

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

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

Purpose of the Study

This study was designed to:

- **Gain insight into how young men construct their sexual attitudes and behaviors 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 socialization agents play in constructing young men's sexual images of themselves and others and their SRH attitudes and behaviors.**

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 behaviors**

Themes Explored with Parents or Guardians

- **Being a parent**
- **Children growing up**
- **Friendship and intimacy**
- **Cultural, social, and family expectations**
- **Knowledge and information**
- **Impact of knowledge on children's behavior**

Study Area: The *Thana* of Demra

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

Research Methodology

A purposive, random “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

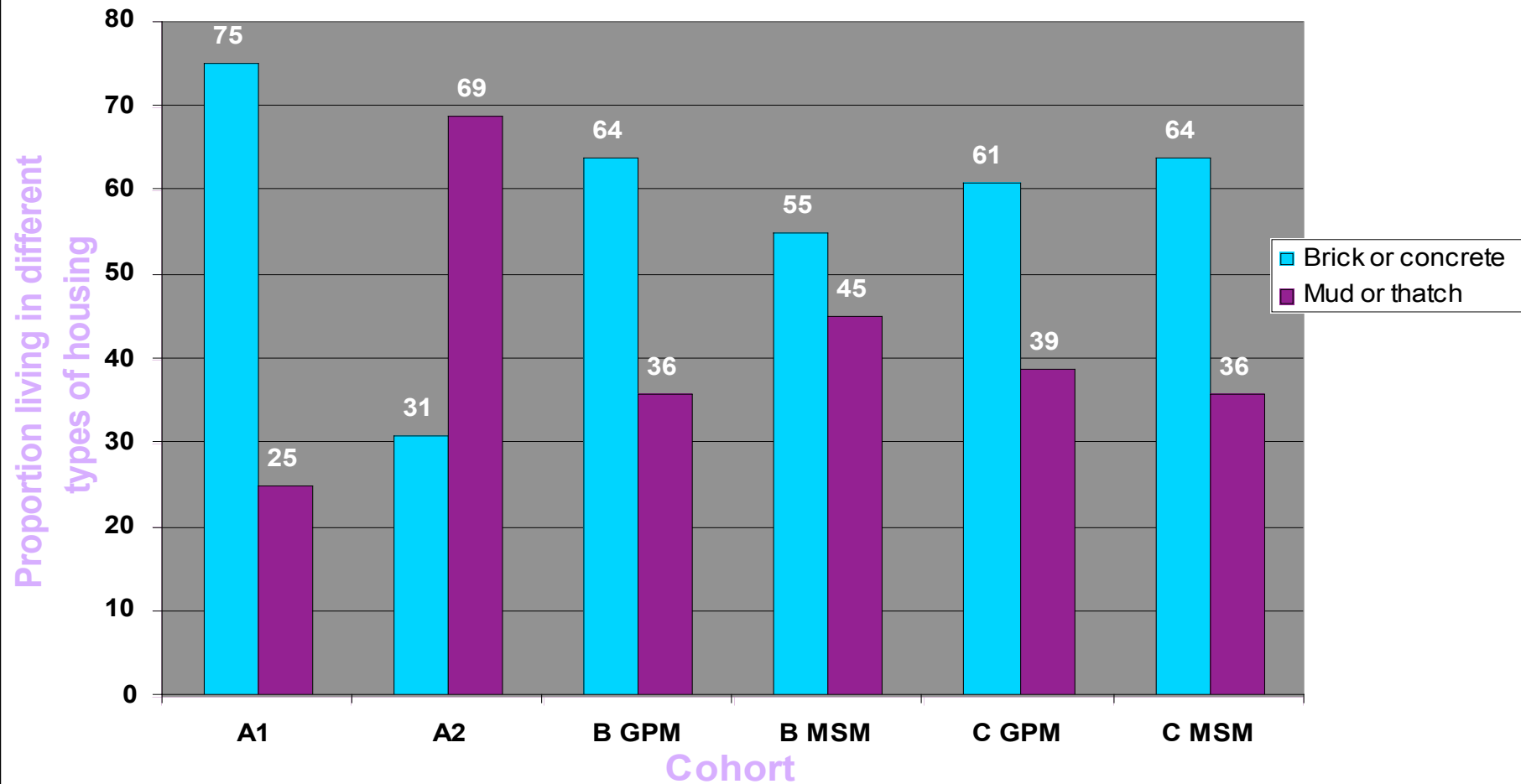
- Cohort B was comprised of 88 young men aged 16-19. Cohort C was comprised of 88 young men aged 20-24.
- Both cohorts were further divided into two groups, one recruited through the MSM networks (MSM) and one recruited from the general population of males (GPM).
- Information was elicited through lengthy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

Socialization Agents

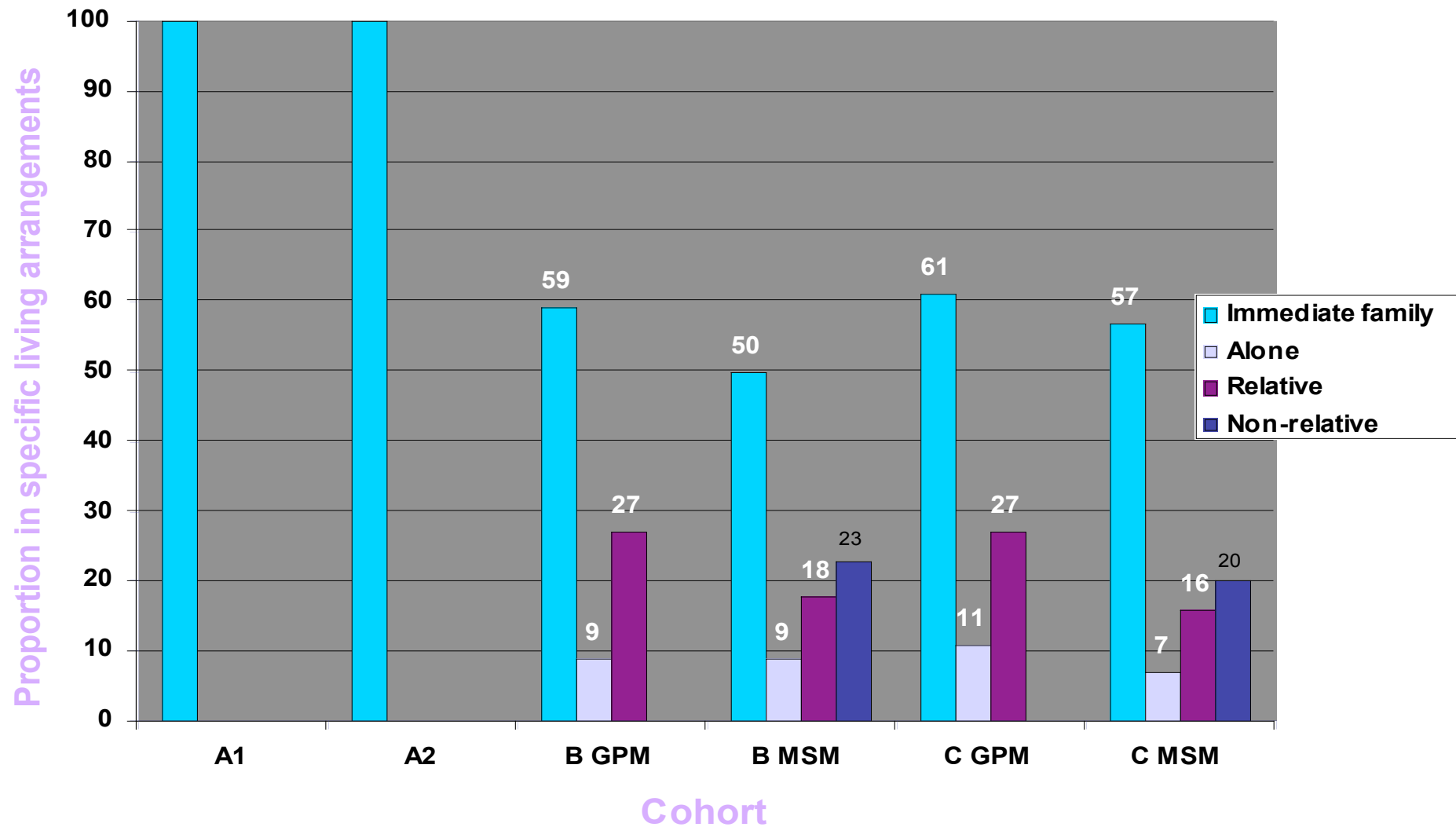
In addition to the sample of adolescents:

- 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.

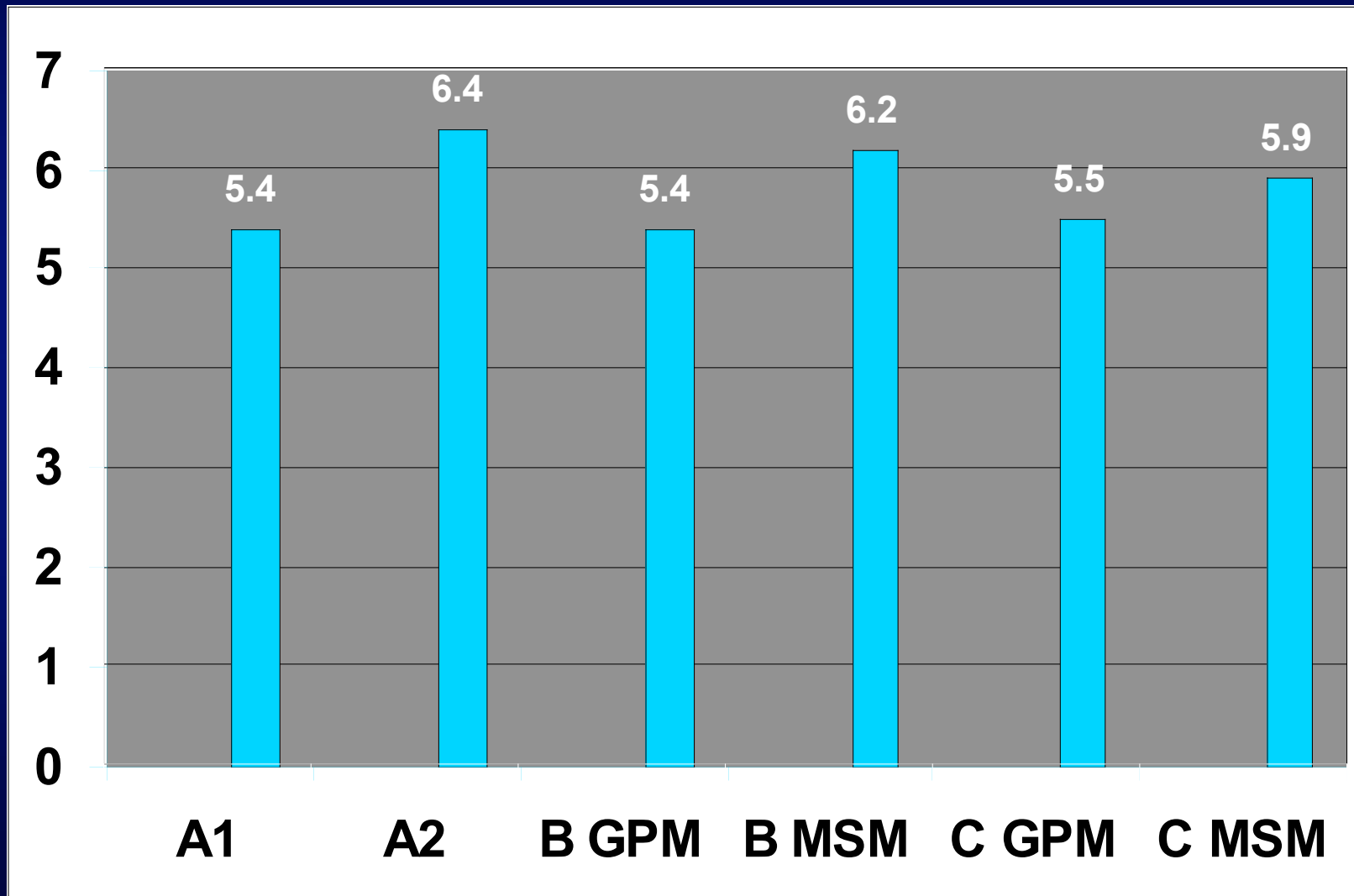
Residential Housing Quality



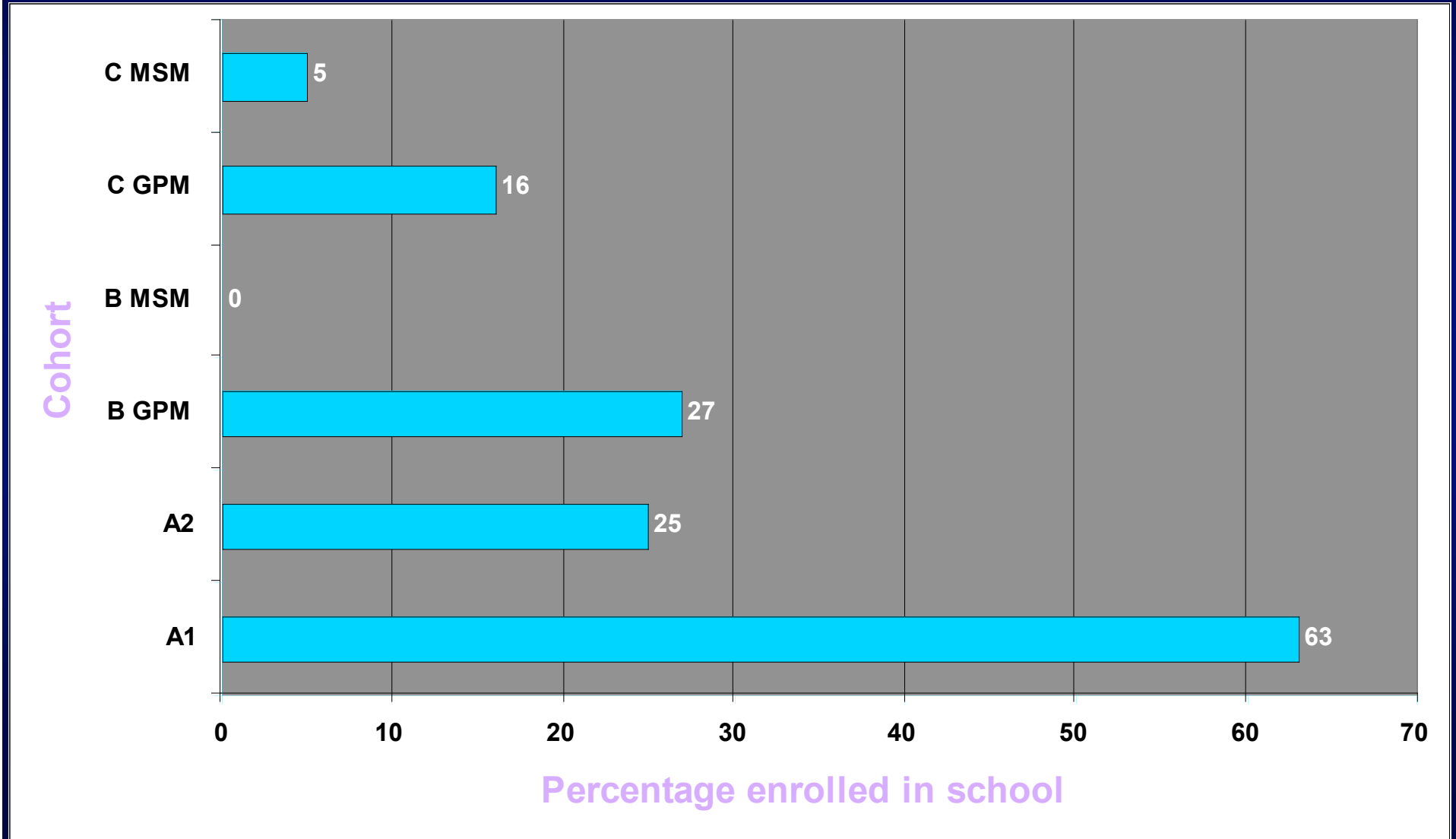
Household Living Arrangements of Adolescent Respondents



Mean Number of Children in Respondents' Households



Proportion of Adolescent Respondents Reporting Current School Enrollment



Gender Awareness and Understanding

- Accepted gender roles and social behaviors 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 as submissive, domestic, with a penetrated sexuality and dependent upon significant males.

Gender Awareness and Understanding

- **By the age of seven, some males begin to demonstrate a non-masculine sensibility identified with the female.**
- **Such expressions often lead to family violence and abuse because of opposition to social expectations and the inner conflict between feelings and social expectations.**
- **Young feminized males experience sexual violence and social exclusion leading to suicidal tendencies and a sense of worthlessness.**

Friendship and Intimacy

- **Male-female relationships outside of marriage are strongly disapproved of and socially policed 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, curiosity, and misinformation about male-female relationships (e.g., eve teasing).**
- **Girls must be virgins before marriage, since this status is associated with honor, shame, and family prestige; young men are excused because of their sexual needs.**

Sexual Awareness

- Within this framework of a highly segregated society, 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 feminized males is common and tolerated despite social disapproval.
- For *kothi/hijra*-identified males, sexual awareness and knowledge arise from early sexual encounters usually in pre-adolescence. For other young men, early post-pubertal sexual experiences are common.

Sexual Knowledge

- Knowledge is gathered from pornographic videos, which are readily available and watched in small groups.
- Knowledge consists of myths, deep fears and concerns around masturbation, penile size, nocturnal emissions, puberty, and sexual intercourse; this leads to significant vulnerability and risky sexual behaviors and practices.

Sexual Messages

- **Sexual messages that young men receive are mixed, confused, contradictory, and misinformed.**
- **Parents and community elders promote “good behaviors,” abstinence, and respect for elders, while friends, other socializing agents, but pornographic videos provide contradictory messages.**
- **Messages that view masturbation and nocturnal emission as an illness and dangerous to the body may promote early penetrative sex.**

Sexual Messages

- Pornographic videos and messages around manliness promote sexual violence and harassment where women and feminized males are viewed as sexual objects and are feared and despised.
- Attitudes of fear, shame, and guilt regarding the body and sex are strongly developed.
- For *kothi/hijra*-identified males, these “normative” masculine sexual messages reinforce poor self-image and vulnerability to sexual abuse and violence.

Sociocultural and Family Expectations

- **Reflects the traditional, conservative, and religious environment of Bangladesh and the strong sense of family, social, and religious obligations and duties**
 - **Respecting and obeying parents and elders**
 - **Following Islamic traditions and obligations**
 - **Obtaining a good education, working hard, and earning “good” money**
 - **Avoiding “bad people and habits” and being patriotic**
 - **Marrying and having a son**

Sources of Knowledge

- Older friends, pornographic videos, health magazines, and *kobirajs* are visited to address psychosexual worries and are the primary sources of knowledge. Less so religious leaders.
- Parents provide primarily knowledge on social and religious rules and obligations of marriage. They are respected but are not approached for information on sexual and reproductive health.
- Local community leaders potentially have positive relationships with young men whom they involve in their political and social activities.

Impact of Knowledge

- **Given the lack of accurate sex education, young men also have poor knowledge of male and female bodies, sexual health, STIs, and HIV/AIDS.**
- **Young men recognized their lack of good knowledge and wanted accurate, easily available, and explicit information.**
- **Parents, already concerned about what they felt was the negative impact of condom advertising, television, and cinema on their sons, felt that they already knew too much about sex.**

Impact of Knowledge

- **However, parents do want their sons to have knowledge about marital life and its responsibilities and also recognized the threat of STIs to their sons' health if they should “go wrong.”**
- **Parents were also unclear on what the content of such health information should be and who should deliver this information. Mothers felt that radio would be best because of the absence of images, while fathers recommended NGOs and leaflets to provide “education.”**

Policy Recommendations

- **Develop a comprehensive program that addresses the sexual health needs of young men through collaboration of young men and socialization agents.**
- **The program should provide information services, educational programs, training, and referrals for clinical support from appropriate SRH service providers and family planning program counselors.**
- **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

- **Organize workshops, seminars, and discussions that bring together stakeholders from all sectors, to initiate joint activities to mitigate the emerging HIV/AIDS epidemic in Bangladesh. These initiatives and activities will focus on masculinity issues and their impact on sexual and reproductive health.**
- **Form a special Adolescent Sexual and Reproductive Health Working Group to develop strategies and appropriate themes, messages, and programs around which sexual and reproductive health pilot project interventions can be designed.**

Policy Recommendations

- **Consider pilot interventions on information and education, awareness raising and sensitization, access to appropriate clinical services, and interventions to address psychosexual concerns.**
- **Develop information that effectively responds to what young men have identified as their needs in this study.**
- **Use presentation styles and mediums that are cognisant of the fears and concerns expressed by parents and other socializing agents and the social, political, and religious reality of Bangladesh.**

Forthcoming Resources

To receive a copy of the forthcoming summary report or a CD-ROM with all materials needed to replicate the study, contact Paula Hollerbach at phollerbach@rhcatalyst.org or Shivananda Khan at shiv@nfi.net in July 2004. The summary report is entitled Khan, S., S.I. Khan, and P.E. Hollerbach. 2004. *The Formulation of Sexual and Reproductive Health Behavior Among Young Men in Bangladesh. Volume II*. 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.

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

Background, Methodological Approach, and Sample Characteristics

Handout 1

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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 |

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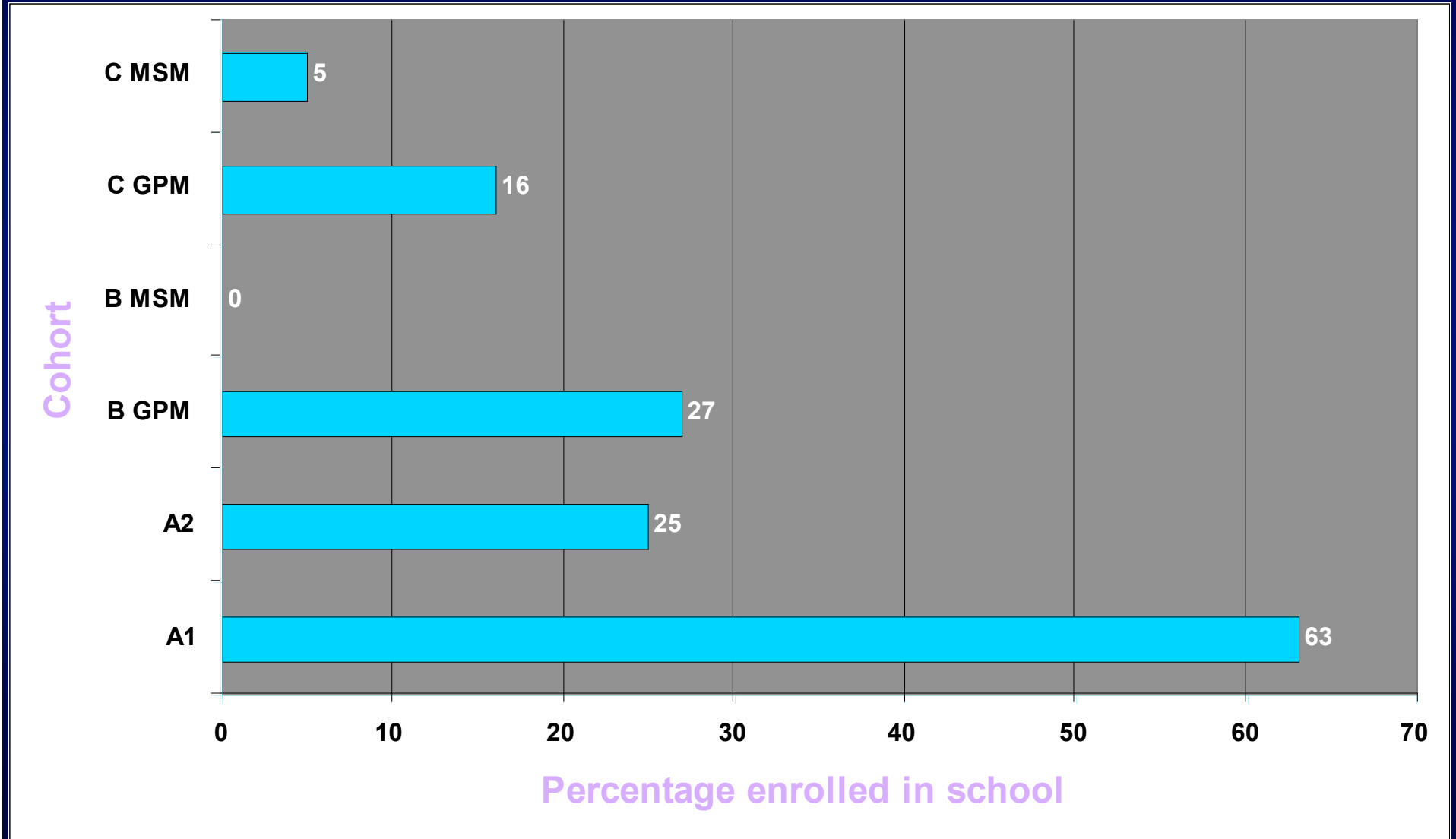
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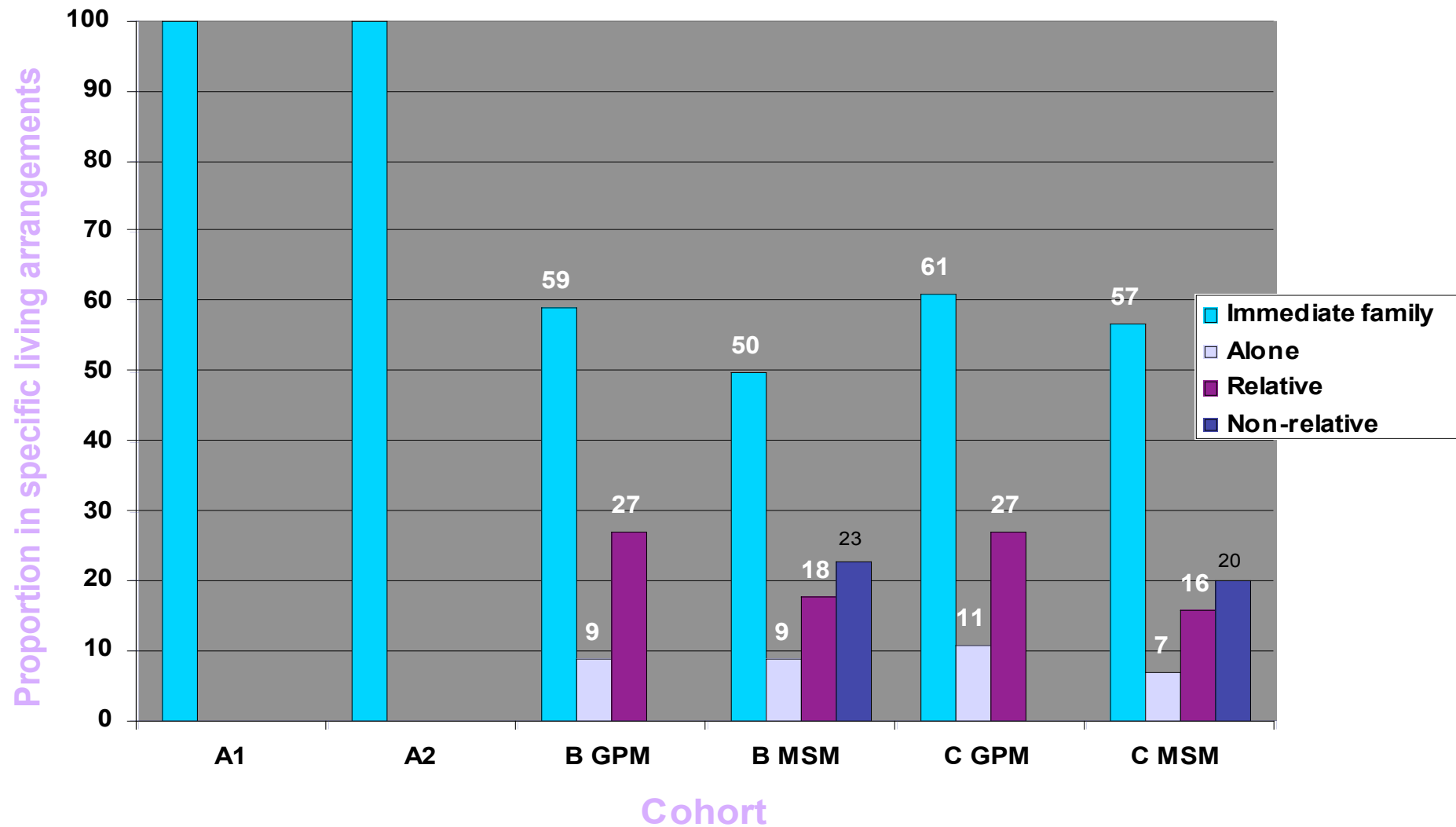
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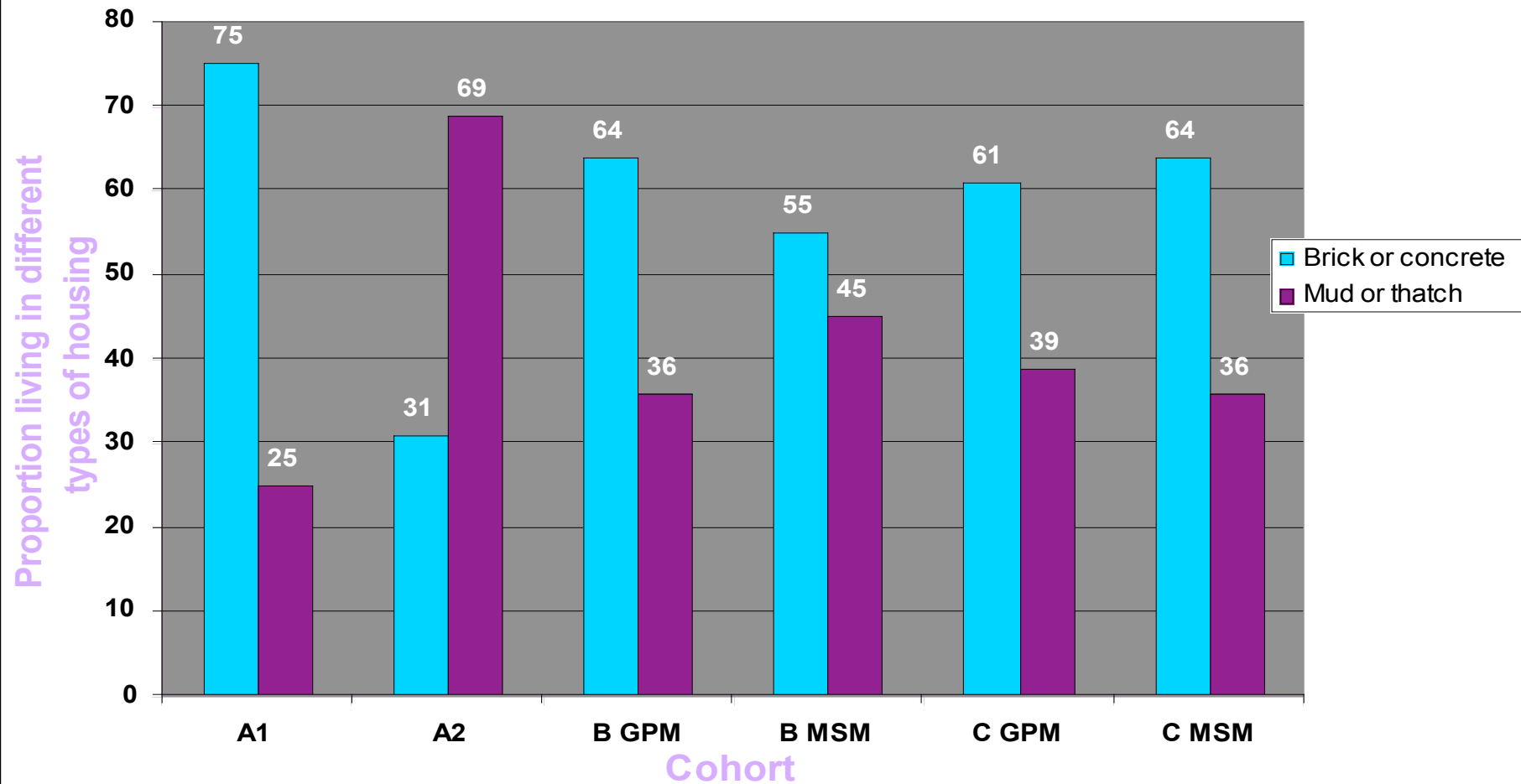
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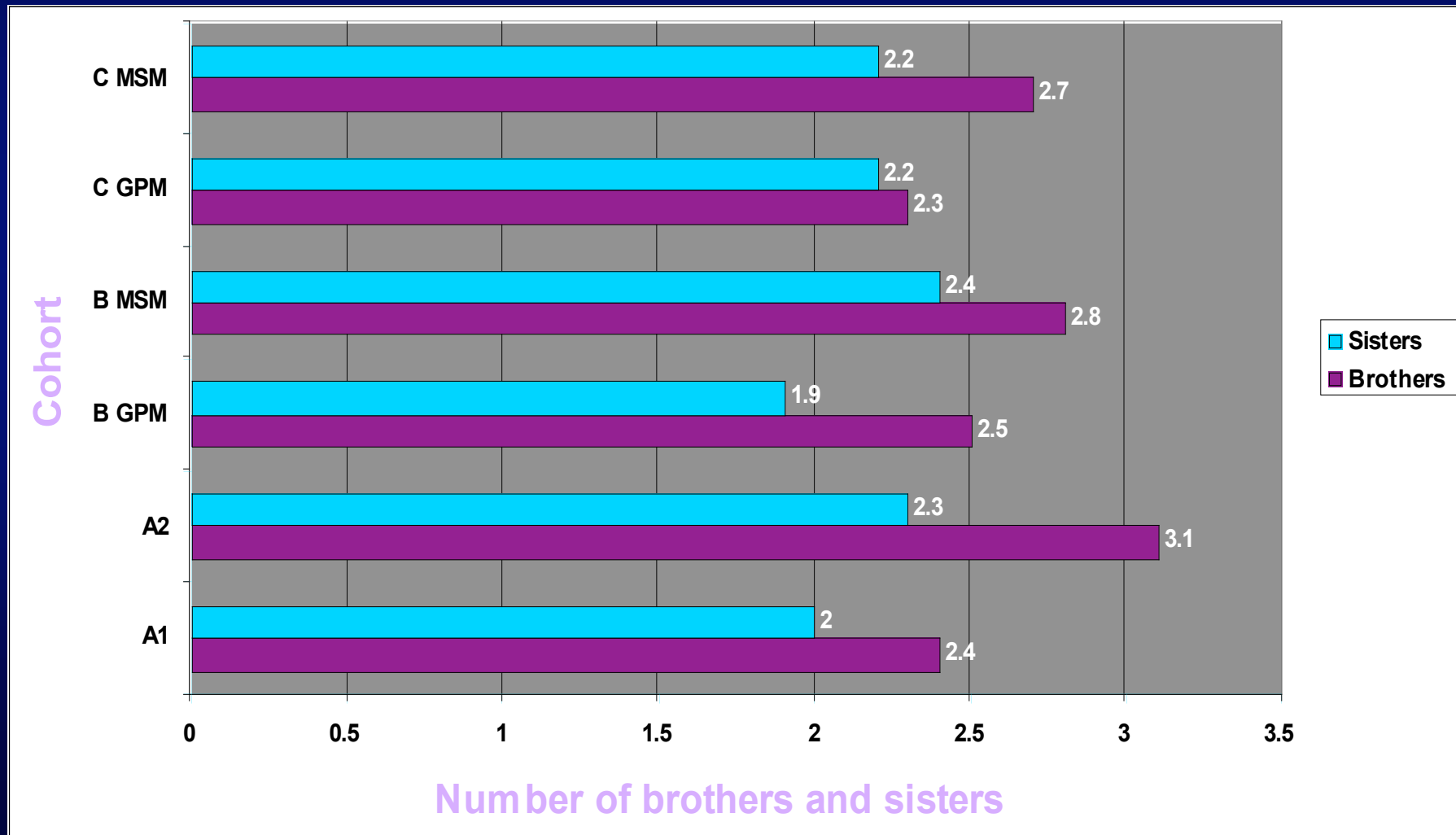
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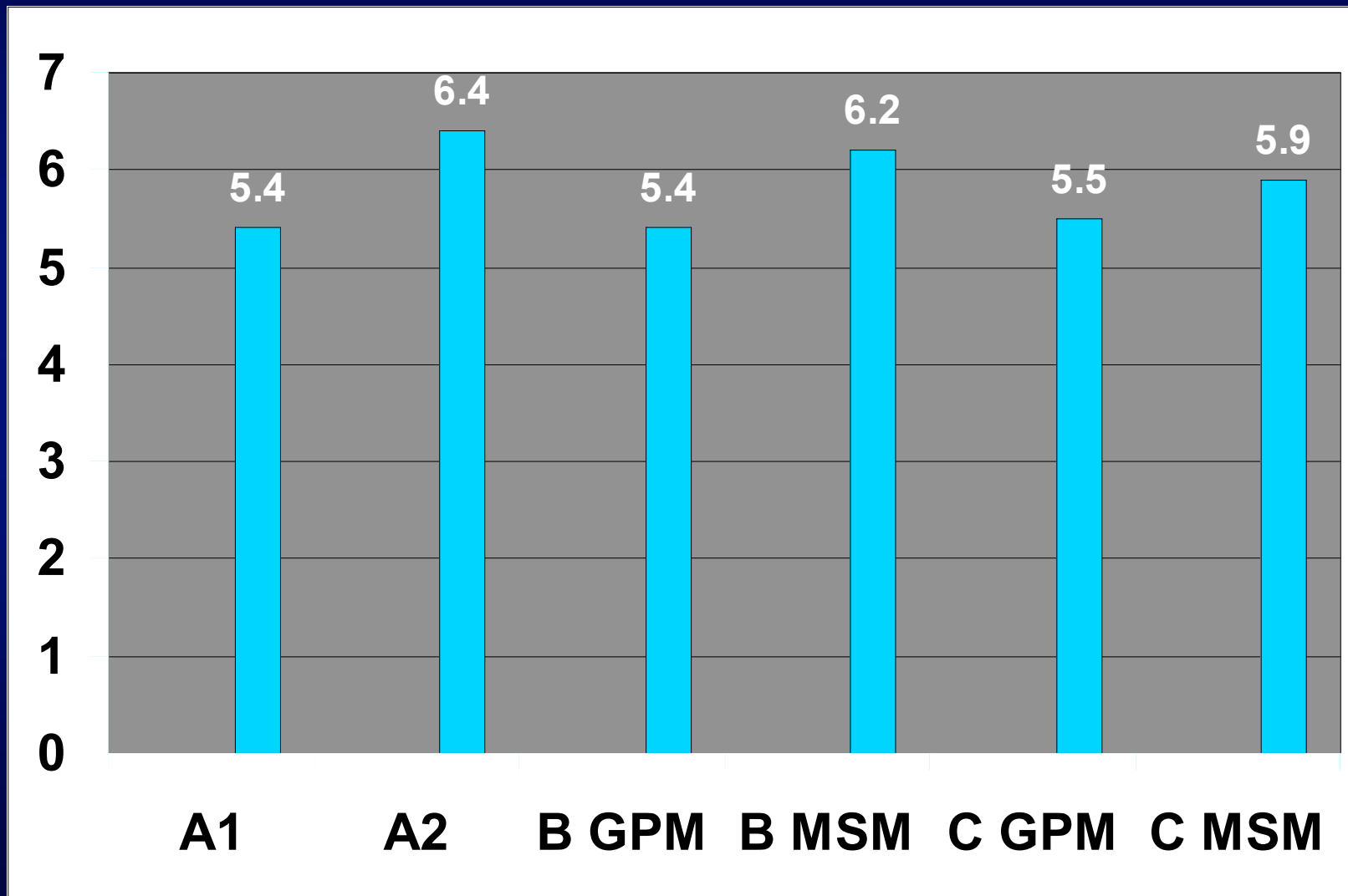
Residential Housing Quality



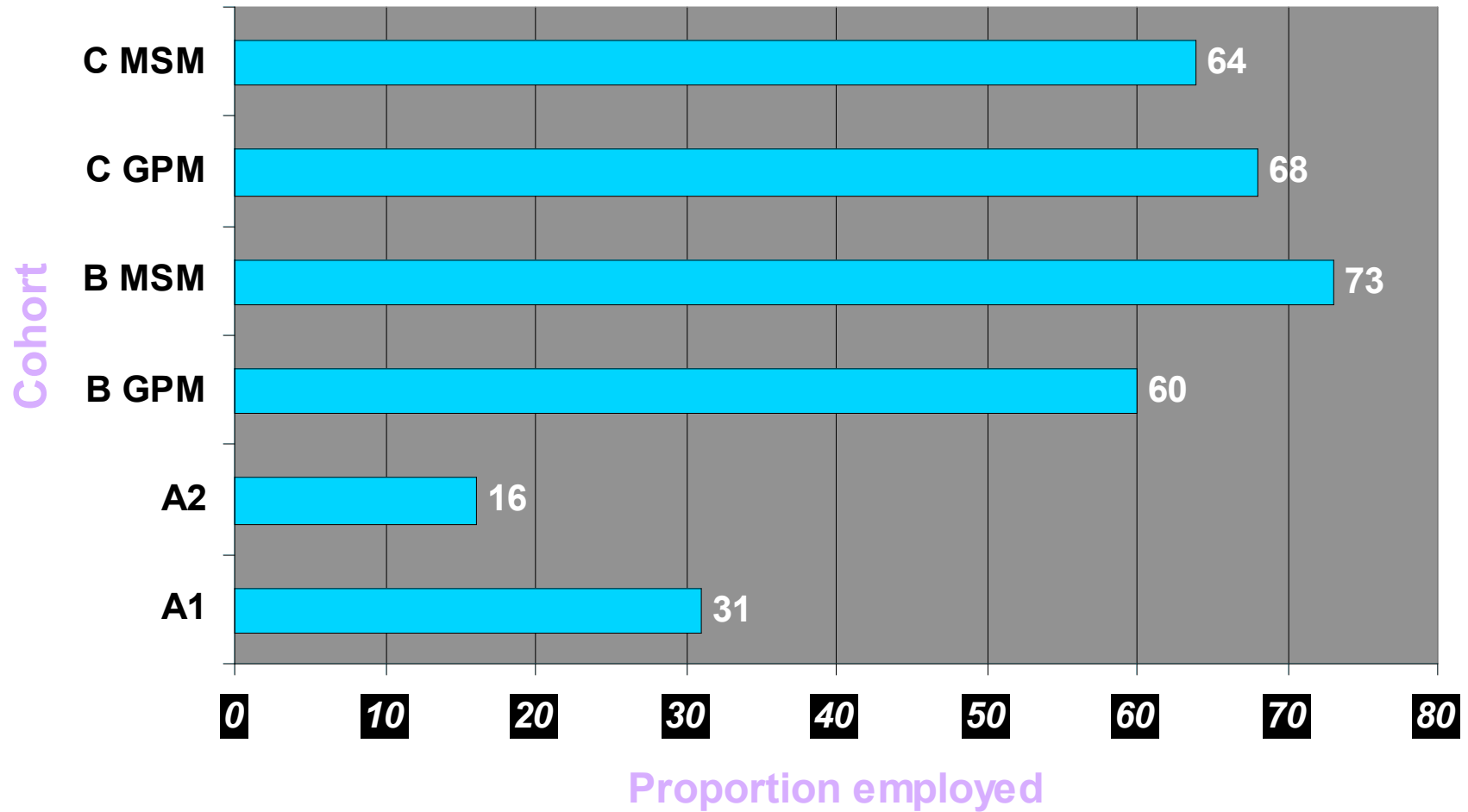
Mean Number of Brothers and Sisters Reported by Respondents



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

Policy Recommendations

Handout 2

**Shivananda Khan, Sharful Islam Khan,
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Policy Recommendations

Gender Awareness and Understanding:

- 1.1 A comprehensive education and sensitisation programme for young men regarding gender disparities and inequalities, masculine violence, and sexual harassment should be developed and implemented.
- 1.2 A range of confidential support and counselling systems developed for feminised males (*kothis* and *hijras*) and other MSM that includes sensitising male counsellors and health providers to their needs and supporting and promoting the services that already exist. Appropriate agencies with technical knowledge and expertise need to be identified to provide training resources and to support such initiatives.

Policy Recommendations

Friendship and Intimacy:

- **2.1 A peer education system based on friendship networks where young men are trained to share information, tolerance, and gender sensitisation strategies with their friends.**
- **2.2 Many effective programmes have already been developed and can be adapted and replicated.**
 - **A comprehensive review of current literature, tools, and resources will need to be conducted.**
 - **A range of discussions should be initiated with young men (and women) to develop a programme framework that incorporates the required information.**
 - **Parents and other socialising agents need to be included in the design of such programmes.**

Policy Recommendations

Sexual Knowledge and Awareness:

- **3.1** These sex education and information packages need to be designed for specific age groups as a phased system and delivered in culturally sensitive ways that can reach both literate and non-literate young men. Programmes need to be developed in a participatory fashion involving both parents and young people.
- **3.2** Many curricula, such as those already being taught in India and Egypt (originally developed by the Centre for Population and Development Activities), could be adapted to the Bangladesh context. Such curricula combine “Life Skills” training in specific vocational skills that will promote employment in later life.

Policy Recommendations

Sexual Knowledge and Awareness (cont.):

- **3.3** Technical support and funding should be given to a nongovernmental organisation in Dhaka to develop and test a free telephone help-line service that offers anonymous and confidential advice and information from trained counsellors. Such services would address questions on reproductive and sexual health, sexual abuse, rape and psychosexual concerns, educational and career options.
- **3.4** A range of appropriate NGOs involved with young men should be identified and supported to deliver such confidential advice and information services.
- **3.5** See Recommendation 1.2 regarding a range of confidential support and counselling systems developed for MSM.

Policy Recommendations

Sexual Messages:

- **4.1 See Recommendation 1.1 under Gender Awareness and Understanding pertaining to a comprehensive education and sensitisation program for young men.**
- **4.2 See Recommendation 2.1 under Friendship and Intimacy pertaining to a peer education system based on friendship networks.**

Policy Recommendations

Sociocultural and Family Expectations:

- **5.0 See Recommendation 1.1 under Gender Awareness and Understanding, pertaining to a comprehensive education and sensitisation program for young men regarding gender disparities and inequalities, masculine violence, and sexual harassment. These materials will need to be adapted to make them appropriate for parents and other socialisation agents.**

Policy Recommendations

Sources of Knowledge:

- **6.0 Parents, community and religious leaders, and *kobirajs* need sensitisation and access to appropriate information and knowledge.**
 - **While specialised training and education packages can be adapted from existing materials or developed to provide accurate information, different forms of media and formats will need to be adapted for parents.**
 - **Such forms of education will need to acknowledge different levels of literacy and the concerns that many parents, religious leaders, and others have with regard to explicitness in sexual and reproductive health information.**

Policy Recommendations

Impact of Knowledge:

- **7.1 Sexual and reproductive health clinical services that specifically address the needs of adolescent males should be developed through partnerships with adolescent health programmers, projects that work with youth or street children, or those provided through local community centers.**
- **7.2 STI management and treatment staff should be sensitised and trained to understand the issues of anal STIs and other problems and develop appropriate protocols for providing sympathetic advice and treatment to MSM.**