



Original Article

An exploration of sexual well-being among working professional women aged 25-30 in Mumbai: A qualitative study

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Abstract

Background: Sexual Well-being is an integral component of health, yet it is often overlooked, particularly among Indian working professional women. This group, which balances professional aspirations with strongly ingrained social and cultural expectations, is uniquely positioned at the intersection of modernity and tradition. In Mumbai, professional women who benefit from increased employment opportunities often juggle numerous responsibilities, including careers and roles as daughters, spouses, or prospective mothers. Sexual Well-being, often seen as taboo, is still a topic that needs further research. This paper seeks to examine women's experiences and perceptions of Sexual well-being.

Methods: This study uses a qualitative research paradigm. The study is conducted in Mumbai-Maharashtra, India. The participants were selected through snowball and purposive sampling. In-depth interviews were conducted with the participants, who were between 25 and 30 years old, working professional women. An interview guide was administered to working professionals to understand their perceptions of sexual well-being and how these women experience sexual well-being. The data was analysed according to themes derived from the interviews.

Keywords:

Sexual well-being, Working professional women, Socio-cultural influences, Sexual health, Mumbai

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Results: The study shows that personal and socio-cultural factors influence their perspectives and experiences. The findings indicate that although women recognise the significance of their sexual well-being for their overall health, they nevertheless encounter several challenges in openly discussing their sexual needs. These barriers mainly stem from cultural stigmas, societal norms, and insufficient sexual health resources. The study emphasises the need to foster open dialogues and a supportive atmosphere to enhance sexual well-being.

Conclusion: The study explored the factors that influence sexual well-being among working professional women in Mumbai. Despite understanding its significance, women face significant challenges, such as cultural stigmas, societal norms, and restricted access to resources. The study recommends fostering open communication and enabling women to prioritise their sexual well-being through public health initiatives, workplace policies, and educational programs. This will improve their overall well-being and foster a more inclusive society that values this vital aspect of health.

Introduction

Sexual well-being is a comprehensive concept that includes sexual health, pleasure, and justice, as well as safety, respect, and self-determination.^[1] Sexual well-being is shaped by social factors and is subjectively experienced, often reflecting individual self-assessment.^[2] This paper views sexual well-being as a continuum that includes both young women's desires for sexual health, exploration, pleasure, and justice, as well as their capacity to achieve these facets of sexual well-being, considering the social and cultural conditions they encounter regularly.

Existing research on sexual well-being in India has been relatively limited, especially regarding urban, professional women. The few studies that have been conducted in India have revealed the challenges women face in attaining sexual well-being, including lack of sexual and reproductive health education, the social stigma around premarital sex, and gender inequalities.^[3,4] Studies have also highlighted how existing societal norms and cultural beliefs can restrict women's ability to discuss and address their sexual and reproductive health needs openly.^[5] However, there has been little research exploring how professional women, who may have greater access to resources and education, navigate and experience sexual well-being within the context of their lives and careers. India's rapid social and economic transformation has led to greater workforce participation of women in urban India. However, women continue to face challenges in balancing their professional, personal, and domestic responsibilities, leading to stressful circumstances that may impact their

overall well-being, including their sexual health and satisfaction.^[6]

Furthermore, the double burden of professional work and household responsibilities can cause women to feel overwhelmed and leave little time or energy for their own sexual needs and desires. A woman's willingness to discuss sexuality freely may vary from her willingness to address other topics, such as parenting or sexual education, contingent upon cultural context. In empirical studies of agency, several agency domains and their associated factors are often seen as interchangeable. Although variables enhancing agency in one domain may not enhance it in another, women's agency is likely multi-dimensional, encompassing aspects such as fertility and wealth. For example, employment and education, seen to enhance women's empowerment, may augment their ability to make household decisions but may not inherently elevate their sexual autonomy. Sexuality is one of the most significant but perplexing facets of human conduct. In conventional Indian contexts, where perspectives remain predominantly conservative, discussing such matters is largely prohibited for many individuals. This phenomenon is not exclusive to traditional environments; certain metropolitan places are also involved. Although education and sexual education may be associated with books and writings, this connection is seldom observed in individuals. Such occurrences foster a stereotyped culture and ensure that some topics stay taboo and stigmatised.^[6]

As a rapidly urbanising metropolis, Mumbai provides a unique context to study how the intersection of modernity, tradition, and gender norms shapes professional women's sexual well-being experiences. Women in this demographic must navigate complex socio-cultural expectations while also aspiring to professional ambitions, which can create unique challenges in maintaining holistic sexual well-being.^[7]

This qualitative study explored the perceptions and experiences of sexual well-being among urban working professional women aged 25-30 years in Mumbai. The specific objectives are as follows-

1. To understand how these women define and perceive sexual well-being.
2. To explore the factors (personal, social, and cultural) that influence their sexual well-being

3. To identify the challenges they face in maintaining their sexual well-being.

Materials and methods: Purposive sampling and snowball sampling were employed to recruit participants for the study, with the following criteria: women aged between 25-30, employed full-time in Mumbai, unmarried, married, divorced, or widowed, and willing to discuss their views on sexual well-being. Through WhatsApp messages and word-of-mouth, the information about the study was shared among the researcher's mutual friends and acquaintances. The first prospective participant was contacted via WhatsApp. This person was asked to recommend any interested participants. To provide rich data, an effort was made that the study participants pool was diverse, representing a range of socioeconomic classes, religious beliefs, and employment sectors. Interviews were conducted with participants who consented to participate in the study, and 20 participants consented.

Study setting: The study was conducted in Mumbai, India, which is India's financial capital and entertainment hub. Mumbai, often referred to as "The City of Dreams", is the largest city in India by population and the capital of the state of Maharashtra. It is located on the west coast of India, overlooking the Arabian Sea. Mumbai is a densely populated metropolis that has undergone rapid urbanisation and social change in recent decades. The study was carried out in various urban areas of Mumbai.

Data collection process and tools: An interview guide was used for conducting in-depth interviews with the participants. Three participants were interviewed as part of a pilot test to assess the interview guide. After it was deemed fit, it was approved for data collection. The interviews were conducted between February to July 2024. All participants were shared a Participant Information Sheet (PIS) via WhatsApp. The participants were ensured that their anonymity would be maintained, and the participants themselves chose the place, date and time for the interview. Informed and written consent was taken before the interview. The permission to audio record the interview was taken from the participants.

Additionally, a field journal was also maintained to

note down the emotions, facial expressions, gestures and mood of the respondent. The duration of each interview varied between 60-90 minutes, depending on the participant's response. The interview guide included questions on the participant's understanding of sexual well-being, their experiences in navigating sexual health, and the factors influencing their sexual experiences.

Data analysis: Almost all the interviews were conducted in English, except one that happened in Hindi. The Hindi interview was later transliterated into English, and the transcriptions of all the interviews were done on the same day that they were conducted. Microsoft Word was used to enter the transcripts. The transcripts were thoroughly examined to become acquainted with the data and to identify themes. A coding scheme was created after a discussion of the emerging themes with the research guide. To interpret the data, open coding was used as reference codes from each interview. The meticulous systematisation of data resulted in the creation of a theme network, which offers sensitive and deep insight into the process and helps put things in perspective for efficient analysis. Thereby, thematic analysis was used to analyse qualitative data.

Ethical considerations: Given the sensitive nature of the study, efforts were made to modify the data collection tools so that it was suitable for the participants. Since there was no treatment included in the study, there was no possible risk or harm to the participants throughout the data collection procedure. The objective of the study was thoroughly explained to the participants. Written and informed consent was obtained from every participant who met the study eligibility criteria. The participants were informed that they might leave at any time and that they could decline to respond or skip any question if it made them feel uncomfortable or anxious. They received assurances that all data gathered would be kept private and their identities would not be revealed. The study was approved by the Tata Institute of Social Sciences Institutional Review Board (2022-23).

Understanding sexual well-being

Most participants defined sexual well-being as comprising both emotional and physical fulfilment. It was seen as an ability for pleasurable,

Results

Table 1: Socio-demographic profile of the participants

Age	Occupation	Marital status	Place of birth	Currently living in Mumbai	Religion
25	Actress	Unmarried	Delhi	Versova	Hindu/Atheist
25	Corporate Wellness	Unmarried	Indore	Dadar	Hindu
25	Fashion Designer	Unmarried	Shillong	Andheri	Christian
25	Shoe Designer	Unmarried	Bhopal	Kurla	Hindu
26	NGO Worker	Unmarried	Kashmir	Malad	Hindu
26	Counsellor	Unmarried	Mumbai	Andheri	Jain
27	Consultant	Unmarried	Delhi	Mulund	Hindu
27	Celebrity Makeup artist	Married	Mumbai	Marine Lines	Christian
28	Financial Analyst	Married	Delhi	Goregaon	Muslim
28	CSR Consultant	Unmarried	Assam	Bandra	Hindu
28	Corporate Employee	Divorced	Mumbai	Vikhroli	Hindu
28	Communication & Media Consultant	Unmarried	Bangalore	Andheri	Hindu
29	Metro Officer	Married	Maharashtra	Ghatkopar	Buddhist
29	Human Resource	Unmarried	Bangalore	Chembur	Hindu
29	Fundraising Manager	Unmarried	Banaras	Andheri	Hindu
29	Program Manager	Engaged	Kolkata	Malad	Atheist
30	Photographer	Unmarried	Delhi	Bandra	Hindu
30	Researcher	Unmarried	Jhansi	Chembur	Atheist
30	Architect	Divorced	Thane	Tilak Nagar	Parsi
30	Gynaecologist	Unmarried	Kolkata	Kurla	Muslim

guilt-free, and consenting sexual engagement. For many, sexual well-being was seen as feeling emotionally connected to their partners and having the autonomy to make decisions about their bodies and sexual activities. However, because of social expectations regarding women’s purity and cultural stigmas surrounding premarital sex, many women felt difficulties in completely accepting their sexuality.

“Sexual well-being for me is being able to feel good about my sexual decisions, but there’s always a constant thought that bothers me, which I grew up hearing that as a woman, one is supposed to express their sexuality only after marriage, if I choose to express my sexuality there is always a nagging thought about what society would think.” (28-year-old, married, Financial Analyst)

“Sexual well-being, for me, is about feeling good in my own skin and making choices that feel right for me, without worrying about any societal judgment.” (25-year-old, unmarried Actress)

Perceptions of sexual well-being

A pervasive sense of doubt existed among women

discussing their sexual well-being, with many expressing views such as, “I am unsure if what I am about to share is correct” or I am certain I am mistaken and have likely omitted something”. The concept of sexual well-being had various meanings among the women in the study participants. For many, the term was only associated with sexual health, while others referenced puberty and menstruation.

“Sexual health, sexually transmitted disease, women’s menstrual cycle.... This is what I can think of” (29-year-old, married, Metro officer)

Participants frequently refrained from using explicit terminology for sexual intercourse and genitalia, opting instead for indirect expressions such as these things or you know. The negative connotation associated with sex and sexuality primarily arises from their perception as indecent and immodest. Participants, mostly unmarried women, exhibited greater comfort and willingness to engage in discussions regarding their sexual well-being; however, the terminology employed was often avoided.

“I feel the topic itself is contentious in our culture.

Our society does not allow women to talk freely about it, though it is like any other bodily need, but we have our reservations. I find it challenging to discuss it openly, I believe that since it relates to female issue, there is always shyness and modesty. Society exhibits sensitivity over this domain.”

Interviewer: Do you feel that the term itself constitutes a barrier

“Of course, why not. It is such a taboo subject to discuss. You can’t specifically mention or utter such words in open. As we all know our society is not accustomed to such ideas, thoughts or words per se.” (30-year-old, unmarried, HR)

Socio-cultural taboos and sexual autonomy

One of the main barriers to obtaining sexual well-being was identified as cultural taboos around sexual discussion. Participants mentioned that they were uncomfortable talking to partners about their sexual urges or looking for information on sexual well-being, frequently out of fear of being judged. Most women expressed that social and familial expectations shaped their sexual choices, limiting their ability to be sexually liberated.

“I feel like we’ve been taught to feel ashamed about our sexuality, especially when you’re not married. I’ve never openly talked about sex, even with my friends”. (28-year-old, unmarried, CSR Consultant)
“Even though I know what I want sexually, there’s always this voice in my head that makes me feel guilty because of how I’ve been brought up. It’s hard to fully embrace your sexual needs when you’ve been conditioned to believe that they’re wrong.” (25-year-old, unmarried, Corporate Wellness)

Psychological and emotional aspects of sexual well-being

Many participants emphasised the psychological dimensions of sexual well-being, including emotional connection, body image, and self-worth. Many expressed that feeling confident in their bodies and being emotionally connected to their partners were important components of their sexual well-being. Many women expressed that they struggled with societal expectations regarding

appearance, which affected their confidence in sexual relationships.

“For me sexual well-being is closely attached to how I feel about myself. If I’m not comfortable with my body, it impacts how I feel during sex or in a relationship per se.” (26-year-old, unmarried, NGO worker)

“I think sexual well-being is not just about sex, it has a lot to do with how we feel about ourselves. If I don’t feel good in my own skin, how can I feel good with someone else?” (26-year-old, unmarried, Counsellor)

Lack of access to sexual health resources

A recurring theme was the lack of easily accessible, non-judgmental sexual health resources. Participants expressed discomfort in seeking help for sexual health concerns due to the fear of being judged by healthcare professionals. Most of the participants believed that they lacked proper education, which left them uncertain about how to manage their sexual well-being.

“Today if we see there’s so much, we need to learn and we still don’t know since we were never taught sex-ed while growing up. Even now, I am way too hesitant to go see a gynae, because I have had a bad experience with them, the moment you start telling your problems they start judging you.” (27-year-old, unmarried, Consultant)

“I have been judged literally by many gynaecologists I have visited; I feel they should be sensitive enough to address our needs.” (28-year-old, unmarried, Communication and Media Consultant)

Discussion

The study finding highlights the multifaceted nature of sexual well-being among urban Indian women. Participants defined sexual well-being as encompassing both physical and emotional fulfilment, with the ability to make autonomous decisions about one’s sexuality being a key component.^[8] Moreover, sociocultural factors are seen as influential factors. These findings align with other studies.^[9-11] Furthermore, cultural taboos and

social stigmas around premarital and extramarital sexuality emerged as a major barrier to achieving this sense of well-being.^[3] The findings corroborate previous research that has documented how patriarchal social norms in India impact women's sexual autonomy and pleasure.^[12] Women's sexuality is often seen through the lens of reproduction and morality rather than as a source of personal fulfilment. For example, in many societies, including Muslim-majority countries, support for practices like veiling, which can be seen as a form of controlling women's bodies and sexuality, is often upheld by women themselves, highlighting how deeply ingrained these patriarchal norms can be.^[13] However, an honest assessment of the practice of purdah in India tells us that purdah is not just an issue restricted to the Muslim community but widely prevalent among Hindu women as well; even though they may not be practising it in educational institutions necessarily, the practice of purdah among women in India exists in different forms of 'ghunghat', 'pallu', 'dupatta', 'burqa', 'hijab' and so on.^[14] This reinforces the power structure that limits women's choices about their bodies and sexual expression.

Furthermore, the emphasis on marriage and motherhood within patriarchal societies also contributes to the framing of women's sexuality primarily as a means for procreation rather than pleasure. Women in the study struggled with feelings of shame and guilt about their sexual desires, which were frequently shaped by societal expectations around purity and chastity. This finding is consistent with previous research indicating that Indian women often face difficulties in reconciling their sexual urges with cultural notions of ideal feminine behaviour. A study on newly married adolescent women in India revealed that while some women embraced their sexuality within the confines of marriage, others struggled to reconcile their own desires with societal expectations of chastity and wifely duty.^[15]

Additionally, the lack of access to comprehensive sexual health education and resources emerged as another significant barrier. Participants also highlighted the lack of access to comprehensive sexual health information and non-judgmental support services. This aligns with broader research documenting the significant unmet need for youth-

friendly sexual and reproductive health services in India. The inaccessibility of such resources, coupled with prevailing stigmas, prevents many women from seeking help for sexual health concerns, which can have serious implications for their overall well-being. The lack of comprehensive sexuality education and the tendency of healthcare providers to make moral judgments further exacerbate these challenges.^[3]

Addressing the multifaceted barriers to sexual well-being for Indian women will require a comprehensive, multisectoral approach. This could include sex education programs that challenge patriarchal norms, healthcare workforce training to improve provider attitudes and knowledge, and the creation of confidential, stigma-free sexual health services. By empowering women to make autonomous decisions about their sexuality, we can work towards enhancing their overall health and well-being.

Overall, this study provides valuable insights into the lived experiences of urban Indian women navigating the complex terrain of sexual well-being. These findings underscore the need for multi-pronged interventions to address the social, psychological, and systemic barriers to sexual well-being for Indian women.

Limitations

The study has certain limitations; firstly, the data were collected from a small sample size, and the findings might not be generalisable to all professional women in Mumbai or other regions. The experience of the participants varies depending upon their socio-cultural and economic background, education, and work environment. Since the data collection relied on self-reported information regarding sensitive topics like sexual well-being, there is a possibility of social desirability bias, where participants may under report or exaggerate certain experiences to conform to societal norms or expectations. The study focuses solely on professional women aged 25-30, which limits its ability to address the sexual well-being of non-professional women or women from different age groups. As a result, the study findings may not represent the broader population of women in Mumbai. Moreover, since the study focuses on women in Mumbai, an urban setting,

the findings may not be applicable to professional women in rural or semi-urban areas where cultural norms and access to sexual health resources may differ significantly. The study may not delve deeply into how specific workplace cultures, pressures, or occupational stressors affect sexual well-being. Given the diversity of professional environments, these nuances could impact the findings.

By acknowledging this limitation, future research can aim to address them and build on the findings to provide a more comprehensive understanding of sexual well-being in diverse contexts.

Conclusion

This study highlights the challenges working women aged 25-30 in Mumbai face in understanding and experiencing sexual well-being. Despite being in an urban, progressive environment, they are still influenced by socio-cultural norms that restrict open discussions around sexuality. While there is an acknowledgement of its importance, significant barriers-cultural taboos, lack of access to resources, and emotional challenges-prevent women from fully embracing and managing their sexual well-being. Empowering women through education, improving access to sexual health resources, and creating supportive spaces for discussing sexual well-being are crucial for fostering their overall well-being.

Recommendations

Sexual education programs: Implementation of comprehensive, non-judgmental sexual education in schools, workplaces, and communities can help bridge the gap in understanding and accessing healthcare. Comprehensive sexual education can result in delayed sexual intercourse, consistent contraception utilisation and safer sexual behaviours.^[16-18] It should be highlighted that any proposed program on sexual and reproductive health is to enhance knowledge and understanding rather than to encourage sexual engagement.

Access to healthcare: Improving access to sexual health services that are confidential and supportive of women's needs and creating a safe environment wherein women can express their issues without feeling judged or ashamed can encourage health-seeking behaviours.

Psychological support: Providing mental health services that address issues related to body image, self-esteem, and emotional well-being as part of sexual well-being.

Public awareness campaigns: Normalising conversations about sexual well-being and health through media and public outreach initiatives. Facilitating open conversation about sexual and reproductive health with women enhances their autonomy and boosts their self-esteem. Liberating women from societal constraints and stigma related to sexual and reproductive discourse can enhance their experiences in these domains, as well as their overall well-being.

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Conflict of interest: None

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