The Formulation of Sexual and Reproductive Health Behaviour Among Young Men in Bangladesh

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CATALYST Consortium

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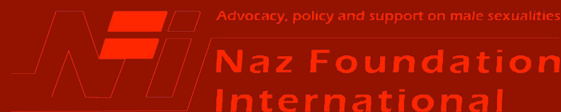

Purpose of the Study

This study was designed to:

- Gain insight into how young men construct their sexual attitudes and behaviours from early preadolescent years and thereafter

- Better understand the impact of education and recent migration to Dhaka on the construction of masculinities

- Examine the influential roles that socialisation agents play in constructing young men's sexual images of themselves and others and their SRH attitudes and behaviours

Study Team

Study Area: The *Thana* of Demra

- Represented a mixed-use *thana* consisting of commercial interests and residential housing
- Access to personal networks with MSM through Bandhu Social Welfare Society
- Significant populations of recent migrants and literate and illiterate young men

Themes and Aspects of Masculinities and Sexualities Explored with Young Males

- Gender awareness and understanding
- Friendship and intimacy
- Sexual knowledge and awareness
- Sexual messages
- Sociocultural and family expectations
- Sources of knowledge
- Impact of knowledge on sexual and reproductive behaviours

Research Methodology

A purposive “snowball” sampling technique was used. Cohorts A, B, and C were subdivided by education and length of residence in Dhaka.

- Educational level: None to four years of education completed; five or more years of education completed
- Length of residence in Dhaka: Less than six months living in Dhaka (recent migrant); six months or more living in Dhaka (longer-term resident)

Cohort A

- Comprised of 64 boys from the general population of males (GPM)
- Divided into two groups aged 10-12 and 13-15 to allow grouping of respondents closer to one another in cognitive and verbal abilities and mental and emotional development
- Information was elicited through qualitative participatory research techniques using drawings, story telling and discussions, role playing, and body mapping.

Cohorts B and C

- Cohort B was comprised of 88 young men aged 16-19. Cohort C was comprised of 88 young men aged 20-24.

- Both cohorts were further divided into two groups, one recruited through the MSM networks (MSM) and one recruited from the general population of males (GPM).

- Information was elicited through lengthy focus group discussions (FGDs) and semi-structured interviews.

Socialisation Agents

In addition to the sample of adolescents:

- 20 mothers, fathers, or guardians of study respondents were interviewed.
- 18 community leaders, religious teachers, and *kobirajs* (street medicine peddlers/traditional healers) participated in different FGDs.
- 12 respondents with a variety of gendered identities and marital statuses from the MSM networks were also interviewed.

Gender Awareness and Understanding

- Accepted gender roles and social behaviours learned by the age of five; sex roles and expectations accepted by the age of 12.
- Dominant masculinity acted out among friends as active, assertive, sexually powerful, with a penetrative sexuality.
- Femininity is perceived in opposition to masculinity as submissive, domestic, and dependent upon significant males.
- Some males demonstrated a non-masculine sensitivity identified with the female, which often led to family violence, abuse, sexual violence, social exclusion, and low self-esteem.

Friendship and Intimacy

- **Male-female relationships outside of marriage are strongly disapproved of when females begin to reach puberty. Outside the classroom, exchange of information on SRH, physical affection, and romantic love are highly restricted and often unavailable.**

- **Male-female encounters become sexually loaded with fear and curiosity; *eve teasing* is perceived as normal and a way in which to prove manliness to others.**

- **Girls must be virgins before marriage, since this status is associated with honour, shame, and family prestige; young men are excused because of their sexual needs.**

Sexual Awareness

- Males and females are biologically, socially, culturally, and religiously separated by an enormous gulf in status, which often leads to clandestine relationships with females.
- Casual sexual encounters between male friends and between masculine and feminised males is common and tolerated despite social disapproval.
- For *kothi/hijra*-identified males, sexual awareness and knowledge arise from preadolescent sexual encounters. For other young men, early post-pubertal sexual experiences are common.

Sexual Knowledge

- Knowledge consists of myths and concerns around penile size, fears that masturbation and nocturnal emissions (nightfall) can lead to illness and are dangerous to the body; this leads to significant vulnerability and may promote risky sexual behaviours and early penetrative sex.
- Parents and community elders promote “good behaviours,” abstinence, and respect for elders, while friends, other socialising agents, and pornographic videos provide contradictory messages.

Table 1. Age Range and Median Age at First Sexual Experience and Sex of Partners during the Past Six Months

Group	Characteristics of sexual behaviour	Census data
Cohort C, GPM (n=9)	Age range	12-17 years
	Median age	13
	Sex of recent sexual partner Male Female	 n=1 n=8
Cohort C MSM (n=12)	Age range	7-14 years
	Median age	10
	Sex of recent sexual partner Male Female	 n=12 n=0
Pariks and married *panthis* (n=6)	Age range	14-19 years
	Median age	14
	Sex of recent sexual partner Male Female	 n=3 n=3
All MSM (includes 12 *kothis* in Cohort C MSM, 3 married *kothis*, and 3 *hijras*) (n=18)	Age range	7-14 years
	Median age	11
	Sex of recent sexual partner Male Female	 n=18 n=0

Source: Anonymous Census of Sexual Behaviours

Table 2. Appropriate Age for Sex

Respondent cohort	Age range for boys	Age range for girls
Cohort B-GPM	20-22	17-18
Cohort B-MSM	16-25	17-18
Cohort C-GPM	18-25	18-20
Cohort C-MSM	16-25	17-21

Table 3. Frequency of Condom Use

Condom use	Frequency of time ever users reported condom use (n=32)
All the time (n=5)	15.6%
Some of the time (n=14)	43.8
Never (n=13)	40.6
Source: Anonymous Census of Sexual Behaviours	

Sources of Knowledge

- Parents provide primarily knowledge on social and religious rules, and obligations of marriage, but they are not approached for information on sexual and reproductive health.

- Primary sources are older friends, pornographic videos, health magazines, and *kobirajs.*

Sexual Messages

- **Pornographic videos and messages around manliness promote sexual violence and harassment where women and feminised males are viewed as sexual objects and are feared and despised; this reinforces poor self-image and vulnerability to sexual abuse and violence.**

- ***Kobirajs*, seen more in rural areas than in urban areas, are still important for low-income groups (less popular among the educated and middle classes); they are purveyors of inexpensive medicine and sexual advice, but their information on sexual and reproductive health still plays a significant role in perpetuating myths that are widely held.**

Impact of Knowledge

- Young men wanted accurate and explicit information on sexual and reproductive health; puberty and growing up; marriage, marital life, and birthing; nutrition and healthy living; STIs/HIV/AIDS; how to do sex properly to ensure satisfaction; masturbation, nocturnal emission, and other psychosexual concerns; and legal and religious issues around marriage, divorce, and other issues.

- Parents felt that their sons already knew too much about sex, but wanted them to have knowledge of marital life, its responsibilities, and STIs.

- Parents were unclear on the content of such health information and how it should be delivered. Mothers wanted non-visual delivery, fathers recommended NGOs and leaflets.

Policy Recommendations

- Collaborate with the Adolescent Reproductive Health Working Group to develop strategies, messages, and programmes around which sexual and reproductive health pilot interventions can be designed, such as school-based SRH programmes, youth help lines with confidential advice from medical personnel, and life skills curricula for out-of-school youth.

- Use presentation styles and mediums that are cognisant of the fears and concerns expressed by parents and other socialising agents and the social, political, and religious reality of Bangladesh.

Policy Recommendations

- A comprehensive programme should include information services; educational programs; awareness raising and sensitisation training for parents;referrals and access to clinical support from appropriate SRH/FP service providers and counsellors for both youth and parents; and interventions to address psychosexual concerns.

- Link with rural development and poverty alleviation schemes, women's literacy and microcredit programs, as natural collaborators and partners for this holistic approach.

Policy Recommendations

- Organise workshops, seminars, and discussions bringing together stakeholders to address the emergent HIV/AIDS epidemic in Bangladesh by focusing on masculinity and its impact on sexual and reproductive health

- Support specialised counseling and treatment services for feminised males and their sex partners.

- STI management and treatment staff should be sensitised and trained to understand MSM health issues, provide nonjudgmental advice on medical and psychosexual concerns and follow protocols for appropriate STI screening, diagnosis, partner referral, and confidential treatment.