

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

Background, Methodological Approach, and Sample Characteristics

Handout 1

**Shivananda Khan, Sharful Islam Khan,
and Paula E. Hollerbach**

Why Focus on Adolescents?

- **Adolescence is a developmental stage of tremendous biological, social, and cognitive change. Attitudes and values about “correct” behaviors are learned and internalized.**
- **During the formative years young men may be most receptive to more equitable concepts of masculinity and to more informed perspectives regarding their roles and responsibilities in reproductive and sexual health and intimate relationships.**
- **Programs need to address their attention to young men as early as possible, to ensure exposure to gender-equitable values and norms, and to reinforce positive and respectful attitudes and behaviours towards women and sexual minorities.**

Problems Facing Adolescent Males

- **Across cultures, men are socialized to be dominant, aggressive, and to take risks – qualities which have harmful consequences for both young men and their sexual partners.**
- **Young men who identify and adopt these traditional views of manhood are more likely to use drugs and alcohol, to be a perpetrator or victim of violence, and to have unsafe sex.**
- **Young men often face social pressures to initiate sex at a young age, have multiple sexual partners, or have their first sexual intercourse experience with a commercial sex worker or friend.**

The HIV/AIDS Epidemic in Bangladesh

- **HIV/AIDS prevalence in Bangladesh was still low in 2002 reported as 0.02% among those aged 15 to 49 (USAID, 2003).**
- **Multiple risk factors that can lead to an epidemic (National AIDS/STD Program, Ministry of Health, Bangladesh, 2003):**
 - **A thriving sex industry**
 - **Low status of women and inability to negotiate condom use**
 - **Very high rates of STIs among brothel-based female sex workers**
 - **High prevalence of reported male-to-male sexual behaviours**
 - **Very poor knowledge of HIV and misperception of risks**
 - **Low condom use**
 - **Poor health care-seeking behaviours among men and women at greatest risk of infection**
 - **Injection drug use**

Groups Tracked by the Bangladesh National AIDS/STD Program

- **Commercial sex workers (freelance and brothel-based)**
- **Transport workers (rickshaw pullers, truck drivers, and dock workers)**
- **Males who have sex with males**
- **Injection drug users**
- **Young men comprise all of these core groups.**

Factors Implicated in the Potential Rapid Spread of the HIV/AIDS Epidemic from High-risk Groups to the General Population

- **FSWs have more clients per week than elsewhere in Asia (USAID, 2003).**
- **FSWs report the lowest condom use in the region (USAID, 2003).**
- **Two-thirds of rickshaw pullers and truck drivers report never having touched a condom, and few realised that they were at risk of exposure to HIV (National AIDS/STD Program, Ministry of Health, Bangladesh, 2003).**

Factors Implicated in the Potential Rapid Spread of the HIV/AIDS Epidemic from High-risk Groups to the General Population

- Condom use among MSM and access to water-based lubricants is low.
- FSWs and *hijras* often experience violence and are less able to negotiate condom use (National AIDS/STD Program, Ministry of Health, Bangladesh, 2003).
- STI or RTI symptom recognition is extremely low among males (Population Council, 2003).
- IDUs are often married, also buy and sell sex and blood, and are mobile. 90% of IDUs share needles and syringes (USAID, 2003).

Gender Differences

- ***Gender differences* are based on widely shared beliefs and norms within a society or culture about male and female characteristics and capacities.**
- **Gender and gender differences (clothes, mannerisms, space, language, sex roles, etc.) are accepted as biologically and religiously ordained and immutable.**
- **This belief is reinforced by social, cultural, and religious expectations of family members and other socialisation agents.**

Terminology

- **Masculinity** - The predominant framework which defines how a man should behave and act personally, sexually, socially, and culturally.
- ***Hijras*** - A self-identified term used by males who define themselves as “not men/not women” but as a “third gender.”
- ***Panthis*** - A *kothi* label for any “manly male.”
- ***Pariks*** - A *kothi* label for the “husband” of a *kothi*.

Terminology

- ***Kothis*** - A self-identifying label for those males who feminise their behaviours (either to attract “manly” male sexual partners and/or as part of their own gender construction, and usually in specific situations and contexts), and who state that they prefer to be sexually penetrated anally and/or orally.
- ***Kobirajs*** - Street sellers of homeopathic remedies who offer advice and information that are usually sexual in nature.

Demographic Characteristics of the Population in the *Thana* of Demra

Table 1. Population by age group and sex in Demra

| Age | 1991 | 2001 (estimated) |
|-------------|-------------------------------|--------------------------------|
| 10-14 years | Male 32,441 Female 29,729 | Male 47,526 Female 43,553 |
| 15-17 years | Male 13,835 Female 12,405 | Male 20,268 Female 18,133 |
| 18-34 years | Male 100,813 Female 79,268 | Male 147,691 Female 116,128 |

Table 2. School attendance by age and sex in Demra

| Age | 1991 | 2001 (estimated) |
|-------------|------------------------------|------------------------------|
| 10-14 years | Male 19,821 Female 18,557 | Male 29,038 Female 27,186 |
| 15-24 years | Male 15,158 Female 8,620 | Male 22,207 Female 12,628 |

Research Methodology

A purposive, random “snowball” sampling technique was used, whereby male adolescents were identified and selected. 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 who were closer to one another in cognitive and verbal abilities and mental and emotional development
- Information was elicited from cohort through qualitative participatory research techniques using drawings, story telling and discussions, role playing, and body mapping.

Cohorts B and C

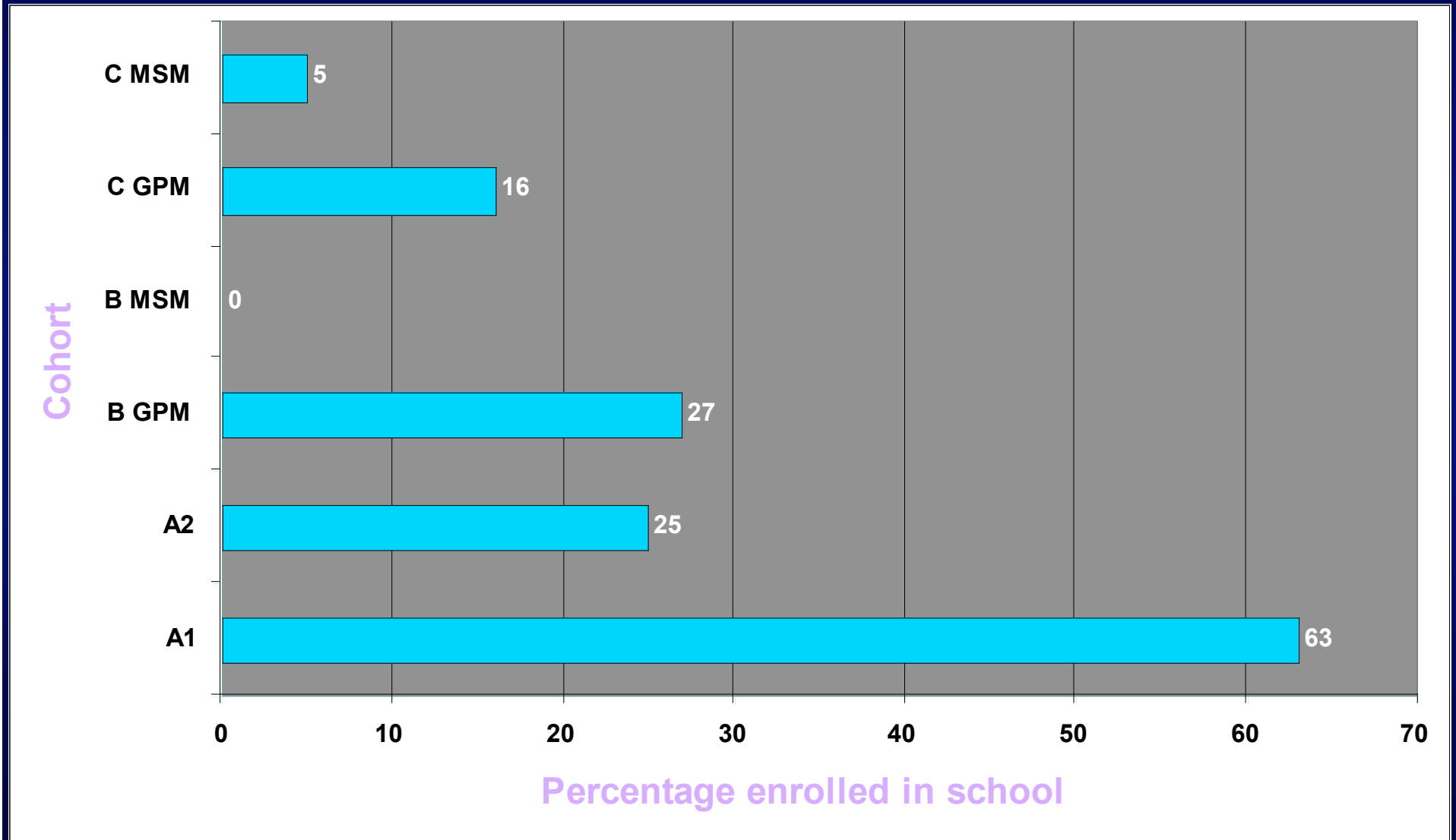
- Cohort B was comprised of 88 young men aged 16-19. Cohort C was comprised of 88 young men aged 20-24.
- Both cohorts were further divided into two groups, one recruited through the MSM networks (MSM) and one recruited from the general population of males (GPM).
- Information was elicited through focus group discussions (FGDs) and semi-structured interviews.

Socialisation Agents

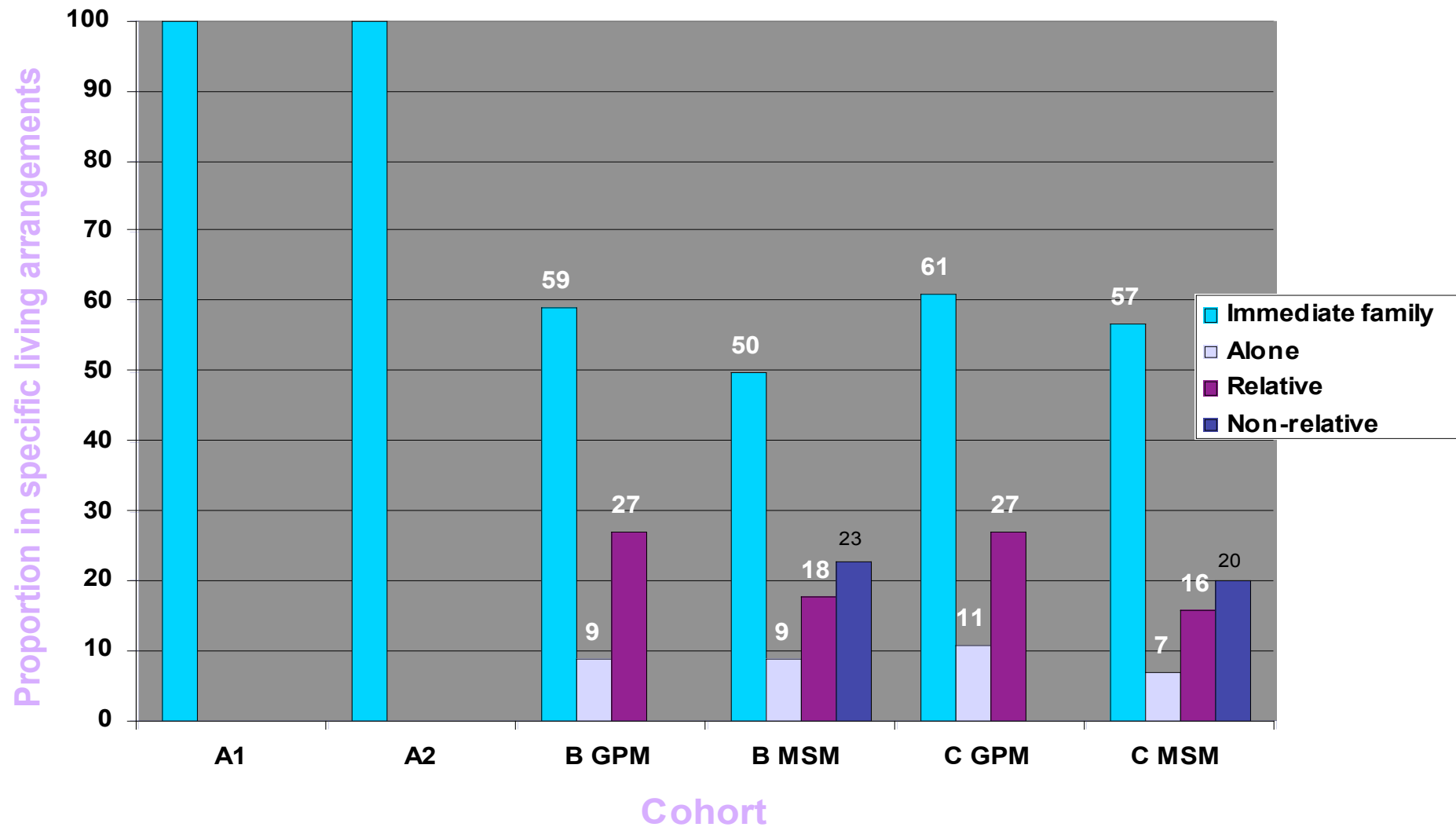
In addition to the sample of adolescents:

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

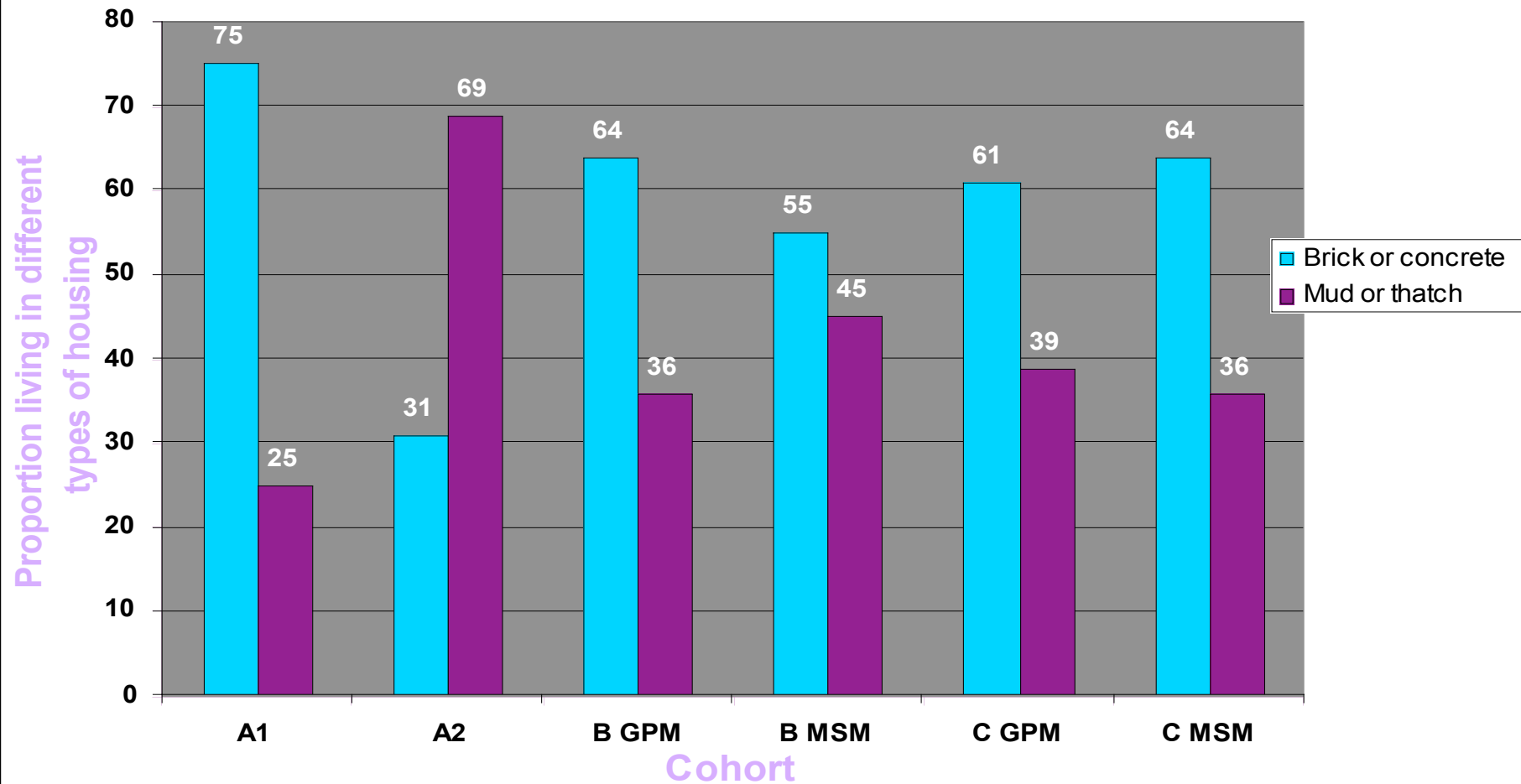
Proportion of Adolescent Respondents Reporting Current School Enrollment



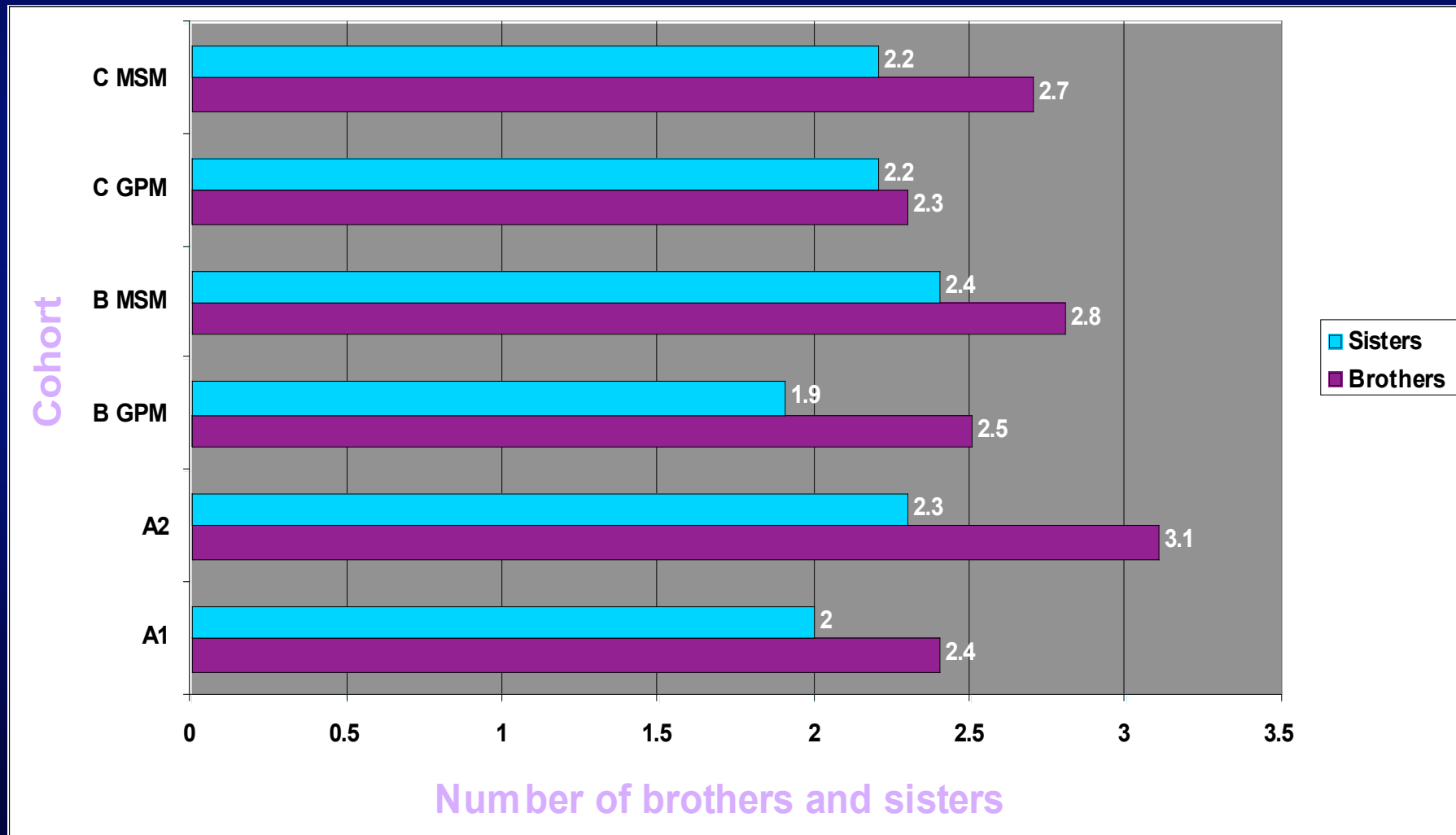
Household Living Arrangements of Adolescent Respondents



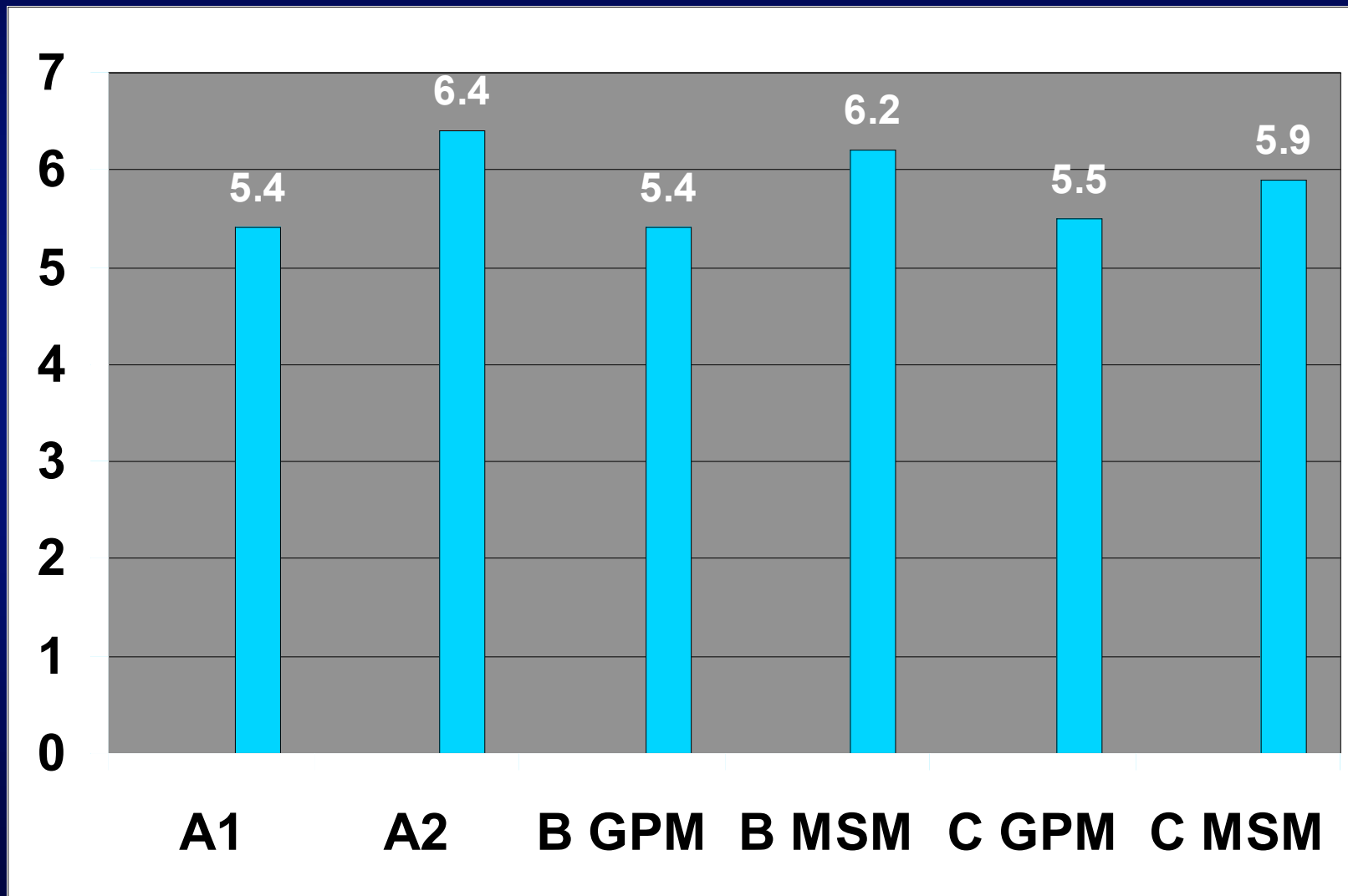
Residential Housing Quality



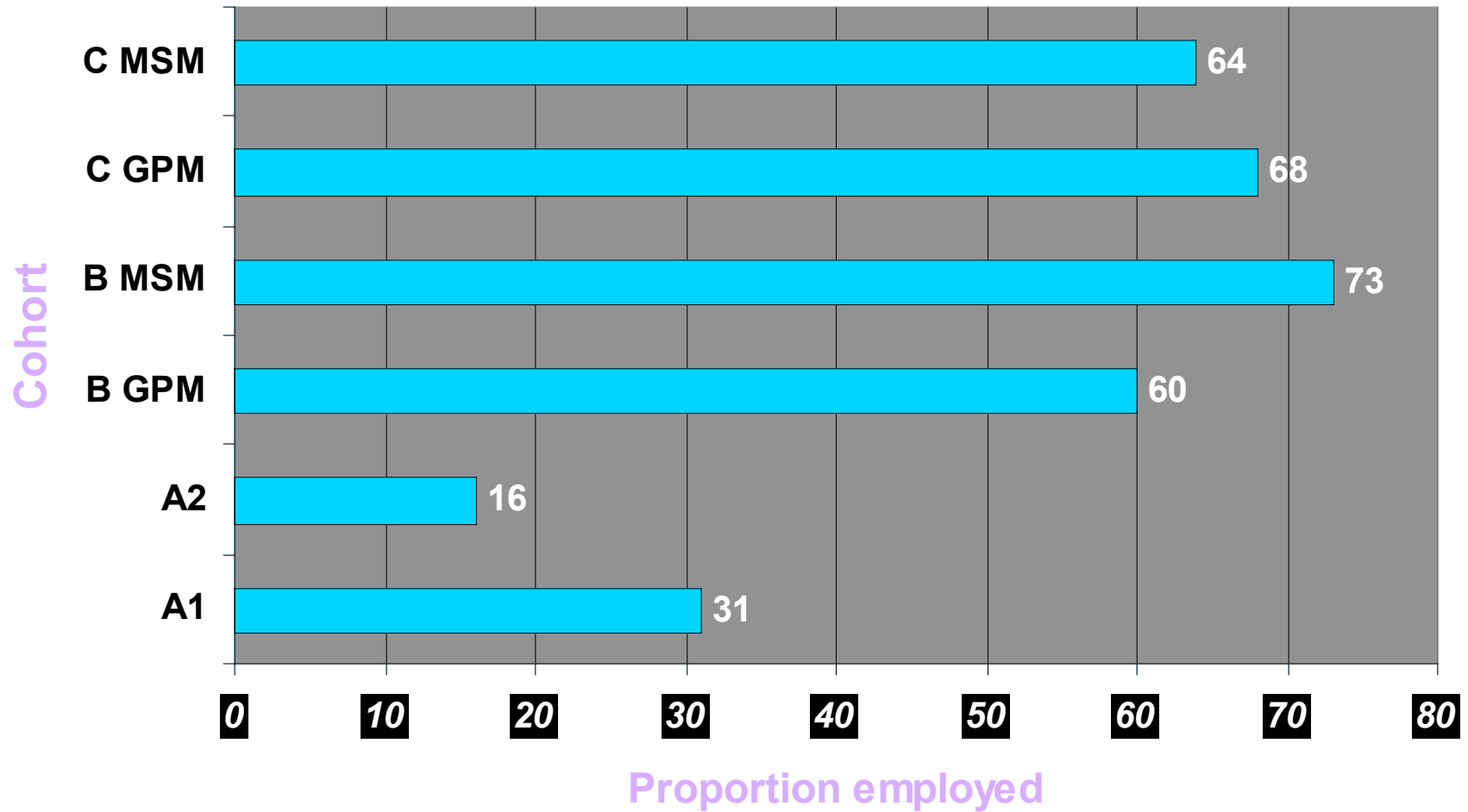
Mean Number of Brothers and Sisters Reported by Respondents



Mean Number of Children in Respondents' Households



Proportion of Respondents Who Are Employed



Percentage Distribution of Monthly Income of Adolescent Respondents

| Income range in US \$ | 0-499 | 500-999 | 1000-1999 | 2000-2999 | 3000-3999 | 4000-4999 | 5000+ |
|-----------------------|------------|------------|-----------|-----------|-----------|-----------|-----------|
| Cohort | | | | | | | |
| A1 | 80% | 20% | | | | | |
| A2 | | 20 | 60 | 20 | | | |
| B GPM | | | 39 | 39 | 23 | | |
| B MSM | | 9 | 47 | 28 | 9 | 3 | 3 |
| C GPM | | | 40 | 23 | 10 | 13 | 13 |
| C MSM | | 7 | 50 | 36 | 7 | | |

References

Khan, S., S.I. Khan, and P.E. Hollerbach. 2003. *The Formulation of Sexual and Reproductive Health Behaviour Among Young Men in Bangladesh. Volume I.* Funded by the Asia and Near East Bureau of the Center for Population, Health, and Nutrition, Bureau for Global Programs, United States Agency for International Development (USAID) under the terms of Cooperative Agreement No. HRN-A-00-00-00003-00.

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