

Age-related Comprehensive sexuality education and Promotion of Psychosexual Health
Clinical practice guidelines

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Executive summary

Psychosexual health is a state of physical, emotional, mental, and social well-being connected to sexuality. Psychosexual medicine is a specialized clinical branch that combines physical, emotional, and psychological elements of human sexuality and intimacy. Psychosexual health has multiple components, like physical, psychological, emotional, sociocultural and legal aspects and is essential for holistic wellbeing.

Though the importance of physical health has been well emphasized, sexuality has taken a back seat. But in the recent years there has been an increasing focus on the same. The need for age related comprehensive sexuality education has been recognised, and multiple efforts have been made for effective delivery of the same.

Sexuality education begins at home and is continued at school, and adolescent and adult health clinics, effective integration of the same into the existing services is of paramount importance. This article throws light on the same and outlines the basic principles of comprehensive sexuality education in the context of home, school and the community. It highlights the role of psychiatrists in the same.

Effective age-appropriate sexuality education can improve sexual health, mental well-being, prevent early marriages, and risk-taking behaviours and improve the quality of life for children, adolescents and adults across a lifespan.

Introduction

Psychosexual health is a multidimensional construct encompassing the biological, psychological, interpersonal, sociocultural, and spiritual dimensions of sexuality. It is a fundamental component of mental health and overall quality of life. Contemporary psychiatry recognizes sexuality not merely as a biological drive but as a complex psychological process influenced by neurodevelopment, attachment experiences, cognitive schemas, personality structure, gender identity, sexual orientation, cultural beliefs, interpersonal relationships, and psychiatric illness.

The World Health Organization (WHO) defines sexual health as "*a state of physical, emotional, mental and social well-being in relation to sexuality, and not merely the absence of disease, dysfunction or infirmity*" (WHO, 2006). This definition emphasizes that psychosexual health extends beyond the treatment of sexual dysfunctions to include the promotion of healthy sexual development, positive sexual identity, consensual relationships, emotional intimacy, and respect for sexual rights. Sexuality encompasses the biological, psychological, physical, and emotional ways we experience and express ourselves as sexual beings. It includes the sexual thoughts, feelings and attractions that influence relationships, gender identity and gender roles. Sexuality is influenced by multiple factors: biological, psychological, social, cultural, and spiritual.

Human sexuality needs to be investigated from a life span perspective. Knowledge regarding the same seems to be inadequate and inaccurate in children, adolescents and young adults, resulting in multiple problems in sexual and reproductive health.

Psychosexual health develops throughout the lifespan, from childhood and adolescence to adulthood and older age. It is influenced by biological factors such as hormones and physical development, psychological factors such as self-esteem and mental health, social and cultural norms, religious beliefs, family values, educational opportunities, and access to healthcare services. Because these factors interact continuously, promoting psychosexual health requires a multidisciplinary approach involving healthcare professionals, educators, families, communities, and policymakers. Healthy psychosexual development includes: Acceptance of one's body and sexual identity, development of positive self-esteem, ability to establish intimate and respectful relationships, understanding of consent and personal boundaries, responsible sexual decision-making, freedom from coercion, abuse, discrimination, and violence, capacity to experience sexual pleasure safely and responsibly and respect for the rights and dignity of others. Psychosexual health is not limited to reproductive health but includes emotional intimacy, communication, affection, and psychological satisfaction in relationships.

Components of Psychosexual Health

1. Physical Component

The physical aspect includes healthy reproductive organs, hormonal balance, normal sexual functioning, and protection from sexually transmitted infections (STIs), HIV/AIDS, and reproductive disorders. Good nutrition, regular exercise, adequate sleep, and avoidance of harmful substances contribute to physical sexual health.

2. Psychological Component

Psychological well-being plays a central role in psychosexual health. Individuals with good mental health generally have better body image, greater confidence, healthier relationships, and more satisfying sexual experiences. Anxiety, depression, trauma, stress, and low self-esteem can negatively affect sexual functioning and intimacy.

3. Emotional Component

Emotional health involves the ability to express feelings, build trust, manage conflicts, and experience intimacy with partners. Emotional security enhances relationship satisfaction and promotes healthy sexual expression.

4. Social Component

Society influences attitudes toward sexuality through culture, religion, education, media, and peer relationships. Supportive social environments encourage healthy attitudes, while stigma and discrimination may negatively affect psychosexual development.

5. Ethical and Legal Component

Respect for human rights, informed consent, confidentiality, gender equality, and protection from sexual violence are essential ethical and legal principles supporting psychosexual health.

Human development being a dynamic process is determined by various factors such as biological, psychological, and sociocultural. For example, adolescence represents a critical transitional phase characterized by:

- Rapid physical growth and hormonal changes
- Cognitive evolution including abstract thinking
- Emotional variability and identity formation
- Increased autonomy and social interaction

This phase poses several challenges as individual comes across unfamiliar experiences without adequate knowledge to handle them in many contexts. Absence or inadequate

structured educational information leads adolescents to rely on other sources such as peer groups or digital media which may not have accuracy and contextual sensitivity, leading to:

- Misconceptions about bodily development
- Anxiety and confusion
- Engagement in risky behaviours
- Poor communication regarding health concerns

The importance of addressing these issues is underscored by extensive research demonstrating that structured educational programs can:

- Delay initiation of sexual and other risk behaviours
- Improve health literacy
- Promote responsible decision-making
- Enhance self-efficacy and psychosocial resilience

Importantly, global evidence confirms that these interventions **do not encourage early risk-taking**, but instead contribute to safer and more informed choices.

Need for sexuality education – Indian scenario

The children and adolescents are the most vulnerable group and addressing the sexual and reproductive health. This group is of paramount importance. Misconceptions related to sexuality and reproductive health are prevalent among this group. This leads to teenage pregnancies, poor awareness of contraceptive use, and indulging in high-risk sexual behaviours. Sexually transmitted infections, and (HIV/AIDS) are also prevalent. The other social problems due to poor sex education are sexual abuse, gender-based violence, unsafe abortions, and child marriages. School dropout in adolescent girls is more common due to child marriage and household responsibilities.

Children under 15 years old make up 25.5% of India's total population, according to data from the Ministry of Statistics and Programme Implementation (MoSPI) and the official release of the National Family Health Survey (NFHS-6). India is home to the world's largest adolescent population, at about 253 million; roughly every fifth person in India is an adolescent. Young adults aged 15–29 comprise 27.2% of the country's population. This huge numbers provides both an opportunity and a challenge. Available data regarding adolescent health indicators in India are of significant concerns.

- Early marriage remains prevalent in certain states, contributing to early childbearing and maternal morbidity
- Adolescents show **low awareness of contraception, reproductive health, and STI prevention**

Adolescents globally face substantial health risks. WHO estimates a substantial global burden of STIs among young populations. Early pregnancy remains a leading cause of morbidity in young women globally. Mental health disorders begin in adolescence in a large proportion of cases.

Unmet Needs in Reproductive and Psychosocial Health

Key challenges in India include: Limited access to adolescent-friendly health services, lack of confidential care environments, social stigma around discussing sensitive topics and gender-based disparities in knowledge and autonomy.

Together, these factors lead to: Delayed healthcare seeking, increased vulnerability to misinformation and poor health outcomes

Sociocultural Determinants include: Conservatism regarding discussions on sexuality and reproductive health, strong family hierarchy limiting communication and gender norms shaping behavioural expectations which leads to silence around natural developmental processes, persistence of myths and misconceptions and increased psychological distress.

Psychosocial Consequences of inadequate education leads to anxiety regarding bodily changes; shame related to normal physiological functions and fear of social judgment. It impacts the behaviour by risk-taking behaviours, early initiation of unsafe practices and poor decision-making. The social impact includes difficulty forming healthy relationships, poor communication skills and increased vulnerability to exploitation.

Conceptual Framework of Psychosexual Health

Psychosexual health is based on Engel's Biopsychosocial Model, which proposes that sexual functioning results from interactions among biological, psychological, and social determinants.

Biological determinants include: neuroendocrine functioning, genetic influences, pubertal development, hormonal regulation, reproductive health, chronic medical illnesses, neurological disorders and medication effects (particularly psychotropics).

Psychological determinants include: self-esteem, body image, personality traits, attachment style, emotional regulation, sexual identity development, trauma history and cognitive beliefs regarding sexuality

Social and Cultural Factors includes family environment, religious beliefs, gender norms, cultural expectations, educational opportunities, peer relationships, media exposure and socioeconomic status. Promotion strategies must therefore address all these interacting domains rather than focusing solely on disease prevention.

Framework for Education

Core characteristics are scientifically accurate information, culturally sensitive and skill oriented and rights-based education.

Domains of Learning should include knowledge (Understanding biological processes, health risks, and services), Attitudes, building healthy principles, gender awareness, and respect, skills (communication, decision-making, and negotiation skills) hence the interaction of Domains will be: Knowledge → Attitudes → Skills → Behaviour

Gender and sexuality development

Gender and sexuality development in children is a continuous process. Development of sexuality starts in the intrauterine life and continues through infancy, childhood, adolescence, and adulthood. During infancy, there is no awareness of gender. Gender awareness begins at age 3, and gender role and gender identity gradually evolve during childhood (Table -1).

Table: -1: Stages of development of gender identity

Age	Stage
Around 2 years	Children become conscious of the physical differences between boys and girls.
3 years	Children can label themselves as either a boy or a girl.
4 years	Children have a stable sense of their gender identity. Gradually, children also learn gender-role behaviour.

Major developments in sexuality take place during adolescence. The attainment of puberty is an important step in the development of sexuality and occurs during the adolescent period. Sexuality includes both the physical and emotional aspects and is noted to be gradually evolving and becomes clearly defined during adolescence. Adolescence is an important phase during which cognitive, social and emotional development takes place. Sense of identity, reasoning, peer interaction, and sexual interest develop in this phase.

Factors involved in sexuality development

Adolescent sexuality development is best explained with the bio-psycho-social model. The genetic factors and neuro-endocrinal factors are the biological factors that determine the biological sex.

The child's temperament, cognitive level, attachment with primary caregiver, early experiences, stress and mental health have a significant influence on the development of sexuality. Social factors like parenting styles, parental attitude towards sexuality, peer relationships, and cultural practices and beliefs play an important role in shaping the development of sexuality. It has been shown that political, legal, philosophical, spiritual, ethical, and moral values also significantly influence the development of sexuality.

The media also affects the adolescent's perception and attitude toward sexuality.

Over the past few years, the internet has brought about a significant change in adolescents' attitudes and perceptions toward sexuality. Though there is a lot of information related to sexuality available on the internet, most of it is misleading and has a negative impact on sexual behaviours and practices. Hence, it is imperative that accurate and appropriate sexuality related information is provided to the children, adolescents and young adults.

Psychosexual development

Freud described the different stages in psychosexual development, and categorised them into 5 distinct phases (Table -2), with each stage representing a focus of the libido or instincts on different erogenous zones of the body.

Table: - 2: Phases of psychosexual development

Stage	Age	Erogenous zone	Focus
Oral	Birth to 1 year	Mouth	Focus on sucking, swallowing, and biting. Fixation can lead to habits like smoking and nail-biting.
Anal	1 – 3 years	Bowel	Focus on toilet training and control. Fixation results in anal-retentive (obsessive) or anal-expulsive (destructive) personalities.
Phallic	3 – 6 years	Genitals	Focus on genital discovery and the realisation of gender differences. Manifest Oedipus or Electra complex.
Latency	6 – 12 years	Dormant	Sexual feelings are inactive during this stage. The energy is redirected into social skills, intellectual pursuits, and peer activities.
Genital	Puberty	Genitals	Sexual interests mature during this phase, and healthy, intimate adult relationships are formed.

Components of Comprehensive Sexuality education –

Comprehensive sexuality education is defined as “an age-appropriate, culturally relevant approach to teaching about sexuality and relationships by providing scientifically accurate, realistic, non-judgmental information”. The Comprehensive sexuality education aims at improving the knowledge, attitudes, and values regarding sexuality, and this will help children and adolescents to recognise and respect their sexual well-being, dignity, and sexual relationships. It helps them to understand and

protect their rights. WHO emphasised that the comprehensive sexuality education must have a curriculum that is scientifically accurate, comprehensive, specific and tailored for the cognitive development of the different age groups.

The CSE addresses 8 key areas, such as –

1. Relationships: This covers friendships, romantic and family relationships. It also addresses respect and communication in relationships.
2. Values, Rights, Culture, and Sexuality: Addresses human rights, responsibilities, and the cultural norms.
3. Understanding Gender: This topic covers gender norms, stereotypes, discrimination based on gender, and power dynamics.
4. Violence and Staying Safe: Focuses on being able to recognise abuse, consent, and safe digital practices.
5. Skills for Health and Well-being: This topic teaches important skills like decision-making, negotiation, media literacy, and ways to access support when required.
6. The Human Body and Development: This topic covers the human anatomy, pubertal changes, menstruation, reproduction, and body image-related aspects.
7. Sexuality and Sexual Behavior: Addresses the sexual development, identity, and behavior.
8. Sexual and Reproductive Health: This topic includes important areas such as contraception, prevention of unwanted pregnancy and sexually transmitted illnesses/ Human Immunodeficiency Virus (STIs/HIV), and ways to access health services.

The guiding framework for the CSE is provided by the “International technical guidance on sexuality education”. It is a rights-based, learner-centred framework that can be easily adapted to local contexts. The framework highlights the inclusion, respect, empathy, responsibility, and gender equality. The delivery of the CSE can be effective only through a collaborative effort among parents, families, educators, and health experts.

Table: - 3: Age-Stratified Educational Framework

Age Group	Learning Goals	Clinical Importance
Early Childhood (5–8 years)	Understanding the body Developing sense of privacy Recognizing safe and unsafe situations	Prevents abuse Enhances confidence in expression
Pre-Adolescence (9–12 years)	Puberty awareness Emotional regulation Social interaction skills	Fear due to lack of information Social embarrassment
Early Adolescence (12–15 years)	Decision-making Peer influence management Understanding consequences	Decrease in risky behaviour and improved informed decision-making

Late Adolescence (15–18+ years)	Responsible behaviour Health service utilization Long-term planning	Improved health awareness and self-efficacy
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Age-appropriate sexuality education currently in use in India

The CSE provides information based on the children’s ages and cognitive development. The children are categorised into 4 groups: 5–8 years, 9–12 years, 12–15 years, and 15–18+ years, to ensure the effective delivery of the CSE. The topics covered are simple and basic for the younger children and more complex for adolescents.

The global guidelines indicate that CSE can begin at age 5, when formal education begins, or earlier at home with parents. The CSE should focus on understanding their bodies, emotions, relationships, and family during early childhood, which will serve as a foundation or base for more complex concepts later in adolescence. They must be taught about “good touch” and “bad touch,” as well as basic safety principles. Sexuality education must start at home and gradually be built up in the schools and community.

It must be integrated into the school curriculum and must address the common doubts and queries children and adolescents may have regarding sexuality. The sex education must be focused on promoting gender equality and safeguarding children's rights. We can also integrate sexuality education as a part of the existing child and adolescent health services.

Indian Health Programs and Policy Responses

National Adolescent Health Framework in India

The Rashtriya Kishor Swasthya Karyakram is an adolescent health programme under the National Health Mission. The programme also includes sexual and reproductive health, in addition to other topics such as nutrition, non-communicable diseases, mental health, and substance abuse. Peer education programs are an integral part of this program. It represents a key policy effort aimed at addressing adolescent health.

Key Components of RKSK include nutrition, mental health, substance misuse, reproductive and sexual health and injuries and violence. Despite a wide-ranging framework, there are challenges in implementation due to: limited trained workforce, variable state-level execution and social resistance to certain components. These challenges need to be addressed for effective implementation of structured educational frameworks into real-world settings.

The National Health Policy, 2017, addresses the ‘adolescent and sexual health education’. The concept of “Comprehensive sexuality education” (CSE) is included in the School Health & Wellness Programme. It is a component of the Ayushman Bharat Programme of the Government of India to strengthen the preventive and promotive aspects through health education. The programme provides age-appropriate information about health and nutrition to the children in schools and promotes healthy behaviours. In this program, one male and one female teacher are selected from each public school as 'Health and Wellness Ambassadors' and trained in sexuality-related topics to teach and conduct sessions and activities for students.

National Education Policy 2020 – This clearly highlights the need for Comprehensive Sexuality Education. It emphasizes the need for holistic development and addresses adolescent health, gender issues, and digital safety.

Adolescence Education Programme (AEP) – It is a school-based educational programme designed to teach adolescents about the physical, emotional, and social changes that occur during puberty.

Home based sexuality education

Sexuality education must essentially begin at home because parents are the child's first teachers. They must teach their children about body awareness, good touch and bad touch, personal space, respect for others and must always encourage open communication of their feelings. They must provide age-appropriate, accurate information about puberty, reproduction, personal safety, consent, and healthy relationships. Being open with them will help them to discuss about their thoughts and feelings freely and this will help in build confidence, develop responsible attitudes, and make informed decisions.

School-Based Sexuality education

Schools are the most important platform for delivering developmental education due to: high reach among children and adolescents, structured learning environment and opportunity for long-term engagement.

School focused interventions are one of the most effective methods for improving adolescent health outcomes. However, in India: programs are inconsistently implemented, several states have historically restricted sex education modules and content been often diluted due to sociopolitical factors. It is also imperative that the teachers are effectively trained in physical health, mental and sexual health of children and adolescents. This requires that the curriculum for teacher training needs to include the basics of mental health and sexuality of children and adolescents. This will empower them to address the sexuality related doubts and misconceptions children and adolescents may have. Multiple such programs and policies exist regarding sex education, but accessibility to all children, adolescents and young adults is essential.

Challenges for CSE in India

In India, sexuality is considered something bad and taboo to discuss about the same with children, adolescents, and young people at home or at school. It is considered immoral to talk about sex and sexuality. In fact, there is a belief among some that CSE is harmful and may increase sexual activity and risk-taking behaviours in children and adolescents.

There are multiple misconceptions regarding sexuality education; many teachers lack the specific training in this area, and moreover, many are not comfortable discussing this topic with children and adolescents. All these are challenges in delivering effective sexuality education.

Despite these challenges, there are many areas in India that have been very successful in implementing age-appropriate, comprehensive sexuality education. The UDAAN (NGO), the flagship program in Jharkhand for Comprehensive Sexuality Education (CSE); TARSHI (NGO), which addresses reproductive and sexual health issues; and the Sex Education Kerala Foundation [SEKF] are success stories.

Age-appropriate sexuality education is essential, as if this is not provided, the children and adolescents may not receive accurate and relevant information regarding their bodies, physical changes related to puberty, relationships, and sexual health. The lack of such information can leave adolescents unprepared for pubertal changes. They are unaware and unable to form and maintain respectful relationships with the opposite gender. They are more vulnerable to abuse and exploitation, and the risk of sexually transmitted diseases and unwanted pregnancies increases.

There is evidence to show that age-related comprehensive sex education improves the knowledge, attitudes towards sexuality and improves safe sexual behaviours. There is no evidence to state that CSE increases sexual activity in adolescents, and it has been disproven.

Implications for Psychiatric Practice

Role of Psychiatrists includes identify knowledge gaps, address psychological distress and provide developmentally appropriate guidance in topics related to sexuality.

Clinical Assessment should include developmental knowledge regarding sexuality, emotional state and behavioural patterns of children and adolescents.

Counselling Framework should normalize bodily changes in adolescence, address myths and promote open communication.

Preventive Role - Well designed psychoeducation can reduce long-term, psychiatric morbidity, improve coping mechanisms and enhance resilience.

Psychiatric Principles of Psychosexual Health Promotion

Psychosexual health promotion should adhere to the following principles: Respect for autonomy and informed consent, trauma-informed care, cultural competence, non-discrimination, confidentiality, evidence-based practice, recovery-oriented mental healthcare and human rights and sexual rights. These principles ensure ethically sound and patient-centred interventions.

Evidence-Based Strategies for Promoting Psychosexual Health

Comprehensive Sexuality Education Across the Lifespan: Comprehensive sexuality education (CSE) represents the cornerstone of psychosexual health promotion. United Nations Educational, Scientific and Cultural Organization (UNESCO) recommends that sexuality education should extend beyond reproduction to include emotional development, interpersonal relationships, consent, gender equality, sexual diversity, and digital safety.

Psychiatrically informed sexuality education should include: neurodevelopment of sexuality, psychosexual stages of development, sexual orientation and gender identity, emotional intimacy, consent, relationship skills, sexual decision-making, pornography literacy, prevention of coercion and digital sexual behavior. Evidence demonstrates that CSE delays initiation of sexual activity, reduces risky behaviours, increases contraceptive use, and improves relationship quality.

Early Identification of Psychosexual Problems

Routine psychosexual assessment should become an integral component of psychiatric evaluation. Assessment should include: sexual history, relationship satisfaction, libido, sexual functioning, history of trauma, medication-related sexual adverse effects, gender identity, sexual orientation, reproductive concerns and risk behaviours.

Validated assessment tools include: Arizona Sexual Experience Scale (ASEX), Female Sexual Function Index (FSFI), International Index of Erectile Function (IIEF) and Changes in Sexual Functioning Questionnaire (CSFQ). Early identification allows prompt intervention before problems become chronic.

Trauma-Informed Psychiatric Care

Childhood sexual abuse, emotional neglect, domestic violence, and interpersonal trauma profoundly influence adult psychosexual functioning.

Trauma-informed care includes: creating psychological safety, screening for adverse childhood experiences, avoiding retraumatization, psychoeducation, stabilization, trauma-focused psychotherapy, Eye Movement Desensitization and Reprocessing (EMDR) and Trauma-focused Cognitive Behavioral Therapy (TF-CBT)

Resolution of trauma frequently improves sexual satisfaction, intimacy, and emotional regulation.

Promotion of Secure Attachment

Attachment theory provides an important framework for understanding adult sexuality.

Individuals with secure attachment generally demonstrate: greater intimacy, better communication, improved sexual satisfaction, lower sexual anxiety and greater relationship stability.

Psychotherapeutic interventions focusing on attachment repair improve psychosexual functioning among couples.

Cognitive Behavioral Therapy (CBT)

CBT remains one of the most effective psychiatric interventions for psychosexual disorders, it targets: Sexual performance anxiety, negative automatic thoughts, dysfunctional beliefs, shame, guilt, body image distortion and fear of intimacy.

Behavioral techniques include: Sensate focus exercises, exposure therapy, relaxation training, mindfulness, behavioral activation. Numerous randomized controlled trials support CBT for erectile dysfunction, vaginismus, premature ejaculation, and hypoactive sexual desire.

Pharmacological Optimization

Psychotropic medications frequently produce sexual adverse effects. Common offenders include, Antipsychotics, Mood stabilizers, Benzodiazepines

Strategies include: Dose reduction (where clinically appropriate), switching to medications with fewer sexual adverse effects (e.g., bupropion or mirtazapine in selected patients), adjunctive pharmacotherapy, shared decision-making, regular monitoring of sexual functioning. Psychiatrists should routinely discuss medication-induced sexual dysfunction to improve adherence and quality of life.

Couples and Relationship Therapy

Relationship distress significantly contributes to psychosexual dysfunction. Evidence-based interventions include: Emotionally Focused Therapy (EFT), Integrative Behavioral Couple Therapy, Cognitive Behavioral Couple Therapy and Sex therapy. Therapeutic goals include: Improving communication, emotional intimacy, conflict resolution, mutual empathy and sexual satisfaction.

Importance of Promoting Psychosexual Health

Promotion of psychosexual health has numerous benefits for individuals, families, and communities.

Improved Mental Health

Healthy sexuality contributes to emotional well-being, reduces anxiety, enhances self-esteem, and improves life satisfaction. Individuals who feel comfortable with their sexuality are less likely to experience shame or guilt.

Healthy Relationships

Psychosexual health promotes effective communication, trust, respect, empathy, and mutual understanding between partners. These qualities strengthen family relationships and reduce conflict.

Prevention of Sexual Disorders

Education and counselling help prevent sexual dysfunctions such as erectile dysfunction, premature ejaculation, vaginismus, dyspareunia, and hypoactive sexual desire disorder by encouraging early recognition and treatment.

Prevention of STIs and Unintended Pregnancy

Comprehensive education regarding contraception, condom use, and safer sexual practices reduces the incidence of sexually transmitted infections and unintended pregnancies.

Prevention of Sexual Violence

Teaching consent, respect, gender equality, and healthy relationships reduces sexual harassment, abuse, intimate partner violence, and exploitation.

Enhancement of Quality of Life

Sexual satisfaction is associated with better physical health, improved mental well-being, stronger relationships, and greater overall happiness.

Promotion of Positive Body Image

Body dissatisfaction is associated with: Sexual anxiety, reduced desire, avoidance of intimacy, depression and eating disorders. Psychiatric interventions include, Acceptance and Commitment Therapy (ACT), Compassion-focused therapy and Mindfulness-based interventions. These approaches improve body acceptance and sexual confidence.

Prevention and Management of Sexual Violence

Psychiatrists play a crucial role in preventing and managing sexual violence. Interventions include: Risk assessment, psychoeducation regarding consent, early reporting mechanisms, crisis intervention, forensic psychiatric evaluation, trauma counselling and long-term psychotherapy. Prevention programs should begin during adolescence and emphasize respect, empathy, and healthy relationships.

LGBTQIA+ Affirmative Mental Healthcare

Affirmative psychiatric practice recognizes that diversity in sexual orientation and gender identity is a normal aspect of human development. Key strategies include: eliminating discriminatory practices, using affirming language, minority stress assessment, suicide risk assessment, family counselling, gender-affirming mental healthcare and support groups. Affirmative care significantly reduces depression, anxiety, and suicidal behavior among LGBTQIA+ individuals.

Digital Sexual Health Promotion

Digital technology increasingly influences psychosexual development. Psychiatric interventions include education regarding: Pornography literacy, sexting, online consent, digital boundaries, cyber sexual addiction, privacy protection, and healthy technology use. Clinicians should assess problematic internet sexual behavior during psychiatric interviews.

Community Mental Health Promotion

Community psychiatry contributes through: School mental health programs, family education, peer support groups, public awareness campaigns, workplace mental health initiatives and youth-friendly services. Reducing stigma surrounding sexuality encourages earlier help-seeking.

Interdisciplinary Collaboration

Optimal psychosexual health promotion requires collaboration among: psychiatrists, clinical psychologists, psychiatric nurses, sex therapists, gynaecologists, urologists, endocrinologists, primary care physicians, social workers and occupational therapists. Collaborative care improves both psychiatric and sexual outcomes.

Public Policy and Advocacy

Psychiatrists should advocate for: Comprehensive sexuality education, universal access to sexual healthcare, mental health integration, gender equality, protection against discrimination, sexual rights, confidential healthcare and research funding. Evidence-based public policies substantially improve population psychosexual health.

Emerging Directions

Recent psychiatric research highlights several emerging strategies: Digital cognitive behavioral therapy, telepsychiatry for sexual dysfunction, artificial intelligence-assisted psychoeducation, precision psychiatry, neurobiological research on sexual desire, mindfulness-based sex therapy, couple-based online interventions, lifestyle psychiatry and positive psychiatry focusing on flourishing rather than illness. These developments promise increasingly personalized approaches to psychosexual health promotion.

Role of the Psychiatrist

The psychiatrist's role extends beyond diagnosing sexual disorders. Responsibilities include: Comprehensive psychosexual assessment, diagnosis of psychiatric contributors, management of medication-induced sexual dysfunction, individual psychotherapy, couple therapy, psychoeducation, suicide risk assessment, trauma management, family intervention, multidisciplinary collaboration, research and teaching, public mental health advocacy. Psychiatrists should routinely inquire about sexual health, recognizing it as an essential component of holistic psychiatric care.

Strategies for Promoting Psychosexual Health

Comprehensive Sexuality Education (CSE) is one of the most effective strategies for promoting psychosexual health. It provides scientifically accurate, age-appropriate information

Health Promotion and Awareness Campaigns

Governments and healthcare organizations should organize public awareness campaigns using schools, colleges, workplaces, television, radio, and social media to increase awareness regarding sexual health and reduce stigma. Accessible Sexual and Reproductive Health Services.

Mental Health Support

Psychological counselling is essential for individuals experiencing depression, anxiety, trauma, sexual abuse, relationship difficulties, or sexual dysfunction. Cognitive behavioral therapy (CBT), couples' therapy, and sex therapy are effective interventions.

Promotion of Healthy Relationships

Educational programs should teach communication skills, emotional intelligence, conflict resolution, respect, empathy, and shared decision-making to strengthen relationships, and focus on prevention of sexual violence.

Promotion of Gender Equality

Gender discrimination negatively affects psychosexual health by limiting autonomy and increasing vulnerability to violence. Promoting equal rights and opportunities empowers individuals to make informed reproductive and sexual health decisions.

Lifestyle Modification

Healthy lifestyle practices improve psychosexual functioning by enhancing cardiovascular health, hormonal balance, and psychological well-being.

Digital Literacy

Young people should be educated about responsible internet use, cyber safety, sexting, online consent, privacy, and critical evaluation of online sexual content. To implement these strategies the responsibility lies on health care professionals including doctors, nurses and mental health professionals, families, religious and community leaders. All these agencies can help remove stigma educate masses and improve quality of life by promoting psychosexual health.

Conclusion - Way forward

It is essential to integrate sexuality-related education into the school curriculum so that it can be delivered to all children and adolescents in a structured way. It must also be integrated with the existing child and adolescent health services. Sex education will be effective and comprehensive only if families also join hands with the system, as family is the first school, and parents are the first teachers. The recent exponential growth in digital technology makes it easier to effectively deliver sexuality education and make it accessible to all. This will have a significant positive impact on the sexual health of children and adolescents.

Comprehensive sexuality education, trauma-informed care, cognitive behavioral interventions, secure attachment promotion, affirmative practice, medication optimization, relationship counselling, and multidisciplinary collaboration provide an evidence-based framework for enhancing psychosexual well-being. Future psychiatric practice should continue integrating sexual health into routine mental healthcare, emphasizing prevention, early intervention, patient autonomy, and respect for human rights.

Annexure - 1

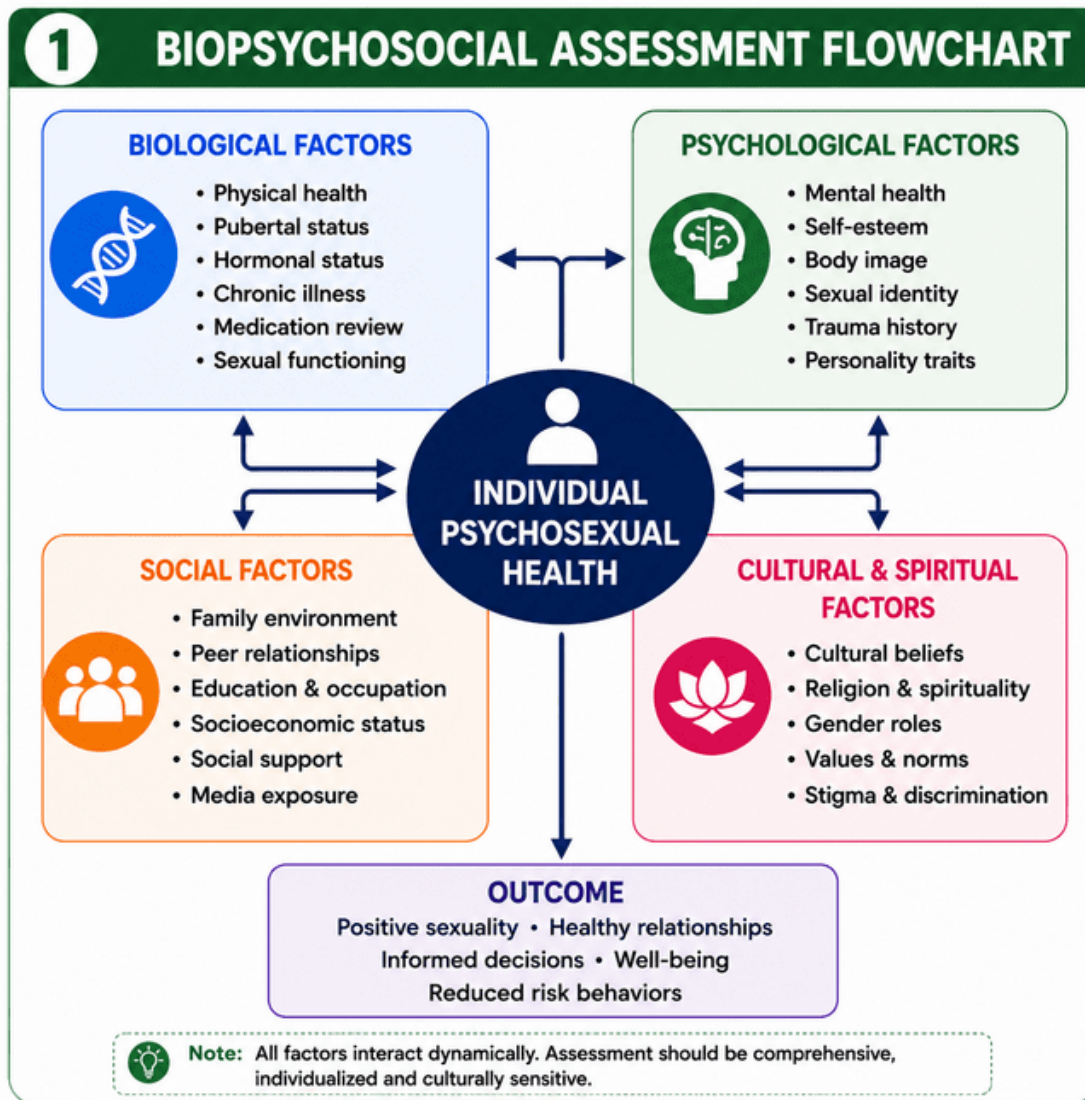


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AGE-RELATED SEX EDUCATION & PSYCHOSEXUAL HEALTH PROMOTION

AGE STAGE	KEY DEVELOPMENTAL TASKS	FOCUS OF SEX EDUCATION	STRATEGIES / APPROACH
 INFANCY (0–2 years)	Trust, attachment, body awareness	Body recognition, privacy, safe touch	Parental bonding, positive touch, safe environment
 EARLY CHILDHOOD (3–5 years)	Curiosity about body, gender awareness	Body parts, privacy, safe/unsafe touch	Simple explanations, boundaries, good secrets/bad secrets
 MIDDLE CHILDHOOD (6–11 years)	Preparation for puberty, peer relationships	Puberty, hygiene, respect, digital safety	Age-appropriate education, positive role modeling
 ADOLESCENCE (12–18 years)	Identity formation, emotional changes, risk-taking	Relationships, consent, STIs, contraception, gender, media literacy	Comprehensive sexuality education, life skills training, counseling
 YOUNG ADULTHOOD (19–40 years)	Intimacy, career, partnership, reproductive choices	Healthy relationships, family planning, fertility, consent	Counseling, couple education, reproductive health services
 MIDDLE ADULTHOOD (41–60 years)	Family, work-life balance, midlife adjustment	Sexual adaptation, menopause/andropause, healthy lifestyle	Health education, stress management, relationship support
 OLDER ADULTHOOD (60+ years)	Healthy ageing, loneliness, chronic illness	Intimacy, emotional companionship, safe sexual practices	Respect, dignity, accessible healthcare, psychosocial support
 GOAL: To promote healthy psychosexual development, informed decisions, respectful relationships and overall well-being across the lifespan.			
 KEY PRINCIPLES: • Age-appropriate • Culturally sensitive • Inclusive & non-judgmental • Evidence-based • Rights-based			

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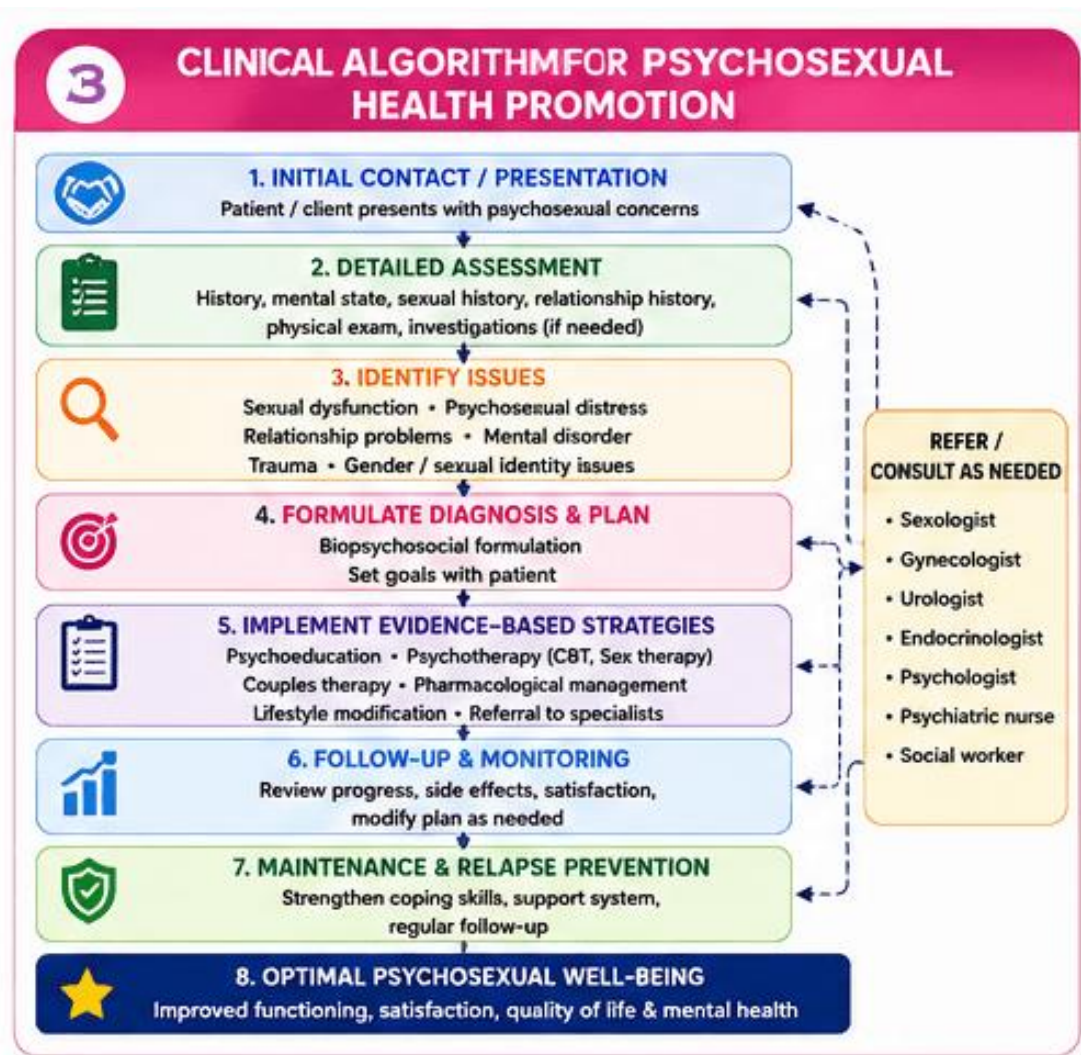


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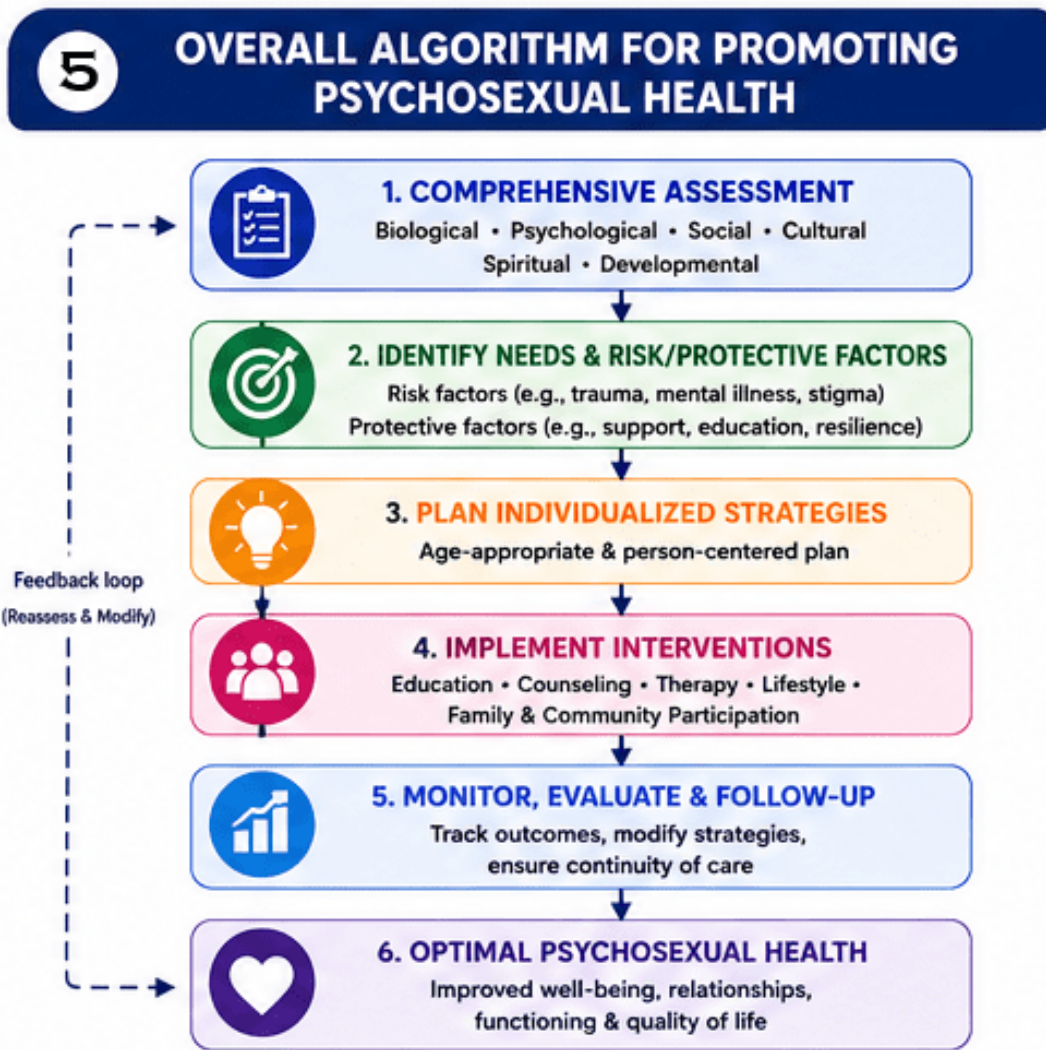


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Annexure - 7

Association for Sexual Health

Developmental Age	Question	Answers	Explanation
Toddlers & Preschoolers (Ages 2-4)	My child is touching their genitals in public. How do I stop this without shaming them?	That is your body, but it is not good to touch private parts	This is normative sensory exploration, not sexualized behavior. Strict punishment creates unnecessary shame

			and increases defiance
Early Childhood (5–8 years)	My 7-year-old was playing 'doctor' with a friend and looking under their clothes. Is this a sign of abuse?"	Bodies are private. We don't look under other people's clothes, and they don't look under yours. Let's find a different game to play	Natural curiosity is common. It is typically benign if it involves peers of a similar age (within 2 years), lacks coercion, and stops when discovered.
Pre-Adolescence (9–12 years)	My child is becoming incredibly secretive and moody. How do I talk about puberty when they shut down?	Your body and brain are getting upgraded right now. It can feel overwhelming and weird, and that is completely normal. I am here whenever you want to talk."	The push for autonomy creates a barrier. Side-by-side communication (e.g., talking while driving) lowers the resistance, and makes it more comfortable.
Adolescence (13–18 years)	How do I talk to my teen about sex, consent, and phone safety without pushing them away?"	If someone pressures you to send a photo or do something you aren't ready for, it means they care more about their own wants than your feelings. You always have the right to say no	Discuss about peer pressure assertiveness. Respect autonomy and tell them that you trust them.
Toddlers & Preschoolers (Ages 2–4)	Where do babies come from	A baby grows in a special place inside a woman's body called like a small room, and when it is ready, it comes out.	Explain in simple language
Early School Age (Ages 5–8)	Why do boys and girls look different?" or "How does the baby actually get inside the tummy?"	Boy and girl are made different; they have different looks and body parts. To make a baby, a tiny cell from a man joins a tiny cell from a woman. They grow together inside the mother.	The child is seeking categorization to understand the world.
Pre-Adolescence / Tweens (Ages 9–12)	Am I normal? Why is my body changing	Everyone's internal clock goes off at a different time. Your	Peer comparison creates intense anxiety and a fear of

	faster/slower than everyone else?"	body knows exactly what to do, and your timeline is completely healthy for you	rejection during this stage.
Adolescence (Ages 13–18)	How do I know if I'm ready to have sex?" or "How do I know what my sexuality or gender identity is?"	Being ready means feeling safe, respected, and completely free to change your mind at any point. Exploring who you are takes time, and you do not have to have all the answers figured out today	Adolescents reject lectures but respond well to collaborative, hypothetical problem-solving. Talk to them openly

Suggested readings

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