

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

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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.**

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**

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 behaviour**

Research Methodology

A purposive, random “snowball” sampling technique was used,

- **Information was elicited through qualitative participatory research techniques using drawings, story telling and discussions, role playing, and body mapping for Cohort A.**
- **Information was elicited through focus group discussions (FGDs) and semi-structured interviews for the other respondents.**

Research Methodology

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, B, and C

- Cohort A was comprised of 64 boys from the general population of males (GPM) aged 10-12 and 13-15.
- Cohort B was comprised of 88 young men aged 16-19.
- Cohort C was comprised of 88 young men aged 20-24.
- Cohorts B and C were further divided into two groups, one recruited through the MSM networks (MSM) and one recruited from the general population of males (GPM).

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.**
- **Perceptions of dominant masculinity**
- **Perceptions of submissive femininity**
- **By the age of seven, some males begin to demonstrate a non-masculine sensibility identified with the female.**

Gender Awareness and Understanding

- **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 feminised 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 are socially policed when females begin to reach puberty and within “masculine” public spaces.**
- **Few social opportunities exist outside the classroom to meet the opposite sex, and lack of good sex education leads to ignorance and myths about male-female relationships.**
- **Casual sexual encounters between male friends and between masculine and feminised males is common and tolerated despite social disapproval**

Sexual Knowledge and Awareness

- 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.
- Knowledge is also gathered from pornographic videos, which are readily available and watched in small groups.

Sexual Knowledge and Awareness

- **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 behaviours and practices.**
- **Girls must be virgins before marriage, since this status is associated with honour, shame, and family prestige; young men are excused because “they will find it difficult to control their sexual needs.”**

Sexual Messages

- **Sexual messages that young men receive are mixed, confused, contradictory, and misinformed.**
- **Parents and community elders promote “good behaviours,” abstinence, and respect for elders, while friends, other socialising agents, and pornographic videos provide contradictory messages.**

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.
- 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*, rather than religious leaders, are visited to address psychosexual worries and are the primary sources of knowledge.
- 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.

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.**
- **However, family planning programs appear to have successfully educated people on the idea of small family sizes and delayed marriage.**

Impact of Knowledge

- Young men recognised 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.
- However, parents do want their sons to have knowledge about marital life and its responsibilities and also recognised the threat of STIs to their sons' health if they should “go wrong.”

Impact of Knowledge

- **This study could not determine who or what would be the best source of such information as the respondents themselves were not certain.**
- **Parents were also unclear on what the content of such health information should be and who should deliver this information.**

Policy Recommendations

- **Develop a comprehensive programme to provide information services, educational programmes, training, and referrals for clinical support from appropriate sexual and reproductive health 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.**
- **Form a special Adolescent Sexual and Reproductive Health Working Group to develop strategies and appropriate themes, messages, and programmes around which sexual and reproductive health pilot project interventions can be designed.**

Policy Recommendations

- **Consider pilot interventions on information and education, awareness raising and sensitisation, 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 socialising agents and the social, political, and religious reality of Bangladesh.**

Conclusions

- **These findings signify that for young men, channels for exchange of information on sexual and reproductive health, physical affection, and romantic love, are highly restricted or unavailable, producing psychological distress, a range of myths, and frequently a lack of sexual outlets.**
- **Within this framework of a highly gendered and 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.**

Conclusions

- It is important to understand how constructions of different frameworks of male-to-male sexual behaviours co-exist with the dominant form of Bangladeshi masculinity, and why concepts of heterosexuality or homosexuality, as understood in the West, do not appear to apply to Bangladesh.
- The challenge will be how to effectively address the dominant masculinity that encourages sexual harassment and violence and how to improve access to appropriate information in a traditional and often conservative culture to increase young men's health-seeking behaviours.