes to social media. Notable programs such as

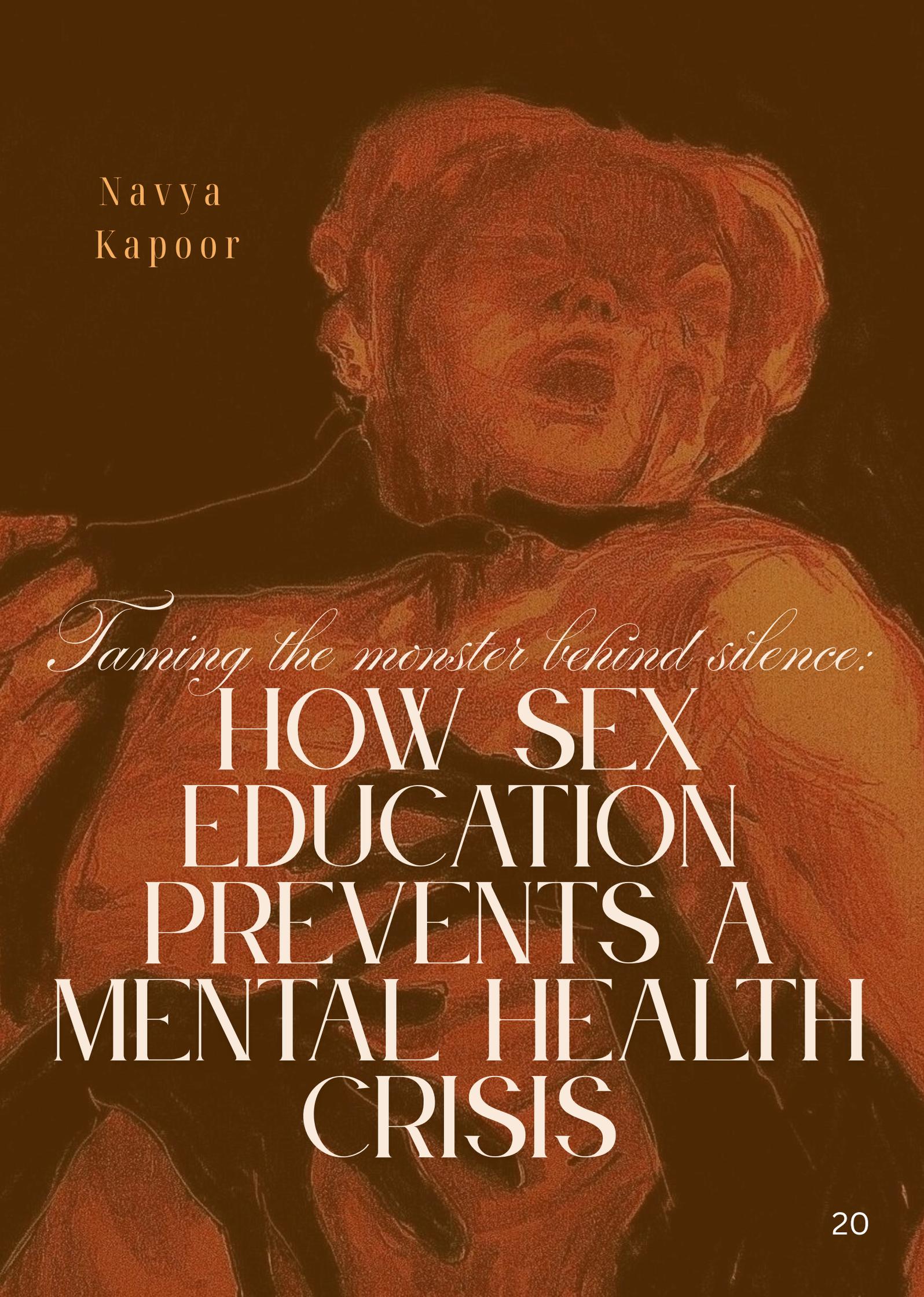
- Love Matters, an international program, brings youth-friendly sex education to places where curricula lag.
- International Sex Education Day (Feb 2), led by the Sex Education Alliance, pushes parents and caregivers to start conversations at home, normalising something that has been taboo for far too long.

These examples show that education isn't limited to a classroom; it can travel through families, technology, and community spaces.

Change of Morality

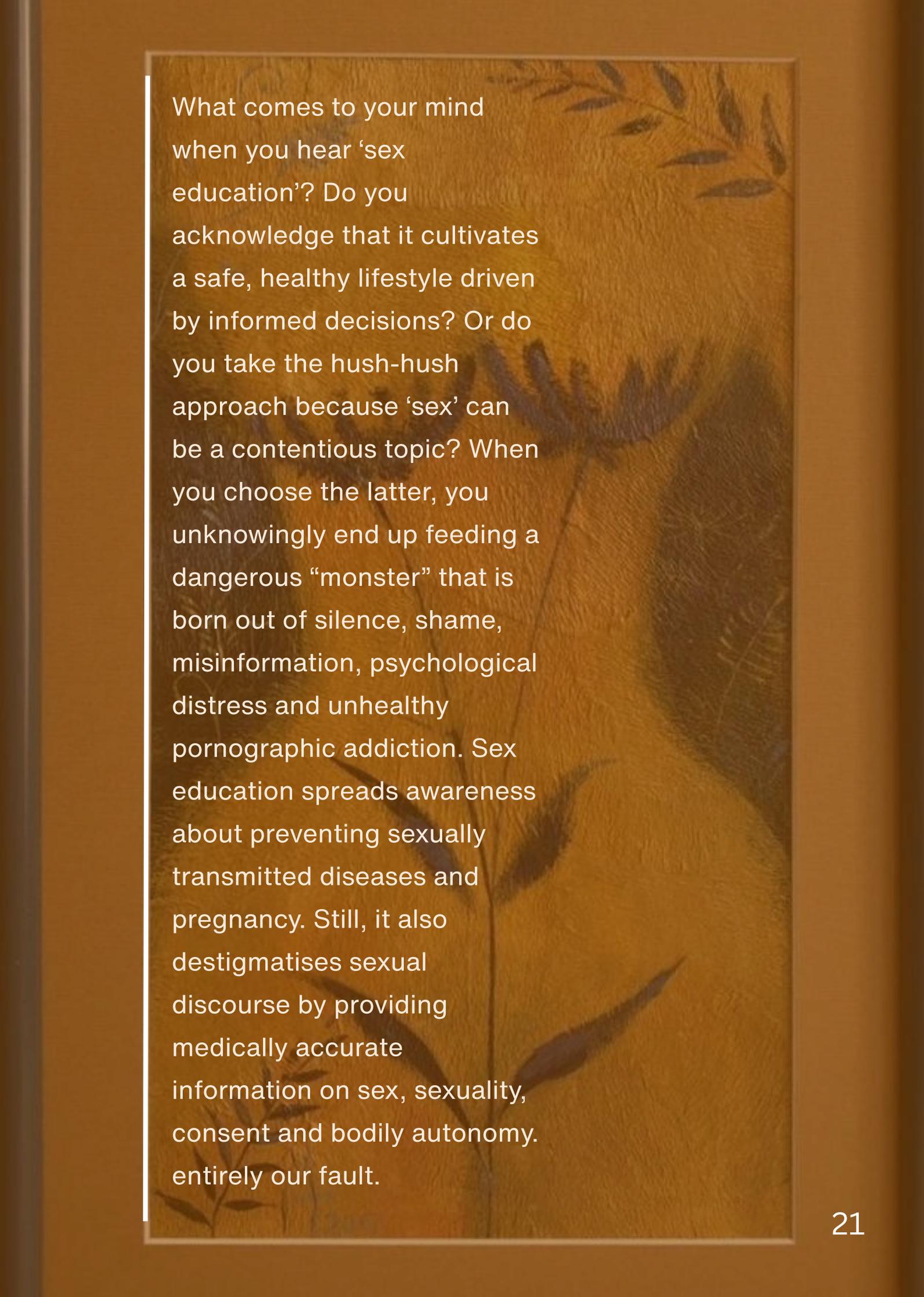
We must realise that the conversation around sex education is not a blame game but a tale of acceptance. We can't blame the older generation, as their times and existence had been tailored to shy away from reproduction as a taboo. What we must accept is the age of change, where the social construct of demeaning bodily changes can evolve into one of celebrating the changes our bodies go through. Conversations must not only be customised to our curricula but must begin from our households, so that generational ignorance, per se, can not flourish beyond Generation Z.

To wrap up this discourse, it's worth affirming that both biology and sex education must be complementary to one another, as sex is not only clinical but human! An absence of either is a recipe for half-knowledge, which is nevertheless a taste of harm. On one hand, curricula revolving around human anatomy, genetics and diseases are the fundamentals of addressing bodily changes which everyone should be acquainted with. However, biology can often be complex and too generalised in context to address the social constructs posed to the common man. This is where sex education comes into play, as it addresses the specifics of one's bodily changes in the simplest of ways, through workshops, awareness programs, or a simple word of mouth. While biology teaches written interpretations which often superimpose the question of 'how', sex education opens the room for conversations around everyday questions of 'why' which our books don't address on a conventional basis. Therefore, sex education must be a prerequisite to the pedagogy of biology. What we must preach is not a call for denial but a call for priority, as only then can we have healthy and informed individuals who won't fall prey to ignorance, which holds the capacity of making or breaking one's life.



Navya
Kapoor

Taming the monster behind silence:
HOW SEX
EDUCATION
PREVENTS A
MENTAL HEALTH
CRISIS



What comes to your mind when you hear 'sex education'? Do you acknowledge that it cultivates a safe, healthy lifestyle driven by informed decisions? Or do you take the hush-hush approach because 'sex' can be a contentious topic? When you choose the latter, you unknowingly end up feeding a dangerous "monster" that is born out of silence, shame, misinformation, psychological distress and unhealthy pornographic addiction. Sex education spreads awareness about preventing sexually transmitted diseases and pregnancy. Still, it also destigmatises sexual discourse by providing medically accurate information on sex, sexuality, consent and bodily autonomy. entirely our fault.

Defining the Standards: CSE vs AOE

The unfortunate reality of mental health's role in sex education is that both these topics are rarely discussed together. To understand why mental health rarely occupies space in discourse surrounding mental health, we must take the global standards into account. The World Health Organisation (WHO) defines Comprehensive Sex Education (CSE) as a means of providing youngsters with age-appropriate guidance about sexuality and their sexual health. WHO also specifies that while the CSE programmes can be different everywhere, the United Nations Technical Guidance recommends that these programmes should be based on an established curriculum to include scientifically accurate and comprehensive teachings, meaning they should cover a broad range of topics including respect, consent, bodily autonomy, puberty, menstruation, contraceptives, pregnancy and sexually transmitted infections.

The reality of CSE is quite different from the standards established by the WHO, and many countries around the world, such as Uganda, Kenya, Rwanda, Guatemala, China, India, the UK, and many states in the USA, opt for Abstinence-Only Education. This form encourages delaying intimacy until marriage and primarily focuses on fear-based tools to avoid pregnancy and disease. When sex education hasn't really moved on from advocating for abstinence, then making mental health an active part of the discourse seems relatively far-fetched for many even today.

In the United States, only 34% of states legislatively prioritise the medically accurate delivery of sex education in schools. In India, the journey has been similarly arduous. Early attempts like the National Population Education Project in 1980, School Aids Education Programs and the Adolescent Educational Program were landmark measures in spreading awareness about basic sexual health and STIs, but they largely remained clinical. These programs have failed to address alarming issues like destigmatising discussions surrounding sex, sexuality, shame and porn addiction

To prioritise mental health, it is important to be knowledgeable with factually accurate information. When medical accuracy and mental health are sidelined in favour of abstinence, shame, and stigma, it becomes harder to meaningfully address sex education's impact on mental health, which further strengthens the "monster".

The Indian Paradox: Navigating Cultural Stigma And Legal Gap In Sex Ed Narrative

Sex Education in India has always been in a precarious state. A 2019 study conducted in Tamil Nadu highlights that sexual knowledge is inadequate and sexual misconceptions are widely prevalent in the population studied. Additionally, according to NFHS-5, only 21.6% of women have comprehensive knowledge of HIV-AIDS, compared to 30.7% of men.

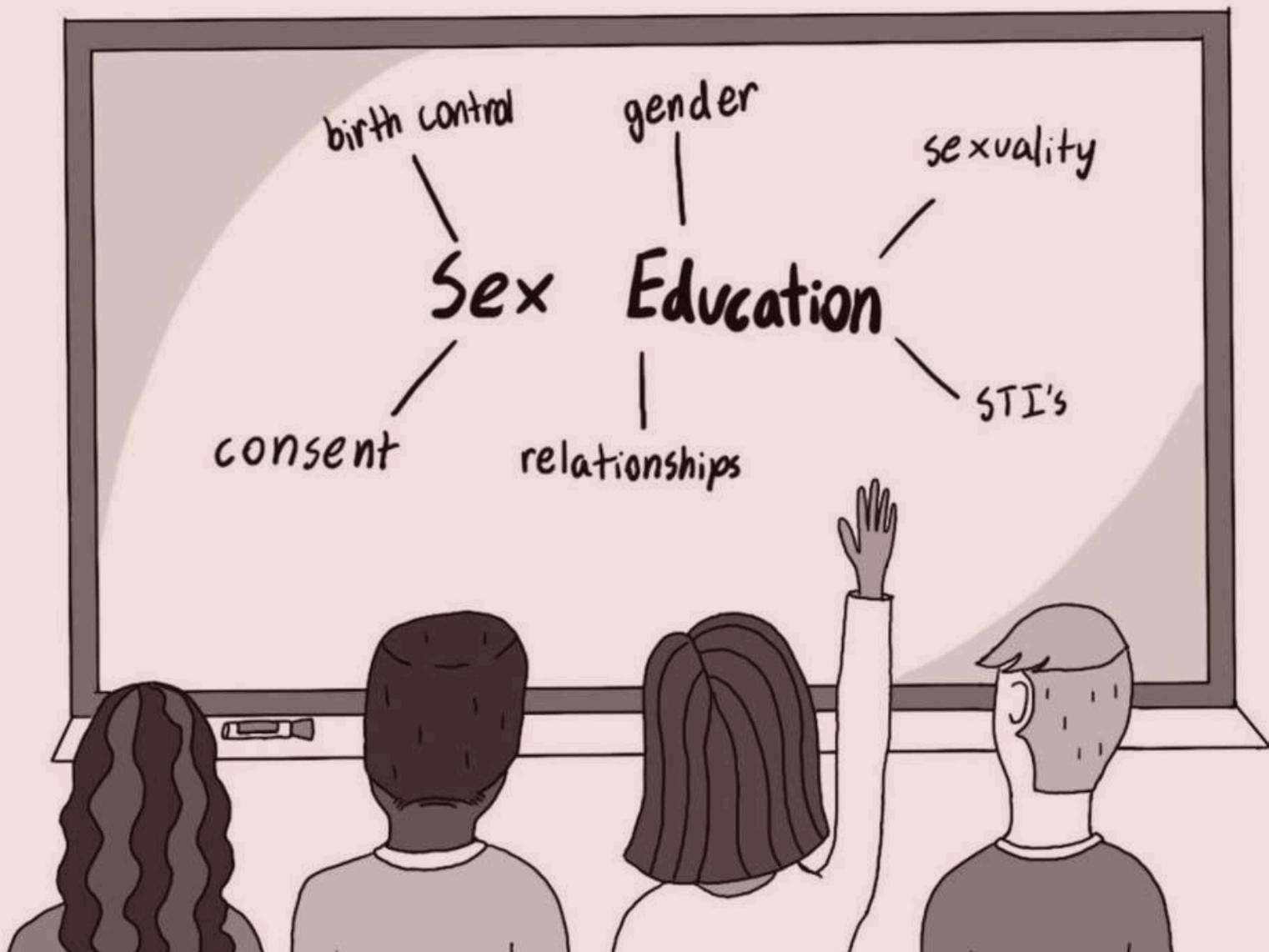
India has been taking several measures to incorporate sex education in the school curriculum, but there is still a hush-hush sentiment around this topic. For instance, while the School AIDS Education Program was renamed to the Adolescence Education Program in 2006, it only aimed to address the prevention of HIV and AIDS.

The POCSO Act also introduced some landmark amendments in law to protect the underage victims of sexual assault, but it clashes with the idea of consensual relationships among teenagers. The idea of consent is legally irrelevant under POCSO. As a result, many families have weaponised it against consenting teenagers. An analysis by the Enfold Proactive Health Trust states that 80% of the “romantic” cases were filed under POCSO by relatives after the elopement and pregnancy of an underage girl. This loophole continues to challenge underage autonomy and risks sidelining genuine cases of assault, indirectly damaging teenagers' sense of self-worth.



By labelling normal developmental behaviour as criminal, the law forces adolescents to internalise shame regarding their agency and boundaries. The Enfold study also highlights that the fear of mandatory reporting under POCSO prevents pregnant adolescents from seeking medical help, forcing them to seek illegal and unsafe abortions. The Judiciary must adopt an approach that protects adolescent autonomy without diluting POCSO's core intention: to protect children from sexual exploitation. Furthermore, shifting the focus from criminalisation to empathetic counselling can help teenagers dismantle the shame associated with exploring romantic relationships. But amid all the stigma and criminalisation, there is a silver lining.





Project X: Turning The Tide On Sexual Literacy In Kerala

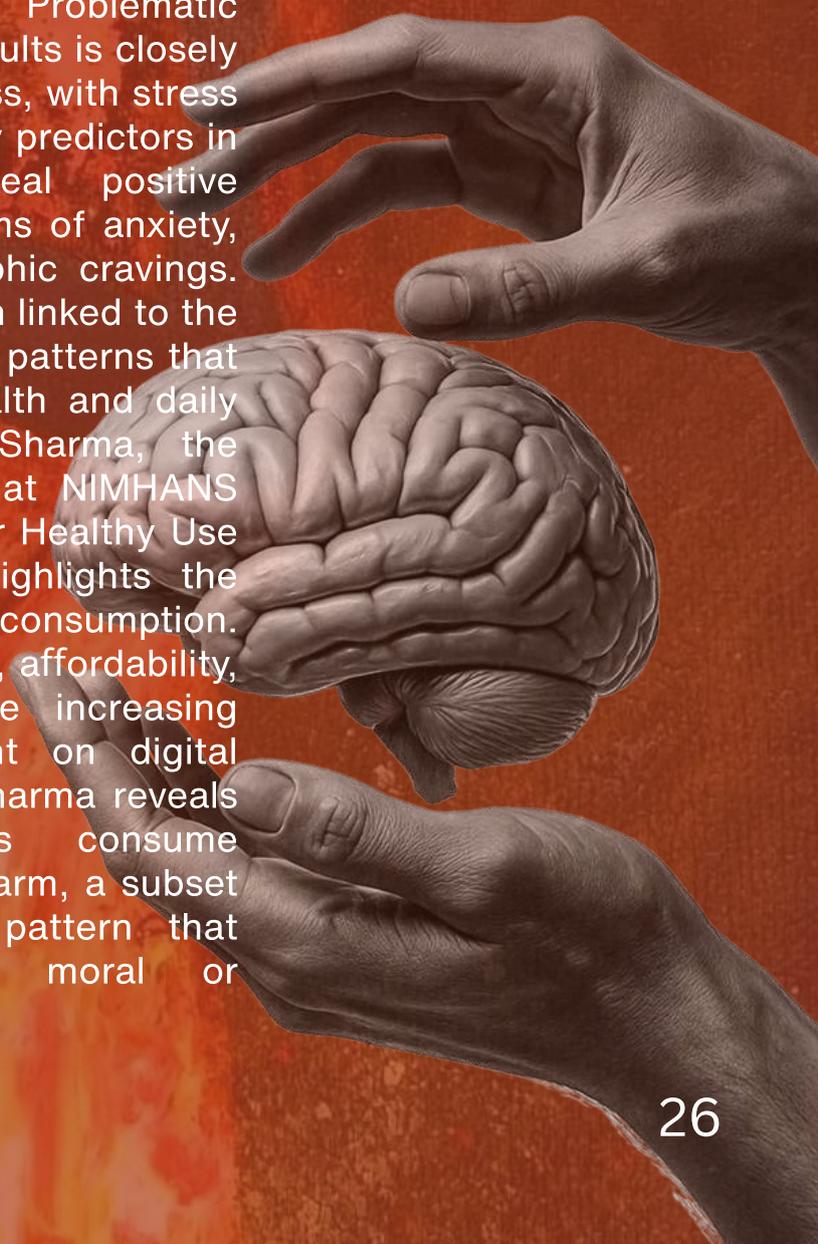
In 2022, Kerala recorded 592 child sexual abuse cases, along with 2nd highest number of teen pregnancies. But recently, the society, the government and the corporate sector in Kerala joined forces to teach sex education to students in a structured, age-appropriate and engaging manner with Project X. This project empowers adolescents by equipping them with the knowledge and confidence to challenge stereotypes under gender and sexuality, along with raising awareness about the dangers of unsafe sexual practices. For instance, only 0.3% of students could explain the difference between sex and gender, but after the sessions, 96.6% could. Awareness about the POCSO Act also went from 28% to 98% after training. The most significant shift was noticed in the attitudes of participants, as 89% of the session attendees expressed positive views on topics such as consent, gender equality and bodily autonomy.

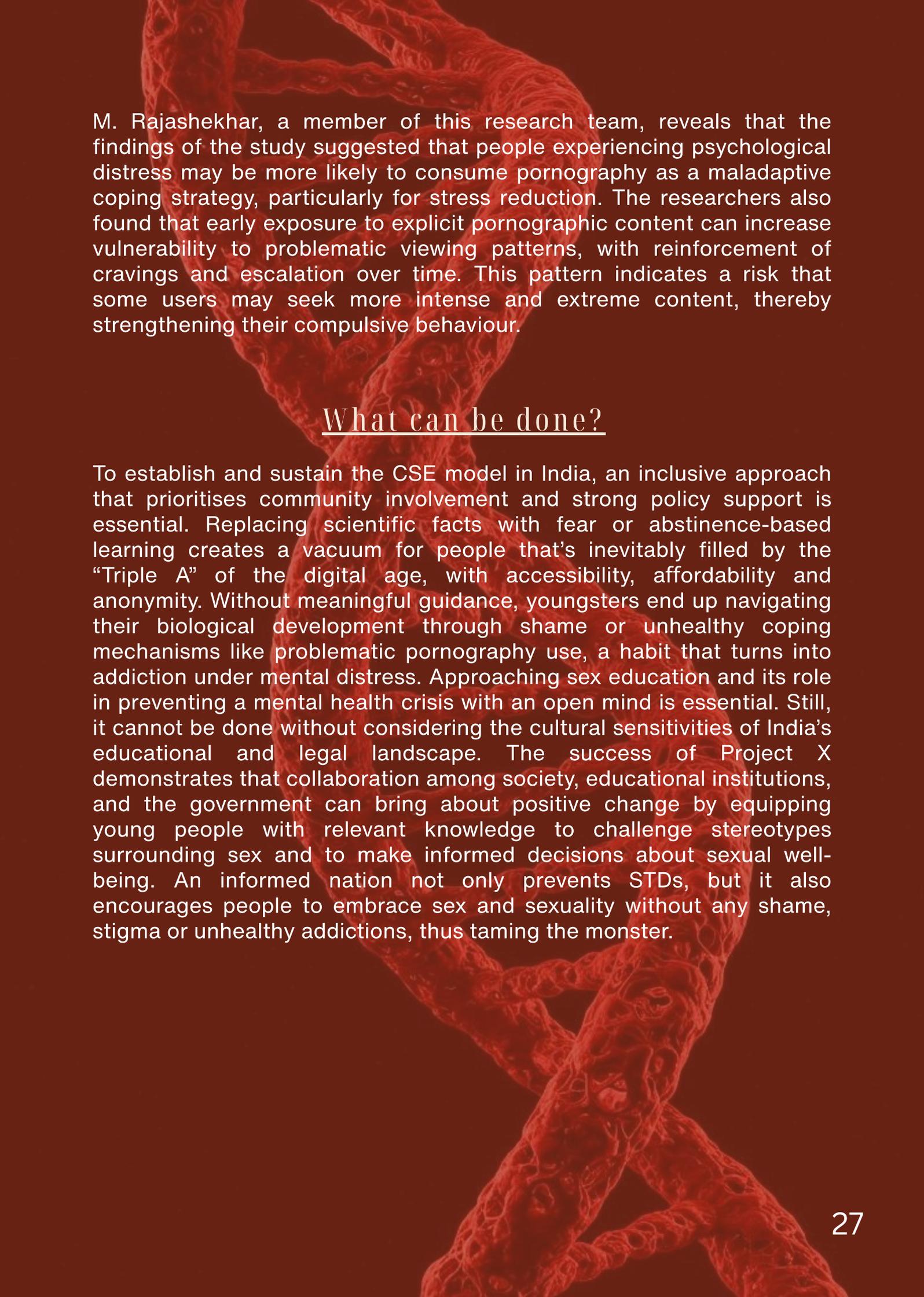
The results have been transformative. As of now, the project is in its third phase and has benefited more than 12,000 students. While these initiatives highlight that India is open to the abstract idea of sex education and spreading awareness about consent, prevention of STDs and sexual assault, it hasn't quite tapped into the intersectionality of this subject.

Sex Education in India intersects with social structures of patriarchy, class, caste and religion. When progressive educational goals and deep-rooted cultural sensitivities aren't handled well, adolescents end up turning to peers and the internet (online pornography) for answers, often leading to early, misinformed and unsafe sexual activity.

Tackling The Mental Health Crisis: Fighting The Monster Of Addiction

As per a recent study conducted by researchers from NIMHANS, Bengaluru, Problematic Pornography Use among Indian adults is closely connected to psychological distress, with stress and anxiety being identified as key predictors in the study. The findings reveal positive correlations between the symptoms of anxiety, depression, stress and pornographic cravings. Exposure to pornography has been linked to the development of compulsive usage patterns that adversely affect their mental health and daily functioning. Dr Manoj Kumar Sharma, the professor of clinical psychology at NIMHANS and the director of the Service for Healthy Use of Technology Clinic (SHUT), highlights the "Triple A" factors in pornography consumption. These factors include accessibility, affordability, and anonymity, as well as the increasing normalisation of explicit content on digital platforms and social media. Dr Sharma reveals that while most individuals consume pornography without significant harm, a subset develops a compulsive usage pattern that persists despite the social, moral or psychological consequences.





M. Rajashekhar, a member of this research team, reveals that the findings of the study suggested that people experiencing psychological distress may be more likely to consume pornography as a maladaptive coping strategy, particularly for stress reduction. The researchers also found that early exposure to explicit pornographic content can increase vulnerability to problematic viewing patterns, with reinforcement of cravings and escalation over time. This pattern indicates a risk that some users may seek more intense and extreme content, thereby strengthening their compulsive behaviour.

What can be done?

To establish and sustain the CSE model in India, an inclusive approach that prioritises community involvement and strong policy support is essential. Replacing scientific facts with fear or abstinence-based learning creates a vacuum for people that's inevitably filled by the "Triple A" of the digital age, with accessibility, affordability and anonymity. Without meaningful guidance, youngsters end up navigating their biological development through shame or unhealthy coping mechanisms like problematic pornography use, a habit that turns into addiction under mental distress. Approaching sex education and its role in preventing a mental health crisis with an open mind is essential. Still, it cannot be done without considering the cultural sensitivities of India's educational and legal landscape. The success of Project X demonstrates that collaboration among society, educational institutions, and the government can bring about positive change by equipping young people with relevant knowledge to challenge stereotypes surrounding sex and to make informed decisions about sexual well-being. An informed nation not only prevents STDs, but it also encourages people to embrace sex and sexuality without any shame, stigma or unhealthy addictions, thus taming the monster.

Jahnvi
Borghain



What silence teaches boys about
**WOMEN AND
SEX**

In 2023, Zoya Akhtar released the second season of her acclaimed series *Made in Heaven*, which used its episodic storyline to address and foreground a vast range of contemporary social issues. The most impactful of these was the story of Bulbul Jauhari and her son Dhruv. In the show, Bulbul Jauhari is a woman who carries the weight of formerly having been a victim of sexual abuse and domestic violence. However, in spite of her own history, she chooses to be silent on the topic of sex and women's bodies when it comes to her own son. The fear is understandable because it would mean reopening old wounds and confronting memories she has spent years trying to bury. So Bulbul ends up doing what most parents do, and avoids the conversation altogether.

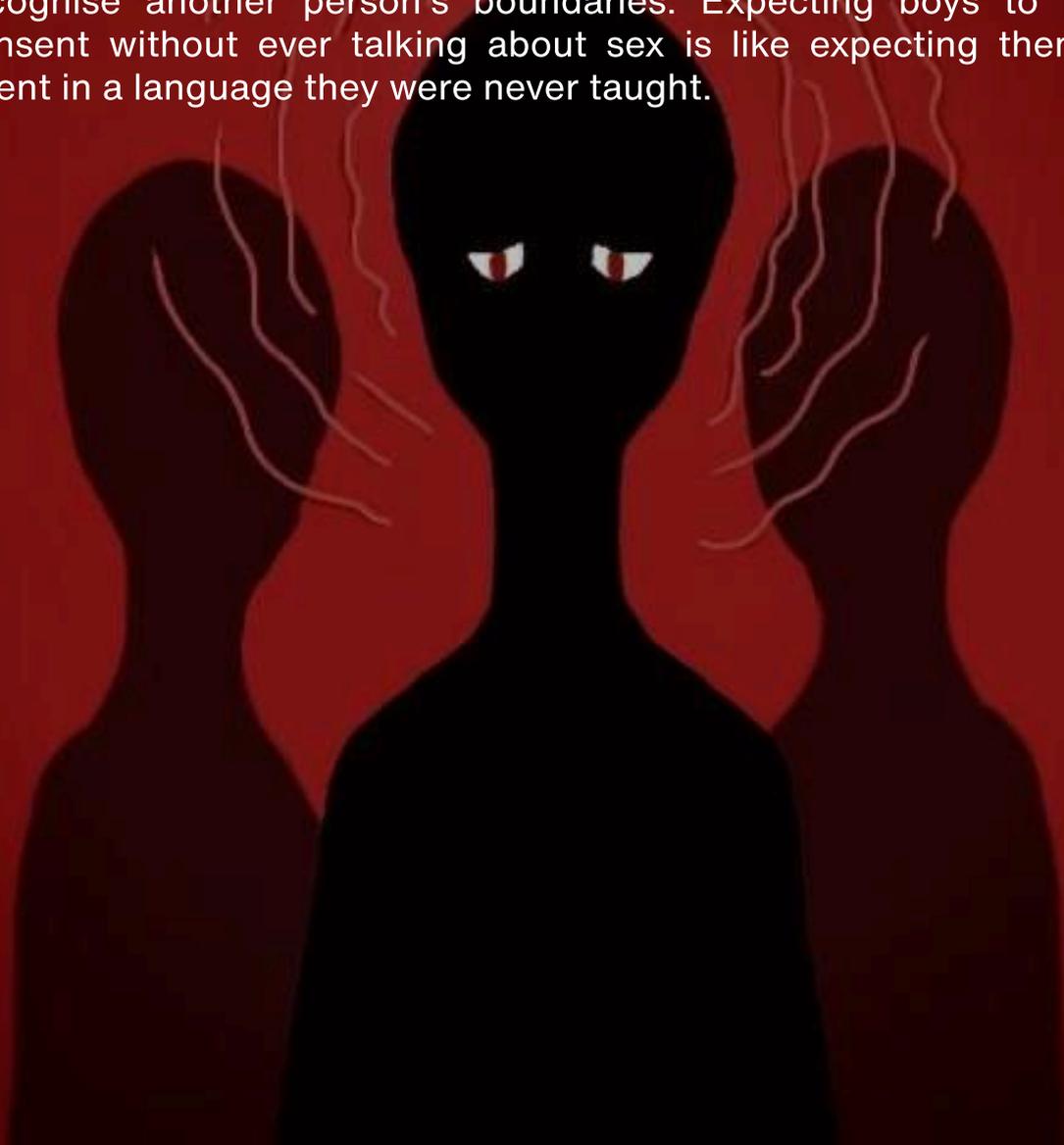
As the story progresses, Bulbul's silence on these issues brings adverse consequences. Despite being raised in a household where respecting women is emphasised, her son is unable to connect with her teachings due to her unwillingness to discuss difficult topics like consent and autonomy, and ends up learning about sex from his friends instead. Under peer pressure, he begins to talk about women in derogatory ways, casually using terms like “loose” and “slut” to describe them. As the matter escalates, he even participates in virtually abusing Shruti, a girl who had once been his childhood friend.

Watching this story unfold is uncomfortable for the viewers, precisely because of how familiar it feels. The plot is a reflection of the larger reality in India, where sex education is often withheld from young boys out of fear. Parents worry that discussing sex with their sons will end up encouraging it, and so they choose not to talk about it altogether. Schools also fear backlash, and in their avoidance, end up taking drastic measures like removing biology chapters from the curriculum altogether. Everyone waits in the hope that the boys will “figure it out themselves eventually”. What they don't realise is that when sex remains unspoken, it shows up in other ways, through peers, pornography, jokes, and general misinformation.

why boys need sex education

One of the most important reasons why boys need sex education is that it makes sex less mysterious. When something is treated as forbidden or taboo, it gains unnecessary power. In contrast, educating boys about sex presents it as a normal part of human life and helps them feel more comfortable in their bodies. It demystifies the changes they experience during puberty and reduces the shame that often surrounds sexuality. In the larger picture, this matters because when boys grow up associating sex with embarrassment or secrecy, their curiosity turns into something furtive, and they feel ashamed to ask questions. Their confusion hardens into certainty, borrowed from the loudest voices in the room, which are usually their peers. This is where boys end up learning that masculinity is something that is performed through crude language and objectification.

Sex education also helps to dismantle the hush-hush culture around sex. When sex is discussed openly, conversations about consent become easier. Consent is not something that boys inherently know; it is learned over a lifetime through emotional awareness and the ability to recognise another person's boundaries. Expecting boys to practice consent without ever talking about sex is like expecting them to be fluent in a language they were never taught.



Learning without Guidance

Another uncomfortable reality is that in the absence of sex education, pornography ends up becoming the default teacher. Pornography is easily accessible on the internet, and doesn't really need any context. Its performative nature teaches boys that sex is about dominance and entitlement, and forgets to educate them about communication and care. Sex education, on the other hand, does not demonise desire; it teaches important factual information about relationships. It contains difficult conversations like contraception and sexual health, and ultimately helps boys to distinguish between fantasy and reality.

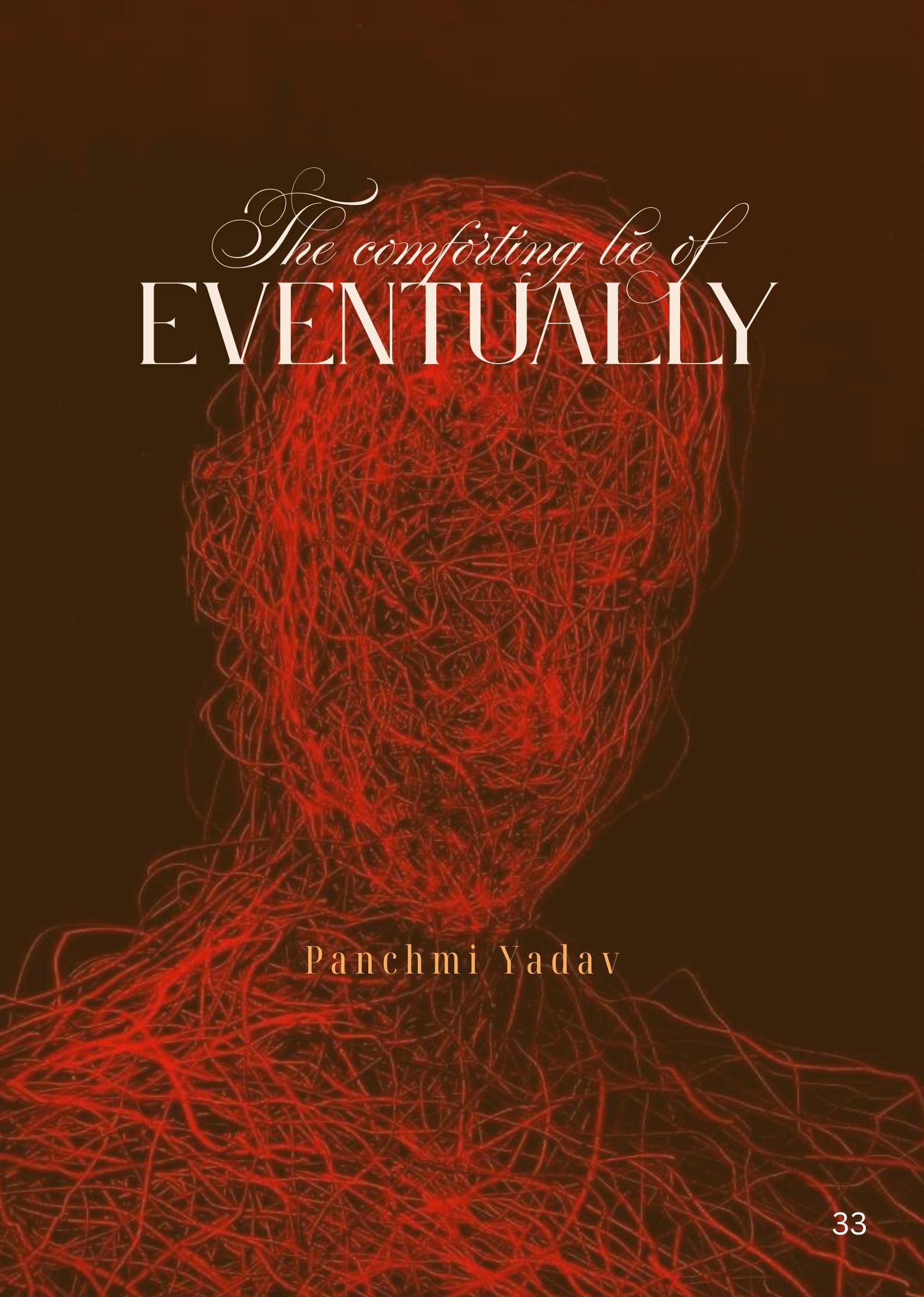
In recent months, we have seen growing instances of young boys using AI tools like Grok and Gemini to generate fake nude or sexually compromised images of women, who are often their own classmates or friends, and sometimes even strangers online. Another variation of this trend is young boys openly commenting, “@grok put her in a bikini” under otherwise ordinary pictures uploaded by women on social media platforms. What is absolutely baffling is how easily these technologies are used without any sense of ethical boundaries. This may be brushed aside as simply a problem of access to AI, but in reality, it corresponds to a larger problem of education. When boys are never even taught to think about the dignity and humanity of women in a sexual context, technology becomes yet another shortcut for their entitlement. Without sex education, these new tools are introduced in a culture that is shaped by silence and stigma, and end up mirroring our own refusal to talk about sex and respect.



Who pays the price for silence ?

The absence of sex education is highly gendered in how its consequences unfold. Girls, even in silence, are taught to be cautious very early on in life. Their mothers repeatedly tell them- “don’t stay out late, don’t trust too easily, don’t dress “provocatively”, don’t look too pretty, don’t invite trouble”. Boys, on the other hand, are allowed to roam free and do as they please, and are rarely ever taught about restraint and empathy in sexual contexts. As a rather warped result, girls grow up disproportionately navigating fear, while boys grow up navigating entitlement. In India especially, this mentality is part of a larger rape culture that endlessly instructs women on how to stay safe, yet hesitates to teach men about even basic respect and boundaries.

It would be misleading to claim that sex education alone can prevent sexual violence. The concept of harm, after all, is shaped by the unequal distribution of power and deeply ingrained social norms. However, ignorance is not neutral. Many instances of sexual abuse emerge every day, and many involve young boys and men who misunderstand boundaries and feel entitled to access. India's broader culture of sexual repression makes this even more complicated. In this context, perhaps education alone cannot perpetually eliminate violence, but it can definitely challenge the conditions that allow entitlement to thrive unchecked. In a society where gender-based violence is frequently addressed by teaching girls to be careful, sex education for boys moves the burden of prevention away from potential victims and places it where it belongs: on those who are socialised into power. In the end, if it is sustained and taken seriously, sex education has the capacity to disrupt the very cultural conditions that allow gender-based violence to persist in India.



The comforting lie of
EVENTUALLY

Panchmi Yadav

“Don't worry, you'll figure it out eventually” — a phrase that's often tossed around when someone is feeling uncertain or lost. No matter what the situation is, we all have heard this through our peers, friends, and elders alike. What seems uplifting and helpful at first is actually an underlying issue known as Optimism Bias.

According to an article from Scribbr, optimism bias (or unrealistic optimism) is a type of unconscious cognitive bias, which is the tendency to overestimate the likelihood of positive events and underestimate the likelihood of negative events. While it is advised to maintain a positive outlook, being overly optimistic might lead to illusions and make it difficult to distinguish between expectations and reality. Because of this irrational optimism, many people are blind to the harmful myth that lurks beneath this façade. The same article suggests that about 80% of the population is under this belief of eventual clarity.

While it is not entirely a bad thing, it does end up hindering the thinking process and ultimately the growth of individuals as they become oblivious to the damaging fallacy of opportunities presenting themselves as some part of an eventual saviour. “and ultimately the growth of individuals as they become oblivious to the damaging fallacy of opportunities presenting themselves as some part of an eventual saviour.

Nobel Prize winner Daniel Kahneman has said: “Most of us view the world as more benign than it really is, our own attributes as more favourable than they truly are, and the goals we adopt as more achievable than they are likely to be. We also tend to exaggerate our ability to forecast the future, which fosters overconfidence. In terms of its consequences for decisions, the optimistic bias may well be the most significant cognitive bias.”

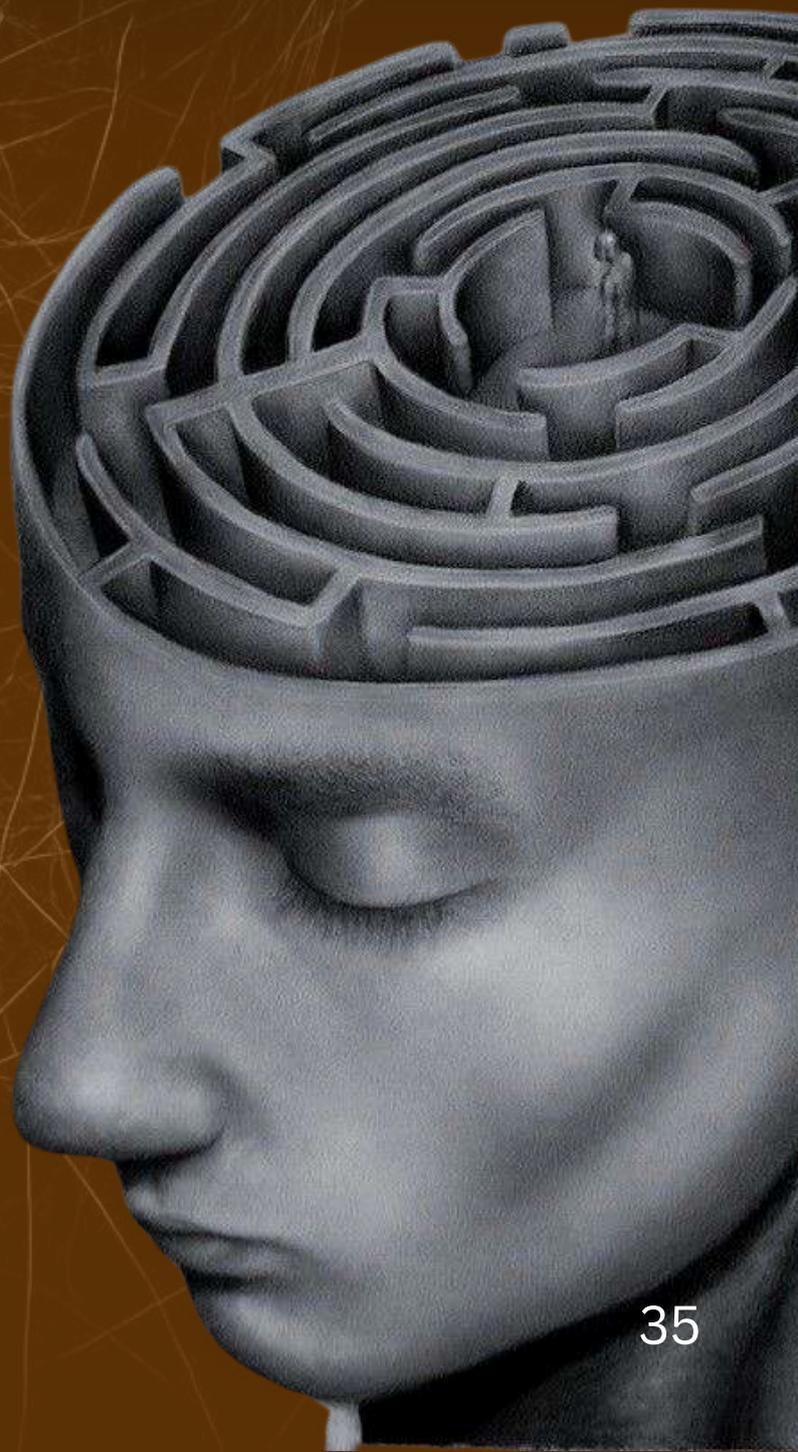
Additionally, according to an article by IIM Indore, it was voiced that optimism bias affects risk perception as well, and not just abstract thinking. This was done using survey data of college students in India, specifically analysing whether COVID-19 optimistic bias among individuals increased risky behaviour or not.

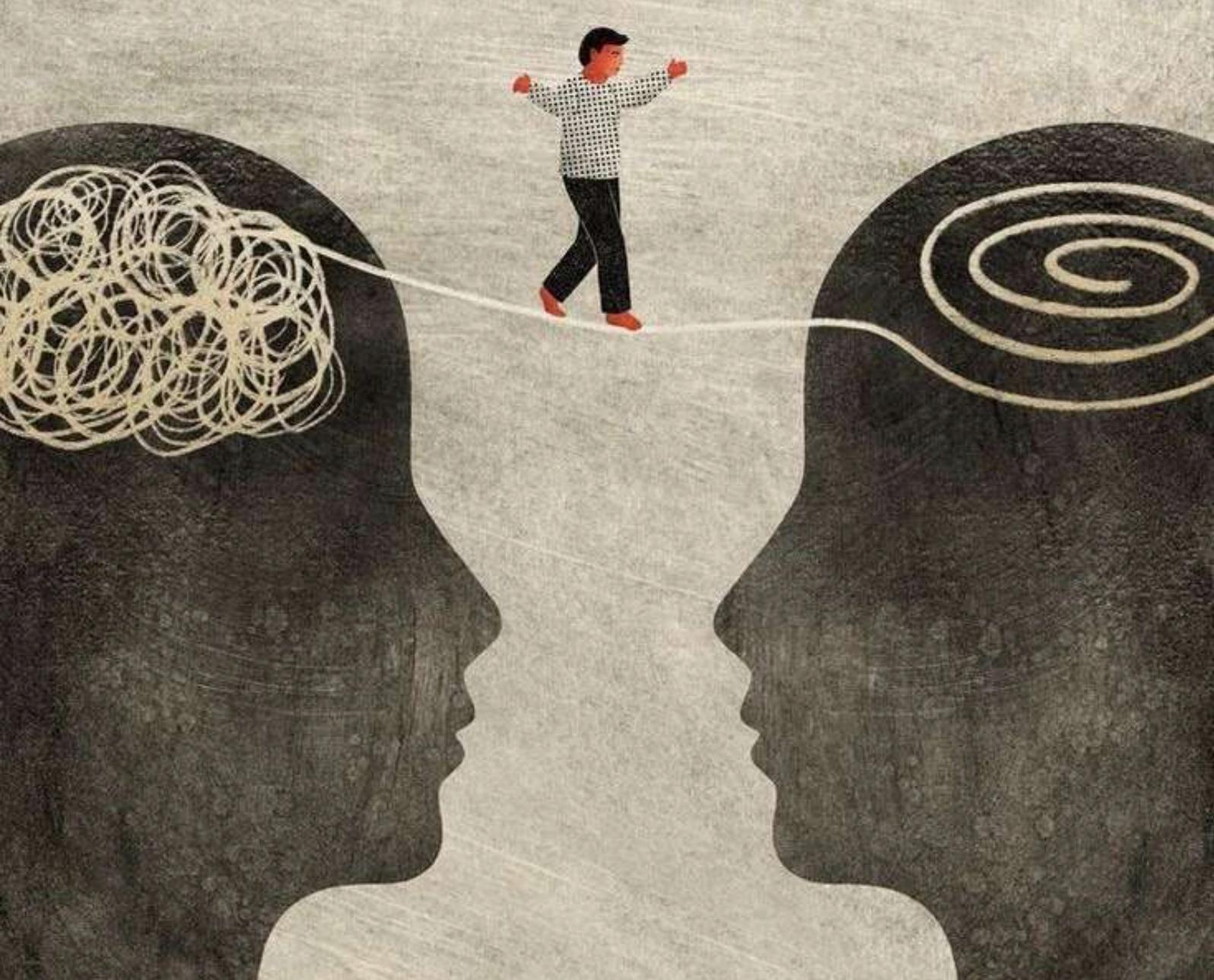
The Elephant in the Room — Sex Education

Generally, “figuring it out eventually” is associated with career choices or even everyday life problems, but sadly, this myth is rarely challenged when it comes to sex education. It goes around like some unspoken trust running deep in the so-called traditionalities that when the “right time” comes, people will just stumble across the knowledge, and no harm will be done. However, decades of research have demonstrated that this myth is not just entirely false but harmful as well. It has been proven countless times that Comprehensive Sexuality Education (CSE) plays a crucial role in the overall development of the younger generation

India’s Knowledge Gap: Culture vs. Reality

In a major demographic country such as India, which includes the largest adolescent population in the world, what should have been a basic right of adolescents, sex ed has become a taboo, often getting silenced and creating a consequential knowledge gap. This is due to the cultural discomfort around discussing sexuality with parents and friends alike. It’s quite an irony that the same country where the Kamasutra was born, the usual upbringing is done in a way which showcases sex as something innately private or inappropriate to discuss, instinctual and relevant only after marriage, rather than something to learn and understand about.





According to an article from NLM (National Library of Medicine), 88% of the male students and 58% of the female students in universities across Mumbai reported having received no sex education from their parents.

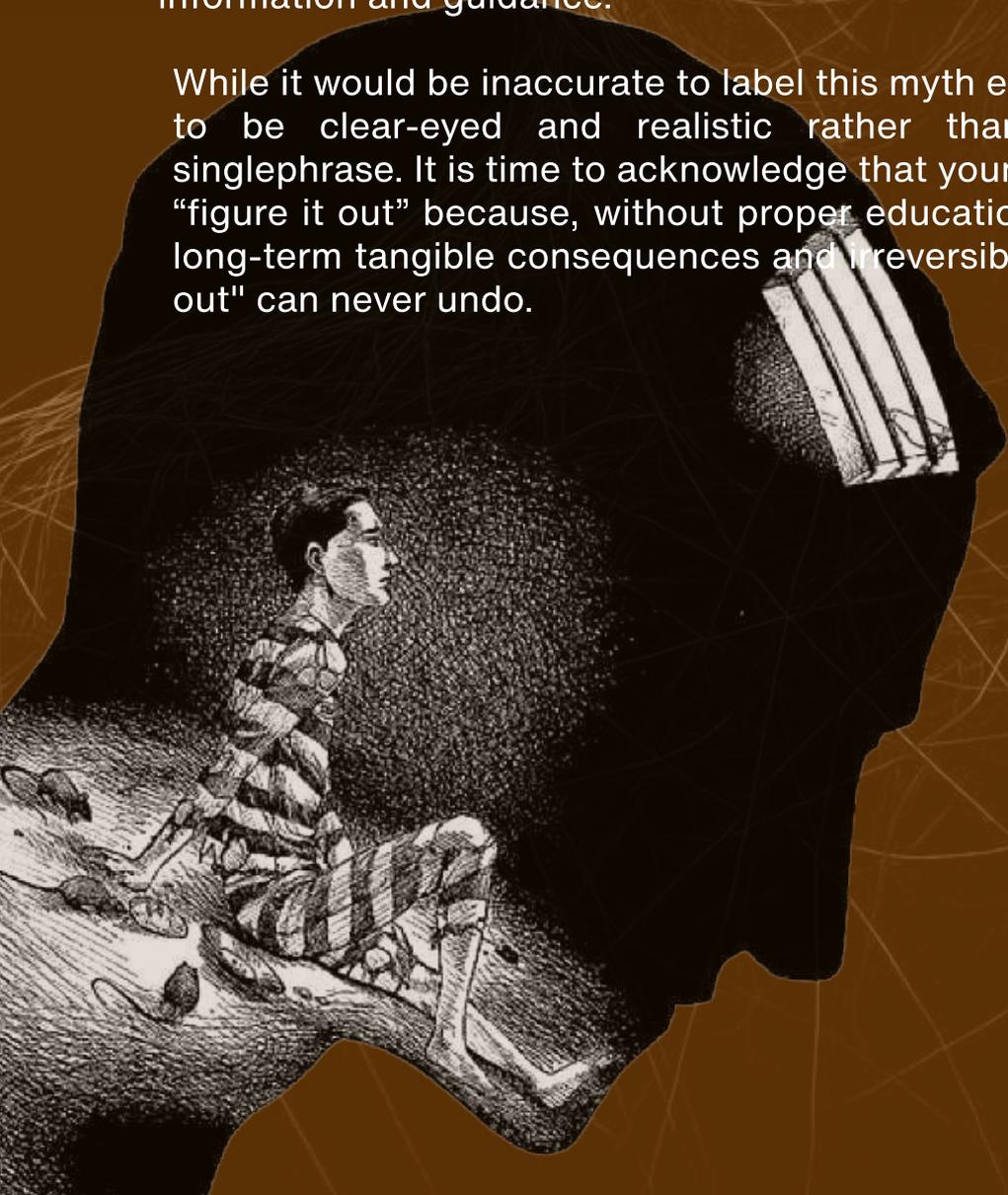
The eventuality of figuring it out has been so conveniently normalised by our culture as an excuse that elders and institutions alike end up avoiding responsibilities altogether, and the blame gets shifted onto individuals instead. Rather than creating a safe and proper space of learning for youth, society places the burden of education onto the youth's innate curiosity about sex. This curiosity is then inadequately satiated through books, magazines, pornography, other forms of social media and websites, and trial-and-error experiences rather than structured education. It's long overdue now to acknowledge that people do not magically learn about sex at the right age, and this lack of proper education can lead to serious problems, ultimately ruining lives.

The Consequences of Silence, Misinformation and Deferred Accountability

The gap created due to several inaccurate pieces of information out there ends up leading to STIs, unintended pregnancy, sexual coercion, and shame around sexual health. Global organisations like UNFPA (United Nations Population Fund) have also emphasised the importance of CSE (Comprehensive Sexuality Education) — helping youth understand (ethically) about sexuality, consent, contraception, misconceptions around pregnancy, and STI risks.

Moreover, due to this myth, several institutions (schools, colleges, communities, and government) go unaccounted for in their responsibilities to provide education. The result? The individuals, especially youth, end up dazed and blamed for their poor decision-making skills, despite having no access to or being denied the correct information and guidance.

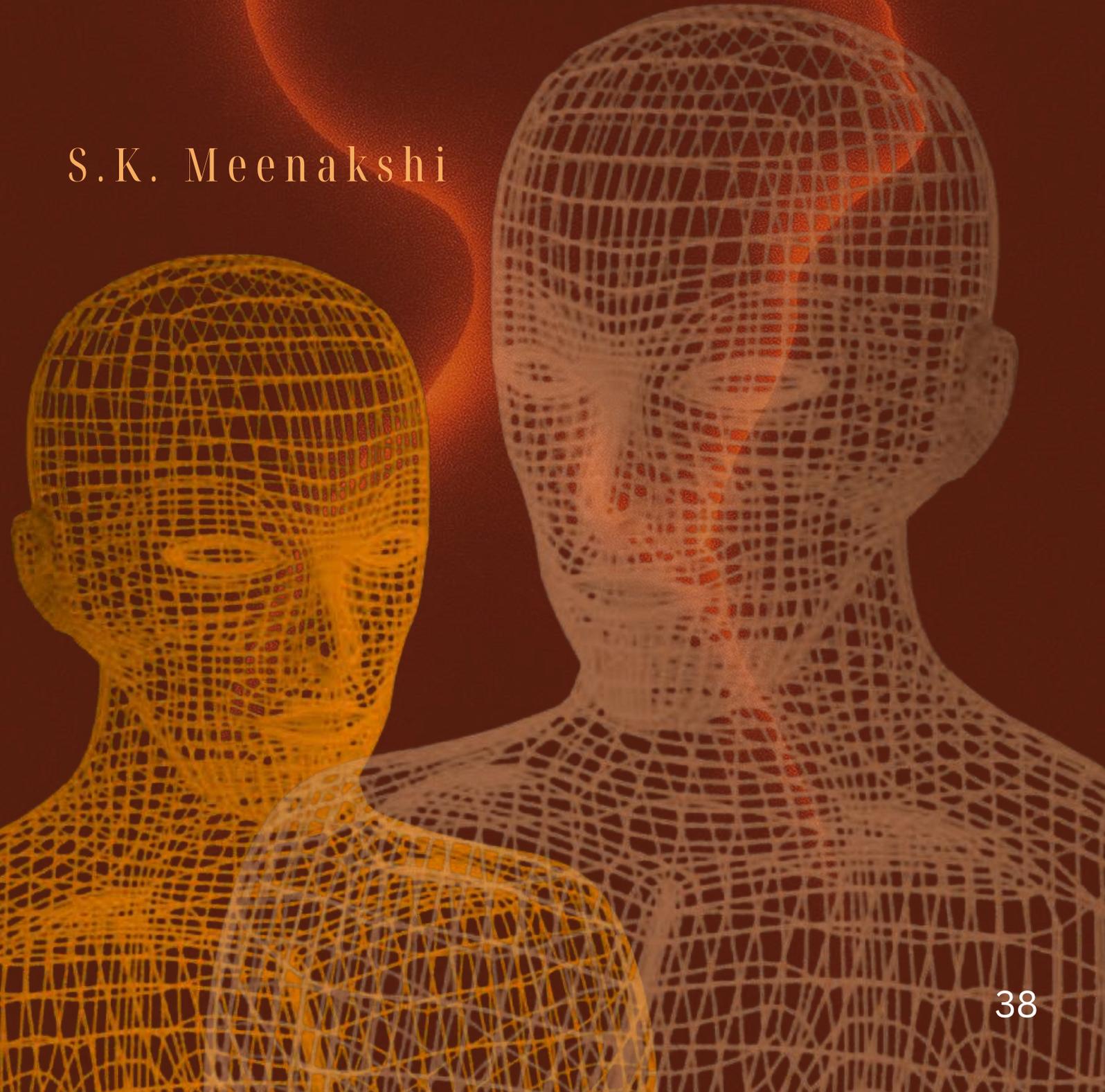
While it would be inaccurate to label this myth entirely false, it is crucial to be clear-eyed and realistic rather than blindly following a single phrase. It is time to acknowledge that young adults do not simply “figure it out” because, without proper education, assumptions lead to long-term tangible consequences and irreversible harm that “figuring it out” can never undo.



CO-CREATING SEXUAL EDUCATION

*in the age of algorithmic bias
and abuse*

S.K. Meenakshi



Sexual Knowledge as Co-creation

AI has become an omnipresent part of our lives. With AI being integrated into almost every aspect of society and social life, and Big Tech and Generative AI companies pushing for this shift while prioritising profit margins, the need for a critical stance on AI has become more urgent than ever. AI, like any other technological innovation, is a product of its time and socio-cultural contexts, and cannot be perceived as detached from the contemporary circumstances that shape its functioning. Thus, there's a compelling need to step back from the ever-increasing discourses and hype around AI, and to question the cost of perpetuating this technology unchecked.

In today's digital domain, AI is predominantly mediating, curating, and shaping access to information online. Adolescents and young people, one of the largest users of digital tools online, are both beneficiaries of this change as well as vulnerable to its harms. Knowledge-sharing practices and sources don't come solely from teachers, institutions, and parents anymore. AI has stepped in as an informal mediator. Therefore, there is a critical need to scrutinise and monitor its role and impact on adolescent knowledge-building practices, especially around sensitive topics like sexuality and sex education.

Adolescence is a formative stage in cognitive development. It's a transitory, uncertain phase in which one's knowledge base and intellectual capabilities gradually expand. During adolescence, identities, sexualities and perspectives are shaped in relation to the world. Knowledge-building practices around one's sexuality are deeply contextual and relational. Sexual knowledge includes understanding of bodies, consent, desire, relationships, safety, pleasure, and identity formation. It is co-created through experimentation, diverse experiences, challenges, failures and creativity. It is not abstract, but rather rooted in lived experiences.

Sexual knowledge is, therefore, a cultural, historical, and societal co-creation. It is fluid and productively formed through social interactions.

AI and Sex Education

When AI increasingly mediates access to sexual knowledge, the relational and experiential processes through which sexual understanding is traditionally formed risk being replaced by algorithmically filtered interpretations of sexuality. Sex education is not limited to biological and reproductive health; it also involves understanding how desirability, attraction, and bodily value are socially constructed. Information and education related to sex is often limited, biased, exclusionary, stigmatised, and cloaked in moral regulation and heteronormative frameworks. With the increasing integration of AI and chatbots into education and healthcare platforms, youth and adolescents utilise them for nonjudgmental and factual information, especially in the Indian context, where such discussions and engagement around sexuality and sex are considered taboo.

However, AI models provide information and framing of sexuality based on the normative assumptions and value systems of the data they are trained on. They are effective for quick, general information. Still, for empathy, contextual and emotional relatability required for such complex topics, research shows that advice from trusted parents, educators, and health professionals should be prioritised.

Though AI models can increase accessibility to sexual information with reduced labour effort, ethical questions must be posed regarding topics of consent, abortion, contraceptives, and kinks, areas in which even trained professionals may exhibit bias. Studies have also shown that the demographics of users who find chatbots accessible for sexual information-related engagements are usually residents of urban cities, English-affluent and own a smartphone. This could lead to the widening of disparities and unequal access to sexual information among different sections of society. AI models, when imposed on already unequal and divided social structures, do not guarantee equal access to information to all sections of the population.

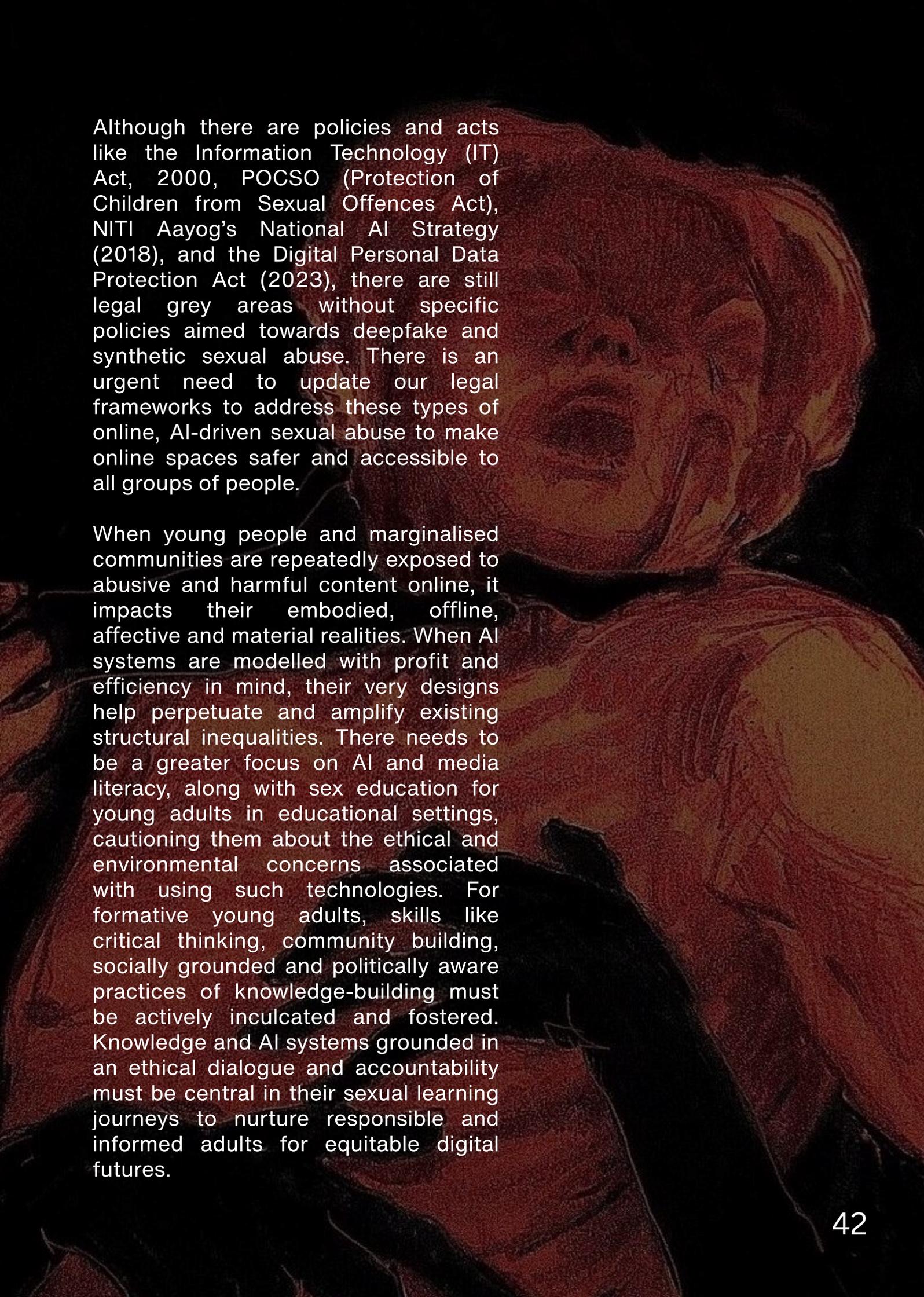


Additionally, AI models are designed with the intention of avoiding risky or sensitive content; hence, their regulatory frameworks and design choices might be unable to contribute to a comprehensive sexual education for youth and adolescents that is oriented towards their empowerment and development. Tsameret Ricon, in the paper “AI as mediator of adolescent sexual knowledge: a comparative analysis of ChatGPT and Claude” draws on value-sensitive design (VSD) to argue for integrating human values such as inclusivity, developmental appropriateness, and consent into the architecture of AI systems to ensure that young people utilising them in the absence of human educators are met with context-attuned, appropriate, and sensitive responses by the systems.

Algorithmic Sexual Abuse

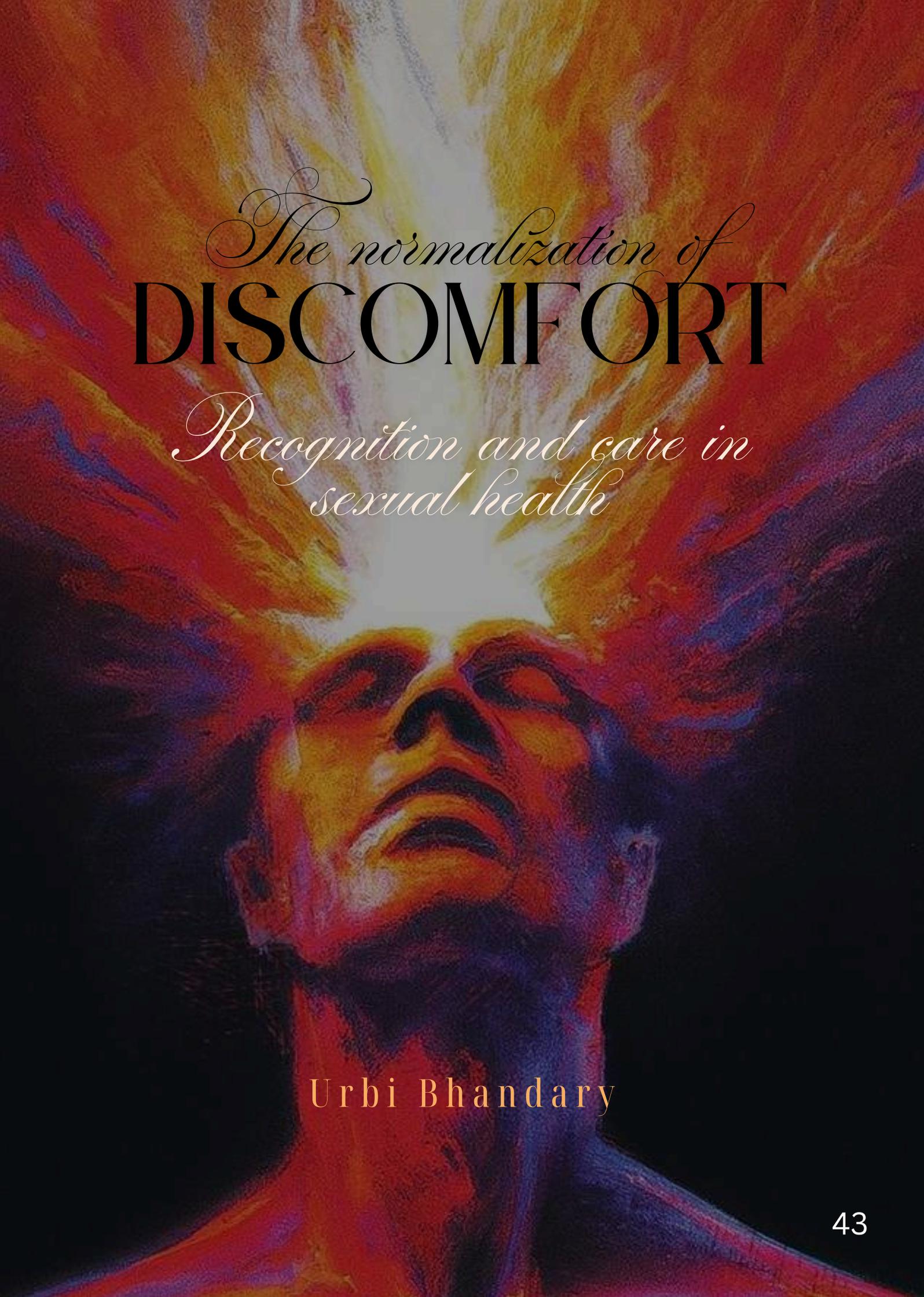
A five-year literature review (2020-2024) on the impact of artificial intelligence on human sexuality identified four main areas of sexuality-related generative AI uses: people use AI tools for sexual information and education, sexual counselling and therapy, sexual and romantic relationships and erotica and pornography. The study also highlights how deepfake pornography and synthetic sexual content disproportionately affect women, girls, and children. Non-consensual deepfake pornographic videos and photos of actresses and female celebrities in India illustrate that even socially privileged women are not safe from AI-driven sexual abuse. Digital harassment through deepfakes in India is also employed to strip women of their agency and autonomy, to police, publicly humiliate, and reinforce misogynistic ideologies through digital platforms.

AI-driven sexual abuse towards children comprises two broad categories: (a) AI-generated CSAM that depicts computer-generated or fictional minors in sexual imagery and (b) AI-manipulated CSAM, where real children's images or videos are altered into explicit content. India accomplished a legal breakthrough on September 23, 2024, when the Supreme Court criminalised “CSAM- Child Sexual Exploitation and Abuse Material”, which was earlier known as Child Pornography. The shift towards the usage of the term “CSAM” accurately reflects the exploitative nature and severity of the crime.



Although there are policies and acts like the Information Technology (IT) Act, 2000, POCSO (Protection of Children from Sexual Offences Act), NITI Aayog's National AI Strategy (2018), and the Digital Personal Data Protection Act (2023), there are still legal grey areas without specific policies aimed towards deepfake and synthetic sexual abuse. There is an urgent need to update our legal frameworks to address these types of online, AI-driven sexual abuse to make online spaces safer and accessible to all groups of people.

When young people and marginalised communities are repeatedly exposed to abusive and harmful content online, it impacts their embodied, offline, affective and material realities. When AI systems are modelled with profit and efficiency in mind, their very designs help perpetuate and amplify existing structural inequalities. There needs to be a greater focus on AI and media literacy, along with sex education for young adults in educational settings, cautioning them about the ethical and environmental concerns associated with using such technologies. For formative young adults, skills like critical thinking, community building, socially grounded and politically aware practices of knowledge-building must be actively inculcated and fostered. Knowledge and AI systems grounded in an ethical dialogue and accountability must be central in their sexual learning journeys to nurture responsible and informed adults for equitable digital futures.



The normalization of
DISCOMFORT

*Recognition and care in
sexual health*

Urbi Bhandary

Sexual health is best understood as a state of physical, emotional, and psychosocial well-being in relation to sexuality. Despite its centrality to human experience, sexual health concerns remain persistently underreported and inadequately addressed within clinical and public health settings. Experiences such as persistent sexual pain, alterations in desire, discomfort, or sexual distress are widespread, yet formal medical consultation is often delayed or foregone entirely. This disjunction between embodied experience and health-seeking behaviour is shaped by intersecting structural and cultural forces, including pervasive stigma, limited sexual health literacy, and social norms that normalise discomfort, particularly among women and gender-marginalised populations.

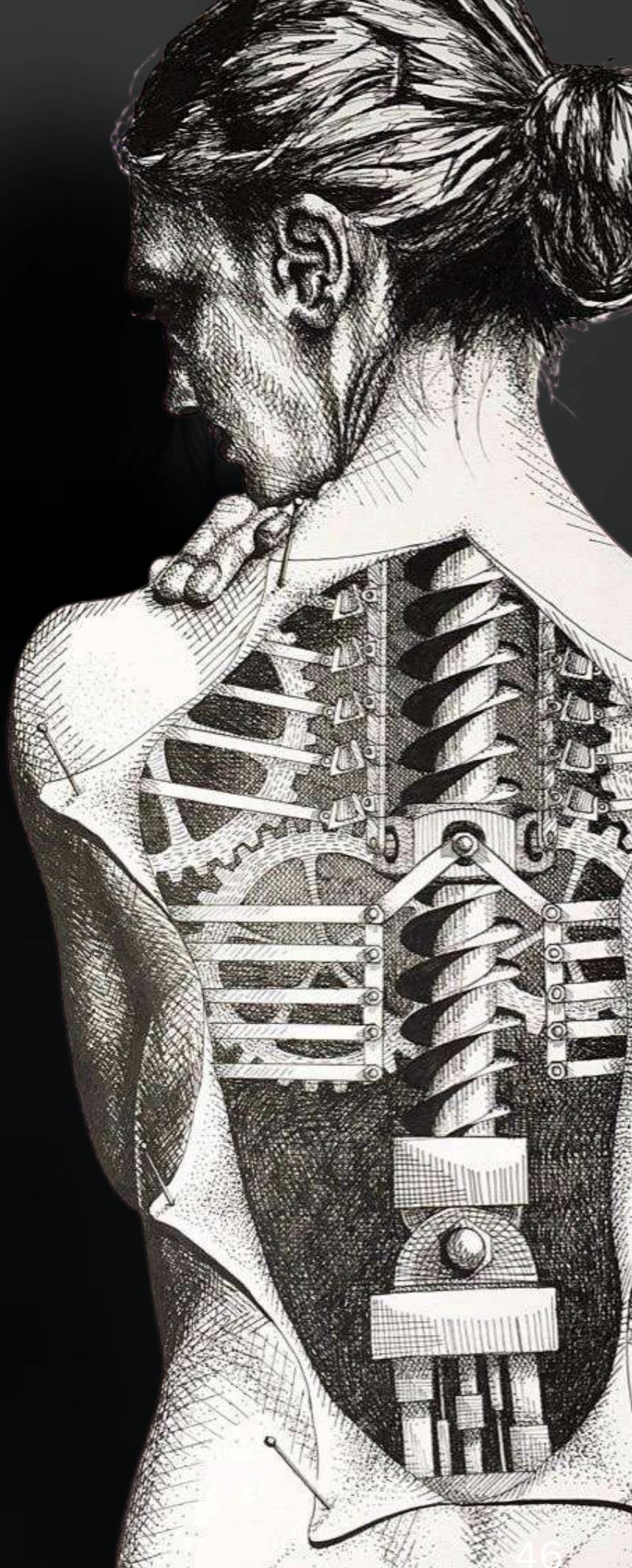




Learning To Read (or Ignore) Our Bodies

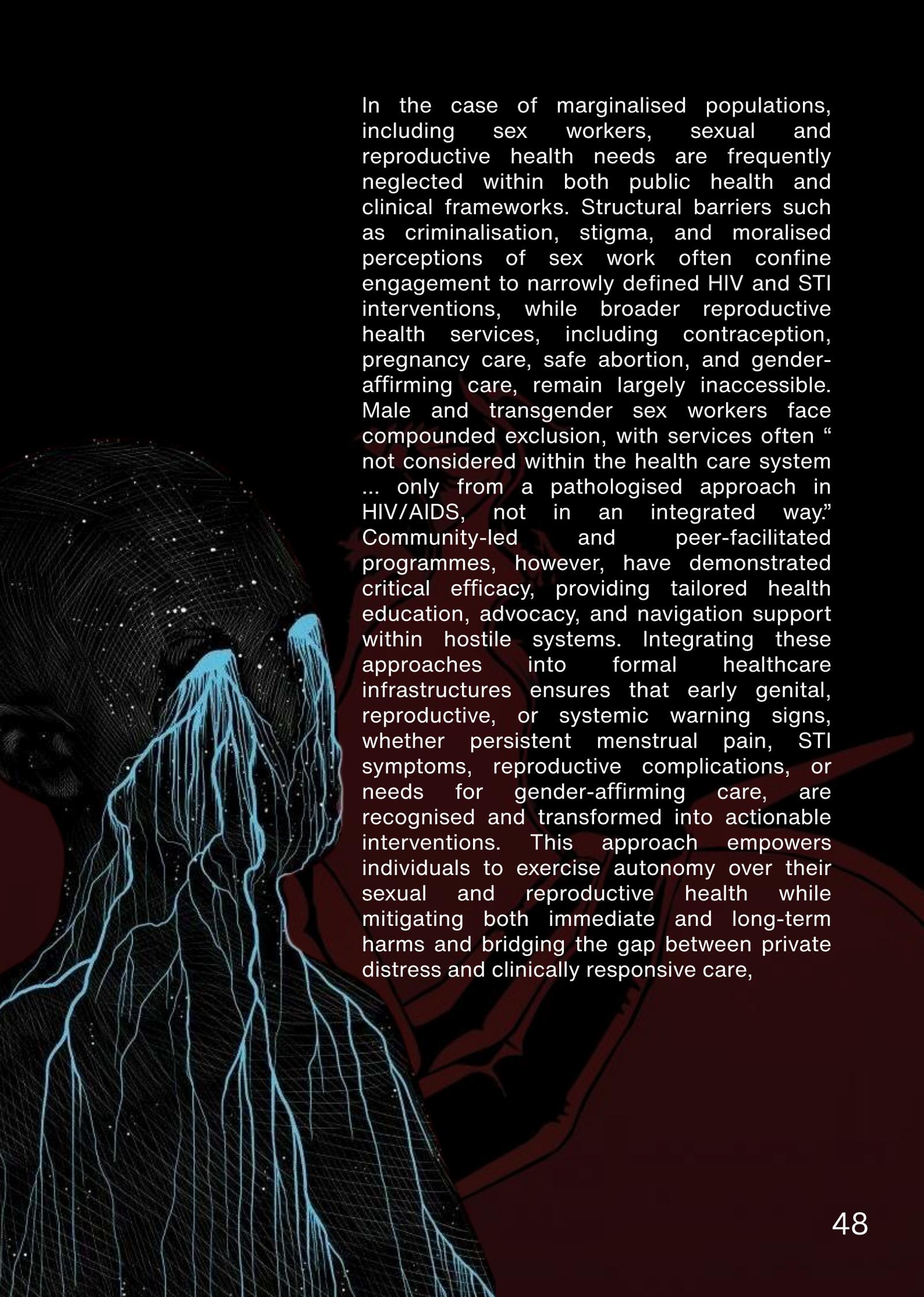
Early warning signs are not considered as self-evident medical facts but rather as interpretive experiences, where meaning-making is mediated by social and gendered frameworks. Feminist health scholarship has long highlighted how normative expectations shape the perception, articulation, and clinical evaluation of pain and distress, producing patterns of dismissal and diagnostic delay. The absence of clear educational guidance regarding when to seek care compounds these silences. Health literacy, though lacking a universally accepted definition, is broadly recognised as the capacity to acquire, process, and apply information necessary for informed health decisions. The World Health Organisation (WHO) frames health literacy as “both a means and an outcome of actions aimed at promoting the empowerment and participation of people in their communities and of people in their health care”, situating it as a crucial lever in reducing health inequities. Sexual health literacy, as a specialised extension, therefore, legitimises care-seeking, cultivates embodied knowledge, and reinforces sexual autonomy, transforming early recognition of symptoms from an individual burden into a socially and institutionally supported practice. Research indicates that higher levels of sexual health literacy are associated with earlier recognition of symptoms and more consistent preventive engagement. Yet this literacy cannot be equally accessed by everyone and is deeply shaped by intersecting axes of gender, education, familial communication, and socio-cultural norms. Adolescents and young adults, in particular, frequently turn to peers, digital platforms, or personal experience rather than clinical sources, which can normalise discomfort and delay help-seeking.

Religious and moral frameworks intricately shape the recognition and interpretation of early warning signs in sexual health. In conservative Christian, Jewish, and Islamic traditions, sexual desire is frequently entwined with ideals of purity and restraint, producing what Herek (2007) identifies as sexual stigma, whereby normative experiences are rendered morally suspect. Such moral regulation, when internalised, extends into thought and affect, generating pervasive shame and self-surveillance. Hindu philosophical traditions offer a contrasting lens, recognising kama as a legitimate human pursuit within the ethical orders of dharma, artha, and moksha; yet even here, desire is socially disciplined through life-stage prescriptions such as Brahmacharya and grhastha. Contemporary moral interpretations often privilege restraint over ethical pluralism, engendering moral incongruence, in which ordinary sexual feelings provoke guilt and avoidance rather than integration.

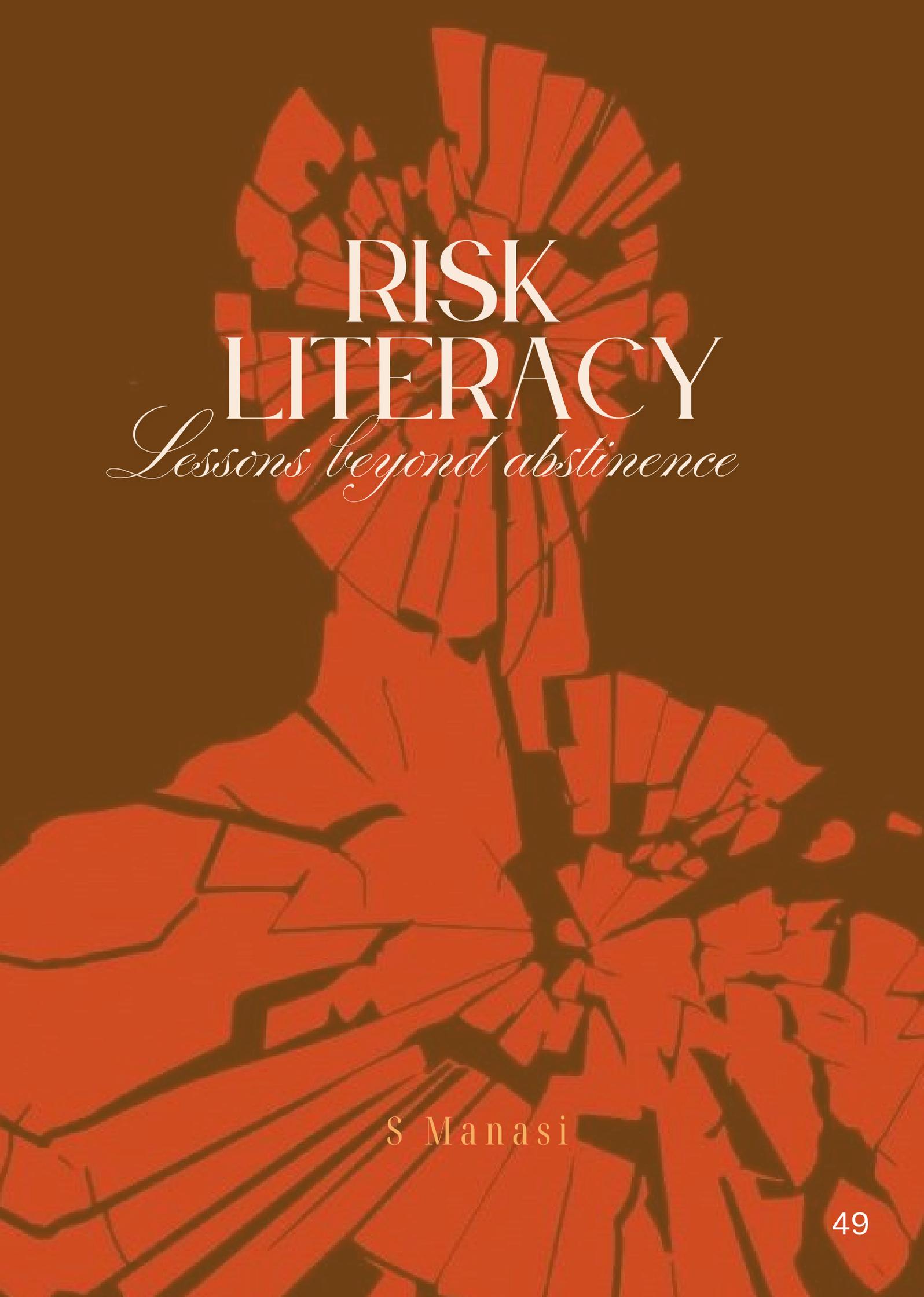


Politics of recognition and unequal action

Within such contexts, the articulation of early warning signs becomes fraught, as bodily changes, pain, or distress may be minimised, normalised, or moralised, and seeking medical attention risks being interpreted as a moral failing rather than a legitimate health-seeking behaviour. Consequently, the recognition of persistent or abnormal menstrual pain, particularly when accompanied by gastrointestinal disturbances, profound fatigue, or reproductive challenges, as in endometriosis, is often dismissed as “normal”, even when it disrupts daily functioning or intensifies over time. Individuals navigating these symptoms often encounter disbelief or minimisation from family, peers, and even healthcare professionals, compounding diagnostic delays and intensifying both physical and psychological burden. The psycho-social consequences are substantial, encompassing anxiety, social withdrawal, disruption of occupational or educational responsibilities, and pervasive isolation, yet these dimensions are rarely acknowledged within personal or professional networks. Recognition of early warning signs, therefore, demands that clinicians, caregivers, and support systems attend to the holistic experience of the individual, validating embodied accounts rather than reframing or dismissing them. In sexual and reproductive health more broadly, early engagement with a clinician is critical when unusual or persistent genital symptoms arise. Syndromic management approaches, particularly in low and middle-income settings, allow immediate intervention based on identifiable symptom clusters, including urethral discharge, genital ulcers, or vaginal discharge, but remain insufficient for asymptomatic or complex presentations. Cultivating sexual health literacy alongside accessible, empathetic clinical evaluation is essential to legitimise help-seeking, support informed decision-making, and mitigate long-term physical, psychological, and reproductive harm, transforming early warning signs from privately endured distress into actionable care pathways.



In the case of marginalised populations, including sex workers, sexual and reproductive health needs are frequently neglected within both public health and clinical frameworks. Structural barriers such as criminalisation, stigma, and moralised perceptions of sex work often confine engagement to narrowly defined HIV and STI interventions, while broader reproductive health services, including contraception, pregnancy care, safe abortion, and gender-affirming care, remain largely inaccessible. Male and transgender sex workers face compounded exclusion, with services often “not considered within the health care system ... only from a pathologised approach in HIV/AIDS, not in an integrated way.” Community-led and peer-facilitated programmes, however, have demonstrated critical efficacy, providing tailored health education, advocacy, and navigation support within hostile systems. Integrating these approaches into formal healthcare infrastructures ensures that early genital, reproductive, or systemic warning signs, whether persistent menstrual pain, STI symptoms, reproductive complications, or needs for gender-affirming care, are recognised and transformed into actionable interventions. This approach empowers individuals to exercise autonomy over their sexual and reproductive health while mitigating both immediate and long-term harms and bridging the gap between private distress and clinically responsive care,



RISK LITERACY

Lessons beyond abstinence

S Manasi

“We teach people how to survive in the world, but rarely how to understand their own vulnerability in it.”

Silence is frequently confused with preparation, particularly when the issue makes us uncomfortable. Road safety education is provided because warning signs rarely come with the threat. Financial literacy is encouraged because bad decision making could become a consequence. Health awareness is increased because people should recognise the warning signs and not ignore them. Yet, when it comes to sex education, ambivalence clouds preparation. We all recognise its reality as a natural course in human life, but we make it a subject to be opted out of. This inevitable part of human life that is considered an inappropriate topic.

Sex education should not be handled as a taboo or something to be ashamed of. It's not about encouraging people to indulge in sexual behaviour, but about risk literacy. It's the capacity to identify vulnerability, identify situations, and make prudent decisions. Vulnerability is not created by knowledge, but by the absence of it; education enables people to respond with awareness and agency. This was reflected in a series titled 'Sex Education', which treats sexual decision-making as a function of boundary comprehension, consequences and communication.

Risk literacy in academic research is more than being generally aware of risks; it is described as the ability to comprehend and assess risk in order to inform good decision-making. It involves not only being aware of when risk exists but also being able to interpret the type of risk that exists, communicate it effectively, and make decisions about risk under uncertainty based on that interpretation. In the risk literature, risk literacy is considered in terms of fundamental elements of risk science, such as risk understanding, risk perception, risk communication, and risk handling, all of which play a role in the individual's ability to effectively manage risks. Framing sex education in this context draws attention to how comprehensive sex education can be used to build risk literacy by teaching young people to identify, interpret, and act on interpersonal and health risks in sexual encounters, rather than being left to make decisions based on misinformation or silence.



UNESCO defines Comprehensive Sexuality Education: “Comprehensive Sexuality Education is a curriculum-based learning process by which young people obtain the cognitive, emotional, physical, and social skills they need to appreciate their sexuality and to realise their rights to a healthy and dignified sexuality both for themselves and for others” CSE is the presentation of sexuality in a positive and rights-based way that is based on respect, inclusivity, equality, consent, and positive relationships that empower young people to understand how their choices can impact not only themselves but others as well. Well-delivered CSE can help young people to make responsible decisions about their relationships and sexual health, avoid high-risk practices such as unprotected sex and the transmission of STIs, prevent early or unwanted pregnancy, and eliminate GBV/SEA.

Risk Literacy and Sexual Education



Starting with risk literacy as a process of sexual education means understanding what happens when people are kept uninformed. Not being informed can mean being vulnerable to a variety of intersecting risks. Being uninformed about their bodies can mean misunderstandings about body signals, which can delay seeking medical help. Feeling ashamed or being made to feel so can be a compounding factor with those dangers.

But being unaware has consequences that go beyond one's physical wellness. Emotional or relational risks are the type that take place in the background and quietly happen without observation or detection. With the lack of education on how consent and boundaries should be, sometimes force is seen as care, while persistence is seen as affection. Without the words to express what is happening within the realm of manipulation, sometimes discomfort is viewed as normal rather than abnormal for relationships and relationships with oneself.

The lack of sex education is complicated by social and informational risks. Without access to accurate information, rumours or misinformation from peers may end up being the best sources of information for many people. The internet may also prove accessible, yet oftentimes, reality and misinformation intersect, where people find themselves lost on what is accurate and what is not. Such environments further reinforce a culture of silence, where stigmas associated with sex and sexualities mean people do not dare ask or share advice on the same.

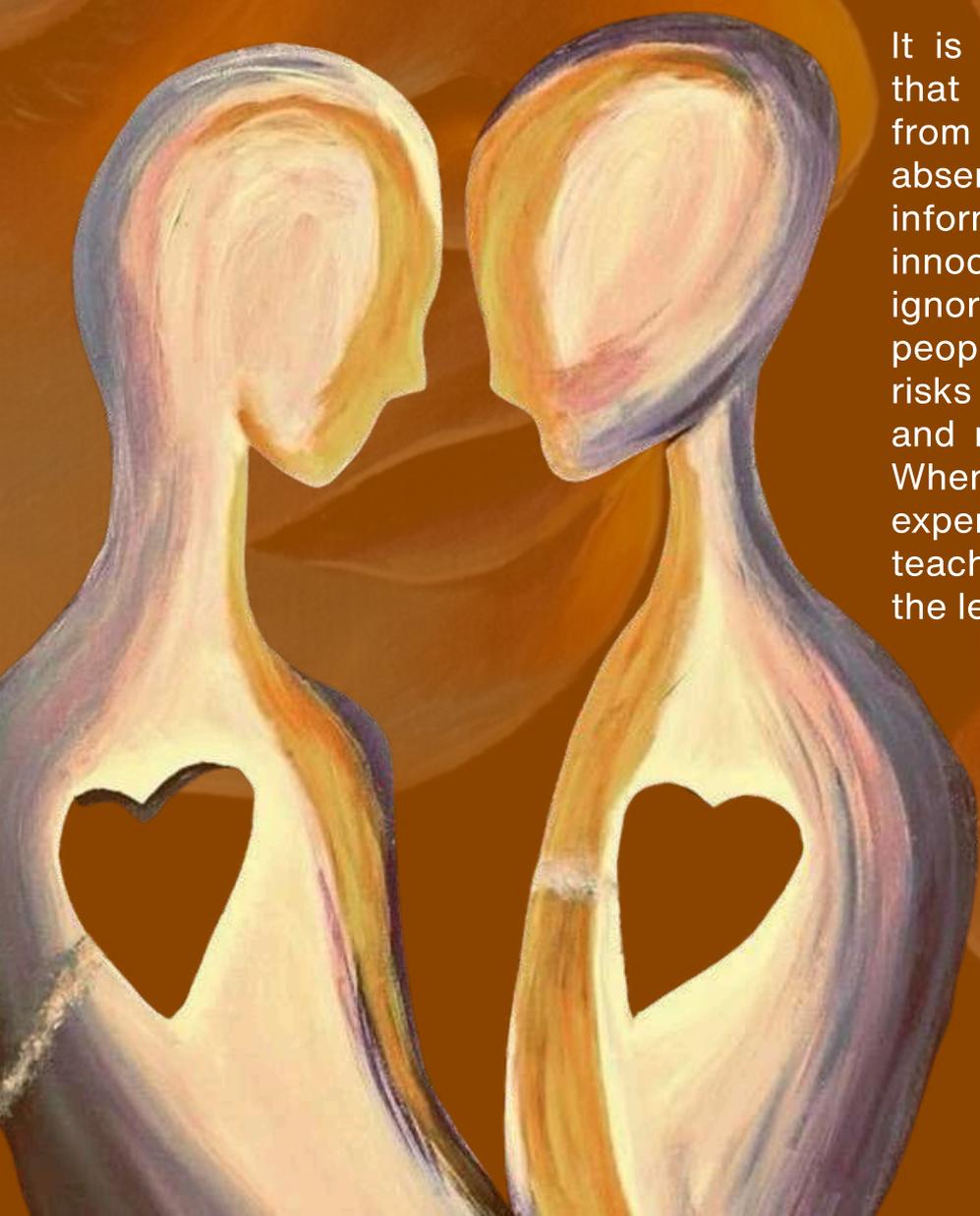
Power differences rooted in culture, age, position, and gender can make disagreement feel threatening and inappropriate. At such times, submissiveness is mistaken for consent, and silence for agreement. Sentiments of the compliant are often suppressed, leading to sexual assault. Thus, risk literacy also teaches people to assert themselves and the power of clear communication.

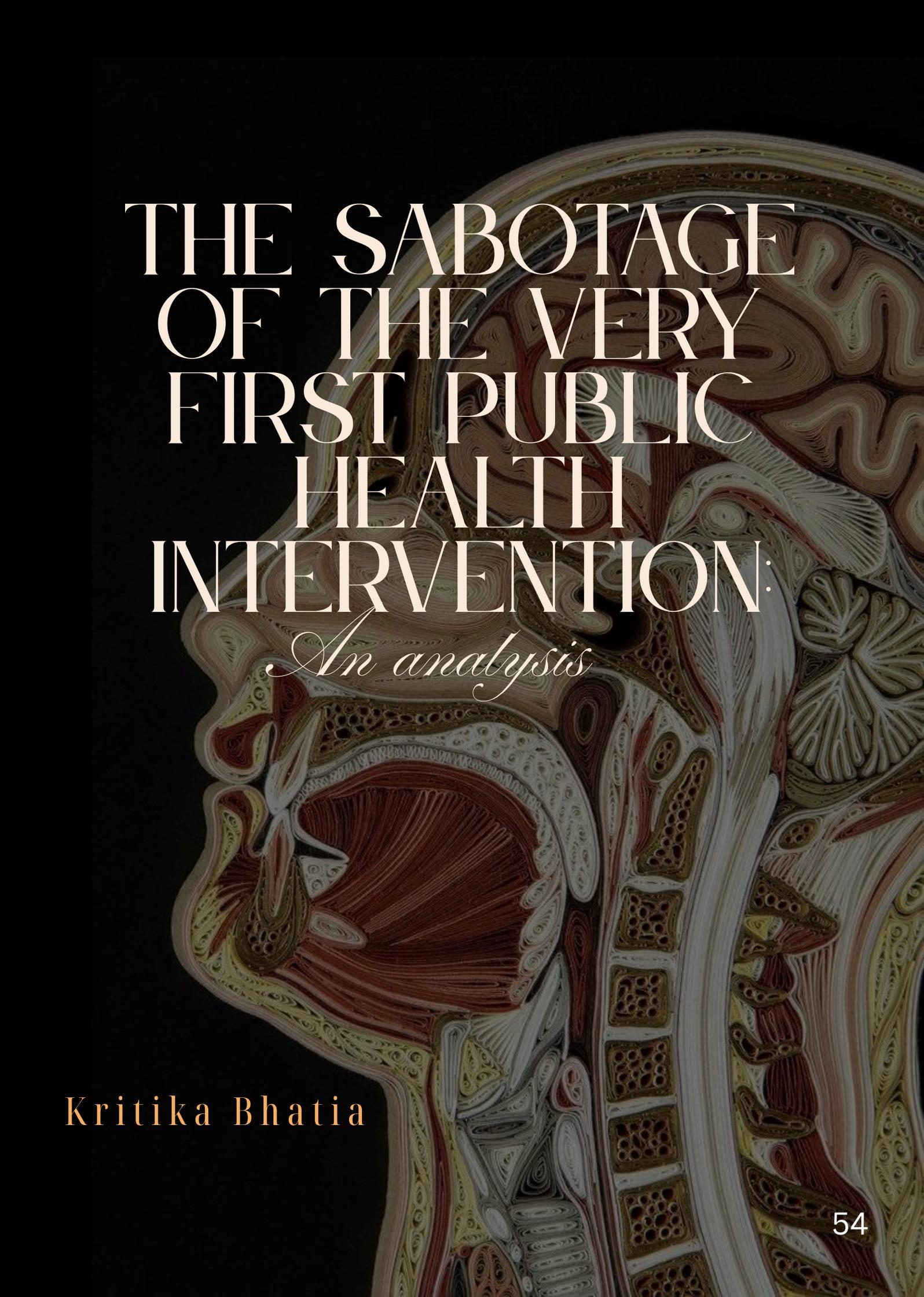
Risk literacy improves early risk detection by enhancing the ability to interpret weak signals that precede an undesirable outcome. Without this, people display delayed risk recognition, decreased situational awareness, and impaired decision-making. Norms that do not promote the expression of discomfort hinder corrective responses, thus increasing the duration and severity of exposure. This escalation shows a systemic failure in risk communication and education.

Conclusion

It is essential to understand that risk does not emerge from knowledge, but from its absence.

Withholding information is not preserving innocence; it is endorsing ignorance. Risk literacy helps people get clarity, identify risks and their consequences, and make smarter decisions. When education is denied, experience becomes the teacher and harm becomes the lesson.





THE SABOTAGE OF THE VERY FIRST PUBLIC HEALTH INTERVENTION:

An analysis

Kritika Bhatia

Introduction—Imbroglgio of Stigmatisation

Sex education is a crucial precautionary measure that helps prevent the transmission of sexually transmitted diseases, infections, and complications, yet it is one of the most ignored public health intervention tools. Shame and purity culture have deeply hijacked a valuable public health assurance tool. In India, the topics surrounding the term 'sex' are generally considered taboo among the masses. So, education and sex together are difficult for an adult to understand without exposure to the risk factors and severity of such an issue. These people are both victims and perpetrators of the stigma, which is a serious, consequential obstacle to critical public health concerns. According to a health report, stigma and discrimination actively prevent awareness and treatment of lethal health issues.

The Schools of Division

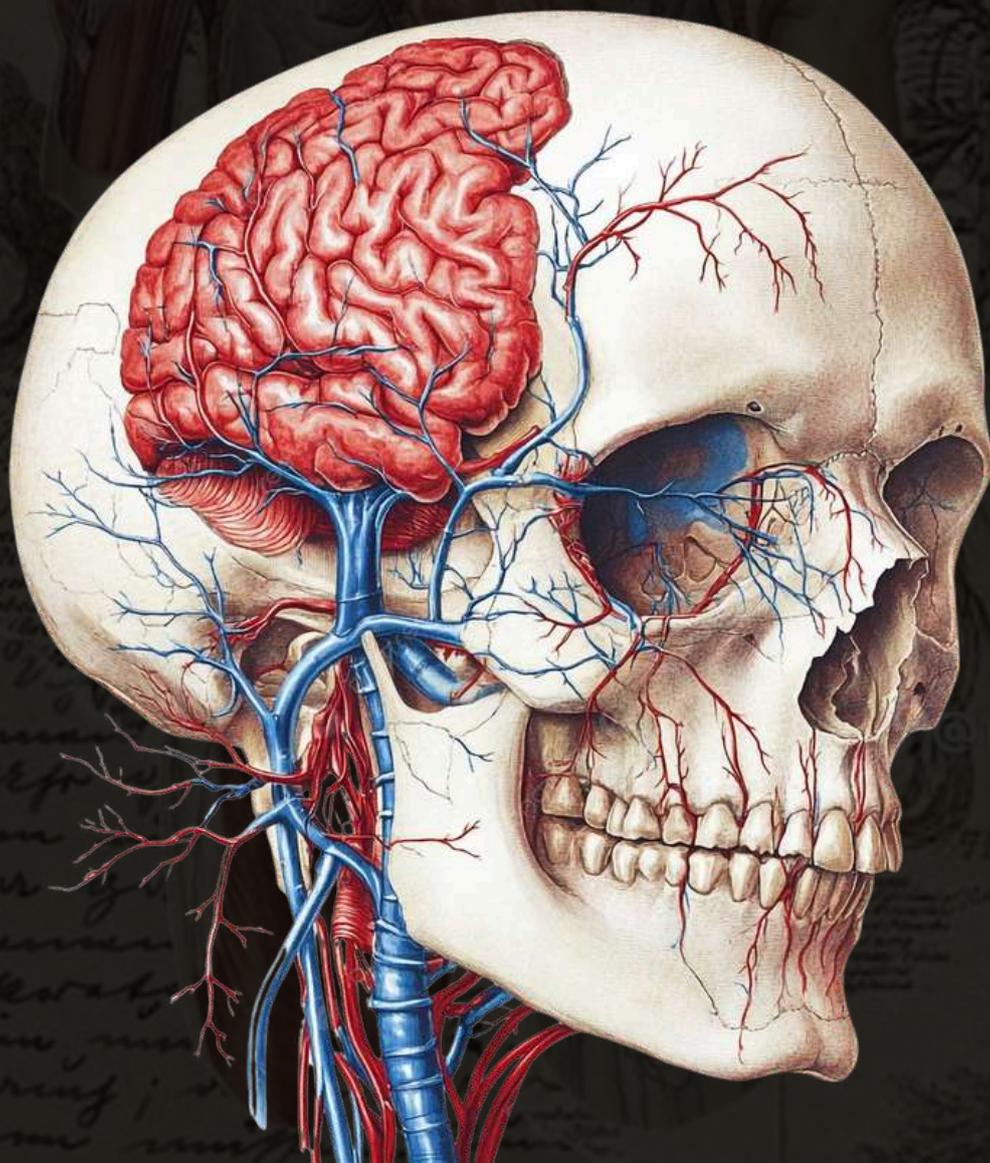
While schools in India should ideally promote gender equality and raise awareness about sex education, the current reality is surprisingly the opposite of what is needed. Schools are the immediate blockers to such discussions.

Even in the rare instances where some private English-medium schools are open to sex education, girls are made to sit through a segregated session that boys are usually excluded from. These sessions, outwardly known as 'Girls' Talk Sessions', are prime examples of systemic failure—a system that was meant to support and uplift the notion, "Knowledge is Power", has been actively forcing silence while dealing with sex education.

Many teachers are deliberately pressured to skip important chapters in biology, which cater to the sexual health and autonomy discussions, due to shame and stigma. This silence fractures understanding among children, encouraging internalised guilt and moral anxiety. What follows is a self-perpetuating cycle—one that quietly escalates into a broader public health emergency.

Shift to the Unsolicited Content

Sex education functions as a preventive public health intervention rather than a moral or cultural imposition. Comprehensive, age-appropriate sex education has been consistently associated with lower rates of sexually transmitted infections, unintended pregnancies, unsafe abortions, and sexual violence. Without structured education, pornography and unsolicited sexual content frequently serve as default sources of sexual information, influencing perceptions of bodies, consent, and intimacy in ways that are medically erroneous and psychologically detrimental. Exposure to such content without critical context can normalise coercion, distort expectations, and desensitise individuals to boundaries, increasing risks of harm at both individual and population levels. Sex education gives people the right information about consent, reproductive health, and digital safety. The result means they don't have to rely on unregulated media sources as much, which lowers long-term healthcare and mental health costs. Like other preventative public health measures, they prioritise informed decision-making over emergency interventions, making systematic neglect a significant public health oversight.

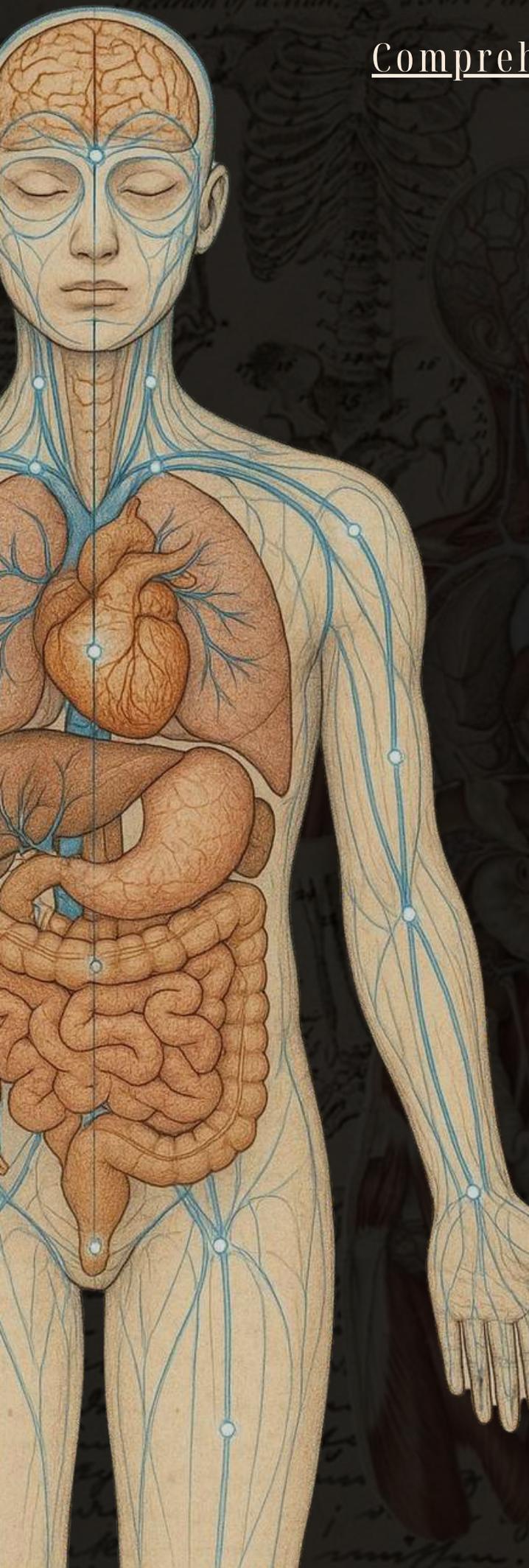


Public Health Intervention as Preventive Infrastructure

Public health interventions function as a population-level infrastructure that shapes health outcomes long before individuals enter clinical systems. Their primary objective is risk containment through structured, anticipatory measures rather than reactive treatment. By addressing behavioural patterns, social determinants, and access to information, such interventions reduce cumulative health burdens that would otherwise strain healthcare systems over time.

When examined through this lens, sex education operates as an upstream safeguard. It intervenes at the level of knowledge formation, decision-making capacity, and social norms—factors that directly influence health trajectories. The effectiveness of such interventions is measured not by immediate visibility but by long-term reductions in preventable harm. Ignoring these preventive layers allows avoidable risks to compound silently, manifesting later as public health crises rather than isolated incidents.





Comprehensive Sexuality Education as a Public Health Strategy

Comprehensive Sexuality Education (CSE) is recognised globally as an evidence-based public health strategy that extends beyond biological instruction to include consent, gender equality, relationships, and rights-based health knowledge. Unlike fragmented or abstinence-only approaches, CSE is designed to be age-appropriate, culturally contextual, and scientifically grounded, ensuring that individuals receive accurate information across developmental stages. Its scope positions it, not merely as an educational tool, but as a structured intervention that influences population health outcomes.

CSE helps lower the risk of disease at the public health level by teaching people how to make better health decisions and understand health information, especially teens and young adults. Studies consistently associate comprehensive programs with delayed initiation of sexual activity, improved contraceptive use, and lower rates of sexually transmitted infections and unintended pregnancies. By embedding CSE at the grassroots level—through schools and community institutions—it functions as an early intervention that mitigates long-term health, social, and economic costs. Therefore the absence of formal public health frameworks represents a failure of preventive planning rather than a neutral omission.

Governance, Accountability, and Public Health Legitimacy

For any public health intervention to work, it is important to have institutional legitimacy and good governance. This requires clear policy recognition, curriculum standardisation, and cross-sector collaboration between education systems, health authorities, and regulatory bodies. Without formal integration into public health planning, interventions remain optional, inconsistently delivered, and vulnerable to ideological resistance.

The marginalisation of sex education reflects a broader failure to prioritise preventive health governance. When responsibility is diffused or deferred, individuals are left to navigate complex health realities without structural support. Establishing sex education as a recognised public health measure will return accountability to institutions, which are responsible for risk mitigation and population health management.

No more resistance

The ongoing opposition to sex education reflects a more pervasive systemic failure to regard sexual health as a valid public health issue rather than a mere cultural nuisance. Institutions prioritise silence over prevention, shifting the risk onto individuals who must navigate misinformation, stigma, and harm without support. Sex education does not encourage sexual activity; it equips individuals with the knowledge to protect their health, recognise boundaries, and seek care without fear or shame. Until sex education is recognised as a basic public health measure, similar to vaccinations or disease prevention programs, the negative effects of ignoring it will continue to appear in preventable health issues. Addressing sex education is, therefore, not a question of morality, but rather one of public responsibility.



A PUBLIC HEALTH CRISIS WE REFUSE TO NAME



Dhanvi Kadian

The Data is Clear. The Resistance is Cultural. The Cost of Delay is Human.

In 2018, a 17-year-old girl in Bihar died of sepsis after a clandestine abortion. She had never been taught how pregnancy occurs, what contraception is, or where to seek help without fear. Her death was not an aberration. It was a policy failure. Across the world, sex education is often treated as a moral debate. In reality, it is a matter of life and death.

For over three decades, global evidence has pointed in one direction: comprehensive sex education saves lives. It reduces teenage pregnancies, lowers rates of HIV and other sexually transmitted infections, delays the age of sexual debut, and equips young people with the power to say no, to seek help, and to protect themselves. Countries that ignore this evidence do so at their own peril.

The evidence we keep ignoring.



According to a landmark UNESCO global review spanning nearly 50 countries, comprehensive sexuality education (CSE) does not encourage sexual activity. Yet this is the most persistent misconception about CSE: people mistake education for encouragement. It does the opposite. Students exposed to CSE are more likely to delay first sexual intercourse, use condoms consistently, and report fewer sexual partners. The findings are remarkably consistent across cultures, income levels, and political systems.

The Guttmacher Institute’s analysis of Sex Education programs shows that abstinence-only education has little to no measurable impact on reducing pregnancy or STI rates. In contrast, comprehensive programs significantly improve health outcomes. This distinction matters because many governments still cling to “values-based” curricula that substitute silence for science.

Globally, complications from pregnancy and childbirth remain one of the leading causes of death among girls aged 15-19. These are not inevitable tragedies; they are preventable outcomes of ignorance. The World Health Organisation (WHO) and UNFPA have repeatedly stressed that access to accurate sexual and reproductive health information is a cornerstone of adolescent survival.

What Works: Lessons from the World

Consider the Netherlands. Dutch children begin receiving age-appropriate sex education early—long before sexual activity begins. The result is one of the lowest teenage pregnancy and abortion rates in the world, high contraceptive use and lower rates of sexual violence. Sex education is framed not as a warning, but as a preparation for healthy relationships.

Contrast this with parts of the United States where abstinence-only education dominated public schools for decades. Studies published in peer-reviewed journals showed no significant reduction in teenage sexual activity or pregnancy in these regions, but higher rates of misinformation and stigma.



Even outside formal classrooms, evidence supports the value of education. Programs like Love Matters, operating in countries as diverse as India, Kenya, and Mexico, demonstrate that when young people are given confidential, accurate information—online or offline—they actively seek it out. The demand exists. Policy simply lags behind reality.

India's Paradox: Youthful, Yet Uninformed

India is home to the world's largest adolescent population. It is also home to widespread discomfort around discussing sex. The irony is sharp. India has progressive abortion laws, a constitutional commitment to health and dignity, and judicial recognition of bodily autonomy. Yet sex education remains fragmented, diluted, or politically contested across states.

In *S. Khushboo v. Kanniammal* and subsequent cases, the Supreme Court of India acknowledged that sex education promotes responsible behaviour and reduces risky conduct. More recently, the court has explicitly noted that scientifically accurate sex education fosters healthy attitudes towards sexuality and consent. And yet, implementation remains weak, inconsistent, and vulnerable to moral backlash.

The cost of this hesitation is borne disproportionately by young girls: early marriages, teen pregnancies, unsafe abortions, and vulnerability to sexual abuse—often without the vocabulary to even describe what has happened to them.



Why Law Matters More Than Good Intentions

Globally, only about 20% of countries have a specific law mandating sex education, according to UNESCO. Others rely on policies or curriculum guidelines that are easily diluted and as easily reversed.

Law matters because it does three things that policy alone cannot:

- 1) Creates Uniformity: ensuring that a child's access to information does not depend on geography or politics
- 2) Allocate Resources: for teacher training, materials, and monitoring
- 3) Provides Legitimacy: shielding educators from cultural or political intimidation

In India, sex education often collapses at the point of implementation. Teachers are untrained, uncomfortable, or fearful. A clear legislative mandate, integrated into the National Education Policy, would shift sex education from a controversial "add-on" to a public health obligation.

Crucially, comprehensive sex education is not about erasing culture. UNESCO's framework explicitly allows for culturally contextualised curricula, so long as information remains medically accurate and rights-based.



What comprehensive really means

Effective sex education goes beyond biology diagrams. Here are some research based propositions:

1. Consent and body autonomy
2. Gender, equality, and power dynamics
3. Contraception and STI prevention
4. Digital safety and online exploitation
5. Respect for diversity and boundaries

These are not Western ideas. They are survival skills in a world with children and sexual content online, long before the encounter guidance, offline.

The Finish Line

Silence has never protected children. Education does. Sex education does not corrupt innocence; it prevents exploitation. It does not erode values; it preserves lives. And in countries like India—young, populous and deeply unequal—the refusal to legislate comprehensive sex education is not cultural sensitivity. It is policy negligence. The evidence is overwhelming. The choice is political. And the consequences are painfully human.



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